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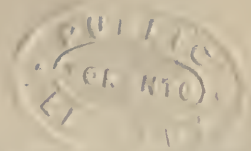








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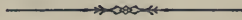
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## Original Communications.

### MEMBRANOUS DYSMENORRHOEA.

By J. W. ROSEBRUGH, M.D., President of the Medical Faculty of the Hamilton City Hospital; late President of the Hamilton Medical Society, &c., &c.\*

MR. PRESIDENT AND GENTLEMEN,—I have the pleasure this evening of presenting for the inspection and consideration of this Association, some specimens of membrane cast off from the uterus, by a patient of mine, during her menstrual periods; and in connection with the history of the case, it is my intention to make some remarks concerning the nature of these membranes and the physiology of menstruation, for the purpose of leading members into a discussion regarding these questions, and the pathology and treatment of an affection, which at the present time is eliciting unusual interest in the professional mind.

Sir William Jenner, in his admirable address, on assuming the presidency of the Clinical Society, well said, "We are wanting facts—facts which could and ought to be supplied." And again, he said, "Many of these questions admit of answers, many of them ought to be answered, and that many of them are not answered is, I think, discreditable to us as a profession." It is for this purpose that I bring forward the history of this case, that I may put on record and supply a "fact," hoping it may assist, to some extent, in elucidating a question, not yet fully determined, concerning the physiology of the uterus and its periodical changes.

*History.*—Nov. 21st, 1874.—Mary J., married, æt. 34, sterile, native of England, has brought for my inspection and opinion, a membrane, or rather two pieces of membrane, of the same size and shape, which she yesterday passed while menstruating.

She states that she has been in the habit of passing membranes or pieces of membranes similar to these, at each monthly period, for eight or nine years. At first, the pieces were, she thinks, smaller and thinner than they now are, but gradually became larger and thicker and more like fleshy structure. She regularly and invariably passes these membranes at each menstrual epoch, generally on the second day, and the discharge does not fairly commence until the membrane has come away. During the first day she has a little show, with an aching, bearing-down pain, which continues until the membrane is expelled, and this generally takes place in about twenty-four hours from the beginning, followed immediately by some small dark coagula, after which the flow comes on freely and continues about five days, without any more pains or aches up to the close of the period. She thinks that she never passed membranes of this kind previous to her marriage, and indeed not until she had been married eighteen months or two years; never has had an abortion, or, at all events, never has gone over her time; and to test the question themselves, she and her husband purposely "lived apart from each other from one period to the next, to ascertain whether it could be the seed she was passing from month to month, but the membrane came away that time all the same." Being the wife of a mechanic, she does her own work, but scarcely considers herself a strong person. She is rather pale and a little nervous, but does not present a delicate appearance. There is no syphilitic history.

Upon examination with the speculum and sound, the uterus, with the exception of the vaginal portion is slightly conical, and apparently normal in every respect; there is no enlargement nor displacement; no endo-cervicitis nor endometritis; no tenderness nor hyperplasia; no abrasion, ulceration nor leucorrhœa. Every four weeks, since her first visit, she has brought me these exfoliated membranes, sometimes there were two pieces, but at other times there were three or four. The period has been neither postponed nor anticipated, but returned regularly, scarcely varying one day. The membranes, when first brought to me, are always perfectly fresh looking, not having the slightest offensive odor nor presenting the least appearance of shrivelling or disintegration.

This membrane, the first she brought me, has

\* Read before the Canadian Medical Association, at Toronto, August 2nd, 1876.

been hardened and preserved in alcohol; it is, you observe, in two pieces, perfect mates, which are triangular in shape, an inch long and about three-quarters of an inch wide at the broadest part, having an abrupt termination at each angle. If these two pieces were stitched together, as they mate, we would have a three-cornered bag, resembling the inside shape of the uterus, with three openings—one at each angle—the two side ones corresponding with the ostia of the Fallopian tubes, and the lower one with the internal mouth of the uterine canal. On the inner side of this membrane, the surface is smooth, irregularly subdivided by furrows, and presents, even to the unassisted eye, small openings, which my friend Dr. Malloch has kindly examined with the microscope, and informs me are undoubtedly the orifices of the utricular glands. The outer side, where the separation took place, is rough, ragged and flocculent, having much the same appearance as early aborted ova.

*Etiology and Pathology.*—Now the question arises, what is the anatomical or physiological structure of these membranous formations, and what is the pathological condition of the uterus which causes it to cast off or exfoliate them from month to month? You remember that when we were at the schools, the theory taught in those days, and indeed, by some teachers, even up to the present time, I understand, was, that the cause of membranous dysmenorrhœa was attributable to an inflammatory condition of the inner surface of the uterus; exudations of lymph, it was thought, took place, and casts, similar to those of croup, were formed and ultimately extruded.

To Dr. Oldham belongs the honor of first pointing out that this theory was incorrect, and he distinctly enunciated the proposition that these membranes were formed under the ovarian stimulus, and that they were formed by the uterine glands—that they were, in short, the lining membrane of the uterus itself.

*The New Theory.*—This theory, or more strictly speaking, the latter part of this theory,—that the membrane exfoliated in these cases is really the uterine mucous membrane, is fully accepted by all the leading authorities of the present day. To be brief on this point, and without doing injustice to any recent author, I think I may safely assume that Dr. Finkler, of Kiew, after examining seven specimens of dysmenorrhœal membrane, obtained

from four patients, summarizes about all that has been definitely ascertained concerning the structure of these formations, as follows:—"That the membrane is the mucous membrane of the uterus *inclusive* of the *blind extremities of the glands*, but that, in *some cases*, the deeper layer of the membrane and the termination of the glands remain in the uterus." The membrane, Dr. Finkler thinks, "is the product of disease, a pathological condition, and not of impregnation, nor an increased physiological action which takes place in the generative organs periodically." Dr. Barnes, admitting "the new fact," that the membrane expelled in these cases is the mucous membrane, argues that, "If it be admitted, and observations in point are now so numerous and authentic that it can scarcely be disputed, that the mucous membrane, under simple ovarian menstrual excitation, does undergo a high degree of development not distinguishable from the decidua of early pregnancy, it must also be admitted as possible, that the mucous membrane so developed may be cast off." Graily Hewitt goes further; he says, "The mucous membrane lining the body of the uterus, which is ordinarily one-eighth of an inch thick, is very vascular; during menstruation it becomes much more so, and moreover increases in thickness. The mucous membrane thus thickened appears to be shed at each catamenial period, and in cases I have found it in actual process of disintegration." Recently, some investigators have been endeavoring to prove that the mucous membrane of the uterus is exfoliated at the time of parturition and abortion, as, for instance, Kôlliker maintains that, "during parturition, the mucous membrane of the body of the uterus is entirely removed—completely cast off—in the form of decidua and placenta uterina, and that the muscular fibres become exposed in the uterine cavity."

At the time of abortion, Dr. Engelmann found it in the following condition:—"Ova expelled in the first month, and mostly those of the second, have no maternal membranes adherent to them, but show the shaggy whitish surface of the enveloping chorion; at this period the ovum is often aborted in a very marked pathological condition, together with the whole of the upper layer of the mucous membrane, which closely adheres to it."

Dr. John Williams, of London, by observations made on the uteri of twelve women who had died

in different stages of the menstrual and intermenstrual period, and by a careful study of the cycle of changes which take place during the period which elapses from the cessation of one menstrual flow to the cessation of the flow next following, has proved, pretty conclusively, it appears to me, that the mucous membrane is likewise exfoliated from the cavity of the body of the uterus during the process of menstruation. The facts elicited by the dissections of Dr. Williams have been lately confirmed by the observations of Dr. Underhill and Dr. Barnsfather; and some years ago, the late Dr. Tyler Smith came to the same conclusion.

Lastly, on this point, we have Dr. Lombe Athill's deliverance on this "new revelation," in the following language:—"But if this view is true, as I believe it to be, the menstrual flow becomes merely the termination of a process, slowly and gradually completed, and not a special function *per se*; for if the lining membrane of the uterus be disintegrated and cast off at each menstrual period, it must be as frequently reproduced. The catamenial flow, therefore, must be to the intra-menstrual period what the lochia are to pregnancy—a discharge mainly composed of effete materials."

Having thus presented a *resume* of the conclusions of leading authorities on these questions and accepting them in the main as correct, and to enable us to comprehend the possibility of the mucous membrane of the uterus being exfoliated from month to month, it will be necessary to study the publications of the more recent investigators concerning the minute anatomical structure of the mucous membrane of the uterus, and its periodical changes.

The *Physiology of Menstruation* and its relation to ovulation has recently received more attention from the profession generally than any other question in the whole domain of medicine. A number of papers have been written on this subject within a few months, but none have attracted so much attention as those of Williams, of London, and Engelmann, of St. Louis. In order, therefore, to enable us to comprehend this subject more clearly, let us briefly review the publications of these eminent authorities. \* \* \* \* With this evidence before us, Mr. President, we can come to no other conclusion, I think, than that the so-called mucous membrane, or at all events its superficial layers, of

the cavity of the body of the uterus *is* exfoliated at each menstrual epoch, as is the case, it appears, at parturition and abortion; and that according to Williams, the normal physiological process of removal is by "fatty degeneration and disintegration." But when the membrane is exfoliated *en masse*, as in membranous dysmenorrhœa, the normal physiological process is interrupted, and the membrane is separated and expelled, prematurely, before it has had time to undergo the normal disintegration process.

Notwithstanding the investigations of Williams have been accepted and apparently corroborated by such high authorities, it is nevertheless due to Engelmann, whose general accuracy of investigations demands for his statements the highest consideration, to state that he characterizes Williams' equally positive and careful statements as establishing a physiological improbability. He maintains strongly, that in not one of the uteri examined at such periods, was the mucous membrane, or even its superficial layer, found wanting. But it appears to me that one cannot carefully study his own publications anent this subject, without finding abundant evidence here and there, to prove that he himself frequently found "fatty degeneration—a retrograde metamorphosis—the destruction and detachment of a large part of the more exposed elements of the surface, and even of the glandular epithelium." Moreover, it appears to me, that Williams' objections to Engelmann's statements are well taken, for, as he truly remarks, the *data* from which the latter bases his conclusions are unreliable, as in no case examined by him was the date or stage of the menstrual flow known, and he has never examined a case in which death had taken place during or at the termination of the menstrual flow. Williams then trenchantly submits that, "from such data it is not possible to speak with any degree of probability, much less certainty, of the state of the uterus towards the close of the menstrual flow, and consequently of the removal and renewal of its so-called mucous membrane." Engelmann himself has recorded, that in two of the cases examined by him, which he says were undoubtedly virginal, he found, "in one, the deciduous membrane in the vagina; in the other, it was partially adherent, the greater mass, however, being lodged in the cervical canal." These cases may or may not have been cases of

membranous dysmenorrhœa. In this affection the mucous membrane certainly is exfoliated every month, and every month again renewed. And does this "fact" not prove that the theory advocated by Williams is possible, nay, more, is probable? This is, in fine, the position in which this interesting question at present rests; we have the two contending theories—the desquamative and the involutive. Further accurate investigations will soon, no doubt, settle the question as to how deep the mucous membrane of the uterus is removed at each menstrual epoch. Reasoning from analogy, I anticipate that the truth will be found to be, that in those cases where menstruation lasted only two or three days, with very little discharge, the fatty degeneration and disintegration—the retrograde metamorphosis of Engelmann—will have taken place only to a moderate extent; while on the other hand, in those who had menstruated freely—five, six, seven or eight days—and discharged a large quantity of cell and glandular debris, the desquamation has been pretty extensive and complete.

*Separation and Expulsion.*—The inquiry naturally arises here, at what stage of menstruation does the separation and extrusion take place? If we look into the authorities for a solution of this question, we meet with disappointment. Only Graily Hewitt discusses the question; he observes that "There appears to be no possibility of concluding otherwise than that the membrane actually expelled belonged to, or was the product of the former menstrual period. If, normally, the menstrual decidua is thrown off from the uterus after the discharge has ceased, or at all events during the latter period of the discharge, it would appear that in these abnormal cases this exfoliation is postponed, the membrane continuing to grow during the intermenstrual period." Looking back for a moment at the history of the case related by me, we will be obliged, I think, to differ from Mr. Hewitt as to the time the membranes are detached and expelled. My patient stated that when she became unwell, during the first day, she had an aching bearing-down pain until the membrane came away, followed immediately by some small dark coagula, after which there were no more pains nor clots, but the flow then came on freely and continued about five days, gradually ceasing. The membranes are always perfectly fresh looking, pre-

senting no appearance whatever, as far as I can observe, of disintegration, but looking as if they had just then been torn from off the living structure. And this history is corroborated by the researches of Williams, who found that in those cases where menstruation had been going on only one day, "part of the mucous membrane had already disappeared from the internal os upwards, where it was melting away, and nearly all of the remainder was projecting into the uterine cavity;" thus proving that in normal menstruation the mucous membrane commences to melt down and separate before the discharge makes its appearance. Dr. Williams' other subjects proved that the separation of the membrane is generally completed during an early stage of the menstrual period.

*Causation.*—The cause or *modus operandi* of the expulsion of these membranes from the uterus can be accounted for much more satisfactorily than their formation and separation. The conclusion arrived at by the majority of recent investigators, may be stated to be, that there is present in these cases some morbid condition, probably general congestion—hyperplasia, if not indeed actual endometritis. But in my patient there were no symptoms whatever of either of those conditions, and as far as one case can go, fully corroborates the conclusions of Professor Thomas, of New York, who thinks that when either or all those conditions exist in connection with this complaint, they are present merely as a coincidence. He remarks, "From my observation of this affection, I cannot attribute it to endo-metritis, for evidence of the existence of that disease was entirely wanting in four cases out of five. Even if endo-metritis exist, with marked displacement, it must not be concluded that these conditions have necessarily produced exfoliation, for they are commonly present as results in cases in which dysmenorrhœa of membranous type has lasted long without evidence of their existence."

Granting that an *expose* of the opinions of leading authorities precludes the idea that these membranes are likely to be shed by a healthy uterus, still, in the light of recent investigations, we may at least question the correctness of this theory. Engelmann has informed us, "that when the mucous membrane is in a state of functional physiological activity, when the state is unquestionably



that of menstruation and not of conception, the membrane is swollen—tumented, increased in thickness—hypertrophied. The glands themselves are very much enlarged, often two and four-fold. The tumefied mucosa has grown far above the original gland openings, circumvallating them, and thus causing the funnel-shaped openings, those small pits, which make the ostia seem enlarged.”

This then is the normal physiological condition of the mucous membrane when menstruation is imminent and setting in, and immediately before, as I have shewn, the deciduous membranes are exfoliated; and surely the warmest exponents of a morbid or inflammatory condition do not represent the mucous membrane to be in a more tumefied or hypertrophied state at this time, than the normal condition so graphically described by Engelmann. How then are the membranes separated and expelled? It is believed that the vessels between the mucous membrane and the muscular structure, weakened by a partial process of fatty degeneration, become turgid and break down, blood is then extravasated between these structures and separates them; but whatever the process or cause may be, the separated membrane acts like a foreign body, the inevitable reflex action is induced, spasmodic contractions of the uterus take place, and expulsion of the separated membrane is speedily accomplished.

*Frequency and Subjects.*—It was formerly supposed that this affection was extremely rare, but gynæcologists are now convinced that deciduous membranes are exfoliated much more frequently than was formerly suspected, and cases of it are every now and then discovered, as it were, by accident.

It likewise appears to have been pretty firmly fixed in the minds of the profession, that this condition was confined to females leading a married life; but this also is found to have been incorrect, and several authors have quoted cases of chaste unmarried females who were in the habit of passing these membranes during their monthly periods.

Hausman advanced the idea that they are due to conception, which has just been established; and Rokitansky coincides with this theory in some cases. But for one, I cannot believe it possible that any woman could become pregnant every month, as in the case cited by me, for years in succession. My patient purposely lived apart from her husband for one month to test the ques-

tion for herself, but passed the membrane during the next menstrual epoch as usual; and Dr. Finkler, of Kiew, had a patient under observation in the hospital for three months, during that period she menstruated three times and passed a membrane on each occasion. Besides, Raciborski points out a method by which these membranes may be distinguished from those of early abortion, by examination.

*Treatment.*—The practical question now forces itself upon our attention: Can anything in the way of successful treatment be accomplished in these cases? Where the pathological condition has not been comprehended, it is manifest the treatment must have been empirical, and it is almost amusing to see how various and contradictory the treatment has been; of course we must carefully study the physical condition of the uterus, and if there should any complicating diseases co-exist, they must receive their appropriate treatment. If we assume that these membranes are not shed by a healthy organ, the morbid condition, excluding syphilis, must be located in the mucous membrane of the uterus itself, and our remedies should be applied to that tissue. If there be constitutional debility or a syphilitic taint, tonics or alteratives are indicated. Sterility in the married woman being an invariable consequence of this condition, pregnancy with her is the great desideratum. My patient being rather pale and somewhat nervous, was placed upon a mild tonic course of treatment; and with the view of effecting a stronger condition of the vascular structure of the mucous membrane, an application of the strong tincture of iodine was made, as nearly as convenient, on every fifth day, to the mucous membrane of the cavity of the body of the uterus. The iodine was applied by means of a whalebone applicator, of the same shape, but rather smaller, than the uterine sound. The end, and extending downwards for about three inches, was snugly wound around with cotton wool; this was then saturated with the tincture and directed through the speculum, os and cervix uteri up to the fundus, and then freely moved about from side to side in the cavity. Two or three applications were made at each visit, after which the vagina was carefully wiped out, before removing the speculum, with pledgets of cotton wool held by a pair of long dressing forceps. Under this treatment she soon

improved in color, and the nervousness was no longer apparent; the membranes, although regularly exfoliated each month, were at the end of four months becoming smaller and thinner, and were broken up into several pieces; encouraging a hope that this treatment would ultimately prove successful, when an accident occurred, which broke off the treatment for the time, and which, I regret to say, has never been resumed.

*Conclusions.*—In closing this paper, much too long, permit me to express my regret that the conclusions arrived at are not more precise and definite; but without making any pretensions to originality of investigation in this most interesting inquiry, I have the satisfaction of believing that I have brought before the Association a *resume* of all that is known at the present day concerning menstrual dysmenorrhœa, the mucous membrane of the uterus, and the physiology of menstruation.

To recapitulate, the following are my deductions:

1. That the membrane exfoliated in membranous dysmenorrhœa is the mucous membrane of the cavity of the body of the uterus.

2. That membranes are exfoliated much more frequently than was formerly supposed, and from chaste single as well as married females.

3. That in married females the membranes are not the result of impregnation.

4. That the membranes can be distinguished from those of early abortion by examination.

5. That at the commencement of normal physiological menstruation, the mucous membrane is very much tumefied, hypertrophied and increased in thickness; but that there is necessarily present in membranous dysmenorrhœa, a morbid or diseased condition, has not been satisfactorily demonstrated.

6. That the separation and expulsion of the membrane take place during the first stage of menstruation; the separation is effected by extravasation of blood between the mucous membrane and the muscular structure, lifting the former from its base, which, acting as a foreign body, excites reflex action of the uterus, violent contractions take place and expel the membrane *prematurely*, before it has had time to undergo the normal process of fatty degeneration and disintegration.

## TUMOR IN THE RIGHT LUMBAR REGION WITH AUTOPSY AND SOME REMARKS.

BY V. A. BROWN, M.B., L.R.C.S.E., LONDON, ONT.

*History of the Case.*—Oct. 8th, 1874.—Miss A. W., æt. 26, a very fair delicate looking young woman, consulted me to-day in consequence of a swelling which has been making its appearance for some time in the right lumbar region. It prevents her from straightening herself, and causes considerable pain in the lower extremities, if she is long on her feet. She first noticed it 8 months ago, and attributes its origin to a severe strain which she sustained 12 years ago in that region. She says she felt something give way suddenly at the time, and it caused her to faint. She was kept lying down for a few days and soon recovered. At that time, and for some time afterwards, she was in service, but latterly she has sewed, using a sewing machine a great deal, which she says she thinks has done her a deal of harm.

The tumor appears to be about the size of a small orange, and is barely perceptible above the surrounding skin. It is immoveable and imbedded within the muscles in the angle formed by the spine and ilium on the right side. It is tense, and imparts to the tips of the fingers a sense of fluctuation; it has no impulse. A most careful examination of the abdomen and right groin could not detect the slightest sign of a swelling in either. There was no loss of nervous power in either lower extremity.

*Diagnosis.*—A fibro-cystic tumor, which I strongly urged upon her to have removed, but which she refused, and said she never would allow.

I lost sight of her for some months, and on May 22, 1875, was requested to visit her. During the interim the tumor had made considerable progress, and her general health began manifestly to decline. She had also been examined by several medical gentlemen who had expressed different opinions as to its nature; one said it was a lumbar or psoas abscess; another, an aneurism; a third, that it was a malignant tumor. Beyond its increase of size, and a continued absence of anything to be found within the abdomen it was much the same as when she first consulted me. I now proposed its exploration with an aspirating needle, which she readily consented to. On passing a fine needle into it,

there immediately flowed out, rather slowly, a thin stream of blood, which soon coagulated; this was arrested by means of pressure, and there was no further oozing. The result of the examination, as may be imagined, determined me to do nothing more, but to wait patiently for the issue.

*Notes of the Case.*—July 7th, 1875—The lower extremities have become œdematous, and the right inguinal fossa swollen, but no pulsation. The tumor also has considerably increased in size. She is now unable to stand, and has to be lifted in and out of bed. She suffers a great deal of pain, and has to take one grain of pul. opii every night; her bowels are obstinately costive. No bruit or impulse in the tumor.

July 26.—Examined the tumor again to-day; size has greatly increased; the most careful manipulation fails to detect any of the swelling within the abdomen. It appears to be adherent to the side of the spinal column and upper edge of the ilium. Fluctuation in it is very distinct, but no impulse nor the slightest sign of a bruit. She has become much thinner, and is now confined altogether to bed. Right foot is occasionally numb, but not swollen; the swelling perceptible before in the right inguinal fossa is gone. An opiate every night is now indispensable.

October 10.—Since last report the tumor has been steadily increasing. It is now prominent above the surrounding skin; is very tense, with a most distinct sense of fluctuation. Her legs are completely powerless, and she is sometimes troubled with incontinence of urine; bowels obstinately constipated. No sign of line of spine being abnormal; no sign of swelling within the abdomen, temperature of both legs same, as also swelling.

November 6th.—Examined the tumor to-day; size still increasing; apparently it is about that of a closed fist and a half; incontinence of urine worse; sensation in both legs diminished, more in left, swelling same.

January 24, 1876.—Another examination to-day. Tumor much larger; she is greatly emaciated. Bed sores, notwithstanding an air cushion, have occurred over the sacrum and right trochanter. General condition same as at last visit.

26th.—A curious change took place in the case to-day. Her mother left the house for a short time, and on her return found her in the following condition—(she was absent only 20 minutes, when

she left, her daughter was precisely as usual): Her face was swollen, features almost undiscernible, lips livid and three times their natural size; the whole of the body was at the same time swollen and covered with a rose-coloured rash similar to scarlet fever. She was perfectly conscious. This abnormal condition, due in all probability to obstructed capillary circulation, lasted for 12 or 14 hours, when it gradually subsided, leaving her as before. She does not know how to account for it, as she had taken nothing to disagree with her.

31st.—After some deliberation, I came to the determination to aspirate, which, after a great deal of hesitation on her part, she consented to. Accordingly, I passed in a medium sized trocar  $2\frac{1}{2}$  inches into the tumor, the external wall of which appeared to be very thin. On its withdrawal there issued a rapid stream of blood, not, however, *per saltum*, about 6 ounces, coagulation taking place in a few minutes. Its sanious origin being unmistakable, I unhesitatingly determined not to complete the aspiration. On a withdrawal of the trocar all oozing ceased and none returned.

March 12th.—Tumor has slightly increased, extending upwards towards the ribs. No sign of it in the abdomen; her other symptoms same and very distressing, another bed sore on right knee, where it is continually pressed on by the left, a position which cannot be prevented.

July 21st.—Since last report her condition has been steadily and gradually getting worse; her body wasted almost to skin and bone, with the exception of both legs, which are very œdematous. Smart hæmorrhage has once or twice occurred from a bed sore over the great trochanter. The tumor is now almost touching the ribs; within the abdomen it is undiscernible; it has become so prominent that a bed sore is commencing on its surface, notwithstanding every precaution is taken to ward off pressure, but which her mother says it is almost impossible effectually to do, on account of her totally helpless condition. The danger of the ulceration penetrating the sac and causing fatal hæmorrhage was fully explained to her. Both legs are doubled up and cannot be straightened, and she has lost all control of her bladder. She suffers no pain unless when moved, and though perfectly sensible and conscious, appears to be apathetic and resigned.

August 11.—Yesterday the threatened rupture

in the ulcerated patch took place. It was followed by an alarming hæmorrhage. Her mother was out at the time, and says, on her return she found her in a pool of coagulated blood; it had partially ceased, and she was very pale. I was out of town, and consequently did not see her until the following day. I found her almost helpless, but perfectly conscious. Shortly prior to my visit there had been several dark and white clots passed, followed by smart oozing. Her mother says that several of these had occurred since the first. She describes the flow of blood as resembling that in uterine hæmorrhage, and not *per saltum*. On looking at the tumor, I found the opening blocked up with what resembled white fibrine; there was a very slight oozing through the interstices; the colour of the blood was dark. Nothing was done or ordered, as she was evidently sinking. Shortly after my visit another burst took place, when she died in a very few minutes.

*Autopsy.*—Three hours after death. Surface of body pale and very anemic; lower extremities œdematous; a large ulcerated opening the size of a dollar on the surface of the tumor; interior filled with thick, whitish gelatiniform matter of different consistence and shades of color, varying from white to pale yellow. Some of it resembled brain matter; some fatty matter, and some fibrine. There were interspersed through it, here and there, in small quantities, small dark coagula. The white clots in the centre were discolored toward the outside. These were partially laminated; one or two were roundish and turned out of compartments. One of these latter, extending from the centre of the bottom of the sac, on the abdominal side, was very sharp and defined; the walls of the sac were thin and fibrinous, exactly resembling those of an ordinary encysted tumor. The whole of the contents were turned out and the bottom of the sac carefully cleaned, with the view of ascertaining its attachments, and whether there were any openings leading from it. But on a most careful searching, both myself and three other medical gentlemen who were with me, were satisfied that no arterial communication existed; but on following the connections of the tumor into the cavity of the abdomen, the inferior vena cava was found to be intimately adherent to its surface, opposite to the compartment already described, with a small opening the size of a No. 6 duck shot into its cavity. It re-

quired some dissection to remove this adherent portion of the vessel. Between this point and the heart, for a short distance, it was impervious. (This pathological change satisfactorily accounts for the long continued œdema of the lower extremities.) The tumor was firmly adherent to the transverse processes and right side of the bodies of the lumbar vertebræ, and to the whole of the crest of the right ilium. It had caused atrophy of all the muscular tissue in the neighborhood, from the ilium to the ribs on that side; a very small portion of it was extended into the cavity of the abdomen, and that was behind the psoas and iliacus muscles, which had to be dissected off, and were not in a state of atrophy like those in the loin. The right ureter was stretched over its surface. Posteriorly, all the tissue outside the sac was one thickened mass, like disorganized glandular tissue, also that between the psoas and iliacus muscles and the ilium on which that side of the tumor lay.

It had caused no erosion nor absorption of the bodies of the vertebræ; beyond a small spot on one of the transverse processes, that portion of the spinal column was healthy. The aorta was small and perfectly natural; no appearance of anything abnormal in the right common iliac; slight effusion into both pleuræ. All the thoracic and abdominal viscera were perfectly healthy. The interior of the tumor fully occupied the space between the ilium and lower ribs, and extended laterally from the spine to the side.

When the contents were examined under the microscope, no sign of cells, corpuscles nor granules could be made out. It was soft and homogenous, some of it tougher than the rest; it presented the appearance of a closely matted or felt-like mass of pliant, reticulated fibrils, and that of lowly organizing tissue or lymph. In my opinion it was venous fibrine in different stages of organization, that towards the outside being most advanced.

It may be asked, what was the real nature of the tumor? There may possibly be different opinions regarding it now, as there were when the patient was alive; but to my mind the post-mortem satisfactorily proves that from the first it was extra-abdominal, being an ordinary encysted tumor, which gradually worked its way into the abdomen, finally becoming adherent to the vena cava, between which and its cavity a communication was set up, and was the source of the hæmorrhage at

the first attempt at aspiration, May 22, 1875. What would have been the result of excision when I first proposed it to her in October 1874, (six months previous), it is impossible to say, but from its small size at that time, conjoined with other signs, my opinion is that it would have been successful.

### VESICAL CALCULUS IN A FEMALE CHILD—EXTRACTION—RECOVERY.

By N. BETHUNE, M.A., M.D., F.R.C.S., Eng., Prof. of Surgery, Trinity Medical College, Toronto.

Stone in the bladder is a common affection in children of the male sex, but in females of corresponding age, as in those of more advanced life, it occurs very rarely from the fact that the nucleus, whatever it may be, upon which the concretion forms, is apt to escape at an early period through the short dilatable canal of the urethra.

A remarkable instance of calculus in a young female is presented in the following:—Phœbe H., aged three years and a half was brought to Toronto in July last, accompanied by her parents, and by Dr. Joy, of Tilsonburg, her medical attendant.

The usual symptoms of vesical calculus were well marked, the stone itself being easily detected by the sound.

As regards the history, it appears that the child had been suffering for about two years, the most prominent symptoms being frequent desire to void urine with more or less pain accompanying. These symptoms recurred in paroxysms at variable intervals, and gradually increased in severity until the last three months when they became almost constant, and were finally attended with incontinence of urine. The pain was at times so severe that the child was threatened with convulsions.

On the 10th of July last, assisted by Dr. Joy, the child was placed under the influence of ether, and the operation proceeded with. The presence of a calculus having again been satisfactorily verified, two or three ordinary dressing forceps of different sizes were successively passed through the urethra into the bladder, until one of appropriate shape was found to grasp the stone. By gentle traction which was continued for some time, the stone reached a stage in the urethra beyond which, from resistance of the parts, it was considered inexpedi-

ent to persevere in extracting it by dilatation. A sharp pointed, narrow bladed knife was now passed into the urethra, guided by the forceps, and an incision of moderate extent made upwards in the direction of the symphysis pubis. The bleeding was trifling, and by a very slight addition to the traction already employed, the calculus was easily removed. It proved to be a phosphatic concretion of a somewhat flattened oval shape with rough exterior, and weighing ninety grains. It measured  $\frac{3}{8}$  of an inch in length,  $\frac{3}{4}$ th of an inch in breadth, and  $\frac{1}{2}$  inch in thickness.

Dr. Joy writes to state that there have been no unpleasant symptoms since the operation, and that the child has made a good recovery.

### Reports of Societies.

#### CANADIAN MEDICAL ASSOCIATION.

##### *First Day's Proceedings.*

The ninth annual meeting of the Canadian Medical Association was held in Toronto on the 2nd ult., Dr. Hodder, the President, in the chair.

The following members were present:—Drs. Hodder, Workman, Davids, A. M. Roseburgh, Canniff, Riddell, Sweetland, D. Clark, Zimmerman, Oldright, Freeman, Abbott, Sloan, McKay, H. H. Wright, J. Ross, Temple, Reeve, Fulton, Hingston, Trenholme, Hornibrook, Yeomans, Kincaid, J. H. Richardson, Thorburn, J. J. Hillary, Bascome, J. H. McCallum, Geikie, McDonald, Mullin.

After routine business, the following gentlemen were proposed and elected members of the Association:—Dr. Osler, Montreal; Dr. Strange, Aurora; Drs. Buchan, Playter, Grasset, Reeve, Greenlees, Robertson, Barrett, F. Wright, and Agnew, Toronto; Dr. Tye, Thamesville; Dr. A. Macdonnell, Guelph; Dr. Moore, Brampton.

Many of the members and delegates not having arrived, the meeting adjourned till two p. m.

On re-assembling, the American delegates, Drs. White and Rochester of Buffalo, were invited to take seats as ordinary members of the Association.

Dr. White returned thanks for the compliment. In the course of his remarks he alluded to the importance of mutual conference and association between medical men, deprecated local jealousies and encouraged the Association in its work. He wished that the interchange of friendship not only between city and country practitioners but between the medical men of the United States and Canada might be more frequent; indeed he could go so far as to wish that the two nations were one. This feeling, however, he thought was more prevalent on the other side than here; but whether they gave their allegiance to the President or Queen Victoria, medical men should be loyal and true to their profession.

In conclusion, he congratulated the Association and wished its deliberations to be crowned with success.

The following gentlemen were then elected members of the Association:—Drs. Graham, Reade, Hagel, King, J. Roseburgh, Robertson, Philp, and Britton.

PRESIDENT'S ADDRESS.—We meet together this morning, gentlemen, to celebrate the ninth annual meeting of the Canadian Medical Association, and from the large number of visitors and members whom I see before me, I feel assured that it will continue to meet with the support and approbation not only of the medical practitioners in the larger cities of the Dominion, but of the medical profession throughout the length and breadth of the land. In the first place, gentlemen, allow me to offer, on the part of the medical men of Toronto, a most cordial and hearty welcome to the delegates from the United States, as well as those from the eastern and more distant portion of the Dominion, and to invite them to join in all the discussions or debates, and to consider themselves for the time being in every particular as members of the Association. It is not only customary but it is also respectful for the President of a Society to make a few introductory remarks, especially when he has been placed in the responsible position in which I, through your flattering kindness, have now the honour to stand. Allow me to express to you how deeply I feel this honour and this responsibility; and I should be wanting in justice to myself if I did not endeavour to express, however imperfectly, the consciousness of my inability to fulfil in a manner satisfactory to myself the office of President of the Canadian Medical Association. For the last seven or eight weeks I have been suffering from a severe attack of my old enemy, the gout, and which for a considerable portion of that time rendered me incapable of either bodily or mental exertion; I must, therefore, look to your indulgence in pardoning the many deficiencies which I am but too conscious of; yet, as far as it is possible to counterbalance these deficiencies by hearty zeal, and my best endeavours to aid the progress and success of the Association, I think I may safely promise my co-operation. When we see the success that has attended the formation of these societies in the United Kingdom, and in almost every other country of Europe; when we see the ponderous volumes yearly issued by our hard-working, industrious, and painstaking friends and professional brethren in the United States; it ought to stimulate and induce the medical men in the Dominion to follow so excellent an example. When we consider the vast amount of practice and observation which is daily and hourly going on, not only in the larger cities but in the surrounding districts of the Dominion, we cannot but feel with regret that an enormous fund of valuable information and experience is, and has been allowed to run almost entirely to waste for a long succession of years. By

joining such an Association as that which I have the honour to preside over this day, the numerous body of our professional brethren extensively engaged as general practitioners, who spend long and active lives in the practice of their profession, would undoubtedly be able to contribute inexhaustible stores of medical experience of the highest interest and value, and which, but for such a society, would remain uncommunicated, and therefore lost to the profession. The local medical societies do some good, but the results of their meetings are rarely published, and therefore many valuable cases never meet the eyes of the profession generally, and are thereby lost to the world. There is, however, one point of very considerable moment to which I beg to draw the attention of the younger members of the profession:—Many young practitioners are deterred from publishing or bringing before an association or society cases of interest which occur in their practice, from an erroneous supposition on their part that it is necessary to work them up into the form of an elaborate essay. In nothing are they more deceived; the plain and truthful narrative of a single fact is of infinitely more value than a thousand theories. Wisely, then, did this Association when they met last year at Halifax limit the time for the reading of papers to a short time, by which I trust many members will be induced to send in communications which otherwise they might not feel disposed to do. It is only therefore in an Association such as this that the accumulated experience of a large body of the medical profession in the Dominion can be properly collected and concentrated, so as to turn such inestimable stores of knowledge to good account, and render them available and useful to the profession at large. When we glance over the medical literature of former years, not only of Great Britain and the Continent but of the United States—what, I would ask, are the works which have stood the test of time, and which among the numerous changes produced by improving and increasing knowledge are still “lasting monuments,” while systematic and, for the time, learned works have long since sunk into oblivion?—it will be found that those simple records of the experience of long lives, devoted with ardent zeal to the cultivation of medical knowledge, retain their value into the present moment, and will doubtless continue to be consulted and referred to by succeeding generations, as mines of invaluable practical information. Now, if the practice of one man, as in the case of Hunter, Harvey, Smellie, and a host of others, can produce recollections of facts which have immortalized their names and conferred lasting benefits on every department of the healing art, how much more useful and important will be the combined efforts of hundreds of fact-collectors, concerning all the results of their practice and their observations, thrown into one great depository—viz.: the Canadian Medical Association. If I have

tired your patience, gentlemen, by dwelling too long upon what appears to me to be the great object and what will form the great strength and importance of this Association, I mean the collection of valuable facts on questions of medical and surgical practice and public hygiene, I beg your indulgence; and yet there is another point which I must not omit, I mean the effect these meetings have on our social position. It brings together the members of the medical profession, it enables us to know each other, it binds us together with a social bond which must ever be not only a source of sincere satisfaction but of mutual improvement and advantage. The friction of different minds earnestly engaged in similar pursuits is peculiarly valuable, for it is scarcely possible for any man who has been moved by the same impulses, agitated by the same fears, excited by the same hopes, and elated by the same successes, who has felt the responsibilities, and experienced the hours of painful anxiety in the treatment of difficult and dangerous cases, not to derive consolation and benefit by consultation and communication with his professional brethren.

Since the last meeting, numerous discoveries and changes have taken place in every branch of the profession, many of them of extreme value. Time will not allow me to refer to them all, but there are two in which I am more particularly interested and to which I wish to draw the attention of the Association. [He then alluded verbally to the treatment of intermural fibroid of the uterus, by the subcutaneous injection of ergotine, and the subject of transfusion, and concluded by alluding to the serious loss which the medical profession and the world at large had met with by the death of a very large number of distinguished men.]

Great Britain had lost Bennett, Sir James Clark, Latham, Headland, Sir George Gibbs, Letheby, Donovan, and many others. In Berlin Professor Traube has passed away, while in France we have to regret the loss of such men as Andral, Lorain, Balard, and Duchesne. In our own country we have to deplore the loss of many of our old and intimate friends and fellow workers, amongst whom I may mention Dr. Cole, of Clinton, Dr. Yates, of Kingston, and Dr. Beaumont, of Toronto. In conclusion, gentlemen, allow me to express my sincere wish that the Association may long prosper and flourish; long may it be a bond of union and friendship amongst its numerous members; long may it continue the centre of knowledge and experience in every department of the healing art, and extend its beneficial influence the length and breadth of the whole land. I think that Dr. Rochester's sentiment — "Medical Fraternity—limited to no nation, creed or clime, may its bonds increase in strength and usefulness as long as the world endure"—was most appropriate.

A vote of thanks was tendered the President for his address.

## REPORTS OF COMMITTEES.

Dr. Oldwright, as a member of the Committee on Surgery, expressed his regret that the chairman of the committee was not present, and that there was not a report forthcoming.

Dr. Trenholme presented a paper, in lieu of a report, on Obstetrics and the Treatment of the Diseases of Women, which he would read at a future session.

Dr. Trenholme asked if at present any prizes were offered for essays.

Dr. David stated that a gold medal was offered by Dr. Grant for three successive years, but no one competed.

Dr. Thornburn moved that the following be the nominating committee: Drs. Canniff, Trenholme, Robillard, Zimmerman, Temple, Roseburgh, Strange, Osler, David, and the mover.

## READING OF PAPERS.

Dr. Workman read a very able and interesting paper on "Criminal Insanity," which was listened to with marked attention. An epitome will be found in another place. The following discussion took place at the close of the paper, and a vote of thanks was tendered the author.

Dr. Hingston expressed the great satisfaction with which he had listened to the paper. He thought that if the meeting were now to close, members would be amply rewarded in coming to Toronto. If it was a fact that Ontario was far in advance of the Province of Quebec in literature and the arts and sciences, he was glad indeed to learn that crime was not so prevalent in the latter Province as in the former. He did not know to what to attribute the present epidemic of crime in Ontario, the pulpit and press of Quebec being similar; the same desire for sensation being in existence. There was one thing in Dr. Workman's paper which had struck him (Dr. H.) very forcibly; it was with regard to the impression on the public mind that medical evidence was not so valuable as it really was. He thought this feeling had arisen because while two or three medical men were brought into court to give evidence on one side, a like number were always ready to give evidence on the other side, and the Judge was frequently obliged to discredit all the medical evidence given. In some instances a man like Dr. Workman might be sought out to give an opinion on a subject, and opposed to him would be a number of men, who, though expressing an opinion honestly, had not probably given the subject in question so much attention as Dr. Workman. Not only was that unfortunate practice adopted in cases of insanity, but also in cases of actions for mal-practice, and if medical men would abstain from giving evidence, except where they felt they had a special knowledge of the subject, the profession would be benefited.

Dr. Clark gave testimony to his appreciation of Dr. Workman's paper. He believed there was no man in the Dominion more able to give an intelligent opinion on the subject than Dr. Workman. He did not wish to pass a panygeric on the press but he could not entirely endorse Dr. Workman's opinion with regard to it. He thought, however, that the publication of details of crimes committed, had been the cause of similar offences being committed by other persons simply from the desire to imitate, and that if the press would suppress the accounts of the cold-blooded crimes that are daily occurring in the country the result would be very satisfactory. He endorsed Dr. Workman's opinion as to the misconception which had arisen as to the existence of moral insanity. He admitted that the sense of right and wrong was present in a large majority of those who were insane, as everybody who had anything to do with asylums knew very well. People, who believe that the conscience could give an intelligent verdict independent of judgment, forget that the conscience would really give a wrong verdict just as quickly as it would give a right verdict if the evidence was incorrect. In other words, the conscience had to depend upon the intellect. He gave an illustration of his argument by giving the case of a dog entering a room and being immediately shot by some person. It would be at once believed that the person who killed the animal did wrong in putting an innocent dog to death. But in the event of it being stated that the dog was mad, the evidence would be changed, and it could be stated conscientiously that the man did right. Again, additional information might be brought forward to the effect that the dog was muzzled when he was shot. The probability was then that the verdict would again be reversed. The fact was that the conscience depended upon the intellect and the evidence presented to it.

Dr. Kincaid stated that as Gaol Surgeon he had had experience in cases of criminal insanity, and by way of illustrating the manner in which people could be misled, he referred to the case of Fox, who was hanged at Peterboro for murder. He held that Fox was sane although many people held that he was not in his right mind. Dr. Workman Dr. Dickson and others examined him, and held that he was sane. The result was that after the man was hanged it was proven at the *post mortem* examination, that there was no evidence of disease of the brain. In the face of this a school teacher in the West, professing to know more about the case than medical men, had been writing to the papers, contending that Fox was insane. In his opinion the public should be careful what should be taken as evidence out of the communications forwarded to the public press.

Dr. Sloane did not desire to be committed to all the views enunciated by Dr. Workman. Was all crime insanity? The Hindoo when placing himself

under the car of Juggernaut, believed in his conscience that he was going to save his soul; and that was not the only case of the misleading influence of conscience. Conscience was just the result of education and the accident of nationality. He desired information as to how far moral insanity was to be allowed. If a bank manager with a salary of \$15,000 per annum should spend \$50,000 and become deficient in his accounts, was he to be deemed morally insane.

Dr. Hornibrook thought the system which prevails in France should prevail in Canada, and that on the plea of insanity being made the patient should be placed under the care of experts who were neither in favor of the prosecution nor the defence. The testimony of such men would have such weight that insane people would not be hanged and sane criminals would receive their deserts. He moved, "That in the opinion of this Association it would be desirable that in all cases of alleged murder where the plea of insanity is raised, the culprit should be placed under supervision of one or more experts until the existence or non-existence of insanity is determined."

Dr. Robertson wanted to know what, in the event of that view of the case being adopted, would prevent the plea of insanity being raised in the case of all murders.

Dr. Canniff suggested that the matter should be allowed to remain as a notice of motion.

This was agreed to by the mover and seconder.

Dr. Thorburn remarked that Mr. Blake, when in the Ontario Government, had made a proposal that scientific matters of that kind should be dealt with by scientists. The matter was, however, allowed to drop.

Dr. Strange, Aurora, read a paper on "Ovariectomy," which was discussed by Drs. White, Hodder, Trenholme and others.

Dr. Rosebrugh read a paper on "Membranous Dysmenorrhoea and its treatment." This paper was discussed by Dr. Osler and others.

Dr. Canniff moved seconded by Dr. Trenholme, that the following committee be appointed to prepare a memorial to the Dominion Government, with respect to vital statistics and public hygiene; the President, Drs. Hingston, Workman, Clarke, Playter Canniff and Oldright.

Dr. Riddell thought the Dominion Parliament was not the right authority to apply to with regard to the statistics of disease and mortality in the various Provinces? The proper course was to apply to the various Provinces? An Act was passed at the first session of our Provincial Legislature making it only compulsory to send statistics to the Government of the Provinces and not to Ottawa. He thought by passing the present resolution they would be ignoring the rights and privileges of the different Provinces.

Dr. Hingston said that at Confederation the matter of vital statistics was not settled, and it was an open question as to whether the collection of



statistics pertained to the Dominion or Local Governments. He thought, however, that if there was anything like a feeling of unanimity in the Provinces, it would be well to press the matter on the Legislatures.

Dr. Playter thought the object of the motion was simply to strengthen Dr. Brouse in his desire to induce the Dominion Government to take the matter up. The idea of Dr. Brouse was to have a central bureau establishment for the collection of sanitary information from the Provinces.

Dr. Canniff thought the memorial if it had no other effect would educate the public mind on the question of public hygiene, and that a memorial of that kind from such an Association would carry great weight.

Dr. Workman hoped the carrying out of the idea would not give the profession a great deal of extra work, while that work could be done by some of the idle civil service clerks who have nothing else to do.

Dr. Sloan said the working of the present Ontario system was as complete as the Government could make it, and only wanted the co-operation of the medical profession.

Dr. David thought that as the motion merely memorialized the Government to take some action, without specifying the action, it would be quite competent for the Association to pass such resolution.

The motion was then passed, as the Association adjourned.

In the evening the members attended an "at home" kindly given to the association and friends by Mr. Bickford. The grounds were beautifully illuminated for the occasion by Chinese lanterns, and a band of music was present to enliven the proceedings. Dancing was enjoyed by those who so desired, a bountiful spread was prepared for the company by the host and hostess, and the evening was spent most pleasantly by all.

#### *Second Day's Proceedings.*

The Association met at ten o'clock. Dr. Hodder presiding. The minutes of the last meeting were read and confirmed.

The following new members were elected:—Drs. Pollard, W. Metcalfe, McGregor, Bell, Shepard, Brown, Ross, Fuller, Gardner, Roddick, Wilkins, Hobley and Carroll.

Dr. Riddell laid on the table the various Acts with reference to vital statistics, which showed that the Province of Ontario assumed all rights with regard to the collection of statistics. He presented the copies of the Acts. He also produced copies of the schedule of registration of births, deaths, and marriages.

Dr. Hingston considered himself very much indebted to Dr. Riddell for the inquest he had held on these Acts. He called it an inquest because he believed the state of matters to be such that

the registration of births, deaths, and marriages was not properly carried out.

Dr. Geikie, Toronto, read a paper on a case of "Gastric Ulcer," and "Suppression of Urine" for thirty days without intermission.

A short discussion followed in which Drs. Hornibrook, Riddell and others took part.

Dr. Trenholme, Montreal, read a paper on the "Treatment of Fibroid Tumors of the Uterus."

A discussion followed the reading of the paper, in which several members took part.

In the afternoon session the following were elected permanent members:—Drs. E. Baldwin, Archibald, Berryman, Pyne, Cobbett, Hodder, Jr., Holmes, Fraser, R. Corbett, and Baines.

Dr. Grasset read a paper on the theory and practice of "Antiseptic Surgery."

Dr. Workman expressed his sense of the value of the paper, but complained that Dr. Grasset had read it too rapidly.

Dr. Hingston said, when he visited Dr. Lister's infirmary, he had come to the conclusion that far too much attention had been given to this system. It was claimed that it prevented putrefaction, and putrefaction and suppuration were used as convertible terms, though one was a physiological and the other a pathological fact. Carbolic acid had the power of diminishing suppuration, but it did not prevent putrefaction, which was an essentially distinct thing. He did not believe they should assume the existence of these germs in the air. He did not believe that the admission of pure air into a wound would do much harm. Absolute cleanliness was of the greatest importance.

Dr. Canniff said that while they might not dispute the existence of certain germs in the air, there would be a great difference of opinion in regard to the allegation that the air germs had anything necessarily to do with suppuration. Decomposition was in the order of nature and would take place without the presence of air germs. He mentioned several cases which did not seem to agree with Lister's theory. It was the decomposition of organic matter which caused the mischief, and not the presence of air germs.

Dr. Ross, Toronto, thought too much faith had been placed in carbolic acid. He mentioned several cases of wounds and fractures which had been successfully treated with a simple water dressing, and urged that while attention should be given to Lister's and other systems, too much attention had been given to carbolic acid treatment.

Dr. Hornibrook, said his experience showed that carbolic acid arrested neither suppuration nor putrefaction, but rather increased them, and the best treatment was that with tincture of iodine.

Dr. Agnew, Toronto, said the best antiseptic was cleanliness.

## ELECTION OF OFFICERS.

Dr. Thornburn submitted the report of the Nominating Committee, which was concurred in: President, Dr. Hingston; Vice-Presidents: For Ontario, Dr. Workman; Quebec, Hon. Dr. Ross; New Brunswick, Dr. Bayard; Nova Scotia, Dr. Moran; Secretaries: for Ontario, Dr. Zimmerman; Quebec, Dr. Russell, Jr.; New Brunswick, Dr. Herrington; Nova Scotia, Dr. Almon; General Secretary, Dr. David, Montreal; General Treasurer, Dr. Robillard, Montreal.

The following Committees were appointed:

*Publication*.—Dr. David, *Chairman*; Drs. Robillard, F. W. Campbell, Howard and Osler.

*Medicine*.—Dr. Geo. Ross, *Chairman*; Drs. Mullin and Sweetland.

*Surgery*.—Dr. J. H. Richardson, *Chairman*; Drs. Oldright and Kincaid.

*Obstetrics*.—Dr. Ross, *Chairman*; Drs. Strange and Rosebrugh.

*Therapeutics, New Remedies and Medical Jurisprudence*.—Dr. Fulton, *Chairman*; Drs. D. Clarke and Hornibrook.

*Necrology*.—Dr. Osler, *Chairman*; Graham and Farrell.

*Medical Education and Literature*.—Dr. Howard, *Chairman*; Drs. Hodder and Parker (Halifax).

*Climatology*.—Dr. Marsden, *Chairman*, Drs. Playter, Baynes, Tye, Dewit Martin, Larocque, Ross (Quebec), Botsford, Canniff and Jennings.

Delegates to the American Medical Association: Drs. Grant, Sweetland, Hingston, David, Fulton, Thornburn, Marsden, Russell, Sr.; and to the International Medical Congress to be held at Philadelphia next month:—Drs. J. Ross, F. H. Wright, Macdonald, Malloch, Grant, Brouse, Workman, Dickson, Osler, Wilkins, Craik, Russell, Jr., Earl, Wickwire, Canniff, Rosebrugh, Yeomans.

Dr. Hingston thanked the Association for the marked honour which had been conferred on him. He was deeply sensible of that honour, especially as he would succeed one who occupied, and justly occupied, so high a professional and social position in the country. He only hoped he might fulfil the duties belonging to the office in such a manner as to meet with the approval of those who had done him the honour.

It was unanimously resolved to allow the Secretary \$100 for his services, and to pay the Treasurer's expenses.

Votes of thanks were given to his Worship the Mayor for the use of the Council Chamber, and to the Railway Companies for reduced fares.

On motion of Dr. Osler, it was decided that the next meeting of the Association be held in Montreal on the second Wednesday in September.

Dr. Hingston, Montreal, submitted the report of the Committee on Medical Education, recommending that the medical education in each Province be assimilated, so that a licence to practice in one Pro-

vince may be understood to extend to all the Provinces of the Dominion.

The report was received.

Dr. Hingston moved, "That this Association is of opinion that the sanitary laws at present in existence in the Dominion are insufficient to meet the requirements of public health; that a system of public hygiene must embrace an acquaintance with vital statistics; that the importance of that knowledge is recognized elsewhere; that in countries not more favorably situated than Canada, systems more or less complete of vital statistics obtain, and sanitary laws have been enforced; therefore this Association is of opinion that it would be within the scope and function of the Dominion Parliament that such a comprehensive scheme should be introduced as would supply a much-felt want, afford to the members of the profession throughout the Dominion and other scientific persons additional means of acquiring a more extended knowledge of the more prevalent diseases in the different parts of the Dominion, and establish comprehensive laws relating to public health." Carried.

The President stated that a memorial had been received from the Exemption Committee of the Toronto City Council asking the Association to support the abolition of exemption from municipal taxation. As it was shown that the subject was one which did not come within the objects of the Association the letter was laid on the table.

Dr. Reeve, Toronto, read an interesting paper on "Otology or Aural Surgery," and exhibited some instruments used in his practice.

Dr. Yeomans and Dr. Oldwright declined to read their papers because of the lateness of the hour.

Dr. Trenholme, Montreal, exhibited Molesworth's instruments, which were examined with much interest by the members.

The thanks of the Association were presented to Dr. Hodder, for his conduct in the chair; to the Toronto members of the Association for the reception they had given to their visitors; to the Mayor for the use of the Hall; to the Railway and Navigation Companies; to the General Secretary Dr. David, and the Treasurer, Dr. Robillard.

The Association then adjourned.

*Third Day's Proceedings.*

The members of the Association and their friends assembled at the Northern Railway depot, at 8 a.m., where a special train was in readiness to convey them on their trip to Lake Couchiching. On the arrival of the train at Belle Ewart, the steamer "Lady of the Lake," was in waiting to convey the party on a trip round the Lake and through the Narrows to Couchiching. The Company went to the Hotel, where a sumptuous dinner was prepared, which all seemed prepared to do justice to. After dinner, the usual loyal toasts were drunk and responded to, and a vote of thanks passed to the Northern Railway

Company for their courtesy to the Association. While there, some engaged themselves in fishing, others in boating, bathing, &c. The Company returned home in the evening, much pleased with their journey.

#### NORTH ONTARIO MEDICAL ASSOCIATION.

A meeting of the North Ontario Medical Association was held in Cannington on the 26th of June. There were present Dr Gillespie, vice-president; Dr. J. J. Hillary, secretary and treasurer; Drs. Black, Bascome, Freel, Luke, Rear, and McKay.

The minutes of last meeting were read and confirmed. The members then proceeded to elect officers for the ensuing year with the following result: Dr. Bascome, President; Dr. Gillespie, Vice-President; Dr. Hillary, Secretary and Treasurer. A vote of thanks was tendered to the retiring officers.

The secretary read several communications from the Insurance companies relative to the resolution passed at a former meeting, raising the fee for examination in Life Insurance to \$5.00, and as each of the companies had made some slight advance in the fee.

It was moved "That this Association accept the terms of the different Life Insurance companies as to medical fees for the present." Carried.

Moved by Dr. Gillespie, seconded by Dr. McKay, "That the thanks of this Association are due to our representative, Dr. Allison, for his efforts to carry out in the Council the views of the medical profession of King and Queen's division in reference to the appointment of examiners, and other matters of reform." Carried.

Moved by Dr. Bascome, seconded by Dr. Black, "That the secretary be instructed to notify all members of the North Ontario Medical Association, who have not paid their yearly fee, to forward the same to the secretary without delay, as the money is required to meet current expenses." Carried.

Dr. Hillary read a paper on "Uterine and Ovarian Fibroids," exhibiting a post-mortem specimen of a right ovary converted into a fibrous mass. Dr. McKay gave a practical exhibit of the Laryngoscope. Drs. Bascome and Hillary gave their experience of diphtheria, which was followed by a very interesting discussion on the subject. The next place of meeting of the Association was ap-

pointed to be held at Uxbridge in September, and Drs. Black, Freel and McKay, were requested to contribute each a paper to be read on that occasion. The meeting then adjourned.

#### THE ONTARIO COLLEGE OF PHARMACY.

The eleventh semi-annual meeting of the Council of the above College took place at Toronto on the 8th ult. In the absence of Mr. Lyman, the President, Mr. N. C. Love, Vice-President, was called to the chair.

The minutes of last meeting were read and approved, after which a discussion followed on the merits of the various mottoes to be attached to the arms of the College, finally a committee was appointed to report at next meeting.

It was decided to grant diplomas of the new design to members who wished them, on condition that the applicants returned their old diplomas and paid a fee of one dollar.

The Board of Examiners reported that the eleventh semi-annual examination had been held in conformity with the regulations of the Act. Forty candidates entered their names, but of these only thirty-nine were examined, one having retired, nineteen gentlemen obtained the requisite number of marks to entitle them to diplomas.

The first prize was awarded to Mr. E. D. Martin; the second prize to Mr. E. F. Stephenson.

The chairman stated that greater importance had been given to the department of practical dispensing, and urged the necessity of increased facilities being provided for the accommodation of candidates.

The Treasurer's report showed a balance of \$969.29. Income from various sources \$1,099.67, making a total of receipts of \$2,068.96. The disbursements amounted to \$1,744.90, leaving a balance of cash on hand to the amount of \$324.06.

The Registrar's report was next presented and adopted. It contained nothing of any interest to readers outside the Council.

The report of the Committee on Legislation was as follows:—

"Your committee beg to report that the draft of the Amendment Act, as laid before this council at a previous meeting, was put into the hands of Mr. Striker, M.P.P., but owing to press of business, was not introduced during the session.

"From conversations with prominent members of the House we are of opinion that there will be little opposition to the Act, if introduced next session, as the hostility of the medical profession has in a great part given place to a more favourable and reasonable feeling. Many members of that profession holding high places in the medical council, have expressed themselves strongly in favour of the Act, and recognize its importance as well to themselves as the public in general.

It was suggested that the time of council meeting be changed from Wednesday until Thursday. The examinations are now held during the two days preceding the meeting, and candidates are necessitated to stay in the city over Sunday, thereby incurring needless expenditure of time and money.

After adjournment, the members of the council were entertained by the Vice-President, at Dennis and Jewell's.

## INSANITY AND CRIME.

BY JOSEPH WORKMAN, M.D., TORONTO.

The following is an epitome of the paper on the above subject:—He said that within the present year, if they could believe the statements of prosecuting counsel and the press, an epidemic of crime had prevailed in this Province. He was not aware that the number of crimes in the neighbouring States had undergone any remarkable change, and the Province of Quebec and the Maritime Provinces, had not been visited with an unusually large number of criminal cases. Admitting the existence of the Ontario epidemic he thought it would not be unprofitable to enquire the cause of the moral malady. Similar outbursts of crime had from time to time been chronicled in all countries, and in their attempts to account for them men had arrived at diverse conclusions. Some had held that the criminal laws were too lax or too loosely administered, and in order to remedy it they had decided that all that could be done was to inflict the most severe punishment on offenders. After the close of the Crimean war, a period of frightful criminality set in, in England. The Recorder of the Central Criminal Court, in his address in March, 1856, took occasion to remark that during the period prior to 1854 there had been a decrease in the number of such crimes as murder and manslaughter, &c., by about thirteen per cent.; but during the twelve months preceding 1856 an unusual number of heinous crimes had been committed by persons in high station as well as by those in a more humble position in life. In an article in the *English Churchman* of the same year a statement was found headed "Murders, Forgeries, Suicides! Suicides, Forgeries, Murders! !" in which it was alleged that no sooner had one case spread over the Kingdom than another came to eclipse and dispute a place with it in the public mind. The *Christian Times* of the same year said that an epidemic of murder was raging just then. Crime propagates itself by infection, like fever and small pox, the law of moral infection were among the most recondite and difficult subjects in contemplation. There was a large class of minds over which great crimes exerted

a sort of fascination, and those who had not trained themselves to take the responsibilities of moral freedom were liable to become the victims of the strangest delusions and catch any moral infection which might be raging. Let a woman fling herself from the top of the monument, and the gallery has to be railed in, lest the contagion should spread and monument yard become the Tyburn of suicides.

The *Psychological Journal of Medicine*, of April, 1856, expressed the opinion that the causes of the spread of crime were more amenable to investigation than those of various bodily diseases such as plague, cholera, or influenza. In Denmark, in the middle of the last century a great number of people were affected with the idea that a murderer on being condemned to death frequently became better prepared for heaven. It was found impossible to stay the epidemic by capital punishment, and other measures had to be adopted. There was too much reason to believe that the details now frequently given of religious manifestations given by great criminals had acted unfavorably in respect to the public weal. A wretched man, W—, committed a most atrocious crime, for which he was executed. A minister visited him, and on his return he preached a sermon upon the penitence and pardon of 'this poor, erring, yet suffering fellow-creature;' depicted his tears, and his sighs, and his reminiscences of his Sunday School days; the manner in which their joint petitions ascended from that cold cell to the Throne of Grace; and all this in a manner so acceptable to his audience that very many were taken out in hysterics. It was not long until one of that district, if not of that very congregation, was tried for a crime similar in nature, and for which he could give no reason, but that W— had done so before. The *English Churchman* had stated that very much of the preaching of the present day was defective in those qualities which the character, temptation, and sins of the time required. There has been in many quarters, plenty of vague generality, but very little of definite, practical teaching. "The preaching of vital godliness," has dealt very little with the real life of men, women and children. Conventional language, conventional thought, and conventional feeling, have been excited and cultivated; but these are, in many instances, wholly ineffective, or inadequate for the real battle of life. To what purpose is it to preach Sunday after Sunday, on imputed righteousness, to the man who is contemplating forgery, to supply his extravagance; or upon 'justification by faith,' to those who are about to ruin their friends or neighbours, in order to sustain their own credit; or upon 'the errors of Popery,' to those who are knowingly selling adulterated articles, or using short weights and measures; or upon the doctrine of predestination, to those who are ill-treating their wives, and bringing

\*Read before the Canadian Medical Association, August 3, 1876.

their children up like heathens? But what are the shortcomings of the pulpit compared with the poison-spreading recklessness of the press. Long ago they were instructed by the ablest newspaper conductor in Canada that journalism was simply "a commercial enterprise," and with that view the news must be made as attractive to the heterogeneous mass of readers as mercantile experience may prescribe or editorial virtue permit. The publicity given to the details of terrible crimes in the public press was undoubtedly a fruitful source of crime in this and other countries. The evil was a great and admitted one; the remedy had yet to be discovered. There was always in every city a numerous class of persons of questionable moral sense eager to seize hold of any excuse for the commission of great offences against persons and property. That class was more or less affected by the publication of the details of murders or other crimes; to them such particulars were dangerously suggestive. Esquiroi and many others complain bitterly of the effect of the public press in increasing the amount of maniacal crime. The idea of poisoning his wife with strychnine was suggested to Dove by hearing in a public bar-room the evidence in the case of Palmer who poisoned Cook with strychnine.

Some years previous to these poisoning cases, the *Medical Times* contained the following passage:—"It is known that Mallard, the pawnbroker from whom Wix purchased the pistol with which he shot Bostock, his master, was the shop-keeper from whom Graham subsequently bought the pistol with which he shot the stranger Blewitt. 'Immediately,' says the pawnbroker 'after the assassination by Wix I received a great many applications for pistols, and now, within the last few days (after the second tragedy) several persons have applied to me for the same thing. I am now determined never to sell another.'

How much more tender was this man's conscience than that of the newspaper publishers who instructed the would-be murderers where to purchase cheap pistols? It would be nothing short of a miracle that a journalist should decline to spice his columns with the sensational details of a murder or a suicide, though the consequence might be the prompting of a dozen similar acts, or the laceration of the feelings of a dozen distracted families."

Dr. Winslow in his "Anatomy of Suicide," gives the following illustration:—"A criminal was executed not many years ago in Paris for murder. A few weeks after, another murder was perpetrated, and when the young man was asked to assign a reason for taking the life of a fellow-creature, he replied that he was not instigated by any feeling of malice, but that after having witnessed the execution he felt a desire, over which he had no control, to commit a similar crime, and had no rest until he had gratified his feelings."

Some years ago a man hung himself on the threshold of one of the doors of the corridor, at the *Hotel des Invalides*. In the succeeding fortnight *five invalids hung themselves on the same cross bar* and the Governor was obliged to shut up the passage. How truthful the words of Shakspeare, in his King John—

"How oft the sight of means to *do* ill-deeds,  
Makes ill-deeds *done*!"

The imitative instinct is perhaps the strongest in our nature. In the insane it certainly is, as regards the perpetration of suicide, and very probably of homicide also, even more potent than in the sane. Some thirty years ago a suicide occurred in a large American Asylum. It was speedily followed by several others, and by a frightful number of defeated attempts. About fifteen years ago two women, resident in the same ward of the Toronto Asylum, committed suicide within a short time of each other by exactly similar means. In 1860 a suicidal epidemic seemed to prevail all over the Province, and in the Asylum one man succeeded in hanging himself. Dr. Workman became alarmed, and took the precaution of allowing no newspapers to be sent to the wards until all reports of suicides or other violent acts had been cut out of them. In consequence either of this precaution or the care of the attendants no other cases occurred. About this time the editor of the *American Journal of Insanity*, in an article said, "That suicides are alarmingly frequent in this country, is evident to all—and as a means of prevention, we respectfully suggest the propriety of not publishing the details of such occurrences. A single paragraph may suggest suicide to twenty persons."

Entirely concurring in the above opinion he had written to the editor of a city paper expressing the view that the reports by the city press were largely contributing to the spread of acts of violence. The notice awarded to his communication was a negation of his assertion and an allegation that giving publicity to these crimes was the best means of preventing their recurrence. He courted no further correspondence with a journal which was capable of giving public expression to such a crude idea. It was asserted by the press that there was an epidemic of crime. Reporters were always on the look out for sensational news, and their services were appreciated by their employers according to the quantity and sensational quality of their matter. If a case of sore throat or ambiguous measles occurred in the family of an editor or reporter, they read of an epidemic of diphtheria or small-pox in the city.

Within the last half-year it had been his misfortune to be summoned as an expert witness in two atrocious murder cases, in which the defence advanced the plea of insanity. The crimes of McConnell and Ward were so atrocious as to curdle the blood of every man and woman in the community, and he believed if acquittal had been ob-

tained in either case the enraged populace would have made short work of the discharged men before they were many yards from the court-house door. The press had done its strongest to inflame the public mind, and had succeeded in that preparatory process. If it had adhered strictly to truth it would have been less censurable, but facts were exaggerated and some unfounded statements were made. For example, it was stated that after stabbing Mills, McConnell coolly wiped his knife on his coat-sleeve, but nothing of the kind was proved in the evidence. It was also stated that he had used his wife brutally, but nothing of the kind was proved. It was shown that from the time he sustained fracture of the skull he was subject to fits of gloom and irritability. He thought the Association would concur with him in the opinion that it was unwise, if not wrong and unjust, to precipitate the trial within four weeks of the man's commitment, while the public mind was in a state little short of vindictive frenzy. If fair time should be given in ordinary cases for efficient prosecution and adequate defence, how much more advisable was this precaution in cases in which the very difficult question of the mental condition of the accused was likely to come up for solution. In France, when a plea of insanity was advanced, the accused was placed for a certain time under skilled observance, but in this country not only was this process unthought of, but the very opposite course was applauded. One of the city papers congratulated them on the speed with which McConnell was brought to trial and the gallows. He could hardly imagine that anyone in a state of present mental competency could give expression to a view so repugnant to Christian charity and sound sense. He summarised the evidence given in regard to the alleged insanity of McConnell, and criticised the "trash" of which the prosecuting counsel's questions were composed. He referred to the ignorance of the jury on the subject brought before them; and alleged that it was easier with the vulgar and conceited ignorant to palm off a case of grossly simulated madness, which could not escape detection by an experienced observer for ten minutes, than to detect the unobtrusive and often coy symptoms of the true disease. He referred to the case of Fox, who was executed at Peterboro' in 1873, and whom he and Dr. Kincaid examined. To neither of them could he or would he pertinently answer one question. His utterances were a strain of extemporized nonsense. No one of experience could fail to detect the sham, but after his conviction a great outcry was raised; and Dr. Dickson and Dr. Howard were deputed to examine him but they sustained his testimony. Almost all simulators overdid their work. They dread to utter one rational word. The truly insane sought rather to conceal than to exhibit their madness, and answered pertinently, though not always

sensibly, to questions put to them. In illustration of this he cited the gibberish talked by the simulating Mad Tom in "King Lear," which would pass muster before half the jurors that sat in the murder trials. Neither McConnell nor Ward evinced the slightest desire to be considered insane, and it was a monstrous falsehood to charge the latter with any such desire. If the writers who invented and published such statements could still sleep, they must have obtained a divorce from conscience.

That Ward had been insane four years before he murdered his wife, was satisfactorily proved. That his conduct and words in the interval, savoured far more of insanity than of sanity, was the writers belief, and the belief also of Dr. Dickson. He persistently exhibited that mental condition—*delusion*—which even the law holds to be reliable proof of insanity. But the law, or its expositors, hold that in order to establish irresponsibility for crime, the delusion must have direct connection with it. His delusion was that poison was from time to time being administered to him.

Lord Brougham has laid down the doctrine that in civil cases, (though he held a contrary view in criminal ones), partial insanity should have the same legal consequences as the general form of the disease. He regarded the mind as indivisible, and averred that we are unable to *limit* exactly the operation of unsoundness by which it is affected. Delusion as long as it exists, is a manifestation of insanity, and hence no confidence can be placed in any act, of a diseased mind, because we have no security that the lurking delusion, the real unsoundness, does not mingle itself with, or occasion the act. A mind insane on any one point, is *tainted* with insanity throughout, and all who watch the insane closely will be disposed to concur with his Lordship. The idea of unsoundness affecting a part of the mind and leaving the rest free, was a psychological incompatibility.

Lord Brougham's discrimination between civil incompetency and criminal liability, according to his own showing, rested solely on the consideration of expediency. Crime is to be punished, as his lordship held, not because it is a violation of human or divine justice, but because it is necessary to punish in order to deter others from offending.

We have in Canada, arrived at times in which the competency of medical experts to testify to mental condition, is declared to be no greater, or more reliable, than that of ordinary men. Insanity is, by those holding this belief, regarded as one of those palpable and unmistakable facts, which are continually coming under the observance and adjudication of the multitude, and there is no more danger of a wrong judgment being formed on its actuality or its nullity, than upon any other every day matter of observance, as the present state of the weather, the bad condition of the streets, the muddiness of the Bay water, or the bad quality of

baker's bread, and a hundred other things, which that remarkably wise and erudite biped—*every man*—so well understands. It is not beyond the reach of probability that a person who has once seen a fully developed case of small-pox, may have so closely and sharply observed it, that he will, at a glance, recognize the next case he may chance to see in the same stage; though if he has never been vaccinated, or if having been vaccinated, he is doubtful of the completeness of the process, he will neither have spent much time in observing his first case, nor will he advertently come into proximity with a second. Does any of you, gentlemen, believe that such a man would be a competent and reliable diagnosticator of the disease in every stage and form? What would he make of it in the incubative period? What in the initiatory fever? What, in those anomalous forms in which it simulates other exanthemata? What in those cases in which it appears neither true to itself, nor similar to its cutaneous relatives? Is insanity a less protean malady than small-pox? Have our lawyers, judges, and jurors, noted it more closely or protractedly? I venture not to ask these questions in allusion to another class of men, whose knowledge, not only of insanity and small-pox, but of everything else in the heavens above, the earth beneath, and the waters under or over the earth is, in their own belief, so vast, profound, and omnipotent, as to qualify them for rendering infallible judgment on every obscure or perplexing question which may be involved in human or inhuman affairs.

In an interview with one of those encyclopædic savants, they differed in opinion in regard to insanity and idiocy, the newspaper writer assuming himself to be quite as competent to distinguish between the two forms of mental conditions as he (Dr. Workman) was. By-and-bye the gentlemen expressed a wish to visit the wards of the asylum, and did so, at the close of which he remarked that he believed he had taken the nurses for the patients, and *vice versa*. And such proved the fact. In regard to Mc-Connell and Ward, every person who had largely studied the records of insane crime well knew that its almost distinguishing characteristic was its atrocity, its extravagant ferocity. At the same time there had been cases of ferocious crimes committed by men of sound mind; but those cases were few and did not affect the general rule. Yet, woe be to the practitioner who might, in a court of justice or elsewhere, give expression to any such idea, for the indignation and ponderosity of the Bar, the Bench, the Press, the Pulpit, and the people would fall upon him as a moral avalanche, on the ground that he was an apologist of crime, and had studied the subject until his wits had gone wool-gathering, and he could not distinguish between an editor and a fool.

"Not long ago," says the *London Record*, "a lady, by a series of the most extraordinary misrepresentations and cleverly carried out impostures, raised large sums of money on no security whatever, and spent them as recklessly; imposed on jewellers, so that they trusted her with goods worth hundreds of pounds; furnished grand houses at the expense of trusting upholsterers; introduced herself, by sheer impudence, to one great nobleman after another, and then introduced her dupes, who, on the faith of their distinguished social connexions, at once disgorged more money. To one person she was a great literary character; to another of royal descent; to another she had immense expectations; to another she was a stern religionist.

She was finally brought to book. She very well knew right from wrong, and transacted her business with great ability and skill. Not one of all those she duped and cheated—intelligent, prudent and clear-headed Scotchmen as they were—ever questioned her mental soundness.

'At last this lying, cheating, and scheming imposture developed into marked insanity and brain disease, of which she soon died, and it was seen that all these people had been the dupes of a lunatic, whose boldness, cunning and mendacity had been the direct result of her insanity.

Had a physician ventured to express the opinion that she was insane when she committed the offences charged against her, the judge would have frowned, the prosecuting counsel sneered, the jury would have been astounded, and the press would have applauded their verdict of guilty.

The case of John Howison, a Scotchman, "was one of a sanguinary group," given by Dr. Pritchard. "He had," says the reporter of the case, "false perceptions; he used to sit brushing away flies for hours together, with his hand, where there were no flies, and his landlady told him so; he had struggles in the night with witches; and was, in general, miserably superstitious. *The case was however atrocious*, and the intractable savageness of the man was rendered more disgusting by being associated with brutal voracity in regard to food." He was found guilty of murder, and of the atrocious crime of bulimia, and as it would have cost too much to feed him, he was hanged.

His was a case of unequivocal and incurable insanity, and one which must soon come to a fatal issue, without the services of the hangman. Not long ago a man in a south-western county murdered his wife. He was regarded by various persons as trying the "insanity dodge." Dr. Dickson was summoned to examine the prisoner and give expert evidence. He very soon decided that the prisoner was

insane, and the form of his malady Paresis, formerly called General Paralysis of the Insane.

Dr. Dickson was the first and only witness examined, and although the prosecuting counsel ridiculed the doctor's assertion, the Judge instructed the jury to render a verdict, finding the prisoner insane. If Howison had been tried by such a Judge, he would not have been hanged.

But a great change has of late begun to take place in the mode of instructing juries, in cases of alleged insanity, and notably in Scotland. Lord Justice Clerk, of Glasgow, made the following remarks in charging the jury in a murder case. The prisoner had murdered his mother. The crime was atrocious.

"At one time lawyers were apt to avoid all difficulty by inquiring whether a prisoner knew right from wrong; and as, in point of fact, except in cases of acute mania or idiocy, there were few lunatics who did not know right from wrong, in the sense of being capable of forming and even acting on, the distinction; much unreasoning humanity (inhumanity?) had been the result of their *unscientific* maxims." Here, at a bound, Lord Justice Clerk has overleaped the barrier which has hemmed in the legal jurisprudence of insanity for centuries, and has excluded sound science from the blood-stained arena of Justice.

No medical witnesses, in a case of alleged insanity, or indeed in any other case, need expect to escape the fangs of a self-inspired cross-examiner, without undergoing the infliction of numerous questions constructed for the purpose of confusing or annoying him. It is well, on such occasions, to be very careful to remain undisturbed by impertinence, which springs from ignorance. It is related of Dr. Bankhead, physician to the celebrated Lord Castlereagh, that being once under examination by Mr., afterwards Lord Brougham, the latter, in putting some important question to the doctor, shook his finger at him, whereupon the doctor shook his fist at Mr. Brougham. The latter demanded an instant explanation of such outrageous conduct in court. The Dr. coolly replied that it was his habit to show his fist to every man who shook his finger at him.

When we are asked for our definition of insanity, as I am aware is frequently the case, shall we promptly comply with the demand, or decline the invitation? Shall we, to oblige the builder up of a hypothetic case, offer a *definition* of the *indefinable*? Let us not forget that we are talking to a man whose knowledge of insanity may all have been hunted up by him within the last few days, or even the last few hours, in books of law, the writers of which were just as competent to treat of insanity as of neuralgia or unavoidable uterine hemorrhage.

In the McConnell case the writer was asked by prosecuting counsel what a "Lucid Interval" was. The idea of a lucid interval in any case is to admit the existence of insanity before and after it, which must have been entirely foreign to the mind of the prosecuting attorney. He replied that he did not know what it was as defined in law, and that he regarded the legal definitions as pure fiction created by those who had never seen one. The writer then quoted the opinions of Lords Thurlow and Brougham, and also M. D'Aguesseau's delineation of a lucid interval, and concluded by saying that the best proof of a lucid interval in insanity, in his opinion, would be the subsequent full recovery of the patient. Not only the non-recovery of a patient, but his death within a short time, is surely a very damaging witness in establishment of the lucid interval theory of the *law*, and it is only of *that* fiction I would here be understood as treating. Talk indeed, about the uncertainty of medical science, and the absurdity of some of its present theories! If medicine is mutable, it is at all events progressive, and is ever, not merely ready to bow to experience, but beyond all other departments of life, it is the most severely critical upon itself. It acknowledges no authority but scrutinized and clearly established facts. It repudiates all creeds and Shibboleths of concremented ignorance or superstition, and is never ashamed to confess its own fallibility.

It had frequently occurred to him that serious misconception prevailed in the public mind and in courts of justice regarding moral insanity. A host of eminent writers on insanity had not merely admitted that form of disease, but had contended for distinct existence. He had never seen a case which come up to the description of its advocates. Nearly all the cases cited passed ultimately into unmistakable intellectual overthrow, and many of them into profound dementia. He thought it was clearly established that all insanity, except in the few cases which resulted from a sudden mental shock, commenced as a moral perversion. Finally, he said, the reports of new murders which were presented to them almost daily in the newspapers showed that their epidemic of crime was no myth. He prayed that it might be only an epidemic, but he had strong fears that it might be a rooted endemic. He did not discard the evil influences he had dwelt upon in the provocative or fostering relations to high crimes, but it would be rash or unjust to ascribe the present moral morbidity exclusively, or even chiefly to these. The question was a great puzzle. The Province of Ontario was one of the wealthiest and best educated in the Dominion; they enjoyed as full constitutional liberty as any country in the world; from the supreme Legislature down to their township and village



Parliaments, their system of Government was little short of human perfection; the Bench was pure, the pulpit filled by 3,000 earnest preachers of religion with a number of active laymen and an infinite number of earnest and pious women to assist them; every town had its Y. M. C. A., every village an excellent library, their common schools were the admiration of strangers and a pride to themselves; the city of Toronto now had more educational advantages than the whole Province forty years ago, they excelled all the rest of the Dominion in the extent and the ability—would he could add in the veracity and patriotism—of their press (laughter); and yet with all these superior and augmenting advantages they would seem to be retrograding most alarmingly in their moral condition. Whither were they drifting? He asked gentlemen from a distance to tell them what ailed them and how to shake off the present killing epidemic.

### Selected Articles.

#### IMPERFORATE ANUS—OPERATION.

Mr. Harrison, of the Liverpool Royal Infirmary, operated on a child for imperforate anus, under the following unusual circumstances:

The patient was a well-nourished female child, aged thirty-three days, and was born with an imperforate anus. For this, shortly after birth a puncture had been made by the patient's medical attendant in the position of the anus, but without any effect. The child had been fed upon the breast, and, with the exception of vomiting occasionally, appeared to suffer no inconvenience. Within the last few days the vomiting has been incessant, and of a fecal character.

The child, when placed upon the operating table, presented a remarkable appearance, the abdomen being enormously distended, and covered with veins. In miniature, it presented the appearance of a woman suffering from a large ovarian tumor. The genital organs were naturally developed. There was a complete absence of anything like an anus; nor was there any indication to guide to the position of the bowel.

Mr. Harrison operated in the following manner: An incision was made through the skin at a point corresponding to the anus, and the knife was cautiously pushed upwards in the direction of the rectum for an inch and a half. The incision was made free enough to admit the little finger, which was then introduced to the bottom of the wound, when the pressure of the bowel was indistinctly felt. The largest trocar of the aspirator was then introduced, when a gush of fecal matter took place. Into the puncture made by the trocar an ordinary pair of dressing forceps was passed, by means of

which the opening in the bowel was considerably enlarged. A large escape of feces now took place; no pressure was exercised on the abdomen, as it was thought better to let the distended intestines empty themselves gradually. A piece of oiled lint was introduced through the wound into the bowel. During the remainder of the day the child passed a quantity of fecal matter.

On the following day (February 9th) the child appeared in no way to suffer from the operation. It had slept and taken the breast naturally. There had been no vomiting. Several motions had been passed. February 10th, the improvement continues. Bowels acting naturally. 11th, there does not appear to be anything wrong with the child: motions are passed at short intervals, the abdomen is almost the natural size, and the child is thriving. Mother and child returned home.

In alluding to this case, Mr. Harrison said that he regarded it as one where the lower portion of the rectum was completely absent. By keeping the incision in the direction of the bowel, he believed that he had effected an entrance into the intestinal canal at its lowest portion—viz., the upper part of the rectum. Considering the distended condition of the bowels, he did not think there would be any difficulty in maintaining the patency of the opening that had been made. That the child should have suffered so little inconvenience from this prolonged imperforation was a very remarkable feature in the case, and rendered, so far as he was aware, the case unique. The child's condition on leaving the Infirmary was such as to make the prognosis favourable.—*London Lancet*.—*Nashville Med. Journal*.

TREATMENT OF SUNSTROKE WITH HYPODERMIC INJECTIONS OF QUININE.—All cases of insolation treated with subcutaneous administration will doubtless receive the best chances of recovery. Old army surgeons in British India, where the best opportunity for observing this malady is offered, say the effect of quinine thus applied "may be described as *magical*." Heat is, at first, a vaso-motor stimulant—too long continued in, this stimulation becomes exhaustion, and then the peculiar condition of the system following is denominated *sunstroke*. The vaso-motor control over the vessels is lost, the cutaneous vessels are turgid with blood, and the sweat glands have apparently lost their power. Theoretically, quinine stimulates the vaso-motors and thus produces capillary contraction; and the peculiar train of morbid circulatory symptoms is broken up, and convalescence sets in. However, whatever the *theory* may be, the practice of putting three to five grains of quinine under the skin is productive of speedy recovery in nearly all cases.—*Practitioner*.—*Chicago Med. Journal*.

EXTRACTS FROM THE ANNUAL  
ADDRESS, BY DR. SIMS, BEFORE  
THE AMERICAN MEDICAL  
ASSOCIATION.

CODE OF ETHICS.—We boast of a Code of Ethics, the best ever given for the government of medical men ; and we urge it as a model to be adopted by the profession in other countries. I would not shock the moral sense of this august body by speaking of it in irreverent terms ; for I know that there are many, indeed a large majority of this association who believe it to be as perfect as the Decalogue, and as incapable of improvement.

It is looked upon by some of its High Priests as the Holy of Holies, and not to be desecrated by the touch of vulgar hands. It is only by observing the practical operation of laws that we can judge of their fitness and usefulness. Let us measure our Code by the universal standard.

Twenty years ago it was considered disreputable for a physician to put on his door, or in his window a plate giving his office hours. Now, every one does it, greatly to the convenience of both physician and public. A few years ago a physician in a neighboring city was expelled from a society for inserting his name in the general directory, with the announcement of his specialty and his office hours. In France they do things differently. There a doctor cannot put his name on the door of his apartment, but can advertise himself in the Directory as broadly as he pleases. Usage makes what is right in one country, wrong in the other. A gentleman high in the ranks of the profession, holding a distinguished position among us, wishing to change his place of residence, writes me to know how he can notify the world of his intention without violating the Code of Ethics ; and he and a friend of his, a well known stickler for the inviolability of the Code, hold grave consultations over the easiest way of getting round its provisions without a flagrant violation of them. These are honest and honorable men, and would not wilfully do anything wrong. But they feel that they are hampered by rules that are unjust and oppressive.

Pardon me if I ask you. "Is the Code of Ethics up to the requirements of the times, when it compels honorable men to do dishonorable things to promote an honest action?"

Under our Code, all consultations are secret and confidential, and the friends of the patient are never to know that there was a difference of opinion between the consultants. But was there ever a difference of opinion on such occasions that it did not leak out, sooner or later?

Is it derogatory to professional character for a physician to take out a patent for a surgical instrument or any other invention? A distinguished physician invents a galvanic cautery. He has

spent much time and a large amount of money in perfecting his apparatus. According to our Code, he cannot, he dare not, take out a patent for it as any other honest man could do, simply because he is a practising physician. But why should not the physician reap the reward due to talent and inventive genius as well as any other man? Does the profession at large, or does the public derive any benefit by this robbery of the inventor? None whatever. We simply compel him to give his invention, his time and labor, to enrich the instrument-maker. A few brave men, daring to assert their inalienable rights, would establish a precedent that would soon become a law, rendering this clause of the Code, as in other instances, a dead letter.

Who among us is ignorant of the value of Dieulafoy's Aspirator? A young man not over thirty, he had the courage to patent his invention. The profession in France at first turned the cold shoulder to him, and said it was a pity that such a talented young man should have made such a mistake as to patent his invention! But now he is called in consultation with leading men in the profession, and the younger members of this association will live to see him a member of the Academy of Medicine in spite of his patent.

A gentleman in a neighboring State invents a pessary of great value. He has spent fifteen years in working it out. He has spent a large amount of money in perfecting it. He is poor and in bad health from a dissecting wound received five years ago. He writes me to ask what he is to do, to reap some reward for his time and labor. We say by our Code, that he must make a gift of his invention to the profession. But he can only give it to the instrument maker, and not to the profession. His only course is to quit the ranks of a liberal profession, and enter those of honest manufacturers, and then supply us with his instruments from his own factory. Out of the profession, he is out of its jurisdiction.

The Code of Ethics is violated every day either wilfully or ignorantly, not only by the rank and file, but by men high in the profession, men who are considered leaders, advanced thinkers, and workers.

How many of you prescribe Chlorodyne, which is almost a specific in choleroïd affections? and yet it is a secret remedy. Who among you never prescribed McMunn's Elixir of Opium? It too, is a secret remedy. Even Henry's Calcined Magnesia is made by a secret process. The Tolu Anodyne is daily prescribed in New York and New England by hundreds of leading physicians, and it is but another name for a preparation of Cannabis Indica.

The prescription of all such remedies is a flagrant violation of our Code of Ethics. But we seem to condone the act, because usage and interest justify it.

There is not a man within the sound of my voice who cannot call to mind some violation of the letter or spirit of the Code of Ethics, that has occurred under his own immediate observation. Indeed, when we speak of violating the spirit of the Code, we may all as one man cry out, "He that is without sin among you, let him first cast a stone."

Several medical gentlemen, notably in New York, Philadelphia, Baltimore, and elsewhere, have lately rendered the greatest service to the profession and to humanity by furnishing us with animal vaccine virus. As they are engaged in a commercial speculation in the virus, and as they resort to conspicuous advertisements of it, they are plainly acting in opposition to both the letter and the spirit of our Code of Ethics. But where is the man among us who is such an idiot, so dead to all sense of honor and right, as to charge these noble philanthropists with base purposes? Thus we see that the Code is of necessity a dead letter the moment it comes in collision with the duty and interests of the profession at large. The introduction of bovine virus brings about a revolution in vaccination that affects not only the usefulness of the medical profession, but the safety of every man, woman and child living, and the welfare of future generations. How absurd then would it be, if its universal beneficence could be cramped by the silly legislation of a generation and a time, when human virus, with all its defects, and all its dangers, was the only known means of vaccination! Here common sense and common interests have, silently, almost imperceptibly, established a higher law that overrides the Code, and leaves it inert.

But there is another stand-point from which to view our Code. Did it ever occur to any of you that this is capable of being used as an engine of torture and oppression?—that men jealously, maliciously intent upon persecuting a fellow member, may distort the meaning of the Code to suit their malign purposes, thus entering into a regular conspiracy to blacken character, and that under the sanctity of the Code's provisions?

Illustrations of this are not wanting, and I could give you some astounding details. But in mercy to you, and in pity for the poor poltroons, who, in the name of virtue, could so prostitute themselves to vicious acts, I spare you the recital. I have said, perhaps, too much on this theme; certainly enough to put you to thinking. This is the first time that the validity, the constitutionality of the Code has been openly called in question, but every thinking man here, with a particle of self-respect and self-reliance, has at times felt an inward protest against its unequal operation. I do not ask you to appoint a committee on the Code. Let it stand as it is. Honorable men do not need its protection. Dishonest men are not influenced by its edicts. We must educate the profession up to the recognition of a higher law, the unwritten Code reg-

ulating intercourse among gentle men. This is the Code that governs in England and France. The man that violates it is by comm on consent dropped out, ignored and allowed to vegetate in isolation.

The time will come, (but not yet,) when your organic laws like the constitution of our country will require modifications and amendments to suit a higher intelligence, a broader education and a greater destiny. Remember that when our Code was adopted, we had no telegraph, no ocean steam navigation, but few railroads; the profession was not educated up to its present level, and the press was not the organized power in the land that it is to-day. Modern thought and modern progress keeping pace with the physical development of the age, will never be content with the slow movement of olden times.

STATE MEDICINE—The address in State Medicine and Public Hygiene by the distinguished Henry I. Bowditch at our last annual meeting, has awakened a new interest in the subject, and we recognize in it the beginning of a great movement for the establishment of a Sanitary Bureau, or Council of Health at the seat of government.

Already nine States have organized State Boards of Health :

Massachusetts . . . . .	in	1869
Louisiana . . . . .	"	1870
California . . . . .	"	1870
Virginia . . . . .	"	1872
Minnesota . . . . .	"	1873
Michigan . . . . .	"	1873
Maryland . . . . .	"	1874
Georgia . . . . .	"	1875
Alabama . . . . .	"	1875

Of all these only four belong to the original thirteen States.

How strange to see the young sister California taking the lead of the great States of New York and Pennsylvania! Massachusetts has often led New York and Pennsylvania in political matters, and she leads them now in the more important matter of the formation of a State Board of Health.

Let us hope that the wise counsels of the American Medical Association may soon universally prevail in the several States, and that we shall, at no distant day, see them all falling into line with State Boards of Health, ready for mutual co-operation in the great work before them. When this is done, I shall expect to see one of the most terrible scourges of the human race, now wholly ignored by Boards of Health, brought at once under control, and eventually stamped out from among us.

Boards of Health should take cognizance of, and have control of any and every focus of infectious disease, call it by what name you may. Has it a habitat? Can it be broken up? Has it the power of transmission from one to another? Can its transmissibility be arrested? Then it is the bounden duty

of State Medicine, with its organized Health Boards, to search out its abode, to take charge of and heal those already diseased, to prevent the spread of the infection to the well, and thus eradicate the poison of contamination. The Board of Health that fails in this, fails in the great object of its organization. And this brings me to a subject that I wish to press upon your consideration.

**SYPHILIS.**—Prof. Gross delivered the Address in Surgery at the Detroit meeting in 1874, and took Syphilis as his subject. This address, like everything that emanates from his prolific brain, was complete and exhaustive. Viewing the subject from every possible standpoint, he had the courage to recommend legislation to restrain the spread of syphilis.

A committee was appointed, with Dr. Gross as chairman, to report on the subject at the next meeting. This committee reported at Louisville (1875), and recommended partial legislation on the subject. The whole subject was referred back to the committee for a further report, to be made at this meeting.

I would not infringe upon the duties of this committee, but I hold views on this subject that I wish to state broadly before the association. No grander theme could possibly engage the attention of the profession at large. Whatever good is to be accomplished in this matter must emanate from us, and be carried forward by us. It is wholly unnecessary for me to use any argument to prove to you the importance of the subject. This has been already done by Prof. Gross.

The subject of syphilis is rarely mentioned in polite circles, even by medical men, and then only in whispers. It is our duty to enlighten the public upon all questions of public health, and particularly upon this one. Indulge me then for a short time, while I say a few words on this subject—words addressed nominally to you, but really intended for those behind and around you, who live in darkness and utter ignorance of the dangers that threaten them.

So far as the well being of the human race is concerned, I look upon the subject of syphilis as the great question of the day. It was formerly a question of treatment, of mercury or no mercury. But that time has passed, and now it is a question of prevention, of eradication, of the protection of the well against the contamination of the sick. In other words, it is no longer a question for the Therapist, but one for the Sanitarian, the Philanthropist, the Legislator, the Statesman. It is one of public hygiene and public health, and, as such, we are bound to meet it. The time has come when we can no longer shut our eyes to its evil influences, and we must deal with it precisely as we deal with other great evils that affect the general health of the people.

If yellow fever threatens to invade our precincts,

we take steps to arrest its progress at once. If small-pox infests our borders, we circumvent and extinguish it. But a greater scourge than yellow fever and cholera and small-pox combined, is quietly installed in our midst, sapping the foundations of society, poisoning the sources of life rendering existence miserable, and deteriorating the whole human family.

Does any one for a moment think I exaggerate the evil consequences of this dread disease? To the medical profession the truth, as I state it, is well known; but, as I said before, the public at large are ignorant on this subject, and it is our duty to enlighten them, to point out the danger, to show the means of protection, and to lead the way of escape. Let us hear what a few of the most eminent medical men now living say on the subject.

Sir Thomas Watson says: "It counts its victims not only in the ranks of the vicious and self-indulgent, but among virtuous women and innocent children, by hundreds and thousands."

Sir William Jenner says: "I cannot too strongly express my conviction of the gravity of syphilis at the present time. It is one of the most fatal diseases we have in this country. I think it a disease *entirely preventable*. Children and others suffer largely from it without any act of their own, and I think it ought to be prevented."

Mr. Prescott Hewett also testifies to its ravages among innocent children, and says he knows of no disease more terrible, and that it should be prevented by legislative action.

Mr. Simon (Medical Officer of the Privy Council) said that the infections of the brothel were oftentimes carried into simultaneous or subsequent wedlock, in some cases fixing their obscene brand even on the offspring of such marriages.

Sir James Paget says: "It would be difficult to overstate the amount of damage that syphilis does to the population," and that "a number of children are born, subject to diseases which render them quite unfit for the work of life." He further said: "We now know that certain diseases of the lungs, the liver, and the spleen, are all of syphilitic origin, and that the mortality from syphilis, in its later forms, is every year found to be larger and larger." Sir James Paget further said that he had seen five surgeons die, and fifty others suffer more or less from the infection received from patients.

The facility with which syphilis is communicated is marvelous. It is often given in a kiss. French medical literature teems with examples of this sort. Prof. Gross has seen many cases. He saw a young lady who had a hard chancre on the lip contracted by kissing. In a few weeks her blood was completely poisoned; subsequently she married, and in due time she gave birth to a child that died in eight weeks, covered with syphilitic sores on the vulva and nates.

Prof. Gross tells us that an "epidemic of syph-

illis occurred in Brives, a little town in France, in 1873, fifteen women, nine children and ten men having been affected in rapid succession. Great excitement for a time prevailed, wife accusing husband, and husband wife, of conjugal infidelity, when it was at length ascertained that the cause of all the trouble was a midwife, who had a chancre upon one of her fingers, contracted in the exercise of her profession, and who had thus carried the poison from house to house."

A short time ago a healthy looking young man obtained a situation in a glass factory in the north of France. A few weeks afterwards a dozen or more of the glass blowers had syphilis in some form or other, and were unable to tell how they got it. But the attending physician soon traced the disease to the new-comer, who was found to have syphilitic ulcer in his mouth, and the others were inoculated by using the same blower that he did.

I have known two medical men infected with this disease by patients, while in the discharge of their professional duties. Each had a slight scratch or abrasion of the skin on the fingers, and by this channel the poison was carried into the blood. One of them died most horribly in a mad-house from disease of the meninges of the brain induced by this accidental syphilization; while the other is still eking out a miserable existence, his whole system being pervaded by the deadly poison. Nurses are frequently infected by children born of parents, one of whom (always the father) has had the syphilis; and diseased nurses often infect innocent sucking babes, born of perfectly healthy parents. I have known a drunken vagabond husband to contract syphilis in a low brothel, and communicate it to his wife, who unwittingly gave it to her four children, simply by using the same towels and wash-bowl. The nature of the disease, and the manner of its propagation, were not recognized till eruptions, and putrid sores, and ulcerated throats, agonizing pains, and blindness in two of the children indicated too plainly the unmistakable character of the disease.

Some years ago, a handsome, dashing young fellow captivated the heart of a beautiful and accomplished girl, the daughter of one of our wealthy merchants. The sensible father opposed the marriage, but the foolish young girl would have her own way, and they were married. While on their wedding tour, this innocent girl and confiding wife, not seventeen years old, was syphilized by her husband, and her blood was soon poisoned. In due time she became a mother. One of her children had syphilitic eruptions, one lost the bones of the nose, and two others were variously affected with symptoms of a loathsome disease that circulates in their blood, and which will lay the foundation of disease in their offspring, if they should live to have any.

The blood of the loving wife is often poisoned by the seminal fluid of the husband, infected before marriage. I have seen an innocent young wife with the vagina full of venereal warts, only a few weeks after marriage with a man who supposed he had been cured six months before. Many years ago, I knew a rich widow who married a man socially beneath her station in life. It was a great grief to her family, but a greater was in store for them. The husband who seemed vigorous and healthy, had had syphilis a few months before marriage, but thought that he was cured. Six months after marriage his wife had syphilitic iritis and other symptoms of constitutional infection, and she soon became perfectly blind, and in the course of a year she died in the greatest agony from disease of the membranes of the brain, accompanied by nodes and other symptoms of constitutional syphilis; and yet the husband, who by his kisses and his seminal fluid poisoned his wife's blood and thus murdered her, had only a slight scaly eruption on the scalp and in the palms of the hands.

I have seen a cook and a chamber-maid with syphilitic ulcers on the fingers. Think for a moment of the danger to innocent people from such a disgusting thing!

Primary syphilitic ulcers are not generally painful. Hence the subjects of them think they are little accidental sores, or abrasions that will soon get well. These sores often remain stationary for a while and then heal up. Again, they degenerate into a sloughing state, attended with great suffering. But it is when the disease becomes constitutional, invading every part of the system, producing ulcers in the throat, warty vegetations on the vulva and about the verge of the anus, or eruptions on the skin, or thickening of the periosteum, nodes on the long bones or on the os frontis, or disease of the liver, spleen and other digestive organs, or ulceration or loss of bones in the nose, or blindness and disease of the meninges of the brain, or often softening of the brain; in short, when its ravages are traced in every part of the human frame, then can we realize the nature of this terrible scourge, which begins with lamblike mildness, and ends with ironlike rage that ruthlessly destroys everything in its way. Skin, mucous membrane, the blood, viscera, bones, brain—all are saturated with a poison which is ineradicable; and death comes at last, a merciful messenger of relief from such a disgusting and wretched existence. I need not add another word to show the loathsomeness of the disease, nor to prove that we are at every turn met with the danger of infection.

Give me a moment to inquire into the relative frequency of this disease in localities where registration brings out reliable statistics.

In the out-patient department of Guy's Hospital 25,800 cases of venereal disease are annually registered in that one institution, being 43 per cent. of the

total number of out-patients registered ; in the Hospital for Diseases of the Skin, 10 per cent. ; in the Throat Hospital, 15 ½ per cent. ; in Mooresfield Hospital for Diseases of the Eye, 20 per cent. ; in the Workhouse Infirmary, 10 per cent. Among the poor in London applying for relief at the hospitals, there are upwards of 100,000 annually affected with syphilis in some of its forms. If such a large percentage of British blood is thus poisoned with this loathsome disease, how is it with English-speaking Americans ? Our sanitarians will tell you that New York and Philadelphia, Boston and Buffalo, Chicago and St. Louis, Cincinnati and Louisville, New Orleans and Mobile, Savannah and Charleston Norfolk and Richmond, Baltimore and Washington, are all relatively as rotten as London, Glasgow, Dublin, Liverpool, or any city on the Continent.

And from recent developments it appears that San Francisco is worse off than we are. In an able speech delivered by Senator Sargent, in the United States Senate, on the first of May, on the existing treaty between China and this country, he brings forward testimony to show, that of the hundred and fifty thousand Chinese on the Pacific Slope, there are not a hundred families, and that ninety nine hundredths of the Chinese women imported into California are sold and held as slaves, slaves to be used wholly and solely for the purpose of prostitution, and that their presence necessarily breeds moral and physical pestilence.

According to the evidence of Dr. Toland, even boys eight and ten years old have been syphilized by these degraded wretches, who are allowed to openly solicit in the streets, tempting old and young alike.

Shall it be said that we, the representatives of the medical profession of a great nation, the custodians of the health of 40,000,000 of people, cognizant of all these facts, will longer let the people remain in ignorance of the dangers that surround them ? No, my friends ! We must be up and doing. We must follow in the footsteps of our illustrious leader, Prof. Gross. We must sound the alarm. We must no longer whisper, but we must boldly proclaim the truth, and scatter it broadcast over the length and breadth of the land. We must call to our aid the press, the pulpit, yea, the women of the country. To do all this, we must show the world that we are in earnest. We must here issue our orders, and call upon our State and County Medical Societies to co-operate with us. We must keep the subject not only before the profession, but we must keep it before the people, and we must appeal to legislation to give us the power to blot out this blight from among us.

I have not time to speak of what has been done in France and England, for the prevention of the spread of syphilis. Suffice it to say that the plan adopted there is not the one for us. We want no legislation that looks to licensing prostitution as in

France, and we want no partial legislation as we find in the "Contagious Diseases Acts" of England. We would not outrage religious sentiment by adopting a system of fostering vice ; nor would we subject the hardy soldier, even for his own good, to invidious restrictions not imposed upon others in the community. Besides, how absurd would the English system work with us, when we have but a nominal army, and that scattered over the frontier, away from the pale of civilization and its worst vices ! Class legislation in any shape, and for any purpose, is distasteful to the people of any country and especially of ours.

We know that cholera has a home where it is perpetually generated ; that transplanted, it flourishes for a while, then dies out, and seldom reappears, except by fresh importations from its original source of supply. But syphilis, unlike cholera, originating when and where it may, always fixes itself in great populous centres, taking up its abode in the haunts of ignorance, poverty, squalor, filth and vice. From these low conditions of life, it mounts gradually higher and higher, and sometimes to the highest, so that in the end whole communities, so to speak, may become contaminated.

To protect the public against its ravages, we must strike at the root of the evil. We must seek it out in its hot-beds, and circumvent it with such regulations as to prevent its transmission. We must ask for such laws as will confer upon us the power of dealing with this disease as we already possess with regard to cholera and small-pox.

The carriers of trade between nations, and between great commercial centres in the same nation, are the carriers of syphilis. Syphilis is carried from city to city by men, and women scatter it far and wide in communities. One man may inoculate a half dozen women during the few days his ship lies in port, and these half dozen degraded women may transmit the disease not only to scores of men, but hundreds and thousands may trace their ruined health, directly or indirectly, back to the half dozen women who were infected by one man. We must, then, manage to get the control of the men who are likely to import the poison, and we must get equal control over the women who will assuredly disseminate it through the community. How is this to be done ? is a question that has been asked over and over again, but never answered to the satisfaction of both religionists and philanthropists.

There can be no difference of opinion among us regarding the two following propositions :

1st. We want a system of sanitary inspection and control that will enable us to prevent the importation of syphilis from abroad.

2nd. We want a system of sanitary inspection and control that will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community.

Every well-organized city government has its

Board of Health. This Board has or ought to have the power to protect the public health against all contagious or infectious diseases. It already has the power of quarantining vessels having on board cases of cholera, small pox, or yellow fever. Whenever small-pox is found in a city, the Health Board has the power of dealing with it in the most summary manner, of isolating it, and preventing its spread; in other words, of extinguishing it.

Now what I propose in regard to syphilis, is simply to give to the already existing Boards of Health, in the various cities, the same power over syphilis that they now possess over cholera, small-pox and yellow fever. They now have the power of ferreting out small-pox and of sending it to hospitals for treatment; and they should have the same power of searching out the abodes of syphilis, and of sending its victims to hospitals for treatment.

On all steamers or sailing vessels, whether foreign or coastwise entering port, the surgeon of the vessel should be required to make affidavit that he had examined personally every seaman, and every male steerage passenger, on the day preceding their arrival in port, and that there was no case of cholera, small-pox, yellow fever, syphilis, scarlatina, or other infectious disease aboard. If there should be syphilis, then the subjects of it should be taken in charge by the Board of Health, and sent to Hospital for treatment, to be retained there till cured, or to be returned to the vessel from which they were taken, whenever said vessel should be ready to sail from port again. If said vessel had no surgeon aboard, then it should devolve upon the quarantine officer to examine every sailor and every steerage passenger before landing, and to send any and every case of syphilis to hospital for treatment. On all vessels, foreign and coastwise, the quarantine officer should possess the same power of personal inspection and detention.

For stamping out the disease in towns and cities, their Boards of Health must have plenary powers of an absolute character over syphilis, not more so, however, than they now possess over small-pox.

Thus you see that I would simply include syphilis in the great family of contagious or communicable diseases, and make it subject to the same laws and regulations that we already possess for their management. Do this, and we cannot be accused of licensing vice, or of fostering adulterous intercourse. In cholera, and yellow fever, and in small-pox and syphilis, we recognize cruel and fatal diseases, easily communicable, each attacking the human family in its own peculiar deadly way; and we propose to deal with them all in the same manner, taking the surest, safest, and quickest method of protecting the community against their pestiferous presence, and of preventing their spread among the well.

Now let me show you how easy it will be to do all this in the great city of New York; and if prac-

ticable there, it will certainly be more so in other places.

The passage of the Metropolitan Health Law accomplished after years of agitation, not unlike that which occurred in England preceding the enactment of the sanitary laws which now give to that country pre-eminence in the care of the public health. The Metropolitan law, though modeled after the English, is much more perfect in its details. It invests authorities with arbitrary powers to meet every emergency when the public health is in peril, and yet it fully protects the public from any abuse of those powers.

For example, the Health Board may declare any matter or thing a nuisance, detrimental to health and dangerous to life, but the person proceeded against may demand a hearing before a referee, and bring evidence to prove that the matter complained of is not a nuisance. Then the case receives careful consideration by experts, and the final action of the Board is governed by the decision of the referee. The Metropolitan law was passed in 1866, and immediately after the organization of the Board, cholera made its appearance in New York.

In all former epidemics, this pestilence ravaged the city without "let or hindrance." Now it was met at the very outset with organized resistance, and never attained the proportion of even the mildest epidemic.

The plan adopted to control it was perfect in all its details. Acting upon the belief that cholera is a communicable disease from the sick to the well, by a contagium, the rule in every case was to isolate the patient, and destroy the excreta immediately. A well organized corps of men, trained to handle the sick and use disinfectants, was in waiting night and day to attend at once upon every case reported.

The cases were reported by telegraph, and frequently patients seized with cholera were in charge of these sanitary officials within an hour after the attack, and every precaution taken to prevent the spread of the disease. So effectually was this work done, that scarcely a second case occurred in the same family.

In the same manner, the Board, acting upon the same principle, stamped out relapsing fever and small-pox; the sound sanitary principle underlying its action being, that *contagious diseases can be controlled by isolation of the sick, and the destruction of contagia.*

So much for the efficiency of a Board of Health that knows its duty, and having the legal power, dares to do it.

But how are we to bring syphilis under such easy subjection as we have cholera and small-pox? It is the simplest thing in the world. I have told you that the Metropolitan Board of Health possesses arbitrary powers over all these, and all we have to do is to get the Legislature to amend the "Act creat-

ing a Metropolitan Board of Health," so as to give it the same arbitrary power over the subjects of syphilis that it has over other contagious diseases.

The thing is so simple, so self-evident, that I only wonder it was not done long ago. It requires no complex legislation, no cumbersome machinery, no irksome detail. In the Metropolitan Health Board, we find everything already prepared for engrafting this amendment upon its organic laws. Let us here pledge ourselves never to relax our efforts until we accomplish this great and good work.

**ACUTE BRIGHT'S DISEASE—SIALAGOGUE EFFECT OF JABORANDI.**—(Bellevue Hospital practice.) The case presented certain peculiarities which made it worthy of note. When admitted only  $7\frac{1}{2}$  to  $11\frac{1}{2}$  ounces of urine were passed in twenty-four hours, and it contained albumen, epithelial and granular casts. The patient was dry-cupped over the kidneys; received a cathartic, composed of croton oil, podophyllin, and elaterium, and dram doses of the fluid extract of jaborandi. The latter was administered for the purpose of producing diaphoresis, and soon after the second dose was given the patient broke out in exceeding profuse perspiration, and in addition, the remedy acted as a sialagogue to such a degree that  $\text{℥xxii}$ . of saliva were collected in four hours. At the time of our visit the patient was passing  $\text{℥lx}$ . of urine in twenty-four hours, acid, had a sp. gr. of 1023, and contained no albumen. After the operation of the cathartic, the infusion of digitalis with acetate of potash was administered.—*N. Y. Med. Record*.

**A READY METHOD OF PREPARING SECTIONS OF DISEASED TISSUES FOR THE MICROSCOPE.**—Dr. Stevenson (*Edinburgh Med. Jour.*, January 1876,) obtains excellent results from the following method: Two drachms of glycerine mixed on a slab or plate with one and a half drachms of gum tragacanth. The tissue to be sliced is placed in a pill box, and the mixture poured on until the box is full. It is now allowed to stand in a cool place for from eight to twelve hours, when it will be ready for slicing. In cutting it will be found best to moisten the surface by dipping in spirits, and also by moistening the upper surface of the knife, so that the section may float as it is cut. If sections are not made at once the cake should be placed in alcohol. If the tissue has been previously in spirit it must be steeped a few hours in cold water before embedding.

**REMOVAL OF FOREIGN BODIES FROM THE EAR.**—Dr. John Cleland suggests that, in removing foreign bodies from the ear, the point of the probe or needle used for extraction should be placed below the object to be dislodged. By so doing it is placed between two inclined planes, and is readily and easily expelled.—*Phil. Med. Times*.

**SUBCUTANEOUS DIVISION OF THE FEMUR.**—On May 16, 1876, Mr. Richard Davy divided the femur subcutaneously (after Langenbeck's method on the tibia) for bony ankylosis of the ileo-femoral joint in a boy aged fourteen. The right femur was flexed on the abdomen at an angle of ninety degrees, the angle being measured at the anterior superior spine of the ilium; the femur was also adducted, so that the legs crossed; the genitals were partially eclipsed, and the right inguinal fold deepened. A small cut was made down to the anterior plane of the femur, immediately below the trochanters. The commencing shaft was drilled through, and through this opening a key-hole saw almost effected division of the femur by right and left movements. Complete division was caused by periosteal fracture. The limb was at once abducted, straightened, and placed symmetrically; correct position was maintained by splint and sand-bags. The young fellow progressed without an unfavorable symptom, and bony union in the reformed attitude is being accomplished by nature.—*British Medical Journal*.

**ESMARCH'S BANDAGE FOR CHRONIC ULCERS.**—Dr. Turney, of Ohio, has employed this bandage in seven cases of ulcers of the leg, one a typical indolent ulcer, with indurated edges, over the internal malleolus of a woman over eighty-five years of age. In six cases the cure was rapid and permanent; in one a portion of the cicatrix gave way, but it was again progressing favorably when the patient disappeared. The bandage was applied firmly from the foot to the knee, once a day, and allowed to remain as long as it could be borne, about ten or fifteen minutes. No other treatment was employed. With each application oxygenated blood takes the place of a fluid unfit for nutrition; the strong pressure effectually overcomes the passive congestion and oedematous infiltration, and the distended vessels, completely relieved of their load of vitiated blood, have an opportunity to recover their lost tonicity.—*Med. Record*.

**SULPHUROUS ACID IN ENTERIC FEVER.**—Thirty cases were treated with sulphurous acid, in doses ranging from three to fifteen drops, in lemonade every four hours. Only one patient of this number died; this one patient "was a fragile girl whose life was gradually wasting away with consumption, but she recovered, then relapsed and died." The writer thinks the acid acts as a specific upon the fever poison, arresting at once its further development and thus exterminates the fever. Amelioration ensues at once, and in a very few days the patients, under the influence of this agent are convalescent. Within twenty-four hours the tongue becomes moist and commences to clean; the diarrhoea is speedily arrested, the tympanites subsides, the pulse slows and grows stronger, the digestive faculty speedily asserts itself and the patient is soon out of danger.—*Chicago Med. Jour*



# THE CANADA LANCET.

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TORONTO, SEPT. 1, 1876.

## "THE BALHAM MYSTERY."

By the English mail of August 9th, we received further particulars of the inquest investigating for ten consecutive days the means by which the late Mr. Bravo came to his death. The case will add another chapter to the already large volume of *causes celebres*. Suspicion points to tartrate of antimony and potassa as the mineral poison employed. On account of its rapid emetic effect, Morgagni and other early writers on medical jurisprudence questioned whether this salt could be considered as a poison capable of producing death. Hoffman, Orfila, Fodere, Cloquet, and other more modern physicians have however by a number of cases unmistakably established the deleterious effects arising from the continued administration of antimony, and that in large doses, it must undoubtedly be deemed a poison. The general symptoms, however, on such occasions, and the post mortem appearances, do not exactly accord with those described at the inquest in the late Mr. Bravo's case. The ordinary signs may be reduced to the following: a rough metallic taste, copious vomiting, frequent hiccough, burning heat in the epigastric region, abdominal colic, inflation, copious stools, syncope, small contracted and accelerated pulse, skin cold, sometimes intensely hot, breathing difficult, vertigo, loss of sense, convulsive movements, painful cramps in the legs, prostration, death. The ordinary post mortem appearances we will illustrate by a case reported in the *London Lancet* several years ago, contrasting it with Dr. Payne's evidence before the coroner, respecting the condition of parts in this mysterious case, and leave our readers to judge whether antimony alone had to do with

the cause of death. "Two children, a boy and a girl, the former aged four and the latter three, each swallowed a powder containing ten grains of tartar emetic mixed with a little sugar. It was stated that in twenty minutes after taking the powder, they were seized with violent vomiting and purging and great prostration, followed by convulsions and tetanic spasms; there was also great thirst. The boy died in eight hours, and the girl in twelve or thirteen hours after swallowing the dose. The bodies were inspected between four and five days after death. In the body of the boy there was effusion of serum in the right pleura; the lower lobe of the right lung, posteriorly, was redder than natural, and the peritoneum was injected from recent inflammation. The mucous membrane of the duodenum was inflamed, and covered with a whitish yellow viscid secretion; this was observed throughout the intestines although the color was of a deeper yellow in the large; there was no ulceration. The peritoneal coat of the stomach was inflamed. The mucous membrane of this organ was also *much inflamed*, especially about the larger curvature and at the cardiac orifice; there was no ulceration. The contents (about two ounces and a half of dark bloody fluid with a slight acid reaction) were adherent to it; and in one case there was a patch of lymph. The tests used did not indicate the presence of antimony. With regard to other appearances, the tongue was covered with a white fur and appeared soddened, the throat was not inflamed, the windpipe and gullet had a natural appearance. On opening the head the dura mater was found congested; the longitudinal sinus contained a coagulum of lymph and but little blood. The vessels of the surface of the brain were much injected with dark blood, the whole surface having a deep purple color. Every portion of the brain, when cut, presented many bloody points. The cerebellum and medulla oblongata were also congested; there was no effusion in the ventricles, or at the base of the brain. In the body of the girl the morbid appearances were similar." The following is the report of the autopsy of the late Mr. Bravo, by Dr. Payne, F.R.C.P., London:—"The body was well made, muscular and perfectly well nourished. No external wound, bruise, nor other injury. The lungs were healthy, except that they contained a large quantity of liquid blood, and the air passages contained blood-stained fluid, owing to

transmutation after death. The heart was of moderate size, the substance soft, the valves natural, both sides contained dark coloured blood, chiefly liquid. The stomach contained liquid matter and gas. Its walls were natural, except that the mucous membrane was softened, pale, and of a yellowish colour. There was no appearance of inflammation, congestion or ulceration. It contained about 8 oz. of thick gruel-like matter of a yellowish colour; this containing small solid lumps, and had the odour of alcoholic fermentation. The œsophagus was natural, and contained some of the like matter which the stomach contained. The first portion of the bowels was very soft, being torn in tying it; but on subsequent examination it showed no perforation, nor ulceration. The surface was *pale* and yellowish, like that of the stomach. The whole of the small intestines was like this, except the lower part, where there were some red spots. This part of the bowels contained yellowish "pasty matter"—without any admixture of blood. The large intestine at the commencement, was of a deep red color, and contained clots of blood. Subsequent examination shewed in the cæcum several small ulcers from which the bleeding had evidently arisen, but there was no perforation. The remainder of the large intestine was very deeply blood-stained, but without ulceration. The contents of the large intestine were of a red material, composed of fecal matter mixed with blood. The liver and spleen were natural, as were also the pancreas, kidneys and other abdominal organs. No appearance of hernia. On opening the head, the skull and membranes of the brain were found quite natural, containing only the usual quantity of blood. The brain substance was also natural and contained no excessive amount of blood or of watery fluid. The mouth and lips were natural, except that the papillæ at the back of the tongue were something more prominent than usual. There was no appearance of any natural disease that could have caused death." Dr. Payne assumed that as much as thirty grains of antimony had been taken in this case. He further stated that in a post mortem of death from antimony he would expect to find traces of antimony; first going from the mouth down:—2nd. Inflammation of the stomach—speaking of stomach as distinguished from the lower bowel—but that he found no inflammation in the stomach of Mr Bravo—the inflammation being

confined to the lower bowel. He considered that the absence of evidence of inflammation of the stomach was the consequence of its having been taken in a highly dilute form. In answer to the question whether the antimony might not possibly have been injected, Dr. Payne said, that there was certainly inflammation of the lower bowels, but there was no inflammation of the parts which would have been inflamed if the chloride of antimony had been injected. Moreover that before the injection of the brandy and water made by Dr. Moore, Mr. Bell, and Dr. Johnson, the vomit was made by the deceased, that there was a vomit on the leads of the priory, half of which contained five grains of antimony." We may here ask by what tests were the five grains determined upon? In the General Ketchum case, Mr. Wharton was charged with having administered antimony as a poison, twenty grains having been reported as the result of one analysis of the contents of the stomach. On scrutiny of the chemical evidence it was reduced to four-tenths of a grain. If the evidence in the Bravo case revealed a probable insensibility of the nervous system as in that state of coma which follows the ingestion of narcotic vegetable substances, or from drunkenness, we could understand that vomiting would not be excited until a considerable time after the poison had been taken, but on that supposition the evidences of mischief would certainly be much more apparent in the stomach and small intestines than in the large. In the case of the children above noticed, the ascertained quantity was ten grains. Contrast the different appearances of mucous membrane of the stomach, duodenum and large intestines, as also the different condition of the brain with those recorded by Dr. Payne, in the Bravo case. The morbid symptoms are not to be relied upon perhaps more than the general symptoms during life. In no judicial trials is it so requisite to concentrate the weight of the proof on the medical evidence as in those which refer to supposed cases of poisoning. In these, general evidence is of little avail; it is by the medical evidence that the decision as to the innocence or criminality of the suspected can be determined. The evidence to be derived from chemical analysis is undoubtedly the most decisive of all the branches of proof. It is the perfection however to which the processes necessary for this purpose have been brought, that must

constitute the validity of the testimony. With regard to the death-bed evidence in this case deposed to by Sir William Gull, who had fully informed his patient of his dying condition, we have the declaration that he had used nothing but a little laudanum to the gums for the relief of neuralgia. With the view of immediate death before him it is not likely that he would have concealed any suicidal attempt, had such been made. Until further links are added to the present chain of evidence it would be premature to express an opinion. One thing however is certain, that whatever may be the result, the suspicion following the Scotch verdict of "Not Proven" will ever attach to the prominent actors in this tragedy.

#### THE "PHARMACEUTICAL JOURNAL'S" ATTACK ON THE MEDICAL PROFESSION.

We deprecate entirely the rousing of any antagonism between the two professions so closely allied but yet so decidedly distinct, as those of medicine and pharmacy. We are therefore compelled to notice a covert attack on the medical profession, which has appeared in the editorial columns of *The Canadian Pharmaceutical Journal*. The bad taste and evil spirit of this attack are all the worse, for the reason that the *Journal* has gone out of its way to have a fling at the medical body.

In an article in the August number, the *Pharmaceutical Journal* comments upon an incident reported in the city papers—that of a man named Owen McKay going into Dr. Richardson & Co.'s drug store and asking for a dose of salts. The young man in attendance told him they were out of that drug, but stated that he could give him *distilled salts*, which would answer the same purpose. McKay bought an ounce of the latter, and carried it around in his pocket until the following Thursday. About ten o'clock that morning, while at work, he felt slightly ill, and took a dose of the salts. A short time afterwards he was seized with an attack of vomiting, which continued for about three hours.

Now it is upon an incident like this—an ignorant assistant in a drug store making a gross error by giving oxalic acid for epsom salts—that the *Pharmaceutical Journal* sneers at the "ignorance of doctors who attempt to dispense medicine,"

and asserts "that it is fully time that doctors should be prevented from attempting that which they do not understand." It would have been a legitimate commentary, we think, and one fairly within the province of the *Pharmaceutical Journal*, both in the interests of the druggist profession and for the protection of the public, to have dwelt on the danger of employing unqualified assistants in dispensing medicine. It might have insisted that the Pharmacy Act should be respected, by requiring assistants and dispensers to be certified under the Act. Instead of which, it remarks, with an animus against the medical profession which stands out offensively, "We have a Pharmacy Act which has been of incalculable advantage, but which is still defective in several particulars, notably in that of exempting doctors from the operation of the Act."

The *Pharmaceutical Journal* is a trade organ; its circulation in Ontario is confined exclusively to members of the Ontario College of Pharmacy; and it is evidently striving after a special object, the alteration of the law by doing away with the exemption of the medical men from the operation of the Pharmacy Act. That this is the case is evident from the expression of its final hope that "the next time the amendments to the Pharmacy Act come before the Legislature, public feeling will be found stronger than the efforts of the little clique of medical M.P.'s, who strive to oppose all attempts at improvement or progress in pharmaceutical legislation."

Already the College of Pharmacy is a close corporation, and naturally enough the retail druggists of Ontario, being banded together, are demanding higher rates of profit, and are setting themselves more against the interests of the public and of the medical profession. It is not likely, we presume, that as this object comes to be understood, the druggists will carry public feeling along with them.

Furthermore, we are satisfied that druggists as a body are far more dependent upon the good-will of medical men than are medical men upon the good-will of druggists. In a certain town of Ontario the druggists a few years since enjoyed a fair amount of what is admittedly the most lucrative part of the business, the putting up of prescriptions; but this profitable business was speedily in great part lost to them by the medical practitioners being driven to dispense their own medicines, and to buy

their drugs in the wholesale market; the whole growing out of a disposition to tamper with prescriptions and patients which is so dishonorable in the pharmaceutical dispenser.

We do not encourage young medical men to enter into the drug trade, we would rather have them cling to the traditions of the profession, to eschew trade, and devote themselves entirely to the cultivation of medicine, exercising patience while waiting for practice; but we do not see that those medical men who conceive they have more special aptitude for the drug business than for medical practice should be debarred the right of entering on such a course when they prefer it. It is not necessary to assert the qualifications conferred by a medical education. It is to be wished that the education and training of young druggists were only as complete.

HYPOSULPHITE OF SODA IN DIPHTHERIA.—Dr. Chenery, in the *Boston Medical and Surgical Journal*, June 8, speaks highly of the hyposulphite of soda in diphtheria. He also uses the compound tincture of myrrh, made by digesting an ounce each of capsicum, powdered myrrh and guaicum in a pint of alcohol. He writes:—"The dose of the hyposulphite is from five to fifteen grains or more in syrup, every two to four hours, according to age and circumstances. It can do no harm, but if too much is given it will physic. As much as the patient can bear without physicing is a good rule in the severer cases. The tinctures can be used in doses of five drops to half a drachm in milk. The amount for thorough stimulation is greater than can be taken in water. I usually give it in such doses as can be easily taken in milk, using the milk as food for small children. One fact, however, needs to be borne in mind, namely, the hyposulphite prevents the digestion of milk, and should not be given in less than an hour after it. They may be used alternately, however, without interference, in sufficiently frequent doses. Judging in this disease as I judge in others, I am fully persuaded that the treatment I have so long used, and which has not failed me yet, will save nearly every case of diphtheria if seasonably and vigorously applied; and there is no reason why it should not do as well in the hands of others as in my own. In none of my cases have I used any alcohol."

CHLORAL AS AN ANTISEPTIC.—The joint progress of Chemistry and Therapeutics has enriched the list of antiseptics, and we have now at command agents of remarkable power—notably carbolic acid, boracic acid, glycerine and hydrate of chloral. The latter agent is a powerful preservative of animal and vegetable tissues. Microscopists have begun to employ it as a preservative fluid. For this use it has an advantage over camphor, in that aqueous solutions of it can be made of any required strength. As an antiseptic, it is likely to have its uses in pharmacy and medicine. A solution of hydrate of chloral is self-preservative; and it is not therefore necessary to make it up in the form of syrup in order to preserve it. A solution of eighty grains in an ounce of water is a convenient strength for administration. A teaspoonful contains ten grains; two teaspoonfuls represent the ordinary hypnotic dose, and a third teaspoonful (aggregating thirty grains) may be given in the course of an hour, in order to ensure sleep. Twenty grains will preserve a bottled pint of infusion of ergot for a long time, a suggestion which is worthy the attention of those practitioners who prefer to use the infusion of this parturient, but who may be deterred therefrom by the trouble and loss of time in having to make it at the moment that it is wanted. As chloral is itself a strengthener of parturient pains, there would obviously be no incompatibility in adding it to infusion of ergot in larger quantity than that which is simply necessary to preserve it; it may be combined in active and appreciable quantities.

USE OF SALT IN SEA-WATER.—Professor Chapman of University College, Toronto, says that the object of the saltiness of sea-water is to regulate evaporation. If any temporary cause raises the amount of saline matter in the sea to more than its normal value, evaporation goes on more and more slowly. If the value be depreciated by the addition of fresh water in undue excess, the evaporating power is the more and more increased. He gives the results of various experiments in reference to evaporation on weighed quantities of ordinary rain-water and water holding in solution 2-6 per cent. of salt. The excess of loss of the rain-water compared with the salt solution was, for the first twenty-four hours, 0.54 per cent., at the close of forty-eight hours, 1.46 per cent., and so on in increasing ratio.

**PHARMACEUTICAL CHEMICALS AT THE CENTENNIAL.**—There are said to be upwards of 500 exhibitors of chemical products at Philadelphia. Among the most prominent of these we noticed the names of Billings, Clapp & Co., Boston, and W. R. Warner & Co., Philadelphia. The firm of Billings, Clapp & Co., has an elegant stand over 20 feet in height. The name of the house is formed in large letters, each made of crystals of bromide of potassium, on a groundwork of black velvet. One large glass case, octagonal in shape, contains large crystals of nitrate of ammonia, weighing over 150 pounds. Three large bottles of propylamine are exhibited, the value of which is over \$2,000; also a jar of carbolic acid of perfect whiteness of the capacity of 25 pounds, the largest specimen to be seen in the exhibition. We also noticed some fine specimens of citrate of iron, bismuth &c., sulphite of sodium, salts of lead, mercury &c.,

Messrs. Warner & Co., make a very fine exhibit of sugar coated pills; in fact the best of any house in the trade. The Pharmaceutical Chemists of the United States have really made a very fine display of their products, and compare favourably with those of any other country.

**THE SURGICAL USES OF COTTON WADDING.**—For many years past cotton wadding has been employed as a dressing for burns and irritable excoriations. Lately it has come into employment as a sort of antiseptic filter, being used in a dressing of considerable thickness as an application to wounds and in amputations. Later still, at the Paris hospitals, it is used instead of sponges for the purpose of cleaning wounds. In order to get over the tediousness that would arise from the slow imbibition of water by this substance, it is previously partially soaked and kept moist. M. Guyon, who employs cotton wadding, gives the following specific directions:—"Cut up the wadding into pieces as large as the hand, and plunge them in a basin of carbolic water—one in fifty—taking care to turn and press them so as to facilitate imbibition. When thoroughly impregnated (which they will be in five or six minutes) press the water out of them, roll them into balls, and place them in a well-stoppered wide-necked bottle. When required for use they have only to be re-soaked at the moment of dressing."

**CRAYONS OF TANNIN FOR INTRA-UTERINE MEDICATION.**—In the *Annales de Gynecologie* for May, we find the following formula for the preparation of crayons of tannin:—To fifteen grains and a half of tannin add a drop and a half of glycerine, and make a crayon nearly four inches in length. Crayons thus made will keep their form for months; they may be lengthened or shortened as required, after simply warming them in the fingers, and yet are sufficiently firm to be passed into the uterine cavity without breaking them. In consequence of their ductility, they may be lengthened so as to make them into astringent bougies, and then introduced into the urethra, will be an efficient substitute for tannin injections.

**DAMIANA.**—Dr. Murray of New York (*Med. Record*) has been experimenting with this new remedy. He records five cases in which he used it with advantage in impotency. It also relieved constipation of the bowels in the cases in which it was used, the action being somewhat similar to that of extract of belladonna when administered in chronic constipation. He prescribes the fluid extract of damiana, in two to four drachm doses three times a day, in equal parts of glycerine and syrup of tolu. Occasionally he uses from ten to fifteen drops of diluted phosphoric acid with each dose.

**AMEURISM CURED BY ESMARCH'S BANDAGE.**—The *London Lancet* of August 5th contains a report by Dr. Reid, Plymouth, of a case of popliteal aneurism cured in fifty minutes by the application of Esmarch's bandage. The patient died of intercurrent disease about a month afterwards. A post mortem examination showed that the sac was filled with laminae of fibrine and the remains of coagulated blood. The cure was believed to have been effected by rapid coagulation of the blood consequent upon its complete stagnation in the sac, produced by the bandage.

**SOLVENT FOR QUININE.**—To get a solution of sulphate of quinine free from turbidity, the spiritus etheris dulcis is all that can be desired. One ounce will dissolve two drachms of quinine, giving a transparent solution.

Dr. Gilbert, Sherbrooke, Que., passed the necessary examination and was admitted a member of the College of Surgeons, England, on the 28th of July.

**TOUGHENED GLASS.**—The manufacture of the Bastie toughened glass has been recently commenced in the United States. A factory has been established in Ohio, and another in Pennsylvania. The principal articles now being manufactured are lamp chimneys. The "toughing" is effected by placing the glass in a hot bath, consisting of three parts of linseed oil to one of tallow; the bath being at an average temperature of 360° F. After removal from this bath, it is immersed in a second bath of a temperature of 200° F. It is then plunged into a cold water bath, and lastly into one of benzine for the purpose of removing the oil; the glass is then dried in bran and is ready for shipment. A chimney can be blown and completed in about thirty minutes.

**PERSONAL.**—Drs. Freeman, Fulton and Sive-wright, graduates of Trinity College Medical School, Toronto, have been improving their medical knowledge, during the past spring and summer, by attending the hospitals and other medical institutions of New York,—such as Bellevue Hospital, the Eye and Ear Infirmary, Orthopædic, etc., etc., previous to entering upon the labors of their profession. Dr. Walmsley, of Elmira, has also been making an extended professional tour of the hospitals and dispensaries of New York and Philadelphia.

**ENLARGEMENT.**—The *Lancet* has been considerably enlarged this month, in order to make room for the increased amount of original matter with which we have been favored. This we purpose doing from time to time whenever the pressure on our columns is such as to require it, and hope very soon to make it permanent. There will not, however, be any advance in the subscription.

**LIQUOR BISMUTHI IN INTERNAL HEMORRHOIDS.**—The injection of half an ounce of Liq. Bismuthi night and morning has been found very efficacious in the treatment of this troublesome affection. Those who have tried it speak very highly of the benefit derived from its use.

Alexander Dougall Blackader, M.D., McGill College, Montreal, passed the necessary examinations for the Diploma, and was admitted a member of the Royal College of Surgeons, England, on the 28th of July.

**APPOINTMENTS.**—A. H. Walker, M.D., of Dundas, Associate Coroner for the County of Wentworth. P. W. McLay, M.D., of Aylmer, Associate Coroner for the County of Elgin. John B. Mills, M.D., of Springfield, Associate Coroner for the County of Elgin. J. B. Campbell, M.D., of Belmont, Associate Coroner for the County of Middlesex. J. J. Robinson, M.D., of Fort Francis, to be Commissioner *per dedimus potestatem* for the District of Thunder Bay.

**HUXLEY.**—Prof. Huxley has arrived in New York. He was received by Prof. Youmans and Mr. Appleton. He will deliver three lectures on the direct evidence of evolution.

**FORMULA FOR DIPHTHERIA.**—

R—Potas. chlor.,	℥j.
Tinct. capsicum,	f. ℥ij.
Liq. ferri perchlor.,	f. ℥j.
Dilute alcohol,	} aa
Pure water,	

**SIG.**—A teaspoonful in a wine-glassful of water to be used as a gargle each time. After gargling a teaspoonful in a tablespoonful of water, more or less, to be slowly swallowed, and repeated every three to six hours.

**INCONTINENCE OF URINE.**—Mr. Brenchley writes to the *Practitioner* that he has seldom seen much good done in the above disease by belladonna iron, or bromide of potassium, but has met with much success with the following combination of ergot and iron:

R—Tinct. ergotæ,	mx.
Tinct. ferri perchloridi,	mv.
Spts. chloroformi.	mv.
Infus. quassiaë,	ad. ℥j. ter die sum.

**ANTI-RHEUMATIC MIXTURE.**—In use at the Philadelphia Hospital:

R—Potassii nitratis,	℥j.
Vini colchici radiceis,	f. ℥j.
Spiritus ætheris nitrosi,	f. ℥j.
Syrup guaiaci,	f. ℥ij.
Olei gaultheriaë,	gtt. vj.
Aquæ, q. s. ad.	f. ℥vj.—M.

**SIG.**—A tablespoonful every two hours.—*Dru Circular.*

**MIXTURE FOR WHOOPING COUGH.**—

R. Chloral hydrat	℥ ij.
Potass. bromid	ss.
Tinct. opii. camp	℥ i.
Pulv. acaciæ	℥ ij.
Syr. Pruni Virg	℥ iv.
Aquæ puræ ad	℥ vii.

## Toronto Hospital Reports.

**CASE I.—RUPTURE OF THE BLADDER.**—Under the care of Dr. Temple—J. K. Stewart on a steamship was admitted into the Toronto General Hospital on 27th April, 1875, complaining of inability to pass water. The patient stated that about two hours previous to his admission, while straining to pass his water, he felt something give way, immediately followed by intense agony in the lower part of his abdomen. Finding he could pass no water and that the pain was intense, he managed to get to a Doctor's residence close at hand, who after examining him advised him to go to the Hospital, which he did, walking the whole distance, over a mile. On admission one of the resident pupils endeavoured to pass a catheter, but failed on account of a very slight stricture which was of some ten years standing. He was ordered a hot bath, which was repeated in a short time. On the 28th at 1 P. M., Dr. Temple saw him; his condition then was as follows:—Much exhausted; pulse quick and feeble; skin cold and clammy; abdomen not very tender on pressure except at the lower part; no water had been passed for 13 hours. After some difficulty a No. 1 Catheter was fairly introduced into the bladder, but only a few drops of urine flowed, and the conclusion then arrived at was that the case was one of rupture of the bladder. Brandy and opium were ordered, but he gradually sank and died the same evening at 11 o'clock. A *post mortem* examination was made 13 hours after death. The penis and bladder were removed together. On laying open the urethra an old standing stricture of almost cartilaginous hardness was divided situated just in front of the bulb and of considerable length; the prostate gland contained a large abscess in its left half, which gave rise in life to considerable pain in passing the finger into the rectum and which was the probable cause to a great extent of the recent retention of urine. On the posterior wall of the bladder close to the fundus was a rounded opening penetrating all the coats of the bladder, except the peritoneal coat, having clean punctured edges like a perforating gastric ulcer. The peritoneum in the vicinity of the bladder was gangrenous, caused by the urine having been effused beneath it; the mucous membrane was corrugated and thickened, presenting

the usual appearances seen in cases of old standing stricture. The foregoing case presents several interesting features apart from the fact that instances of rupture of the bladder are not very common, but still rarer are those due, not to some act of violence, but to idiopathic causes. First the fact that after rupture he was able to walk the distance he did is unusual though not unique, as this has been noticed in one or two cases of a similar kind. Secondly it is remarkable that he did not suffer more pain on pressure being made on the abdomen, considering the amount of peritonitis pressure and lastly the rapidity of his death, only 30 hours from the time of the rupture, which seems very short compared with the reports of similar cases, 3 to 15 days being the limits.

**CASE II.—HYPODERMIC INJECTION OF ERGOTINE IN THE TREATMENT OF FIBROID TUMOR OF THE UTERUS.**—M. McA., æt. 28; unmarried; a native of Scotland; admitted into the Toronto General Hospital May 13th, 1876, under the care of Dr. Temple, suffering from an intermural fibroid tumor of the uterus. She menstruated when fourteen years of age, and since then at intervals of every three or four weeks, lasting each time about three days. The quantity passed being usually in excess of the average normal amount. About nine months ago she became considerably weaker, owing to the flooding which took place at each menstruation, and consequently was soon confined to bed. This state of matters continued until she entered the hospital, and even for some time after, until she was completely blanched by the amount of blood lost. Her appetite was poor, and either a constipated condition of her bowels or diarrhoea prevailed. The venous hum frequently heard in the neck in cases of anæmia was quite distinct, together with the anæmic murmur over the heart. The long axis of the uterus was increased, from 5½ to 6 inches. About the beginning of July, fourteen minims of the preparation of ergotine given below was injected hypodermically into the arm each day. This was continued for a week, a marked improvement in her appearance ensuing; then discontinued for a few days, a retrograde change taking place. Again renewed, and continued to the present date, with an exceedingly beneficial effect. The long axis of the uterus is now only one inch and a half greater than the normal, her appetite is much increased, and there is very little of that

anæmic condition remaining, as the hemorrhage no longer appears. She has now quite a ruddy complexion, and her general strength has been largely invigorated.

The following is the mode of preparing the ergotine:—Dissolve 200 grs. of Squib's solid extract of ergot (the liquid ergotine in same quantity was used) in 250 minims of water by stirring; filter the solution through paper and make up to 300 minims by washing the residue in the paper with a little water. Of this solution, ten to twenty minims are injected every day or every second day.

CASE III.—FRACTURE OF THIGH—OLD-STANDING HYDROCELE—Care of Dr. De La Haye. R. H., æt. 65; fell from a building on 13th July, '76, fracturing the thigh bone in the neighbourhood of the great trochanter.

The patient was admitted to the hospital on the 14th of August. On examination there was found considerable deformity, the leg and thigh being adducted and rotated inwards to such an extent, that the internal surface of the inner condyle of the femur rested upon the bed. There was also about three inches of shortening. Bed sores were found, one on the back, and the other on the inner side of the knee. The treatment here adopted was the straightening of the limb and its retention in this position, by means of the weight and pulley and a long splint. It was impossible to alter the position of the fragments, on account of the large quantity of callus thrown out. The bed sores were dressed with carbolic acid lotion, and the patient is now progressing favourably. On examination an old-standing hydrocele was found to exist. The patient had fallen on the edge of a plank about 15 years ago and injured one of his testicles, since which time there had been more or less swelling of the scrotum. It gave him little or no trouble and he had never consulted any person about it. The scrotum was about the size of a child's head, considerably thickened, pyriform in shape, smooth and semi-elastic. Fluctuation was not very distinct and there was no translucency. A trocar was introduced and a pint and a-half of thick dark colored fluid drawn off, after which the scrotum was strapped with adhesive plaster. The canula was left in a short time to allow the fluid to drain off.

CASE IV.—NECROSIS OF THE BONES OF THE FOOT.—CARE OF DR. FULTON.—R. M., æt. 55,

labourer, received a severe injury to his foot six months ago by a stick of square timber falling on it. Some of the bones were crushed and the ankle joint very badly sprained. Inflammation took place, followed by suppuration. It was lanced and some fragments of bone came away from time to time. On his admission to the Hospital in the beginning of August, the foot was very much swollen and indurated about the heel and ankle; the joint was almost completely ankylosed, and two sinuses, one on each side of the os calcis existed. On examining them with a probe, dead bone could be distinctly felt. The patient was put under the influence of chloroform, and Dr. Fulton cut down and removed several portions of necrosed bone from the os calcis and astragalus, making an opening through and through between these two bones. After the removal of all dead portions and washing out the opening, the incision on one side was closed up, and that on the opposite side stuffed with lint soaked in carbolic acid in order to secure proper drainage. Granulations are forming in the bottom of the wound and the case is doing well.

### Book Notices.

MUMMIES AND MOSLEMS, by Chas. D. Warner, author of "My Summer in a Garden," "Black Log Studies," &c. Toronto: Belford Bros.

This work contains a description of Egypt, its Pyramids, mummies, morgues, tombs, rivers, the Khedive, the harem, &c., &c. It is a very interesting and readable book, and will be found most agreeable recreation after the labors of the day. The firm of Belford Bros. have published a number of books within the past year, the most interesting of which is the one now before us.

REPORT OF THE MEDICAL OFFICERS OF HEALTH of the city of Montreal, for the year ending 31st December, 1875, by Drs. Dugdale and Larocque.

BRAITHWAITE'S RETROSPECT OF MEDICINE AND SURGERY for July, '76, New York: N. A. Townsend; Toronto: Willing & Williamson.

REMARKS ON URETHRAL STRUCTURE, before the British Medical Association, by Fessenden N. Otis, M.D., New York.

### Births, Marriages, and Deaths.

At Hamilton, on the 9th ult., George Ryall, M.D., aged 79 years.



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## Original Communications.

### GASTRIC ULCER—WITH ENTIRE SUPPRESSION OF URINE FOR SEVERAL WEEKS.\*

BY W. B. GEIKIE, M.D., F.R.C.S., EDIN.; L.R.C.P., LOND.;  
 PROF. OF MEDICINE AND CLIN. MEDICINE,  
 TRIN. COLL., TORONTO.

Miss ———, aged 22, a young lady of rather robust appearance, although a member of a family not at all vigorous in constitution, had been complaining for some time prior to October 1st, 1875, when I was called to see her for the first time.

Inability to take much food—pain in the region of the stomach, with occasional sickness, and vomiting after eating, were the symptoms complained of. Suspecting mischief in the stomach I enjoined the greatest possible care as to diet, regulating the quantity carefully, and directing the avoidance of anything which would tend to keep up, or increase the existing irritation. I prescribed milk and lime water from time to time in small quantities, as a drink, and a mixture, containing salicin and bismuth. Under this simple treatment, the symptoms very soon presented a marked improvement. But the patient having unthinkingly, and without my being consulted, employed herself in some slight housework, became sick while so engaged, and having vomited a large quantity of dark-coloured fluid, fell on the floor in a state of syncope.

On being summoned I saw at once that excessive hemorrhage from the stomach had occurred. The real and most serious nature of the case, only strongly suspected hitherto, was now certain; one or more ulcers of the stomach being undoubtedly present. The quantity of blood vomited at this time was very large, not less than from 2 to 2½ pints.

I at once enjoined the most absolute rest, and directed the most careful regimen. As a drink, nothing but milk and lime water, and this in very

small quantities at a time, and no solid food of any kind was to be taken. A mixture was prescribed containing a few drops of turpentine, and a little salicin with mucilage, the whole dose being a small teaspoonful. As much tenderness over the epigastrium was now complained of, it was ordered to be painted with fluid extract of Belladonna.

All the symptoms underwent a favorable change—very little vomiting occurring, and what there was, only very slightly tinged with blood. The epigastric pain greatly abated, and as time passed on the quantity of milk taken was gradually increased and began to be not only well borne, but much relished. Strict rest was continuously maintained on the sofa by day and in bed by night, and notwithstanding the alarming hemorrhage at first, the case seemed highly promising.

The hemorrhage had blanched the patient much, and notwithstanding the improvement in digestion, and the subsidence of the more marked gastric symptoms, she became somewhat puffy about the face and limbs. Her urine was, however, passed pretty freely, and was of normal sp. gr. and not albuminous. By attention to the action of the skin, and by continuing to strengthen the system, the slight anasarca condition passed away; but as it did, singularly enough the gastric symptoms began to reappear. A number of weeks had now passed, and as the patient's digestion had improved and her sufferings abated, she ventured of her own accord upon a very little of such food as was on the table from time to time, and Christmas time being near, went so far, very foolishly, and quite unknown to me, as to eat a few nuts and raisins, and a little plum pudding. I had very often cautioned her and her friends about the danger of any indulgences whatever, but the excuse was that she was so much better, and that very little had been taken of anything beyond what was allowed. But shortly after tasting the Christmas luxuries, the gastric symptoms returned, and became again painfully urgent. Sickness and vomiting once more occurred on taking even a very small quantity of the food which had been of late agreeing so well with her, and the epigastric pain again became very severe.

This marked and rapid increase of gastric irritability most unmistakably shewed that the reparation, which appeared to have begun, had ceased, and that ulceration was again making perhaps rapid

\* Read before the Canadian Medical Association in Toronto, on the 8th of August.

progress. Vomiting became troublesome now even when nothing had been taken, and the swallowing of a small teaspoonful or less, of any fluid however bland, at once gave rise to it.

Under this now gloomy state of matters, I determined, as in the cases given by Flint and others, to confine my patient strictly to bed, and to support the system for a time by rectal alimentation exclusively.

She took to bed on the 15th of January, and had three injections given daily, occasionally four; but three were found to be as many as could be retained at all satisfactorily. These consisted of an egg well beaten up and mixed with a little fresh sweet milk, in all about three ounces. More than this could not be retained, and some of this, small as the quantity was, drained away; occasionally beef tea and mutton broth were tried instead of the milk and egg, but the latter was better retained than any other. Within two or three days the pulse became very small although not frequent, and the temperature of the body seemed to sink somewhat, particularly at the extremities. The mind also gradually became dulled, and the patient wandered a good deal, complaining sometimes but little, but sometimes a great deal, of thirst. To relieve the latter, a morsel of ice was occasionally put upon the tongue. The epigastric tenderness became excessive, and I had again recourse to the painting with the fluid extract of belladonna, and afterwards to a blister, with much advantage to the symptom.

The secretion of urine had continued natural, although decreasing in quantity as time wore on, and on February 7th, 23 days after she had been constantly in bed, I found on inquiry that there was very little passed, and on the 8th still less, and from this date there was complete suppression of this secretion up to 9th of March—or for *thirty days*.

During the greater part of these thirty days the skin had an urinous smell—the characteristic elements of the secretion being evidently eliminated vicariously by this channel, and so thoroughly was this the case, that beyond a pain in the head at times, and more or less mental dulness, the latter not noticeably greater than before the suppression, no signs whatever of uræmic poisoning were present at any time. This suppression of urine for so long a period is one of the special features of

this case, for the sake of which, shall I call it unique symptom, I have detailed it to the Association. Some might imagine that deception might have been practiced in this matter; but this was from first to last guarded against most scrupulously.—Besides, there were no hysterical manifestations of any kind in this case, and the patient and her friends were all extremely solicitous to have the secretion reappear, and at once on the 9th of March, when about 1½ ozs. of a whitish strong smelling fluid passed from the bladder, informed me with great delight of the circumstance. I communicated with Dr. Austin Flint, of New York, on the subject; his prompt and full reply stated that he had never met with an instance of such prolonged suppression without signs of uræmic poisoning being present.

As to the condition of the stomach after the patient was kept in bed, I found the absolute rest from the taking of food, and the entire rest of the body, very beneficial. The tenderness became less and less. Then she began to crave the juice of a large Malaga grape occasionally, and also a little, and very little, fresh lemon juice—a few drops being sucked from the fresh cut surface of the lemon. These were much relished, and appeared to be not only grateful but very beneficial, and for many days the patient swallowed nothing else. As the vomited matter on her taking to bed was more or less copiously tinged with blood, I gave her in powder on the tongue a very little tannic acid with a little salican and acacia every three hours with marked benefit. The tinging of the mucus at once lessened, and soon passed away under its use. Digestive power shewed signs of returning after she had been about three weeks in bed, and beginning with a teaspoonful or less, by the 16th of February she had become able to take by the mouth 6 ozs. of good milk daily, rendering unnecessary the continuance of the injections.

Nothing passed the bowels, beyond the draining away of part of the injections, from the 15th of January until the 19th of April, when they once more began to act naturally. This is another noteworthy feature of this, to me, most interesting case. After the 9th of March, when the urine first reappeared there was for some weeks only occasionally a small quantity passed. For instance, from the 8th of April to the 19th there was none, but on the 19th it began to flow for the first time

with a somewhat natural frequency, having made it three times on that day, and ever since then, this function has been fully re-established.

I will not detain the Association with further details of this case or its treatment. Suffice it to say, that with ups and downs, the ups happily predominating, the patient has gone on improving. She now suffers somewhat unless very careful—but is able to walk out and to go from home a little, is under a careful regulation of her diet—only milk and rolled biscuit being tolerated as yet, and a gentle tonic of bitter with chalybeate. She is steadily gaining in strength, and as the progress so far is marked and continuous, perfect restoration to health is at least hoped for.

#### MAL-ASSIMILATION IN ITS RELATION TO IDIOPATHIC ARTERITIS.

BY H. P. YEOMANS, M.D., MOUNT FOREST.

Traumatic arteritis may arise from wounds or injuries to arteries. Idiopathic arteritis, including diffuse and chronic, in its several stages of atheroma and calcareous degeneration, is a primary affection arising from some constitutional cause generated within the system. Of both these varieties dry gangrene is a symptom. In the acute it is the result of the formation of coagula in the arterial canal, and in the chronic it is a consequent of the structural degeneration of the arterial coats. The determination of the primary causes of arteritis has in some degree been prevented by the difficulties in observing the relation of cause and effect in its production.

It is not my object in this paper to offer a full solution of these difficulties, or advance any new theories, but briefly to direct your attention to some of the processes of mal-nutrition operating as exciting causes. Arteritis, like other caco-plastic diseases, depends either upon a disordered condition, a disordered distribution, or upon the accumulation of morbid products in the blood, and an accurate knowledge of the extent to which these causes are operating, will be our safest guide in treatment and prognosis. In chronic arteritis the fibrinous deposits, atheroma, ulceration, and ossification, are the result of mal-assimilation, as it most frequently occurs after the middle period of

life in shattered constitutions, in those affected with scrofulous diathesis, in all of which the vitalizing powers are low. The older authors attributed it to venereal and mercurial poisoning; many recent writers have corroborated this view. Causes which operate in lessening the vitalizing powers of the system, affect the assimilative processes. In this way mal-nutrition is a primary cause of the deposition of morbid products. The various forms of degeneration, namely, the fibrous, the granular, the fatty and the calcareous, all present features of deterioration or degeneration in the scale of organizing power. Degeneration is exhibited in interstitial deposit. Fibrous degeneration principally affects the muscular structures, causing density by interstitial deposit. Granular deposit takes place in certain organs, as for instance in the kidneys, where it is observed as greyish-red, cheesy-like granular matter. Morbid ossification is the deposition of solid phosphate of lime in cartilaginous, fibrous, and fibro-cartilaginous tissue, and is also an interstitial deposit. All these forms of degeneration, which depend on causes that lower the vitalizing forces of the body, thus exhibit themselves as morbid products in the interstices of the various tissues and organs. Inflammation accelerates degeneration; mal-assimilation induces it. Inflammation is therefore the exciting cause, mal-assimilation the primary cause of all degeneration of tissue.

In diabetes we have an interesting example of the failure of the process of nutrition producing an accumulation of morbid products. In this disease, the process of nutrition evidently ceases with the conversion of the amylaceous constituents of the food into sugar, which instead of undergoing still further transformation into lactic acid, and thus supplying the C. & H. necessary for the formation of the elementary constituents of tissue, is retained in the blood in the form of diabetic or grape sugar, and in this form is excreted by the kidneys. This and similar morbid products of imperfect nutrition or assimilation, retained in the circulation, act as irritants. Thus lactic acid, generated in excess and retained in the blood, acts as an exciting cause of endocarditis, acute rheumatism and arteritis. As an example of mal-assimilation, the earthy salts, which through decay of the vital forces, have failed to be assimilated, produce ossification of arteries. Although common in old persons, it

is not restricted to them, having been observed in children of a scrofulous diathesis, in whom ossification of the bones had not proceeded far. Hodgson mentions a case of an infant 15 months old, in which the coats of the temporal artery were converted into a complete tube of calcareous matter. A remarkable fact in connection with arterial disease, alluded to by Rokitansky, is interesting in this connection, namely, that it confers an immunity from tubercle. In cases of tubercular disease of the lungs, we have seen concretions of phosphate of lime abundantly expectorated with the sputa. In these cases the phosphate of lime is the product of effete tubercle. It proves that tubercle has existed, and that it is disappearing. It results naturally where tubercle is cured by absorption. The animal matters being absorbed, the earthy matters passing through the epithelium of bronchial tubes, thus escapes. In post mortem examinations, these cretaceous masses are frequently found encysted in the lung.

Rheumatic affections furnish many illustrations of disease, from the accumulation of morbid products in the blood. Dr. Watson said, "rheumatism is a blood disease, that the circulating fluid carries with it a poisonous material which by virtue of some mutual or elective affinity falls upon fibrous tissues in particular." There have been many theories advanced, concerning the nature of the irritating and exciting cause of rheumatism. It was first suggested by Dr. Prout, and since verified by other observers, that all the phenomena of rheumatism are referable to the generation of lactic acid in the blood. The well-known experiments of Dr. Richardson, show the effect of lactic acid in inducing symptoms of acute rheumatism and endocarditis. In 16 experiments on animals, lactic acid largely diluted was injected into the peritoneal cavity. If the animals died, or were killed at a period when the symptoms denoted commencing inflammation, the endocardial membrane presented a brilliant vermilion colour, it had a velvety or villous appearance, and beads of lymph or fibrine were abundant. In those killed at a later period, the auriculo-ventricular valve was found thickened or œdematous. He says: "I have seen the segments of the tricuspid valves fixed in this swollen condition, resembling an injected uvula, and lying close to each other, so that when the heart was contracting, they must have cushioned against one another, thus fulfilling their

office of preventing regurgitation passively, *i.e.*, without tension or movement. In this œdematous stage if the valve be pricked with a needle a clear lymph fluid exudes, and by frequent prickings the valve structure, emptied of its effusion, collapses and resumes a flaccid condition. At a later period the valves remained thickened but the red colour and the œdematous state were both reduced. Beneath the endocardial surface of the valve, there was a paleness as of coagulated effused lymph. Dr. Richardson noted that these morbid appearances induced by the introduction of lactic acid into the systemic circulation, were firstly confined to the *right side* of the heart, because, being absorbed by the veins it comes into contact with the inner surface of the right side of the heart first. In the pulmonic circuit it undergoes some loss, and entering the left cavity is less active in its effects in other words so far as the heart is concerned the poison is derived from the systemic circuit and lost in the pulmonic. But in rheumatism the endocarditis is located principally in the left cavities of the heart. To account for this Dr. Richardson supposes that the poison in rheumatic carditis is a product of respiration, and is contained in the arterial blood, hence it comes in contact first with the inner surface of the left side of the heart. Lactic acid therefore, as a product of mal-nutrition acts not only as the exciting cause of inflammation in endocarditis, but also in arteritis, since those who are constitutionally predisposed to rheumatic affections are also subject to arteritis.

The production of lactic acid in these affections depends on the same cause as that of sugar in diabetes, namely, mal-nutrition. A case recorded by Dr. Foster, as having occurred in the General Hospital, Birmingham, is an interesting evidence of the effect of lactic acid as a morbid product, and when administered as a therapeutic remedy in disease. A man 31 years of age, who had never suffered from rheumatism was admitted to the hospital to be treated for diabetes. On admission he voided 180 ozs. of urine daily, containing gr. 49 of sugar, *ad.* 3j. He was ordered gtt. xv. doses of lactic acid 4 times a day. The next day the dose was increased and in the evening he complained of acute pains in the joints, which rapidly increased. The lactic acid was omitted, followed by cessation of the pains; the occurrence of the rheumatic pains being regarded as a coincidence, the lactic acid was repeat-

ed, followed as before by intense pains in the joints which were also red and swollen, presenting all the appearance of acute rheumatic arthritis. The lactic acid was again discontinued, and followed as before by marked remission of the rheumatic symptoms. After a few days lactic acid was repeated in smaller doses with the effect of producing a marked improvement in the quality of the urine. After a short interval the lactic acid was given in increased doses, followed as before, by a return of rheumatic symptoms, all the joints becoming red, swollen, painful, and hot, together with a copious perspiration, of acid reaction. This treatment was persevered in for four months until he left, cured of diabetes. The case is interesting, from the fact that the increased doses of lactic acid were invariably followed by all the symptoms of acute rheumatism. Lactic acid therefore, as a morbid product of mal-assimilation of amylaceous or saccharine compounds when present in excess in the blood, acts as an irritant, and exhibits its presence by causing morbid deposits in certain tissues, according to the laws of elective affinity, and thus we have rheumatic deposits and abnormal functions of corpuscles. An irritant substance therefore, the product of mal-assimilation, is capable of producing all the pathological appearances observed as characteristic of acute and chronic arteritis, such as ossification, ulceration, atheroma, fibrinous deposits, and the formation of coagula and coagulable lymph. One of the most frequent results of acute rheumatism is the tendency to thicken parts, and to cause opposing surfaces to adhere. The connective tissues, surrounding the diseased articulation are often found not only thickened but infiltrated with a loose coagulable lymph. In chronic rheumatic synovitis, fibrinous matter is effused on the inside and outside of the synovial membrane, and gradually becoming organized into fibroid tissue, thickens its substance, and renders it firm and gristly. As the disease advances the infiltration and thickening of the neighbouring structures increases. They become filled with a gelatinous lardaceous, white product in the midst of which fibrous tissue, capsules, ligaments or aponeuroses can no longer be recognized.

In the course of these transformations there is noticed, first of all, a change in the size and shape of the corpuscles. They become larger, rounded or oviform, and contain, instead of 2 or 3, a mass

of nuclei in their interior. In the blood, in inflammation also, the phenomenon of stasis is noted as primarily exhibited in connection with abnormal functions of the corpuscles. Changes then, in the cartilage and blood corpuscles, indicate the existence in the blood of irritating and inflammatory causes. Bouillard, who has met with a large number of fatal cases of endocarditis, noted the coagulation of the blood during life and the organization in the blood of new blood vessels. He found in endocarditis, numerous examples of coagula, adherent to the parieties of the cavity. Sir B. Brodie says, "Laviard, a celebrated French surgeon of the 18th century, found adherent coagula in the femoral artery, while performing amputation of the thigh in a case of acute arteritis." The same pathological appearances of acute arteritis were present in a case in which I amputated immediately below the origin of the profunda femoris, (and many can, no doubt, attest the correctness of these observations by their own experience). Bouillard says he found in cases of endocarditis, coagula, colorless, elastic and glutinous, closely resembling the buffy coat of inflammation. Glugè gives an interesting case, with the minute anatomy of a clot in a female, *æt.* 52. He says, "The left auricle was filled with a clot, surrounded by delicate membrane in the interior of which I distinctly traced capillary vessels forming a retiform plexus. Similar instances may also be found in the records of the pathological society, and in Dr. Hodgkins' catalogue of Guy's Hospital, London. The cases in which organized clots, or fibrinous coagula have been found by English observers, were connected with a cachectic condition analogous to what Rokitsky terms "the fibrinous crasis." In endocarditis the surface of the clot has been found more or less intimately connected with the endocardium, while the interior may in its turn be undergoing further changes, of an inflammatory or degenerative character. The fibrine has been seen in a granular condition breaking up, while the microscope exhibited exudation or inflammation corpuscles and fibro-plastic cells. Tuberculous concretions have also been found in the substance of these clots. However they gain that position, it must be before death.

All the phenomena lately observed and noted in connection with the formation of clots in peripheral veins, and of arterial emboli as the result of septi-

cæmia would be interesting subjects of revision in this relation did time permit. When we take into consideration the insidious approach of this disease, its marked character in the earlier stages, resembling in its symptoms rheumatism, the most excruciating pain always attending it especially in acute cases, the anxiety of the patient and friends, the urgent demands for relief, and finally the sure and certain serious results that follow, namely, death of the atrophied extremities and probably loss of life after intense suffering, during which life itself is a load to the patient and friends, who anxiously look forward to release in death, the study of the pathological causes of arteritis must be admitted of vast importance and interest to the practical physician, for, only by intelligently tracing out the fundamental principles of the causes of disease, can we expect to render valuable services to those who entrust their lives to our care.

#### PERINEAL SECTION FOR RETENTION OF URINE.

BY A. MCKAY, M.B., L.R.C.P. EDIN. & C. INGERSOLL, ONT.

In July last I was called to Mr. J. S., aged 26. Found the bladder greatly distended and the patient suffering acute pain from retention of urine. He contracted gonorrhœa five years ago, and ever since has had some difficulty in voiding urine, but neglected having anything done to give relief.

In trying to pass a catheter I found an unyielding cartilaginous stricture at the meatus, which would only admit a No. 7, and about  $2\frac{1}{4}$  in. from the orifice, another slight obstruction, but on reaching the membranous portion of the urethra the smallest size could not be passed. I ordered a hip bath and hot fomentations to be kept constantly applied to the perineum, and chloroform was administered with a view to counteract any spasmodic action; after waiting a sufficient length of time for the anæsthetic to take effect, and after repeated attempts and failures to introduce an instrument, I thought it necessary to relieve the bladder in some other way.

Assisted by Drs. Scott and Kearns, the patient was again brought under the influence of chloroform, placed in the usual lithotomy position and the operation proceeded with. A No. 7 catheter was passed down to the stricture, and held firmly

in position; an incision was then made, about a inch and a quarter in length, extending to near the margin of the anus. The point of the sound was first cut down upon, and the incision carried cautiously backwards in the median line, until the stricture was divided, the catheter was then, after some difficulty passed into the bladder, and retained in position by strips of cotton fastened to a band around the body and thighs in the usual manner. There was slight dribbling through the perineal incision for 4 or 5 days.

The catheter was removed on the 14th day, and then introduced every morning for a fortnight afterwards at intervals of 3 or 4 days until a No. 10 could be introduced with little trouble. The recovery was complete without an unpleasant symptom.

#### PUERPERAL MANIA.

BY J. H. GARNER, M.D., EDIN., LUCKNOW, ONT.

Puerperal mania is a kind of insanity that sometimes precedes parturition but generally follows it. It is a fortunate thing that it is comparatively a rare disease, as it is often very intractable. Some females have an attack after every confinement; but the disease can scarcely be considered hereditary. The premonitory symptoms are not marked by any regularity. After parturition the patient may suddenly commence to rave either at the end of a few hours or after a period of ten days, or a fortnight, and the following symptoms are gradually developed: General restlessness accompanied with twitchings in the arms and shoulders, an occasional tremor of the head. The eyes have a wild expression, and are sometimes bloodshot. The mind wanders strangely, and those that the patient loved tenderly in health are now most abhorred,—she will often threaten suicide, or attempt to destroy her child. Sometimes she has to be forcibly restrained from violent acts. The bowels are very sluggish; the pulse is not in general very rapid, often it is slow and weak. The appetite is generally poor, and sometimes the patient refuses to touch food. In some instances there seems a craving for unnatural substances; the appetite is never ravenous. The patient sleeps irregularly, and it may be at long intervals, starting up suddenly at all hours of the night, and often stealing away from the sleepy and exhausted attendant, perhaps in the

night clothes alone, or completely nude. If intercepted she generally uses threats, and foul language, curses those around, and is most obscene. In fact, extreme obscenity is a well-marked phase in the disease, and I have known ladies of the most modest character, who would revolt at an impropriety, use truly disgusting language. There may be great difficulty in keeping her clad, or she may be always trying to dabble in filth. There may be difficulty in passing urine, or it may be partially suppressed. I think it may be laid down as a rule that the secretions of the whole system are partially suppressed. It will be found sometimes that the vagina is dryer than natural, and the tongue is also not unfrequently dry and red. In my own practice I have not observed that there is any suppression of the lochia, and sometimes I found considerably too much. The causes of puerperal mania are obscure. The late Sir Jas. Simpson was not by any means decided on this point. In the case of Lady Mordaunt he gave no decided opinion when asked in court. Sir William Gull said it was of a nervous character altogether and rested in the sensorium. I cannot understand from what data he draws this conclusion, as the symptoms are clearly marked and point to a positive cause. His theory is in my humble opinion untenable, because as far as I know, it will be generally conceded that no nervous disease, when there is not local organic action of a more or less inflammatory nature, or an external injury, produces such a series of positive symptoms. To the causes of this disease I have paid some little attention, which I beg to lay before the profession. I consider puerperal mania to be produced by a greater or less degree of congestion of the cerebellum, accompanied with a low inflammatory action of that organ. This of course will affect the reasoning powers of the cerebrum through sympathy, and it will be apparent that the greater portion of the symptoms will be accounted for. I well remember the case of a Mrs. Armstrong, in this locality, who was labouring under this disease, and who ran away from a nurse and committed suicide by drowning herself. The autopsy showed the cerebellum much congested, there was about half an ounce of serous fluid between the hemispheres, and the pons varolii was turgid. On cutting into the cerebrum it was natural. The pneumogastric nerve seemed rather swollen within the skull. It is

believed by many that the animal propensities are located in the cerebellum, and this being so, the filthy language might be accounted for by the excited state of that organ. Again, the stomach, liver, and whole alimentary canal must be affected, if the vagus is compromised at, or near its origin. If more frequent opportunities of examining these cases *post mortem* were permitted, a great boon would be gained both by the profession and the public. It is much to be deplored that this innate abhorrence of the *post mortem* is so general. I shall now give the mode of treatment I have long followed in puerperal mania, and I can point to many cases that have become permanently well.

1st. If the patient is very unruly I use no ceremony in making her know she "must" do as she is told. Impress upon the husband and friends the necessity of this and obtain their assistance and co-operation. Argument is generally useless or worse, for there is cunning enough left and if the patient sees you are afraid of her, she becomes unmanageable. Always secure control of her and half the cure is accomplished; without it you are powerless. Tie the hands if requisite so as not to hurt, and make her know you are master of the situation and don't temporize.

2nd. Apply a seton to the nape of the neck, and leave it in for some weeks to keep up a continued counter-irritation; this will be found far superior to blisters.

3rd. By all means keep the bowels well relieved and for this purpose from one to 3 or 4 drops of croton oil in pills, or from a quarter to a grain of extract of elaterium, will often be found of great value. Frequently an enema of 3 or 4 ounces of castor oil in gruel is of great use in soliciting the bowels. If there is distension from flatus a teaspoonful of turpentine may be given. The foetid or ammoniated tincture of valerian is also beneficial. A passage once obtained the bowels should be kept open, but much purging is to be avoided as it produces weakness.

4th. If narcotics are used at all a grain of morphine in six pills may be given, one every hour. In general the less opiates the better.

5th. Another remedy I have used with beneficial results is bromide of potassium in 15 to 20 grain doses, thrice a day in any convenient menstruum. Both opium and chloral hydrate have almost invariably failed to relieve, and on many occasions

seemed to nullify former treatment by producing a sudden relapse.

6th. Let the patient have as much light easily digested nourishment as possible, and a glass of native wine every 2 or four hours. It will sometimes be found difficult to induce her to eat. Change of scene is often very useful when practicable, towards convalescence, but till recovery is considerably advanced it is not safe, as it might produce too much excitement. The return of the menses in some cases is a marked help, and in others gives little assistance.

### SYPHILITIC ECZEMA.

BY CHARLES BLACK, B.A., M.D., MOUNT FOREST, ONT.

The treatment of the syphilodermata seldom presents many points of interest or novelty. The following case is no exception to this, except in the tolerance of large doses of potassium iodide and the marked effect of the mercuric chloride in completing the cure :

About three years ago, W. E., æt. 42, applied to me for advice for an eczematous eruption affecting the right leg. He gave the following history:—Ten years previous, when a soldier in England, he "caught the bad disorder," and was treated by the regimental surgeon. Some three years afterwards sores broke out on the face and legs, for which he was salivated. These reappeared at several intervals afterwards, affecting principally the right leg. He had not been free from the eruption for the last five years, with the exception of two short intervals, when he had "got it dried up with mercury." Upon examination, the following were noted: temperament lymphatic; assimilative functions evidently impaired; cachectic; bowels generally constipated; urine high colored; on the right leg, extending from the knee to the ankle, was an eczematous eruption, which, from his past history and general appearance, I diagnosed as syphilitic. Remembering the advice of Ricord, that it is in vain to expect satisfactory results in the treatment of syphilitic affections unless the patient is willing to submit patiently to a long course of medication, I told him that I could not benefit him much unless he was willing to submit to a course of treatment extending over nine months. As he had had experience of the rapid cure, he consented.

To correct the depraved condition of the system I prescribed pil. hydrarg. with pil. rhei co. three times a week, together with the following :

R.—Acid nitro-mur., dil., gtt. xxx.  
 Infus. columbæ, ℥j.—Ter in die.

At the end of two weeks his general condition was much improved. The eruption had lost its dry, scabbed appearance, and was beginning to suppurate in several points. Substituted for the acid draught the following :

R.—Syr. ferri iodidi, gtt. xxx.  
 Infus. quassiaæ, ℥ss.—Ter in die.  
 To discontinue pills.

Two weeks afterwards—April 20th—leg suppurating profusely, fetor bad. Prescribed pot. iodide, grs. x, with fluid extract of taraxacum three times a day.

May 6th.—Not much improved; leg still discharging; fetor so bad that he is obliged to sleep in a separate room. Pot. iodide increased to 20 grs. three times a day.

20th.—General health good; leg covered with suppurating vesicles. Potash continued, to alternate with nitro-muriatic acid draught.

June 10th.—Some improvement; leg healing in parts; iodide of potassium increased to 20 grs. four times a day, with 10 grs. of lactopeptine at meals.

July 7th.—Marked improvement; the upper and lower thirds have almost healed, the skin looking clear and healthy. The middle third, however, presented a large, unhealthy, ulcerated surface. Notwithstanding he continued taking the iodide in large doses, this condition remained unchanged up to August 28th. Iodide increased to 25 grs. every four hours with fluid extract of taraxacum, ℥ij. in a glass of peppermint water.

September 8th.—No improvement; no disturbance from the large doses of the salt. Iodide continued till September, 25th. No change, ulcerated surface indolent, discharges unhealthy, but less fetid. Resolved to discontinue the iodide and give the following:—

R. Hydrarg: Bichlor, gr. iv. Ext. Taraxaci fld. ℥i, Infus gentinæ ad ℥viii. F. M.  
 Sig. Coch. Mag. ter in die.

Oct. 4.—Leg much improved, discharge healthy, and healing process going on rapidly. Medicine, continued, to alternate with nitro-muriatic acid, draught and pills at night, as he complained of con-



stipation due evidently to defective digestion. From this time to November 20, he rapidly improved, when the leg was entirely cured, being perfectly healthy in appearance. A year and a half afterwards there was no sign of re-appearance. I therefore regard the treatment as successful.

I can lay no claim to originality in the treatment of this case, as it is that followed and insisted upon by Ricord: It is, however, of interest in the following particulars, viz.,—the long course of treatment; the large amount of iodide of potassium taken without producing any functional disturbance; that there was a stage in the disease when the iodide failed to produce its therapeutic effects, and that then mercury exerted successfully its specific action. That the earlier exhibition of mercury would not have eliminated the syphilitic virus from the system, I am positive. Of this, its failure on previous occasions, is proof. To what extent the iodide treatment has effected this, it is of course difficult to determine, but, judging from results, its action has been satisfactory. This case shows, too, the importance of repairing the broken down constitution prior to beginning a course of specific treatment. In every case this is an essential element of success, as it is impossible, where the assimilative functions are impaired, for any remedy, however potent, to successfully exert its full therapeutic effects.

I may add that throughout the case, stimulants with the exception of ale, were interdicted. Antiseptic and stimulating lotions were used as adjuvants, with, however, very little benefit. Cleanliness, with cold water dressings seemed to be the best.

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## Correspondence.

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### VACCINATION.

To the Editor of the CANADA LANCET.

SIR.—The excellent articles published in the *Canada Lancet* on the best mode of using vaccine lymph and how to secure the best protection against varioloid, has prompted me to give you a little of my experience on that most important subject. At one period my whole time and attention were given for several months, to the treatment of small-pox, varioloid and vaccination, during which by experimenting I became convinced that in order

to secure the best prophylactic effect from the use of vaccine lymph it is necessary to use it on both arms, or at least on both sides of the person. I found that after vaccinating one arm repeatedly after it had once taken well, it would not act on that side; but on applying it to the other, it would sometimes take nicely. My attention was drawn to this, or rather I was induced to try the experiment by noticing that four or five of my patients who were afflicted with varioloid had vesicles only on one side, and on enquiry I found that they were vaccinated on the side that was comparatively free from pustules. Subsequent experiments proved conclusively to my mind that there is more security in having a thorough vaccination by applying it to several parts of the body, and especially to both sides than there is in re-vaccinating at stated times during life. It is very evident that one half of the body may present the symptoms of disease, while the other is comparatively free from it. For instance every medical man of experience knows that a person may have cynanche parotidea on one side only, with all the different phases that the disease assumes, metastasis to the mamma, testicle, &c., which, however, does not exempt him from taking the disease (if exposed to it at another time) on the other side.

If we wish further illustration we can find it in the usual course of herpes zoster, which is usually confined to one half of the body, and ague is frequently found to effect one side of the person only. I do not wish to convey the idea that the two last mentioned diseases are contagious, but simply to show that a poison whether infectious or not, may exhibit itself on one half of the body while the other is comparatively free from it. Hence the desirability of vaccinating both sides of the body.

Yours, truly,

CHAS. CHAMBERLAIN, M.D.

Leamington, Sept. 12, 1876.

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### CURTAILMENT OF DISEASE.

To the Editor of the CANADA LANCET.

SIR.—The cause and cure of disease are subjects which should interest the public as well as the medical profession. It is a true saying that an ounce of prevention is better than a pound of cure, but unfortunately men suffering from disease are

generally more anxious for the disappearance of symptoms than careful for the removal of their cause. Fevers are propagated and perpetuated by defective drainage, &c., while the plague will hide itself for half a century in a bale of rags. Cleanse and drain the premises, burn the rags, and the disease disappears. It is a comfort to think that these matters of hygiene now receive more attention than formerly. But there is another cause of disease—the *subjective*; we mean the weakness of the body and its consequent liability to sickness. Many of the diseases which afflict the human race are caused by exposure, and poor nourishment, which, sapping the vital forces, leave men an easy prey to disease and death. Of course, we can never expect to find an elixir of life which will enable our frames to defy death, but much might be done to improve health and prolong life. The ancient Britons, we are told, only began to grow old at a hundred and twenty, while we get into our dotage some forty years earlier. If we lived as naturally as they did, we might in the course of generations, attain a much greater age than the present average. Now it is the duty of all men to do what they can for the physical advancement of their generation, but is it any less their duty to care for the welfare of generations yet unborn? One most important step towards the physical improvement of the race, would be the exercise of greater care in marriage. People with diseased heart or weak lungs will persist in marrying, and the consequence is—a weak offspring. Probably the seeds of half our diseases are transmitted from parent to child. And so it goes on in endless succession. Can nothing be done to stop this evil? Severe ills sometimes require severe remedies. The Romans destroyed at birth, infants who were weak or deformed. We do not advise that course to modern society, but we would suggest some check to promiscuous marriages which result in puny children. The Government indeed issues marriage licenses, &c., requires security from responsible persons that there is no legal obstacle to the contracting parties being joined together. But what does it all amount to? The treasury receives a few dollars, the issuer pockets his fee, and that is the end of the matter. It virtually means that a man has eight dollars to spare and does not care to have his banns called in church. This state of things ought to be improved, and perhaps the following suggestions may

not be out of place. Let the license be made *compulsory*, and let it be issued by a *medical man* whose duty it shall be to examine the applicant as an army surgeon does a recruit, and to reject him if any serious defect be present, such as unsound lungs, venereal disease, &c., and let such applicant be rigidly debarred from marriage. Doubtless regulations of this nature would cause many hardships and much disappointment, but in the course of a few generations, our descendants, reaping the benefits of ourself-denial in strong constitutions, and vigorous health, would look back to us and call our memories blessed.

We have written the above after some conversation with a medical friend, and we hope that it may suggest food for thought which may result in action.

PRO BONO PUBLICO.

Montreal, August 31, 1876.

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### Selected Articles.

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#### THE RELATION OF LOCOMOTOR TO GENERAL PARALYSIS OF THE INSANE.

BY ALLAN MCLANE HAMILTON, M.D.

I desire to invite attention to the subject of sclerosis of the posterior columns of the cord, and its coexistence more particularly with that form of insanity known as general paralysis of the insane. Not only do these two conditions occur together more frequently than they are generally supposed to, but the former very often presents the most varied mental expressions, passing from simple irritability to marked dementia.

Leidesdorf has related one case in which general paralysis was preceded by spinal symptoms, and Maudsley speaks of other cases. Calmiel says that in many cases the changes proceed from the cord upwards, and Baillarger endorses the views of the last mentioned authority. From a consideration of the fact that sclerosis is nearly always progressive, and that locomotor ataxia is in many instances ascending, it is very probable that either an extension upwards of the morbid process, in such a way as not to involve the roots of the intercostal nerves, or, on the other hand, a simultaneous and general appearance of disseminated sclerosis in the cerebrum and cord, will very probably be attended by mental disturbance. In most of the autopsies that have been made, decided changes have been witnessed in the layers of the cortex; we may therefore assume that a lesion in the gray

cortical matter may be attended by intellectual perversion. Charcot has proved very conclusively, by the classical case of Mlle. V., that disseminated sclerosis can exhibit all the symptoms of general paralysis of the insane; that intellectual trouble, even including the delusions of wealth, or as Valentine calls them, the *delire des grandeurs*, may occur in patients of this class.

We find also that in these people there is often a great deal of emotional disturbance. Every one who has seen much of locomotor ataxia will recognise the melancholic attacks, or the great excitability. I have a patient in whom the spinal sclerosis has ascended so high as to greatly affect the origin of the intercostal nerves; and in her transitory attacks of mania are not at all uncommon. She becomes violent, hurls abuse at those around her, and talks only in French; her chosen language at ordinary times being the English. Charcot relates that Mlle. V. was subject to true attacks of lypomania, and had hallucinations of hearing and vision. She had delusions that those about her intended her death by poison. For twenty days she refused food, and it was found necessary to use the feeding tube.

With these things in mind, it is very reasonable to conclude that general paralysis is but the expression of disordered function produced by the same lesion that causes decided nervic trouble and locomotory perversion, when it is seated in the cord. The form of morbid alteration of the brain and its meninges, I think, has very little to do with the formation of any particular variety of insanity; that it is a matter of location rather than of alteration. In any of the lists of morbid appearances we will find all forms of altered structure,—meninges, gray and white substance,—are involved, and we do not find any two forms of insanity which present identical appearances. If you will consult Fox, which is the most complete work I know of, you will see that there is a great deal of confusion and irregularity of information that may be obtained from the examination of the insane brain.

Perhaps the morbid anatomy of general paralysis of the insane is more clearly settled than all the rest. Delaye, Foville, and Pinel (Grand Champs) found induration of the cerebral substance; Fox presents a plate illustrating the miliary sclerosis of general paralytics, and I myself have seen the same changes on isolated spots, varying in size from a small speck to the larger spots of colloid degeneration. That these appearances are the result of primary ischæmic trouble there is not much doubt. Fox is of the opinion that a prolonged spasm of the vessels and subsequent condition of degeneration, are the precursors of actual increase of the connective tissue. In the cord, clinical experience teaches us that conditions of altered vascularity precede sclerosis in every instance, and that marked functional changes are the forerunners of loco-

motor ataxia. In the brain the primary alteration of function, however slight, may be connected with decided interference with the intellectual processes, and sometimes when these patients die before the disease has extended, it will be exceedingly difficult to detect any alterations, either gross or microscopic, while in the cord, if ataxic symptoms have developed themselves in nine-tenths of the cases there will be seen unmistakable traces of induration.

Notwithstanding so many observers consider the lesions in general paralysis to be those of sclerosis, Calmiel, Poincaré, and Bonnet thought they were more often softening, and fatty degeneration; in fact, others take equally opposite views, but the great majority hold to the other doctrine. With the anatomico-pathological facts in mind, it is strange that the two conditions are not more frequently seen together. In my own limited experience I have seen several cases which presented an extension of the symptoms.

Obersteiner, in an excellent paper on Locomotor Ataxia and Mental Disease, considers that mental symptoms are found in the greater proportion of cases of this disease, and calls attention to the fact that these expressions of psychological trouble may be very slight, but still an acute observer will know that there is a departure from the normal intellectual condition. The patient's character is often changed very markedly. I have been often astonished at the apathy of the individual, or, on the other hand, the irritability of temper, the violence of anger, the petulance, which are more transitory evidences—they are as important symptoms, I think, as neuralgic pains, difficulty of co-ordination, etc. These changes were very well displayed in a patient of my own; in health, a most amiable, high-minded army officer; in disease a morbid, bad-tempered, whining wreck. He had been noted for his gallantry on the field during the war; but after this disease had become once established, his character seemed to undergo a complete transformation. He wrangled with every one, became irritable over petty things, and made himself generally disagreeable.

Obersteiner and Simori both agree that these patients should be examined most carefully, and that the prognosis depends much upon the facts relative to mental alterations. The latter says: "It is not enough that the patient keeps himself quiet, and answers the questions relative to his age, how he feels, etc., and does not show marked delusions;" these are not enough to assure us that his intellect is intact.

In regard to the grave secondary mental changes, Tigges considers general paralysis to be a complication, while Obersteiner is convinced the symptoms of this latter disease indicate a progression of the sclerosis upwards. He considers the lesions to be identical, and that it is only the seat

of the change which has anything to do with the form of symptom expressed. He has also found in general paralytics who have died, a sclerosis of the cords.

The commencement of paralysis of the insane is not regular. We may either have the mental symptoms preceding the paralytic, or *vice versa*, or they may both show themselves simultaneously after a form of apoplectic attack.

M. Rey, whom I have alluded to, has observed nine cases of insanity associated with locomotor ataxia. In three of these the spinal sclerosis preceded the cerebral trouble, and in one the induration had extended from the posterior to the lateral columns. He found that the diagnostic difference between locomotor ataxia combined with cerebral induration and simple descending general paralysis of the insane, was the walk. In the former the patient could not stand with his eyes shut, and in the latter there was no difficulty of the kind. We may also take for granted that the walk of the ataxic is an early symptom, and that of the general paralytic a late one. Both are examples of defective co-ordination, and I think the latter is very unwisely called *paralytic*, I have found in these patients (the general paralytics) *festination*, which Sanford considers to be confined to paralysis agitans, and is an evidence more of sclerosis than anything else.

The difficulty of turning around is marked in ataxia, and I think is not a prominent symptom in general paralysis.

Though Sankey has presented us with a table showing the points of difference of the two diseases, I think it wise to give one that is more extended. Some of these symptoms will be found to very closely resemble each other, and I am assured will show how possible it is for the two diseases to run into each other.

GENERAL PARALYSIS.                      LOCOMOTOR ATAXIA.

*Initial Mental Symptoms.*

Slight irritability of temper. Extravagance (the patient purchases unnecessary articles, or spends money without reference to his means).	No mental trouble, except perhaps irritability.
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Erotic and libidinous ideas and indulgences.	At first diminished sexual power, afterwards an increase.
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*Initial Material Symptoms.*

Slight impairment of muscles about mouth, and tremor of tongue, (when protruded it is agitated by vermicular tremors).	No affection of tongue nor of any muscles of face, except those supplied by third nerve.
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Pupils unequal.

Pupils generally contracted, sometimes dilated after an attack of pain. Strabismus a frequent symptom.

Patient unable to properly pronounce his words; his speech is thick and very slow, (Ronquin); stammering (Griesinger).

No disturbance of speech.

Patient begins to lose power in both upper and lower extremities; he does not raise his feet; walk somewhat straggling; feet planted rather widely apart. Patient inclined to walk a great deal.

Gait jerky; patient comes down on heels, feet thrown out with force. Patient unable to walk in dark.

Patient can stand with eyes closed.

Patient cannot stand with eyes closed.

Difficulty of coordination of upper extremities generally primary.

Difficulty of coordination of muscles of upper extremities always secondary.

Patient cannot perform delicate muscular acts particularly writing. He leaves off the ends of words or omits the word altogether—(early stages)

Patient cannot perform delicate acts with muscles of upper extremities—(late stages).

Patient boastful, irritable; has delusion of great wealth; violent; will not bear contradiction.

Patient may have moral perversion; in last stages there may be mania. Attacks of melancholia not uncommon with the progress of the disease.

Occasionally local paralysis generally on one side Tremors in limbs.

Never paralysis. Tremors only occasionally.

General loss of electromuscular contractility in late stages (Bucknill).

Exaggerated electromuscular contractility in the beginning loss later on.

Very slight muscular atrophy (Marcé, Brierre de Boismont.)

Very slight atrophy of muscles of lower extremities, more from disuse than anything else.

Diminution of reflex excitability.

Diminution of reflex excitability; loss of muscular sense.

The progress of the disease in general is from above downward (Calmiel).

Progress from below upward.

Disturbances of sensation are sometimes primary. There is sometimes hyperæsthesia.

Disturbances of sensation are always primary; generally cutaneous anæsthesia at same time.

Generally runs its course in a few years. Of much longer duration.

There may be periods of remission. Disease progressive.

No marked involvement or bladder or rectum till the end. Generally obstinate constipation; sometimes paralysis of both sphincters.

Usually terminates in dementia. No mental decay as a rule. Patient dies of phthisis.

During the progress of the disease there may be paralysis of various cranial nerves. Not uncommonly the fifth, sixth, third and optic nerves may be affected.

From an inspection of this table, it will be evident that there is a close similarity between the symptoms of the two diseases, which I think may be explained by the difference of location. In both defective coordination is marked. In both reflex action is lost. In both there may be tremor. In one the disease is an evidence of lesions in the cortex, in the other in the white or grey matter of the cord. Both may be seen in the same individual, and after death the lesions are the same. The mental symptoms may be identical, although always differing in the period of appearance. Ocular difficulties may be present in either, as may difficulties in speech. Both are progressive and generally fatal. \* \* \* In conclusion, I must refer to the fact that sclerosis in either of its forms is not unrarely preceded or associated with other nervous diseases. Molliére calls attention to Charcot's discovery that hysteria often preceded locomotor ataxia. Magnan has detailed cases of epilepsy connected with locomotor ataxia, and as for the complications of general paralysis, several English writers, chief of whom, if I am right, is Clouston, speak of chorea, epilepsy, neuralgia, and other neuroses as being very common.—*N. Y. Med. Rec.*, July 29, 1876.

BRITISH MEDICAL ASSOCIATION.

[The annual meeting was held at Sheffield, in August, under the presidency of Dr. Bartolomé, and resembled those of former years in its general arrangements. About 500 members were present. The great manufacturers opened their establishments and exhibited some of their processes to members. These sights and the festivities, as usual, threw the work of the sections into the shade.

A sermon was preached by Rev. Dr. Gattey. Dr. Brown Sequard, and Drs. Marion Sims and Storer, from America, were present. The address in obstetrics, which was of a practical nature,

was given by Dr. Atthill. Dr. Sims also delivered a brief address on the treatment of cancer of the womb.]—Ed.

THE ADDRESS IN MEDICINE

was delivered by Dr. Sieveking, who discoursed of the relations of medical men (1.) to each other and the State; (2), to the science of medicine; (3), to education. On the third point Dr. Sieveking said:—An university should be, as its name denotes, an *universitas literarum*, and not limit its teaching to one or two disciplines, which though valuable in themselves, are simply means, not always appropriate, to an end to be attained elsewhere. To my apprehension an university does not deserve the name, which does not within itself teach the principles and theory of all science, and which adopts a *regime* and habits that exclude from its precincts all whose mental calibre cannot adapt itself to one formula of a classical or mathematical shibboleth, or whose means compel them to enter a professional calling without unnecessary delay. I maintain that *all* members of learned professions ought to enjoy an university training, and that a country whose universities do not allow of their students acquiring the entire theoretic part of their respective professions within their walls, neglects the first duty for which they were called into existence. I will not now speak of any other profession than our own; but, as regards medicine, I conceive that many of the educational difficulties that have been so long under discussion, and that are far from being removed, will disappear when such arrangements are made at our universities that the great body of practitioners can avail themselves of their advantages. In order that this may be possible, it is necessary that a standard of preliminary training be fixed which shall qualify for admission into the university, and that, at the age of eighteen or nineteen, when young men generally put on the cap and gown, they shall be permitted to pass at once from the subjects they have been learning at school to those professional studies which the universities ought to be able to teach infinitely better than the small, self-supporting academies of medicine now scattered over the country.

It is no small credit to the energy of the medical schools as they exist, that they have done as much as they have done; but, with the increase of knowledge and the demand made upon the lecturers, it is simply impossible that the latter should keep pace with the times, unless they are exempted from the *res angusta domi*, and are enabled to devote themselves entirely to science. At present, the majority of lectureships are treated simply as stepping-stones to medical practice, and hospital physicians and surgeons pass from one subject to another, not so much by virtue of special qualification, as by the all-powerful influence of

professional seniority. Something may doubtless be said in favour of our present system of competition ; but I would ask whether the balance of argument is not in favour of professorships at our ancient universities, where the increased numbers of alumni would render a professorship not only a place of high and laudable ambition, but would make its emoluments worthy of acceptance by those of our body who desire to devote themselves to, and merge themselves entirely in, scientific research. Botany, chemistry, natural philosophy, physiology, anatomy, comparative anatomy, pharmacy, and materia medica, the theory of medicine and surgery—might all be better and more profitably taught at an university than in provincial or metropolitan schools of medicine. The numbers that would flock to our universities if they held out such advantages would render necessary the endowment of more than one professorship for each discipline, and thus a salutary rivalry, without which stagnation would ensue, would be preserved. And if our present university arrangements are insufficient to provide for the two thousand medical students who annually inscribe their names on the registers of our schools, what is there to prevent the establishment of more universities in towns willing to advance the growth of the sciences, and possessed of fewer of those sanitary defects which mar the beauties of Oxford and Cambridge?

It is utterly against my views that an university should belong to a class ; and therefore, while I maintain that we physicians and surgeons of England may legitimately labour for the foundation of a new university, which shall embody certain methods and principles, if the older institutions cannot receive us, I should regard the attempt as futile, unless provision were made at once to establish professorships required by all the faculties, so as to ensure an influx of ingenuous youth destined for all the various walks of life. Has Germany suffered either by the poverty or the number of its universities? Has that great country not ever been to us a model, both in the manner of teaching and in the achievements of the taught.

#### THE ADDRESS IN SURGERY

was delivered by Mr. Favell, of Sheffield, whose chief topics were (1), the question of trephining in injuries to the skull ; (2), the diagnosis of injuries in the neighbourhood of joints ; (3), the suture of nerves ; and (4), Esmarch's bandage. We may quote M. Favell's remarks on the second and third points, as the one is full of interest to all who may be called to such cases or to criticise the action of others and the other is somewhat new.

On the second point Mr. Favell said :—I should like to say a few words upon, and illustrate by an instructive case and equally instructive preparation, cases of fractures of bone in the immediate vicinity of important joints. I think there are few cases

in surgery in which the accurate diagnosis is often more difficult, the anxiety involved greater, and the results less satisfactory, than in cases of this nature. Every practical surgeon is familiar with the impaired utility of wrist and hand which we occasionally see, particularly in old people, as a consequence of the fracture of the carpal end of the radius ; and, again, impaired mobility of the elbow-joint is not unfrequently seen as a result of fracture through some portion of that complicated and important articulation ; and I venture to say that such consequences are sometimes unavoidable, in spite of the most carefully conducted treatment ; nay, I think I may go even further, and assert that cases do occur in which the surgeon, by skilful and carefully conducted treatment, has obtained the best results he could hope for, and which still are failures in the eye of the patient, ignorant as he is of existing conditions and almost inevitable consequences.

Surely, gentlemen, these considerations should teach us a lesson ; they should teach us to look very charitably upon alleged failures in treatment, or upon so-called cases of mal-practice. It is one thing to criticise the treatment of a deformed or distorted joint, weeks, or perhaps months, after the receipt of injury, when all *immediate* effects of such injury have disappeared, but it is a very different thing when contusion, inflammation swelling, and pain obscure the injury and interfere with manipulation, so to direct our treatment as always to ensure a satisfactory result.

The case to which I wish to direct your attention for a few minutes, and which, through the kindness of my friend, Mr. Wheelhouse, I am enabled to illustrate by a very instructive preparation, is one of dislocation of the hip, complicated, as I believe, by fracture of the acetabulum—that is, of the rim of the acetabulum.

A. B., a young man, a commercial traveller, was standing on the platform at a railway station when he saw the train by which he wanted to travel passing rapidly through the station ; he ran up to it, sprang upon the foot-board, and attempted to grasp the door of a carriage, but, being swung round by the momentum of the train, he was unable to keep his hold, and was thrown violently upon the rails, rolling over and over when he came to the ground. He lay stunned for a few minutes, and when he attempted to get up found his right leg so injured that he could not rise. He was carried into the waiting room, and was seen very shortly afterwards by Dr. M., the railway company's local medical officer. This gentleman made a very careful and deliberate examination of the injured limb, and, as manipulation gave great pain, he put the sufferer under the influence of chloroform, so as to give himself every opportunity of arriving at a correct estimate of the nature of the injury. After nearly an hour's examination he came to the

conclusion that there was no dislocation, no fracture, but that the man was suffering from severe contusion. Afterwards the sufferer was carefully laid in a railway carriage and conveyed to his home in Manchester. Here he sent for his own surgeon; the same examination was gone through, and the same result arrived at. As soon as the subsidence of the swelling allowed it, a long splint was applied to keep the part perfectly at rest, and subsequently, as much pain about the hip was still complained of, his medical man, for his own satisfaction and that of his patient, called in a third surgeon, a man whose extended experience in cases of accident was undeniable. He found the limb lying flatly on the bed beside its fellow; careful measurements, conducted in the orthodox manner, proved that the injured limb was as long as, and at one time rather longer than, its fellow, and he coincided in the conclusions already formed, and in the propriety of the treatment adopted; and so the limb was kept at rest for some time longer. Here, then, we have three surgeons, separately and carefully examining this hip, and arriving at the same conclusions. But mark what followed in this singularly interesting case. When lapse of time and subsidence of pain warranted it, the splint was removed, and he was allowed to get up and attempt to move about. He did so, and attempted to bear some slight weight upon the injured leg, and *after* that he noticed, *for the first time*, that the injured leg was rather shorter than the sound one. This amount of shortening speedily increased to the extent of a couple of inches, with inversion of the foot, and, to cut a long story short, he consulted a fourth surgeon, who told him that his hip was dislocated, and eventually an action for damages ensued. In consequence of this, Mr. Wheelhouse, of Leeds, and I were asked to examine the case and give evidence upon it. When we saw it, several months after the accident, the evidences of dislocation were clear enough; there were the characteristic shortening, the inverted foot, and round head of the bone clearly resting upon the dorsum of the ilium. One of two things, then, must have happened in this case. Either (as was alleged) dislocation of the hip had occurred at the time of the accident, and had been overlooked, or else dislocation had taken place subsequently as a result of some obscure injury to the joint. Against the first hypothesis were the testimony of three surgeons, who had all examined it carefully for dislocation or fracture, the fact of the absence of deformity, and the absence of shortening of the limb; whilst in favour of the latter hypothesis, in addition to what I have just stated, was the fact that no shortening took place till the man put weight upon the leg, and then it was immediately noticed. The only way in which one could reconcile the fact of undoubted *present* dislocation with a history so opposed to its existence for some time after the accident was on the hypo-

thesis that, at the time of the accident, which was a very violent one, there was fracture of the rim of the acetabulum; that, so long as no weight was put upon the leg, the head of the femur remained *in situ*; but that, as soon as weight was borne upon the leg, the head of the bone escaped from the damaged acetabulum, and was soon drawn up upon the dorsum of the ilium. This theory was very ably argued by Mr. Wheelhouse, and surely it was a reasonable one—more reasonable than that a dislocation presenting such marked features as dislocation of the femur on the dorsum ilii, should have been overlooked, though carefully searched for, by so many surgeons of ability and experience, and though the probability of such an occurrence was denied, I am in a position, through the kindness of Mr. Wheelhouse, to show you a preparation taken from a case of accident admitted into the Leeds Infirmary, since the occurrence I have just related, which admirably illustrates the argument then urged. The case was admitted into the infirmary for injury to the hip and severe internal injuries. Dislocation was diagnosed, and reduction readily effected. The patient lay in bed some days, and then died from internal injuries. During the removal of the patient from the bed the hip, which had been in perfectly good position so long as the man was at rest, again became dislocated, and a *post-mortem* examination revealed the condition I now show you, viz., “fracture of the rim of the acetabulum.”

Erichsen, speaking of the treatment of such cases, says:—“But with every care, a return of displacement will readily take place, and an unsatisfactory result can scarcely be avoided—shortening of the limb, and consequent lameness being almost inevitable.” Cases such as this one I have just related are of immense practical interest both to the surgeon and his patient; and certainly the patient has a right to expect that everything shall be done for him that careful judgment and judicious management can effect; but how often does the surgeon get undeserved blame when he has the misfortune to treat an injury so complicated that, in spite of all care and skill, he cannot avert an unsatisfactory result. I can imagine and excuse a man being angry when he finds himself permanently crippled by an accident which at first, to all appearance, may not have seemed of a very formidable nature, but surely we, fellow-workers, all so fallible, ought to criticise the work of our brothers in a spirit of the widest charity.

On the suture of Nerves, Mr. Favell said:—

The mention of Mr. Wheelhouse's name in connection with this case, in which I was associated with him, reminds me how this address was originally placed in his hands, and how generously and gracefully he relinquished it when the place of meeting was changed, and gives me the opportunity of paying a passing tribute to his surgical enterprise by a few remarks on what, as far as I know, is an

important and ingenious novelty in surgery. Some months ago I had an opportunity of examining, in the Leeds Infirmary, a case then under treatment, in which Mr. Wheelhouse had cut down upon, resected and united by ligature, the divided ends of a sciatic nerve, which had been accidentally cut across some months previously. The history of the case were briefly as follows:—

The patient, a man aged 22, nine months before admission, was climbing over a fence, when the railings gave way, and he fell backwards upon a scythe which he was carrying. The wound, which must have been an extensive one, as the cicatrix measured nine inches, was situated just below the left buttock. At the time of admission he was able to walk with difficulty, there being considerable dragging of the left leg, and as he lifted it the toes fell to the ground. He was unable to use the muscles of the back of the leg, and there was loss of sensation on the outer side of the leg and foot, the inner side retaining sensation. These conditions taken in connection with the situation of the cicatrix, led to the inference that the great sciatic nerve had been divided, resulting in paralysis of parts supplied by that nerve below the seat of division. The operation consisted in making an incision six inches in length in the course of the sciatic nerve, when the divided extremities were found an inch and a half apart, the upper segment being bulbous, the lower one flattened, and somewhat incorporated with the cicatrix. The two extremities were then cut off, the divided ends brought together, and retained by sutures of carbolized catgut. This was facilitated by flexing the leg upon the thigh, in which position it was retained for some time. The man made a rapid recovery. When I saw him, two or three weeks after operation, cicatrization was almost complete, though the leg was still retained in its flexed position; but there was ample evidence afforded of returning sensation on the outer side of the leg and foot. In this case the restoration of sensation and motion appears to have been very gradual; but Mr. Wheelhouse informs me that since his discharge from the hospital the patient has gone on steadily improving, and gaining power in his former paralyzed limb.

I have also the notes of a case of division of the median nerve by a wound from glass. It was treated in the same way ten weeks after the accident happened, but the result does not appear to have been so satisfactory, as, though some amount of return of sensation and motion followed the operation, as the wound healed and cicatrization progressed the sensation gradually diminished and numbness increased.

Two other cases I have records of, in which the divided ends of the nerves were brought together by suture immediately after the accident. In one case the median nerve, in the other the ulnar nerve, were entirely divided. Both cases were boys of

fourteen years of age. In one month from the occurrence of the accident both boys were discharged with their wounds healed, and sensation was perfect in each instance.

Now, I think, I may instance these as four very suggestive cases. Perhaps they teach us no new facts in pathology, but, practically speaking, I think they are of importance. It will be observed that in the two cases in which some weeks elapsed between the receipt of injury and operation the results were, in one case very gradual and slow in their development, and in the other case satisfactory; but in the two cases in which operation immediately followed the accident, sensation, at all events, was rapidly re-established. Now, experience has amply proved that regeneration of nerve tissue, after nerve division, readily takes place more or less perfectly under favorable conditions. Dr. Hassall says:—"The regeneration of the primitive nerve-tube admits of proof both by experiment and direct observation. The experimental proof consists in the simple division of nerves, or even in the removal of portions of them. The parts to which the nerve is distributed of course at first lose their sensory and motor endowments; these, however, after a variable time, are more or less perfectly recovered, thus completing the experimental proof. The recovery of the power of a nerve after the excision of a portion of it argues strongly the fact of the regeneration of the nerve tubes, and this result by a careful microscopical examination, can be positively demonstrated. The number of tubes in the renewed part of the nerve is stated, however, to be less than in the original portions, and this in part explains the reason of the restoration of the functions of a divided nerve being usually but imperfect." Every surgeon, too, is familiar with the fact that parts which have been completely severed, such as tips of fingers, will, if reunited, regain sensation, though the nerves have been completely divided. Thus, under favorable conditions of position, we may look for such an amount of return of sensation and power of motion in parts supplied by divided nerves as shall not materially interfere with future usefulness; but the practical lesson to be learnt from such cases as these is that we may with safety so manipulate nerves as to insure such conditions of position. Perhaps the very painful, and sometimes even disastrous, result which has followed the ligature of an important nerve has deterred surgeons from interfering with them when divided. Sir A. Cooper records two cases of death from this cause—one from the ligature of the sciatic nerve to arrest hæmorrhage from an artery in its substance, and another in which the popliteal nerve was accidentally included in a ligature put round the artery. In both cases violent pains and death resulted.

In the cases I have recorded I find complaint of much pain after operation in one case—the first



one operated on, in which the sciatic nerve is the one implicated. In this case there seems to have been great pain on the day of operation and the day following, but in the other three no mention is made of any disturbance caused by the operation. Probably the use of catgut sutures, we know, soon dissolves, and the fact that the sheath of the nerves was carefully selected as the portion to be principally included in the sutures, may have had much to do with such fortunate results.

As a beginning, then, I think these four cases are both interesting and encouraging. If in the case of a limb left paralysed by division of an important nerve, we can afterwards cut down upon, resect, and reunite such nerve, so as to restore power and sensibility to the parts supplied by it, at no great risk, much has been gained, and in cases of extensive laceration, involving important nerve trunks, these records raise the question whether it is not better not to be simply content with ligaturing bleeding vessels, and leave the nerve-trunk to the chance of assuming its original position, by carefully and accurately closing the wound, but to insure the co-aptation of its divided ends by the careful introduction of catgut sutures.

#### EXTIRPATION OF THE UTERUS IN CONNECTION WITH OVARIOTOMY.

BY GILMAN KIMBALL, M.D., LOWELL, MASS.

Mrs. S., of Lancaster, N. H., forty-eight years old, having one child, now eighteen years of age, was operated on eleven years ago for ovarian tumor, chiefly cystiform, weighing thirty-three pounds. She made a good recovery, and continued in good health for six years. About this time she noticed that her abdomen was again becoming unusually large. She suffered very little, but was anxiously lest another tumor should be forming, similar to the one removed years before.

In June, 1875, she was tapped, and forty-five pounds of brown, coffee-colored fluid were drawn off, followed by considerable prostration. The cyst refilled, and was again tapped in October following; prostration was more marked than at the previous operation. Again the cyst refilled, and more rapidly than ever.

The patient having now become satisfied that she was breaking down under the effects of her disease, and that tapping was affording only temporary relief, determined upon submitting to another operation. For this purpose I was called to operate the second time on November 9, 1875, and found the patient's general condition pretty fair. The abdomen was a great deal distended, but did not cause much distress. The disease, however had made its impression on her. This was particularly shewn by emaciation, loss of appe-

tite, swollen feet, and a peculiar pallor of face, which denoted a deteriorated condition of the blood. The mental condition was excellent, calm, cheerful, and fully resigned to whatever might be the result of the expected operation.

Every needful preparation having been attended to, the operation was performed the following morning. Drs. Bugbee and Mitchell, of Lancaster, Dr. Grove, of Whitefield, and Dr. Adams, of Island Pond, were present and assisted. An opening through the parietes, in the line of the former incision, was followed by an escape of several ounces of ascitic fluid. A cyst was tapped by a large trocar, and twenty-seven pounds of chocolate-colored fluid were drawn away through a canula, to which a rubber tube had been attached. The opening was enlarged and the cyst emptied. A semi-solid mass, composed chiefly of a large number of smaller cysts, was slowly drawn through the incision, care being taken all the while to keep the opening closed, as far as possible, against the ingress of atmospheric air.

In searching for a pedicle it was found that the disease had embraced, in the course of its development, not only the uterus, but the whole of the left broad ligament. A separation of the parts thus involved was found impossible. Consequently, in order to complete the operation, the extirpation of the entire uterus became an unavoidable necessity. A cluster of distended veins connected with the broad ligament was first secured and severed between two ligatures. The remaining tissues to be divided, being thus considerably diminished in bulk, and especially in width, were next embraced in a loop of stout annealed iron wire, drawn tight by means of an *écraseur*. To complete the operation it only remained to sever the connection between the uterus and vagina by two or three strokes of the knife. The point of division was about three fourths of an inch outside the iron ligature.

Before closing the wound it was found necessary to remove a considerable quantity of coagulated blood from the pelvic cavity. With some difficulty and delay a bleeding vessel was finally discovered, and secured with a carbolized ligature.

The pedicle being too short to admit of a clamp, was drawn forward and secured between the lips of the incision. The surface of the stump was thoroughly seared by actual cautery, and the wound closed with four deep sutures, three above and one below the pedicle.

Details of this case subsequent to the operation furnish nothing of special interest. During the entire period of convalescence there were no unpleasant or threatening symptoms; in all respects they were such as might be expected in an ordinary favorable case of ovariectomy. From first to last there were no signs of peritonitis, or septicæmia.

Pathologically considered, this case is seen to

differ essentially from the one recently reported by Dr. Presbrey, of Taunton. Although the connection between the uterus and the cystic portion of the tumor was extremely intimate, even beyond the possibility of separation, it became evident, upon careful dissection, that the tissues thus united were not only different in appearance, but entirely different in structure. Moreover, the cluster of small cysts that constructed the lower portion of the tumor furnished ample proof that the disease was of ovarian origin. The uterus contained no traces of fibroid element, but it was hypertrophied to double its natural size.—*Boston Med. and Surg. Journal.*

### QUININE AS AN ECBOLIC.

That quinine has the power of exciting uterine contraction has been shown by the writings of M. M. Monteverdi of Crémone and Rancillia of Caen (*vide Practitioner*, vol. vi. p. 373, and vol. xii. p. 57), as well as of other Italian and French observers. The two following cases appear to the writer to strongly support the theory of quinine being a powerful ecbolic.

During the early part of the year 1875, it fell to the lot of the writer to treat several cases of pleuro-pneumonia, which was epidemic in his neighborhood, and partook in many cases of the character of a pythogenic pneumonia which has been so ably described by several Dublin practitioners. Amongst others of this class were the following :—

Case 1.—M. M., a young healthy married woman came under treatment in April, with well-marked single pleuro-pneumonia. She was between four and five months pregnant, and had been ill some days before being seen by the writer. There was great pain and tenderness over the abdomen, which was a leading feature in most of the other cases conjoined with some diarrhoea.

Saline and opium quelled all the active symptoms, and, as it had been noticed in other cases that quinine had a decided effect over the prostration which was so marked in this epidemic, the patient was put on two grain doses of quinine every four hours. It should be noticed that up to this time there had been no indications of abortion, and all the acute symptoms had subsided. When the quinine was ordered the writer remarked to a colleague on the possibility of its having any effect on the gravid uterus. The following day, ten grains of quinine having been taken, uterine pains came on and shortly afterwards a foetus was expelled. The placenta not coming away, ergot was given; this however had no effect. On the following day the quinine was resumed: after the second dose uterine contractions were produced and a second foetus was expelled, the placenta soon following. The foetal

heart in this case beat vigorously for some five minutes. The patient made a good recovery.

Case 2.—A weakly, delicate woman came under treatment on April 18th, for severe neuralgic pains extending over the whole of one side. There was some pyrexia, the temperature being 100°, but no physical signs could be detected in the chest. That this case was of the epidemic class the writer has no doubt, as a similar train of symptoms had been observed in other cases that occurred at the time—viz., elevation of temperature, intense neuralgia of intercostal and abdominal muscles, and in some cases diarrhoea, without any physical signs of chest complication being detected. On the 21st, (salines being taken until then), two grain doses of quinine were ordered to be taken every four hours. The case, apparently doing well, was not seen for several days, when the patient stated that after taking a few doses of the quinine strong bearing down pains came on, "worse than any labor-pains she had ever had," and after nearly a whole day of pain, to her astonishment, a good-sized mass was expelled from the uterus; this mass she had preserved and now presented. It was a tumor of the size and shape of an ordinary sized bun; it had a fringe of membrane around it. One surface was rugose, and the other smooth but freshened; there was no appearance of a pedicle. It had all the characters of a fibroid, and in all probability must have been intramural. The patient stated that there had been no memorrhagia, nor had she experienced any uncomfortable feeling to indicate there was anything wrong with the womb. She had been fairly regular, sometimes every three weeks, sometimes every five weeks.

It may be urged that the expulsive efforts of the uterus in the two foregoing cases were due to the influences of their illnesses; but the direct sequence of cause and effect the writer thinks is demonstrated in each case. In case No. 1 no abortive action of the uterus was produced until the quinine was administered, and ceased together with its intermission, to be resumed as soon as the quinine was given again. If the quinine had been withheld after the first foetus had been expelled, it appears as though the second (of whose presence we were not aware) might not have been aborted. In case 2 the quinine appears also to have had a direct action in producing contractions of the uterus.—*Lond. Practitioner*, July 1876.

ULCERATION OF THE FRÆNUM LINGUÆ IN WHOOPING-COUGH.—Some discussion has been raised by Dr. Morton's paper on the above subject, read at the Harveian Society. The coincidence of ulceration in this particular position with pertussis is not new, though English authors have not referred to it, except casually, in association with stomatitis. This ulceration has been described in both French and German literature, more espe-

cially by Bouchut in his works on diseases of children and new-born infants, though what relationship it has to pertussis, or why it exists at all in that position, is not decided. To Dr. Morton, however, is due the credit of collecting statistics of the percentage of cases of whooping-cough in which it occurs, and also of bringing it prominently forward for the consideration of English observers.—*Med. Press & Circular.*

### CAN "PORT-WINE MARKS" ON THE FACE BE CURED?

By BALMANNO SQUIRE, M.D., Surgeon to the British Hospital for Diseases of the Skin, London.

Few lesions of the skin are more hideously disfiguring than the congenital "Port-wine mark" of the face. I refer to the flat vascular nœvus which may so often be met with in every country, causing the greater part (often) of one side of the face to present a livid, dark crimson color, and conferring an almost demoniacal appearance of the unfortunate subject of this forbidding deformity. So many adults of all classes of society may be seen going about with this lesion in its pristine condition, that it is clear at once that nothing is commonly contrived for its relief, and a little experience suffices to prove that any attempt at interference with this deformity is commonly regarded by the profession with disfavor. By some, the possibly uncontrollable hemorrhage is the fear entertained, by others, the scar that would ensue from the only means that seems to be free from the objection cited—cauterization—is properly a reason for refraining. However, as I have satisfactorily ascertained, the disfigurement can be removed without leaving any trace of its former existence, or of the means employed for its removal, and that by a very simple, safe, painless, speedy and easy procedure.

For the purpose in view I employ a cataract needle, the head of which is made about four times the size of that of an ordinary cataract needle. With this needle I scarify the affected skin, making cleanly cut and parallel incisions over the affected area, and even also a little beyond it. The incisions are spaced apart one-sixteenth of an inch. In order to render the operation painless, and at the same time prevent any flow of blood interfering with the draughtmanship of the lines, I first freeze the skin thoroughly by means of Dr. Richardson's ether spray apparatus. Having performed the operation over a limited area, I press on the scarified portion of skin with the fingers for about ten minutes, gently but firmly. At the end of this time all bleeding has definitely ceased. During the pressure a piece of white blotting paper is interposed between the fingers and the skin. The only styptic I employ is that of pressure employed as above described. As

to the depths of the incisions, they should be made of such depths as nearly to divide the entire thickness of the cutis vera. Within a fortnight, if deftly performed, the operation has done its work without leaving trace of any kind save a notable and most gratifying improvement. No scars are left by it. However, a precaution needs to be stated. No lateral traction must be made on the scarified skin either during or within half an hour after the performance of the operation. In exercising styptic pressure after the operation, this essential precaution must be kept in view. When, in any case, any traction has been accidentally made on the skin in a direction transverse to the direction of the cuts, they gape slightly in consequence. The gaping cuts become plugged with wedged shaped clots, and, as an invariable fact, indelible linear scars are thus produced. If traction be avoided no trace is left of the operation. Sometimes one operation alone will not suffice, a second or even a third may be required. In such cases the direction followed by the linear incisions of the first operation should be carefully remembered, and at the second operation the parallel linear cuts should be made to cross obliquely the direction of the original cuts, say at an angle of 45°. If a third operation be needed, the cuts should again follow a different direction, that is to say, they should cross the direction of the original cuts at right angles.

After the operation, any exudation of clot or scab should be washed off carefully the next day by a soft camel's-hair brush and cold soap and water, followed by a soft piece of sponge wet with cold water only.

The operation conducted as above is absolutely painless. Very slight temporary swelling follows it. No permanent trace is left by it. It does its work finally within a fortnight. No hemorrhage accompanies it, nor is it attended by risk of any kind. It offers to a number of hideously deformed persons an escape from their misfortune which may be safely recommended, and confidently offered by any practitioner. The results obtained by it are at once gratifying to the practitioner and satisfactory to the patient.—*Archives of Dermatology.*

REMOVAL OF A BUTTON FROM THE BRONCHUS.—An eminently successful and novel method was resorted to on great emergency for the removal of a button from the left bronchus of a lad, at the London Hospital, on the 12th inst. The patient, aged thirteen, had accidentally slipped the button into his trachea on April 23rd, where it had remained without producing very serious symptoms until May 11th, when it fell into the left bronchus, producing symptoms of collapse of the lower lobe of the lung. Mr. Maunder, having performed tracheotomy, first inverted and shook the patient, but with no success; he then placed the patient on his back and passed through the wound into the left bronchus about

seven inches of looped silver wire, and was successful in withdrawing the button, together with a quantity of muco-purulent matter. The patient's urgent symptoms rapidly disappeared, and he is at present doing well.—*Lancet, May 20th, 1876, in News and Library.*

### Medical Items and News.

**SULPHATE OF CINCHONIDIA.**—Dr. Bensley, one of a committee appointed by the British East India Government to test the value of the cheap alkaloids of cinchona bark, says of sulphate of cinchonidia, it is admirably adapted to those requiring a tonic febrifuge, in which there is at the time a great tendency to diarrhoea, or where diarrhoea already exists; but where quinine produces these disturbances, the cinchonidia is well borne. None the less valuable is it in consequence of the mildness of its influence on the nervous system. He further says: I have used it extensively in the fevers of children on account of its mildness, and because it is less liable to produce head and bowel disturbances than the other alkaloids.

Dr. Campton, Ky., says in a paper on this remedy:—Upwards of thirty of my cases were children, varying in age from one to nine years. I have such confidence in it that it is the only preparation I prescribe for children. It is a well-known fact that there exists with many persons a strong prejudice against quinine, and it is a great advantage to be able to say to such persons that you have a remedy that will be equally efficient, in all cases where quinine is indicated, without being liable to the objectionable effects of that remedy. The advantages to be derived from the use of sulphate of cinchonidia may be summed up as follows:—Fewer relapses follow its administration. It is better tolerated by the stomach, not being nearly so liable to produce nausea and vomiting. It does not create the same amount of ringing and noise in the ears that characterizes quinism. It is not liable to produce temporary deafness. It does not produce the nervous excitability. It does not increase or produce diarrhoea. It obviates the prejudice existing against quinine. Its cost is but one-third that of quinine.

**CASE OF UNILATERAL TRANSPARATION.**—Contribution to the pathology of the great sympathetic by Prof. Ebstein (Gottigen).—Cases of unilateral transpiration are met with quite frequently associated with other symptoms, such as diabetes mellitus, exophthalmic goitre, etc. It has been observed in individuals of apparently good health. Pathologists have as yet not been preoccupied in seeking for the anatomical-pathological cause of this symptom, but experimental physiology seems to point to a lesion of the great sympathetic. The experiments

of Cl. Bernard in the horse have shown that division of the great sympathetic of one side gives rise to transpiration in the corresponding half of the body. Prof. Ebstein's case was that of a man sixty years of age suffering from angina pectoris, in whom the attacks at certain times were accompanied by transpiration of the left side of the head and neck, and left upper extremity. There was no redness on these parts, nor dilatation of the pupil of the same side. During the intervals between the attacks of angina pectoris, the transpiration took place whenever the patient became fatigued from exercise. At the autopsy of this patient the cervical ganglions were examined with care and presented nothing abnormal to the naked eye. However, on hardening small sections of the left ganglions in Muller's fluid and absolute alcohol, round, dark-brown points could be distinguished, which under the microscope were recognized as vacuoles. These were lined by an endothelium and contained blood-globules. Their form was usually round, seldom irregular, or stellate. Their continuity with dilated vessels could often be established, of which they constituted diverticula alternating with strictured points. The walls of these vacuoles were thickened, and contained, especially at their periphery, a large number of stellate nuclei. These ganglion-cells, which appeared empty, were markedly pigmented. Nothing was found in the ganglions of the right side. Prof. Ebstein is disposed to trace these alterations to the vascular apparatus of the great sympathetic.—*Virchow's Archiv. New York Medical Journal.*

**PLACENTA PRÆVIA.**—Forty-one cases of placenta prævia are recorded in the Fifth Report of the Guy's Hospital Lying-in Charity, being 6.17 per cent of the whole number of confinements. In six of the cases the partially dilated os, when the patient was first seen, was found completely covered by placenta; in twenty-five it was incompletely covered; and in the remaining ten it is not stated how far the placenta was spread over the os. No certain conclusion can, of course, be drawn from this as to the exact relative position of the placenta before dilatation of the internal os commenced. In some instances, in which only a small portion of the os was covered by placenta, and the hemorrhage was not excessive, the treatment adopted was that of rupturing the membranes and administering ergot; but in most cases in which any considerable bleeding had occurred the old-fashioned mode of treatment has still been followed—namely, to perform version as soon as the os is sufficiently dilated to allow this to be done without the use of force. It was in almost all cases effected by the bipolar method, without the introduction of the hand into the uterus. If the os was undilatable when the patient was first seen, the plan adopted was to plug the vagina, or recently, by preference, to plug the

cervix with a dilating-bag. Advantage has also been found from the expedient of separating the placenta by the finger from the cervical zone of the uterus.

One very remarkable case occurred in which the placenta was found to occupy three fourths of the area of the fully dilated os, but no hemorrhage whatever had taken place. In this instance the conjugate diameter of the pelvis was contracted, and a living child was delivered by version. There was another instance also in which a portion of the placenta presented, and no hemorrhage had occurred. The funis was prolapsed, and delivery was effected by forceps, but the child was not saved.

Version was performed in twenty-four out of the forty-one cases. Six of the mothers died; four from the direct effect of hemorrhage, two at a later stage from exhaustion or septicæmia. In two of the fatal cases the whole placenta had been separated and expelled spontaneously before the birth of the child, and death took place from hemorrhage; in three version had been performed; in one case the treatment is not stated. Of the children, ten were living; thirty-one were still born.—*Guy's Hospital Reports*.

MILK AS A VEHICLE FOR BROMIDE OF POTASSIUM.—Dr. A. K. Minich writes to the Philadelphia Medical Times that a patient suffering from alcoholism stoutly refused to take bromide of potassium or any other "confounded medicine." Twenty grains were dissolved in a glass of milk, which he drank readily. "Since then," says Dr. Minich, "I find that twenty grains are entirely disguised by one ounce of milk. I have also found milk a very useful liquid to 'wash down' salicylic-acid wafers. It has always in my hands prevented the burning in the stomach which is so often produced when the acid is given in large and oft-repeated doses."—*Louisville Med. News*.

RARE CASE OF GALL STONES DISCHARGED THROUGH THE SIDE. By Daniel Perley, M. D.—The patient, Matthew Plumsted, harness maker, was born in Norwich, England, A. D. 1800; went to Canada in 1812, came to the States in 1818, and to Lynn in 1835. He had been subject at times to severe pain in the region of the liver for some years, when, in the latter part of the year 1869, an abscess formed in the right hypochondrium, attended with great disturbance of the system. The symptoms were so alarming that, in consultation with my friend the late Dr. B. B. Breed, we decided to make an opening without waiting for any thinning of the integuments. There was an immediate discharge of pus, yellow bile, and small black specks, which were easily rubbed up and became of a bright yellow color. He was somewhat relieved, and continued to improve with the discharge of similar matter, with now and then

a clogging up of the aperture, till in about a month gall stones of various sizes up to that of a cranberry began to issue and continued with volcanic irregularity of rest and activity till December 28, 1873. There has been no eruption since. He is now robust and able to attend to his business in better health than for many years. In a hasty examination of the journals of the last forty years I have been able to find but two cases of the kind.—*Boston Med. and Surg. Journal*, June 22, 1876.

TORSION AND LIGATURE.—At a clinical lecture at the Lariboisière Hospital, M. Tillaux, pointed out the advantages of torsion over the ligature of arteries, and all the other means employed for arresting hemorrhage after the great operations. M. Tillaux stated that up till now torsion had been applied by other surgeons to only small arteries but he has also applied it to the larger arteries, and after having practised this method for the last five years, he has come to the following conclusions:—1. Torsion is applicable to all arteries, and particularly to the larger ones. 2. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. 3. The artery should be seized obliquely, and not longitudinally, and in such a manner that the three coats in their entire breadth should be included in the grip. 4. The torsion or twisting of the arteries should then be practised until the portion seized becomes detached. 5. It is unnecessary to adopt measures to limit the extent of the torsion, as practised by Amussat and the English surgeons, as the operation limits itself either to the part seized, or one or two centimetres above it. 6. Torsion is applicable to atheromatous or inflamed arteries, as well as to arteries in a healthy condition. 7. Torsion favours union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. 8. Like the ligature, torsion prevents primary hemorrhage. 9. Torsion acts more effectually than the ordinary ligature in preventing secondary hemorrhage. M. Tillaux asserts that ever since he began to employ torsion, in 1871, he has never had a single case of primary or secondary hemorrhage, and yet he has practised it in about a hundred cases of capital operations.—*Brit. Med. Journal*, May 20, 1876.—*Med. News and Library*.

HOW TO DECIDE THE QUESTION OF OPERATION IN A CASE OF PERI-TYPHLITIS.—The case was one in which well-marked symptoms of peri-typhlitis had been developed, and a hard mass extending from low down in the iliac fossa to above the crest of the ilium could be distinctly mapped out by palpation and percussion. Tenderness was very well developed upon pressure over the same region, and there was arrest of respiratory motion below the umbilicus. Pulse 110, and temperature  $101\frac{1}{2}^{\circ}$  F. The patient received a moderate amount of opium,

was kept perfectly quiet in bed, and had local applications of light warm poultices. At the time of our visit he had been in the hospital three days, and had been sick a week before his admission. On the seventeenth day of his sickness there was less pain, the tumor had diminished in size, and it was quite evident that resolution was taking place. That fact led the visiting physician to remark that he had seen several cases of peri-typhlitis which had progressed until it had seemed that suppuration was inevitable, and yet from that point a change for the better had occurred, and resolution had taken place. He regarded it as a matter of great difficulty, in many of these cases at least, to determine the exact time when pus had been formed, and in no case, therefore, would he consent to any surgical operation for the evacuation of an abscess in that region until pus had been detected by means of the aspirator. Under such circumstances the aspirator was regarded as an instrument that could render signal service, and when pus could be reached by the use of the needle, then, and not until then, should recourse be had to any surgical operation of greater severity. In the case before us a good recovery took place.—*Med. Record.*

**TOPICAL TREATMENT OF CHRONIC DYSENTERY.**—The reporter narrates three cases of topical treatment of dysentery, followed by cures. They were of several months standing each. The first case, that of a girl fourteen years old, was of six months duration. She was in a very low condition, with a pulse 130 and scarcely perceptible, skin covered with a clammy sweat. Her body had emitted a cadaveric odor for several days; death seemed inevitable. After etherization, a bivalve speculum was introduced into the rectum, and the "mucous membrane was found highly inflamed and studded over with small yellowish ulcers, which, on slight pressure, emitted a colored fluid." Silver nitrate was freely applied to every part of the bowel, as high up as could be reached with the aid of a retractor. This operation was followed by an ability to control the bowel. The appetite was improved, strength increased, and recovery of the vital parts was very speedy. Daily injections of carbolic acid solution (one part to eight of water) were used. In two weeks the patient made a complete recovery. The other two cases were similarly treated and recovery followed.—*N. Y. Med. Journal.*

**A NEW APPLIANCE FOR BLOODLESS OPERATIONS.**—Mr. H. L. Browne, surgeon to the West Bromwich Hospital, proposes in the *Lancet* for June 3rd, a very useful modification of Esmarch's bandage. A suitable rubber ring is rolled along the limb and over a plug placed on the main artery. This plug is provided with a groove upon its upper

surface which receives the ring and keeps it from shifting. The rings are made of different sizes, as are also the plugs, although the latter are only used over the larger arteries. The apparatus may be used as an ordinary tourniquet, by stretching instead of rolling the ring over the limb and plug.—*Med. News.*

**REMOVAL OF THE SPLEEN.**—The *Lancet* contains 34 cases of gastrotomy by the well-known Parisian surgeon, M. Pean. The following case is historic and unique:—"September 6th, 1867, cystic tumor of the spleen which was greatly hypertrophied. The surface of the tumour was very vascular. Several portions of the spleen were ligatured and taken away with portions of the tumour; remainder taken away with pedicle, and surface of section cauterised with hot iron. Peritoneum was washed; weight, 1,140 grammes (about 36 ounces). Five litres of liquid charged with leucocytes and cholesterine. Recovery."—*Students' Journal.*

**CURIOUS INCOMPATIBILITY.**—Chlorate of potassium and iodide of potassium are both entirely harmless in suitable doses. Furthermore, these two salts do not react upon each other in solution, even at a boiling heat; yet it has been proved that when they have been administered together they do combine in the stomach, producing iodate of potassium, which is poisonous. M. Melsens found that dogs could take the chlorate or iodide in doses of from five to seven grammes with impunity, but that a mixture of the two killed them in a few days, with the symptoms of poisoning by iodate of potassium. This combination must, therefore be avoided. Indeed, as a general rule, the chlorate is so unstable, and so ready to give up its oxygen, that it can not safely be combined with any substance capable of oxidation.—*American Journal of pharmacy.*

**HAIR-PIN IN THE BLADDER; REMOVAL.**—M. Panas reports the following novel method of extraction of a hair-pin from the bladder of a girl: After trying the lithotrite unsuccessfully, the hair-pin was seized by a pair of ordinary dressing-forceps introduced through the urethra. The finger was passed into the vagina and an attempt made to guide the hair-pin. During this attempt one of the points of the hair-pin passed through the vesico-vaginal wall. It was then seized with a pair of forceps and the pin slowly pulled through. M. Panas considers that there is no danger of causing a fistula by this method, and advises, if necessary, pressing both points of the pin through, and the whole up to the neck; if then straightened it can easily be extracted.—*France Medicale.*

Stromeyer, the distinguished German surgeon, died of apoplexy, June 15.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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TORONTO, OCT. 1, 1876.

## PROVINCIAL BOARD OF HEALTH.

We would desire to call the attention of the members of the profession who have seats in the Ontario Legislature to the propriety and importance of moving at the next session, for the establishment of a Central Bureau with a Minister of Public Health and Vital Statistics. It should be the duty of the officers of the Central Bureau to see that in every city, town, and village a local Board should be established, and that the important duties delegated to them should in every particular be strictly carried out. Medical and sanitary periodicals are at the present, full of interesting information on these subjects, and this literature reflects the thoughts and desires of the profession. Every town and village can have the benefit of this knowledge, by availing itself of the services of an enlightened physician on its Board of Health. He will recognize the special dangers, unseen by others, because it is a part of his daily duties to find them, and his faculties are quickened by use. He goes everywhere, sees the whole territory, more frequently than anyone, knows the characters of the soil, the water, and estimates the power for evil which the ignorance, slovenliness or cupidity of his townspeople suffer to exist about their dwellings in the form of putrescent material. By his personal influence and advice, the laws of health may become available for the use of every family. Nuisances may be reformed, air and water may be kept pure and wholesome, and an unceasing influence may be exercised to preserve for the common good, the great essentials of health, so that no one's bodily comfort shall be disturbed by such neglect as can be remedied by private advice or public authority.

Much needless vexation may also be avoided, by the employment of a medical man on a Board of Health, since he, better than any one, can discriminate between what is, and what is not harmful to the public. The scope of scientific hygiene is not merely to preserve health and prevent the development of disease; it aims also at ameliorating and perfecting the various instruments of life, and at promoting the full development of all the powers of the system. By means of judicious management, we can either moderate or excite the vital powers, augment or diminish their energy, and modify in a variety of ways the form, the size, and the activity of the several parts of the living body. We all know how much has been done in this respect as regards plants and many of the lower animals; may not the human frame, although more curiously and wonderfully formed, be susceptible of somewhat similar changes by a due education of all its powers and faculties? Under the term *regimen* we include not merely the diet, but also the regulation of the dress, exposure to atmospheric changes, and the exercise of the moral and mental powers. It is quite obvious that the substance or tissue of the different organs, must materially depend upon the nature of the food that is taken into the stomach, and the powers of the stomach to assimilate it. We must also consider how much we are all influenced by the conditions of the weather, by the heat or cold of the atmosphere, its dryness or moisture, and by the state of its electricity. The influence of exercise is not less conspicuous; a due degree of it quickens all the powers of nutrition, promotes the development of every part, animates all their functions, and causes the muscular system more especially to be developed with unusual vigor. The effect of the training to which pugilists, jockeys and others submit, in order to bring themselves into condition, is truly remarkable. All the subcutaneous fat becomes quickly absorbed, the muscles become tense, the cellular tissue firm and unyielding, the skin smooth and clear, the abdomen small, the chest full and well-expanded, the sensibility of the body diminished, and the spirits buoyant and elastic. By purging away all offensive materials from the body, by bringing the skin into a soft smooth state by sweating, and by then supplying the system with plenty of wholesome nutritious food, as well as by the regular use of moderate

exercise, can we at all wonder that the body should acquire greater energy and power of endurance? Dr. Forbes Winslow, in his "Health of Body and Mind," urges medical men to make themselves well acquainted with the philosophy of the mind, or in other words with metaphysics. And where can there be a better field than that which is presented to the medical practitioner? He daily mixes with the people, some of whom are sick, some well, all agitated more or less by emotions of the mind. He has just as good an opportunity for studying the mind as the body, and the fact is, that two of our greatest metaphysicians, Locke and Brown, were physicians. From the preceding statements it is not difficult to perceive that some valuable therapeutic suggestions may be derived, and that to the individuals observing them, when death comes it will come as a sleep. Dr. Richardson in his recent work on "Diseases of Modern Life," speaks thus on this subject:—"This purely painless process, this descent by oblivious trance into oblivion, this natural physical death, is the true euthanasia; and it is the duty of those we call physicians to secure for man such good health as shall bear him in activity and happiness onwards in his course to this goal. For euthanasia, though it be open to every one born of every race, is not to be had by any save through obedience to those laws which it is the mission of the physician to learn, to teach, and to enforce. Euthanasia is the sequel of health, the happy death engrafted on the perfect life. When the physician has taught the world how this benign process of nature may be secured, and the world has accepted the lesson, death itself will be practically banished; it will be divested equally of fear, of sorrow, of suffering. It will come as sleep."

#### WOMAN AS A PHYSICIAN.

It is a circumstance of note, that while women have been pressing into the learned professions in Europe, and the neighbouring States, no such advantages have been sought, and, with one or two exceptions, no one appears to have seriously desired, or attempted to seek an entrance to the medical profession through the schools of medicine in this country.

We notice, however, that in the curriculum of

one institution, by an asterisk and a foot note, the conditions detailed are made to apply to either sex, thus by implication not only throwing open the door, but also virtually extending an invitation to those of the opposite sex who may desire to study and practice the profession of medicine to avail themselves of the opportunity to do so. We do not see that there is any impropriety in women, exceptionally situated and of exceptional characteristics and natural tastes and inclinations, devoting themselves to the pursuit of the higher attainments in education, or even pursuing any of the learned professions. As she is naturally the earliest and the latest minister to mankind's necessities, we cannot see any unsuitableness or impropriety in her becoming an educated and accomplished physician and accoucheur, or in practising her profession when once acquired. The natural astuteness and intuitive faculties with which woman is endowed, together with her sympathetic nature are calculated to adapt her to the profession of medicine in particular, and with a well balanced and logical mind, she should not only be able to cope with the ordinary standard of male physicians, but other things being equal, to outshine them altogether.

The usages of uncivilized nations (and indeed of all civilized nations also) in setting apart the office of nurse and attendant upon the sick, particularly in obstetric practice and the care of children, to which might be added diseases of women, testifies most fully to the fitness, natural adaptation, and suitableness of educated women for the practice of almost every branch of the medical profession, particularly midwifery, diseases of women and children, and hospital care and management. A few might be found of sufficient physical strength and nerve to make good surgeons, but a guarantee might always be relied upon that not many unnecessary operations would be undertaken. On the whole the throwing open of our Colleges to women, and the dissemination of correct medical knowledge among them, must conduce to the well being of society generally, and lead to many important social improvements. Women are allowed to graduate and take degrees in the Scientific, Medical, and Law Schools of England, France, Germany, Italy, Russia, Switzerland, Spain, and the United States, and why not in Canada? Neither must this be looked upon as any novelty, for his-



tory informs us that from the earliest times, in certain countries, as in Italy, medical degrees were conferred upon, and medical honors held by women. Indeed so prominent a part have women sometimes taken in medicine that even as early as the ninth century, about 1200 years after Pythagoras, when the famous school of Salerno flourished—a school rigid in enforcing the conditions for medical degrees, and which subjected its candidates to a rigorous examination—we find them even there freely admitted to all the privileges, honors, and opportunities of the school, taking degrees, occupying professorships and contributing to medical literature by writing valuable works on medical subjects.

These physicians promulgated a "Code of Ethics," and a "Code of Health." Two of the maxims of the former being, first, "The physician shall refuse all fees from the poor," and second, "He shall receive no share in the profits of the apothecary." While as to the latter, which has been translated by Dr. John Ordonaux under the title "Code of Health, school of Salerno," the translator says:—"The wisdom and justice of allowing every human being to fill whatever sphere in life, God has endowed him or her with a fitness for, was a dogma in the Salernian ethics which might be profitably imitated in this day of superior intelligence." And the safety of doing so was fully indicated in the writings of these female physicians, who proved themselves the most conservative and orthodox of writers as they must have been of teachers. He is also of opinion that "the articles translated on air, food, sleep, exercise, and other primary conditions of health, are treated with so much insight and judgment as to suggest important sanitary rules in preventing disease and in curing the sick." A college for the higher education of women has been established in Northampton, Mass., U.S. A course of lectures upon the higher branches of education has also been established in connection with McGill College, Montreal, and experience shows that they are as capable of engaging in the study of advanced science as men. In the department of general hospital practice, obstetrics, diseases of women and children, women should be able to become as highly gifted in point of knowledge as men, and where the necessary health and physical strength exists, their success in practice should be very satisfactory in densely populated districts.

If, therefore our "sisters" have a fancy for a learned profession, by all means let them have "a fair field and no favor," and the result will determine the correctness or falsity of the undertaking.

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#### MEDICAL CONFERENCE.

A meeting of the Joint Committee of Conference of the Canadian and American Medical Associations met in Philadelphia on the 2nd ult., a couple of days before the meeting of the International Medical Congress. The following gentlemen were present: Drs. Grant, Trenholme, F. W. Campbell and Robillard of Canada, and Drs. Gross, Bowditch, Andrews, Hodgen and Atkinson of the United States.

Dr. Grant of Ottawa was chosen to preside and Dr. Atkinson acted as secretary. The following resolution copied from the minutes of the Canadian Medical Association of 1874, was read in explanation of the objects of the Conference:—Moved by Dr. Grant, and seconded by Dr. Hingston, "that in consideration of the best interests of medical science, it is desirable that a medical conference should take place between the American and Canadian Medical Associations at some central point, to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted and affording an opportunity, for the discussion of medical and surgical subjects on a common basis.

At a subsequent meeting of the American Medical Association this idea was reciprocated, and a committee appointed to meet with a like committee from the Canadian Medical Association.

Dr. Grant, in an able speech, explained more fully the desires of the Canadian Medical Association. A discussion followed in which Drs. Campbell, Trenholme, Bowditch, Andrews and Gross, took part.

Dr. Andrews then moved, "that in the opinion of this Conference, the interests of medical science will be promoted by a consolidation of the Canadian and American Medical Associations in one body. *Carried.*"

On motion of Dr. Gross, it was unanimously resolved, that the Presidents of the American & Canadian Medical Associations respectively, be requested to embody this idea properly and em-

phatically in their Annual Addresses. After a vote of thanks to the President and Secretary, the Conference adjourned.

THE SYNTHETIC METHOD OF PRODUCING SALICYLIC ACID.—The new method of producing salicylic acid by synthesis, is due to Prof. Kolbe, who undertook a series of researches to establish the isomerism between salicylic and benzoic acids. For his experiments he required salicylic acid in large quantities, and to meet his wants he tried to select a cheap process of preparing it. Abandoning the process for extracting the substance from the oil of gaultheria procumbens (of which it is a constituent in small percentage) he was led to employ carbolate of soda and carbonic acid gas, and after a series of experiments, succeeded in determining the conditions of production. The manufacturing process now practised is as follows :—A saturated solution of soda in carbolic acid—phenate or carbolate of soda—is evaporated in a shallow iron vessel and dried until it can be reduced to a fine powder. This is then put into an iron retort and slowly heated by means of an oil bath to the boiling point of water ; then a light current of dry carbonic acid is passed through it. During the passage of the gas the temperature is gradually raised, reaching 180°C [336°F] some hours afterward. During this part of the process phenol begins to distil over, and as the temperature is raised it comes over in increasing quantities. At last the temperature is raised to 200°C., 250°C. —[392°F., 482°F.]—the passage of carbolic acid then ceases, when it is found that exactly half the quantity of carbolic acid employed in making the carbolate of soda has passed over. The contents of the retort, after the operation is over, is salicylate of soda. It dissolves readily in water with a dark brown colour. On the addition of hydrochloric acid, the salicylic acid is precipitated in the form of a thick curd. This is dried on a linen cloth, or the mother liquor pressed out as well as possible. It is afterwards purified by recrystallization. A full account of the process, of which the foregoing is an abstract, is contained in a German magazine, the *Vierte Gahrsschrift fur Zahnheilkunde*, page 20, 1876 :—Besides the uses of salicylic acid in medicine, it has its uses in the arts as an antiseptic, notably for the conservation of

wines, etc. Combined with methyl alcohol it produces an oil, which, in its physical and chemical properties is identical with oil of wintergreen.

AMERICAN MEDICAL COLLEGES.—A convention of representatives of the Medical Colleges of the United States was held in Philadelphia in June last, the object of which was to consider all matters relating to reform in medical college work. The faculty of each medical college was requested to send one or more delegates ; a large number complied. Prof. J. B. Biddle of Jefferson College was elected President, and Dr. Connor of Detroit Secretary. Before proceeding to business the following resolution was put and carried : “ That the action of the Convention shall not be considered binding upon the colleges represented, unless endorsed by their respective faculties.” This action which was severely criticised in some quarters, was rendered necessary, from the fact that many of the subjects for discussion were for the first time brought under the notice of the delegates, and they could not be expected to know the minds of their representatives. The first question before the meeting, was one regarding the benefician system, which was condemned by the Convention. It was resolved that no two consecutive courses of Lectures in one year should entitle the students to go up for graduation, and a recommendation was adopted, to extend the period of medical study to three courses of lectures graded somewhat similar to that in force at Harvard University. It was further resolved, that no degree in medicine be conferred, except after an examination in all the branches of medicine.

NERVE STRETCHING IN TETANUS.—In a case of tetanus which occurred in the Montreal General Hospital, Dr. Drake cut down upon the sciatic nerve and stretched it. The patient was then put upon chloral hydrate and calabar bean. The operation seemed at first to afford considerable relief to the patient, but after a time the spasms returned and he ultimately died of lockjaw.

BRANT COUNTY MEDICAL ASSOCIATION.—The quarterly meeting of this Association, was held in the Kerby House, Brantford, on Tuesday, Sept. 5th. The following gentlemen were elected officers for the ensuing year : Dr. Digby, *President* ; Dr. Philip, *Vice-President*, Dr. Harris, *Secretary & Treasurer*.

**YELLOW FEVER IN THE SOUTH.**—There is at present a very serious epidemic of yellow fever raging in the South, especially in Savannah and Brunswick, Ga. The suffering from fever and delirium is reported very great and alarmingly on the increase. The mortality in Savannah is stated at 56 daily, which is much larger than at any previous visitation, the highest figure reached in 1854 being 51. The epidemic is likely to continue for some time yet, probably till the month of November. The epidemic of 1854 lasted until about the middle of November. Relief is being sent in from Richmond, New Orleans, Washington and other cities.

**DELIRIUM TREMENS FROM MORPHINISM.**—It has been observed that patients, accustomed to the use of morphine for a length of time, have shown symptoms of delirium tremens when the remedy was suddenly withdrawn. Dr. Levinstein, of Berlin, (*Klin. Woch.*, April 3,) alludes to this fact, and refers to two cases which lately came under his notice, in which the symptoms resembling delirium tremens were very marked. He terms the affection "delirium from morphinism."

**EXCISION OF THE SCAPULA.**—Dr. McCormac, of St. Thomas's Hospital, lately removed the entire scapula and part of the clavicle for a myxo-chondromatous tumour, which weighed six pounds. There was very slight hæmorrhage, and the patient made a good recovery. The wound was treated antiseptically and the surface dressed with cotton wool dipped in a solution of salicylic acid.

**EXTIRPATION OF THE UTERUS & OVARIES.**—Dr. G. Kimball gives the notes (*Boston Med. & Surg. Journal*), of a successful case of extirpation of the uterus and ovaries for fibro-cystic disease. The woman was about 37 years of age, and the tumor had been growing since April '74. The operation was performed on Jan. 5th, '76, and the patient was up and going about the house on the 1st of March.

**WASHING SODA AS A REMEDY FOR DIARRHŒA AND DYSENTERY.**—A few grains of this dissolved in luke-warm water, and drank occasionally, is all that is necessary to cure diarrhœa, &c., arising from acidity of the stomach. This was the sole remedy used by a famous English empiric.

**FOR WHOOPING COUGH.**—The latest remedy for whooping-cough, is Spanish chesnut leaves. It is given in the form of infusion of the leaves, 1 to 2 ounces to the pint. Dose one to two tablespoonfuls every two or three hours.

**MIDWIFERY ENGAGEMENTS.**—In England a medical man can claim by law an obstetric fee if previously engaged to attend the case, even if the birth takes place in his absence.

**CINCHO-QUININE, STRYCHNINE AND IRON.**—The following is an elegant combination of these valuable remedies, and has been found to produce the most favorable results :

R.—Cincho-quinine,	64 grs.
Strychnine,	4 grs.
Tr. ferri mur.,	ʒ xvij.
Syrup,	q. s.—m.

Triturate the cincho-quinine and strychnine in a glass mortar, adding the tincture of iron gradually and a few drops of nitric acid if necessary, until they are dissolved; filter, and add syrup to make the finished preparation measure one pint.

Dr. T. Millman of Woodstock, Ontario has been appointed resident Accoucheur to St. Thomas' Hospital, London. This appointment is a very valuable one, and is considered a post of honour. We congratulate him on his success. There are fifteen Canadians at present at St. Thomas's.

**SYRUP OF SALICYLIC ACID.**—In giving this acid the annexed formula, for a syrup, has been suggested.

R. Salicylic acid	ʒ ss.
Oil of sweet almonds	ʒ x.
Gum arabic	ʒ x.
Syrup of almonds	ʒ xij.
Orange-flower water	ʒ xij.—m.

**RIGHT.**—"All I have had to do I have done in kingly fashion; I let tongues wag as they pleased: what I saw to be the right thing—that I did."—*Goethe*.

**APPOINTMENTS.**—C. E. Jakeway, M.D., of Stayner, to be an Associate Coroner for the County of Simcoe. R. W. Forrest, M.D., of Mount Albert to be an Associate Coroner for the Counties of York and Ontario. George Boddington, M.D., Sparta, to be an Associate Coroner for the County of Elgin. J. R. Reece, M.D., of Huntsville, to be an Associate Coroner for the county of Muskoka.

## New Instruments.



**SPIRAL-SPRING PESSARY.**—The above wood-cut shows the structure of the spiral-spring pessary. It consists of seven or eight coils of rounded thin whalebone, over which is wound spirally brass spring wire, until it is completely encircled. It is then covered with rubber of exceedingly smooth surface. The spiral-spring pessary will not break, nor lose its shape; it can be doubled up in any form, or looped, without injuring it in the least. It gives more equable and easy pressure than any other variety of pessary, and is very durable. They can be manufactured of all shapes and patterns according to the necessities of the case, and are far superior to hard rubber, which are very rigid and therefore inconvenient for the patient. The price varies from 75c. to \$1.50 each, according to shape.

## Reports of Societies.

### INTERNATIONAL MEDICAL CONGRESS.

The meeting of this Medical Congress was successful far beyond the anticipations of its most sanguine friends. There were upwards of 450 members present, 70 of whom were foreigners. Among those from foreign countries may be mentioned, Drs. Adams, Pres. London Med. Society; Barnes, N. Brudenell Carter, Ophthalmic Surgeon, Brunton, editor of the *Practitioner*, and Davy, Sec.

Lon. Med. Society; Drs. Lister, A. R. Simpson, and Robertson of Edinburgh; Drs. Barker and Tufnell of Dublin, Dr. Barroeto, Mexico; Dr. Debaisieux, Louvain; Drs. Englested, Hansen, and Lange, Copenhagen; Dr. Estlander, Finland; Dr. Gori, Amsterdam; Dr. Hjort, Norway; Dr. Hudson, Australia; Dr. Hueter, Griefswald; Drs. Ishigouro, Miyake, and Nagayo, Japan; Dr. Melero, Havana; Dr. Rawson, Buenos Ayres; Dr. Rudnew, St. Petersburg, &c. The following delegates were present from Canada:—Drs. Grant, Henderson, Church and Wright, Ottawa; Drs. Howard, Hingston, F. W. Campbell, Trenholme, Dugdale, Wilkins and Robillard, Montreal; Drs. Hodder, Thorburn, Canniff, Rosebrugh, Ross, Temple, Oldright and F. H. Wright, Toronto; Drs. McDonald, Rosebrugh, Leslie and Woolverton, Hamilton; Drs. Holmes, Bray, and Murphy, Chatham, Drs. Reid, Woodill, and Dodge, Halifax, N.S.; Dr. Brouse, Prescott; Dr. J. R. Dickson, Kingston; Dr. Hamilton, Cornwallis, N. S.; Dr. Burt, Paris; Dr. McLean, Goderich; Dr. Robertson, Milton; Dr. Yeomans, Mount Forest; Dr. S. S. Earle, St. John, N. B., and several others whose names we have not learned. At the opening Dr. Gross of Philadelphia presided. In his address of welcome, alluding to the many nationalities represented in the Congress he said: "In its wide range the present Congress is without a parallel. Similar bodies have repeatedly met, but never on so grand a scale, nor with such a cosmopolitan outlook."

The following officers were then appointed:—Dr. S. D. Gross, *President*, and Dr. Hays, *General-Secretary*.

**SECTION ON MEDICINE.**—Dr. Stille, President, Drs. Howard, (Montreal), and Woodward, U.S.A., Vice do.

**SURGERY.**—Dr. Lister, President, Drs. Grant, (Ottawa), and Ashurst, Vice do.

**OBSTETRICS.**—Dr. Barnes, President, Drs. Simpson and Bedford, Vice do., &c.

**BIOLOGY.**—Dr. Dalton, President, Drs. Flint, Jr., and F. W. Campbell, (Montreal), Vice do.

**DERMATOLOGY.**—Dr. J. C. White, President.

**OPHTHALMOLOGY.**—Dr. Brudenell Carter, President.

**SANITARY SCIENCE.**—Dr. Stephen Smith, President.

**OTOLOGY.**—Dr. C. J. Black, President.

**MENTAL DISEASES.**—Dr. J. P. Gray, President.

During the deliberations of the committee on nominations, Dr Flint read the address on "Medicine" which was a review of the history of medicine in the U.S., during the past 100 years. At the close of the address, Dr. Gross referred to the modesty which had led Dr. Flint to pass over all mention of his own great works.

The Congress now proceeded to meet in Sections.

In the Section on Medicine, the subject of Typho-malarial Fever, Is it a special type of fever? was introduced for discussion by a paper from Dr. Woodward. U.S. A. After considerable discussion, the section resolved that it was not, but was a convenient term to apply to the result of the combined influences of malaria and typhoid.

Dr. J. L. Smith, of New York, introduced the discussion on the question "Are Diphtheritic and Pseudo-membranous Croup identical?" He inclined to the view that they were; but the section did not arrive at any definite conclusion on the subject.

Dr. Denison, of Denver, Colorado, read a very elaborate paper on "The Influence of High Altitudes on the progress of Phthisis."

Dr. R. P. Howard, of Montreal, read an able paper on "Progressive Pernicious Anæmia," and Dr. Reid, of Halifax, N.S., one on "Medical Teaching."

The address on "Hygiene and Sanitary Science" was delivered by Dr. Bowditch, Boston.

In the Section on Biology, Dr. Johnston read a paper on the "microscopy of the blood," and Dr. Flint, Jr., read one on "The Excretory Functions of the Liver."

In the Surgical Section, Dr. Hodgen opened the discussion on "Antiseptic surgery." This led to a very animated discussion in which, Drs. Lister, Hingston, Grant, Canniff, Atlee, Hewson, Ashurst, and others took part. This discussion will be published in the volume of transactions.

Dr. Lister, closed the debate on antiseptic surgery, addressing the section for three hours consecutively, and received the most marked attention. He exhibited his ordinary dressing, spray producer, &c. He uses pure carbolic acid in solution, 1 to 20 of water. He described his antiseptic ligature. It is made of catgut, and is prepared by immersing it in chromic acid, glycerine, water, and spirits of wine. Dr. Van Buren read a

paper on the "Medical and Surgical treatment of Aneurism." He favored compression and the application of Esmarch's bandage, and alluded to Tufnell's method of medical treatment, by rest, position, and iodide of potassium.

Dr. Sayre read a paper on the treatment of "Coxalgia," in which he stated that this was almost invariably a disease of childhood, and was of traumatic origin, and that the operation of excision was not attended with danger. The section did not endorse his views in reference to the origin of the disease. Dr. Gouley, of New York, read a paper on "Subperiosteal excision of the Inferior Maxilla. In one case he removed the entire jaw, and when last seen, 7½ years after the operation, the bone was almost entirely reproduced. He referred to the intra-buccal operation which offers many advantages.

Dr. Adams, of London, then read a paper on "Subcutaneous Division of the Neck of the Femur," for ankylosis of the hip when in a false position, as for example, the straight position, preventing the patient from sitting on a chair or commode. An incision is made down to the bone, the periosteum divided, and the saw, a blunt pointed one, carried down along the blade of the knife, and the neck divided across at right angles to the longitudinal axis; the weight and pulley is then applied and a false joint established by passive motion. In the Section on "Obstetrics, Dr. Byford read a paper on "The Causes and Treatment of Non-Puerperal Hemorrhages of the Womb." In regard to treatment, he had little faith in astringents by the month, and recommended rest, position, cold applications and acid drinks, and opium if pain be present. Alteratives as hydrarg bichloride, he has found useful in many cases.

Dr. Holmes, of Chatham, read an interesting paper "On the Management of Convulsions in Children depending on a High Temperature of the Body." He deprecated internal remedies, except quinia, and considered cold water the most efficacious agent, when the temp. was 100° F. Tepid water should first be used, and cold water gradually added until the temperature is reduced to 60° F.

Dr. Miner read a paper on the "Enucleation of Ovarian Tumors," and Dr. Atlee, one on "The Treatment of Fibroid tumors of the Uterus." The

medical treatment recommended by him consisted of iron, ergot, iodine, and muriate of ammonia.

Dr. Lusk, of New York, read a paper on the "Nature, Causes and Prevention of Puerperal Fever." Dr. Simpson, in the discussion that followed, said, that it was often only a typhoid fever occurring in the puerperal state. He recommended vinegar as an excellent disinfectant for washing the hands.

Dr. Fitch, of New York, read a paper on "Paracentesis, Aspiration and Transfusion." He spoke very highly of the "Dome shaped trocar" in paracentesis. Dr. Trenholme, of Montreal, presented a paper on "Uterine Hemorrhage," and Dr. White, of Buffalo, one on "Chronic Inversion of the Uterus."

Many other valuable papers were read in the different sections, to which we cannot now allude. The social side of the congress was equally successful and entertaining. The dinner on Friday night was a grand affair, and was largely attended. Receptions were held every evening, by members of the profession, and others in Philadelphia, and many private dinners were given. Before the close of the session, the delegates from Canada moved a resolution thanking the members and citizens of Philadelphia for the kind and hospitable manner in which they had been treated.

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### Book Notices.

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AN ELEMENTARY TREATISE ON DISEASES OF THE SKIN, by H. G. Piffard, A.M., M.D., New York, with illustrations. New York: McMillan & Co.

This to all appearance is a very useful little work, and contains all that is necessary for a student commencing the study of skin diseases. He adopts the following classification:—1st. diathetic affections, as syphilides, scrofulides, rheumides, and their varieties. 2nd. General non-diathetic affections. 3rd. Reflex affections. 4th. Local affections. 5th. Affections of uncertain nature. The above classification seems a very good one, as it is based on the natural or etiological system. The treatment of the different affections has received a good deal of attention from the author. On the whole we are very well pleased with the book, and would recommend it to our young friends beginning the study.

MICRO-PHOTOGRAPHS IN HISTOLOGY, normal and pathological, by Carl Seiler, M.D. Philadelphia: J. H. Coates & Co.

Number four of this serial has reached us, and is without exception, the best yet issued. It contains two physiological and two pathological photographs, with accompanying descriptive texts. We wish the publishers every success in their new enterprise.

THE MEDICAL JURISPRUDENCE OF INSANITY, by J. H. Balfour Browne, Esq., of the Middle Temple, London, Eng. Second edition. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This is an exceedingly useful book to those who have frequent occasion to give evidence before the courts on matters touching the question of sanity or insanity. The work discusses the causes of insanity; the capacity and responsibility of the insane; capacity to make wills or contracts; the classification of insanity; dipsomaniac epilepsies; lucid intervals; feigned insanity; admissibility of the evidence of the insane; examination of persons of unsound mind; medical experts; *advice to medical witnesses* in the witness box, &c. Numerous references are made throughout the work to legal decisions in English and other courts. We cannot commend the work too strongly, to all who feel an interest in this subject.

THE MEDICAL HISTORY OF WEST AFRICAN CAMPAIGNS, by A. A. Gore, late 34th Regiment; Sanitary Officer during the Ashantee War. London: Ballaire, Tindall & Cox.

Subscribers who have not yet sent in their subscriptions for last year, are respectfully reminded of the omission.

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### Births, Marriages, and Deaths.

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At Bruce Mines on the 7th Sept., by Rev. T. H. Appleby, M.A., assisted by the Rev. J. Widmer Rolph, M.D., John Alexander Reid, M.D., to Annie, eldest daughter of George Marks, Esq.,

At Woodbridge on Monday September 4th, Maud Mary Douglas, daughter of Dr. Wilkinson, aged two years and 6 months.

\*\* The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps, with the communication.

# THE CANADA LANCET.

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## Original Communications.

### ON THE TREATMENT OF THE PEDICLE AFTER OVARIOTOMY.\*

BY F. W. STRANGE, M.R.C.S., ENG.; F.O.S., LOND.;  
TORONTO.

In view of the fact that the operation of ovariectomy is now recognized by all surgeons as not only a justifiable operation in suitable cases, but absolutely imperative for prolonging, to the natural period, the life of the unfortunate sufferer from ovarian disease, and as the treatment of the pedicle is the only point of difference existing in the mode of operation in the hands of different surgeons, I have ventured to bring before your notice a brief comparative synopsis of the various methods employed in treating the pedicle after the tumor has been removed.

For the sake of brevity, I shall divide the various forms of treatment into two classes, the first embracing the modes of treatment by leaving the extremity of the pedicle outside of the abdominal walls; the second, embracing the modes of treatment adopted when the pedicle is returned into the pelvic cavity. In the first class, the pedicle may be secured outside the abdominal walls by Spencer Wells' clamp, by callipers of various forms, or by transfixing the end of the pedicle with a needle, which, by being passed through the lower parts of the abdominal incision and transfixing the pedicle between the walls, does the double duty of preventing the return of the pedicle, and at the same time closing the lower part of the abdominal incision. The rationale of these plans is the same whatever method is employed, viz., the arrest of hemorrhage from the pedicle by pressure, and the prevention of its return within the abdomen. This class of treatment possesses great advantages

in those cases in which the pedicle is long and the vessels of the pedicle large, since it insures all safety, so far as the pedicle is concerned, against internal hemorrhage and suppuration; but it labors under the disadvantage that where the pedicle is short it is difficult of application; it pulls the uterus out of place, disturbs the pelvic organs, and frequently gives rise subsequently to uncomfortable dragging sensations in the lower portion of the abdomen and in the pelvis. The second class of treatment in which the pedicle is returned into the pelvic cavity obviates these objections, but is more prone to the dangers of internal hemorrhage and suppuration. Cases imperatively demanding this method are those in which the pedicle is very short and where the ovarian tumor is almost sessile, so to speak, to the uterus. The plan adopted by some surgeons in these cases is to secure the pedicle by transfixing it with a strong silk or hempen ligature, or by silver wire, tying both halves tightly, cutting the ends off short, closing up the abdominal incision, and trusting to Providence that the ligature or wire may do no harm. The risks in this case are, first, that the ligature or wire may slip over the end of the pedicle and fatal internal hemorrhage ensue; or, secondly, that danger having been escaped, that their presence may excite inflammatory action; and, thirdly, that the disintegration and sloughing of the constricted end of the pedicle may cause a collection of pus to accumulate, for which there is no egress. Another plan of internal treatment is to secure the end of the pedicle by a strong ligature, silk, hemp, or whipcord, and allow the end of the ligature to escape through the abdominal incision. This plan is open to most of the objections just enumerated, but is a decided advance in treatment in this respect, that in case of internal collections of pus and debris from the extremity of the pedicle the ligature serves as a guide for its discharge externally. The principal objection is that in some cases, recovery is greatly retarded on account of the ligature remaining firmly attached to the pedicle for three or four weeks or even longer. This persistence is, I believe, due to the fact of too much tissue having been taken up by the ligatures or by their not having been drawn sufficiently tight. Time, however, ultimately triumphs, the ligatures come away, but not before having caused considerable delay and annoyance, especially to those

\* Read before the Canadian Medical Association in Toronto, Aug. 1876.

patients who have left their homes to be near their surgeon. There remains another method which, I believe, will ultimately be adopted by surgeons as the safest, most rational, and at the same time the neatest way of treating the pedicle. I allude to its division by means of the actual cautery for which the profession is indebted to the late Mr. Baker Brown. As I have not yet met with the records of any case of ovariectomy performed in Canada in this manner, I will briefly describe its application. As soon as the tumor has been brought fairly outside the abdominal incision, a clamp is applied to the pedicle. A cautery iron heated just short of white heat is pressed backwards and forwards against the pedicle until it gradually burns its way through its thickness. The clamp is then removed gradually, care being taken to see that no hemorrhage occurs on its removal, and the pedicle is allowed to slip back into the pelvic cavity. The extremity of the pedicle shows no evidence of having been cauterized beyond an eschar, which looks like a fine hair; there is no irritating ligature or wire to give rise to inflammatory action; there is no strangled extremity to slough and cause suppuration; and actual experience in more than one hundred cases has shown that there is not the least fear of secondary hemorrhage. If hemorrhage occurs at all it will take place immediately the clamp is removed, and while the pedicle still remains outside the abdominal incision, and if it does take place then, which is of very rare occurrence, it can be immediately arrested by a ligature. Statistics are proving that the rate of mortality by this treatment is less than that by any other. Of fifty consecutive cases treated in this way by the late Mr. Baker Brown, forty-five recovered, bringing the rate of mortality to ten per cent. More recently, Mr. Alexander Keith of Edinburgh has excelled even this brilliant record, having had forty-six recoveries out of fifty consecutive cases treated in this manner, thus bringing the rate of mortality down to eight per cent. Supported by this splendid success, and backed by our own experience, when associated with the late Mr. Baker Brown, I have every confidence in bringing the treatment of the pedicle by actual cautery under your notice to-day, and most heartily recommending a trial of it by all ovariectomists in this country, endorsed as it is by such distinguished surgeons as the late Mr. Baker Brown, Mr. Alex.

Keith, and the late Dr. Tanner. The latter lamented gentleman, in his "Practice of Medicine," fifth edition, published in 1865, when treating of this subject, says: "Mr. Baker Brown has recently resorted to the use of the actual cautery; and I cannot but think that if this plan works well on further repetition, it will supersede all others." Of the unsuccessful cases in Mr. Baker Brown's series, I have the notes of the operation and post-mortem of three which proved fatal in the London Surgical Home for Women.

Case No. 1.—M. R., æt. 25, unmarried. Catamenia always regular. Her health had been perfectly good till three years ago, when pain in the left side first came on. The swelling has lasted only seven months. Seven weeks before admission the tumor was tapped but rapidly refilled. In February, 1865, under chloroform, an incision was made disclosing several adhesions between the peritoneum and the front and sides of the tumor which were divided by actual cautery. The tumor was then tapped and sixteen pints of fluid removed, when it was found to be further adherent to the left iliac crest, to several inches of the sigmoid flexure, to the meso-rectum and bladder. These adhesions were divided by actual cautery as far as practicable, and in all twelve patches were seared. One bleeding vessel, however, deep down between the uterus and rectum, which could not be reached either by actual cautery, or for the purpose of ligature, was suffered to remain patent, partly in consequence of the severe loss of blood already undergone and the exhausted state of the patient, and partly because it had ceased to bleed before the operation was completed. The pedicle having been also divided by cautery was then returned to the cavity and the wound closed by silver sutures. The patient died twenty-seven hours after the operation, exhibiting symptoms of internal hemorrhage during the last five hours. On careful post-mortem examination, the pelvis was found to contain about a pint of nearly pure blood, the source of which was traced to the site of adhesion to the meso-rectum, to which it was found impracticable to apply the hot iron. Signs of commencing peritonitis were also present. As this was the first case in which we had an opportunity of making a post-mortem examination after the pedicle and adhesions had been divided by actual cautery, it is of great practical importance to ob-



serve, that no one spot so divided gave way but that the hemorrhage was entirely from the spot not cauterized.

Case No. 2.—A. M., æt. 45, single. A needle woman, who, to use her own words, "has had to spend more money on lodgings than food, as she could get no work unless she lived in respectable lodgings." Swelling first noticed 22 years ago. Catamenia regular but scanty. On March 16th, 1865, under chloroform, a primary incision of five inches was made. The adhesions were few and easily broken down. Ten pints of fluid having been drawn off, the tumor was withdrawn and pedicle divided by actual cautery and the wound closed. A low form of peritonitis set in 48 hours after the operation, which speedily carried her off 90 hours after removal of tumor. On post-mortem examination, a very imperfect attempt at union of the lower part of the abdominal incision was found. Intestines were inflated with gas and matted together by recent lymph. A few ounces of serum were in the abdominal cavity, but the seared pedicle was perfectly free from any symptoms of secondary hemorrhage. The heart was hypertrophied, the aortic valves thickened and puckered. The right lung was very adherent from old pleurisy. Other organs healthy.

Case No. 3.—M. H., æt. 55, married. Has ceased to menstruate for four years. Eighteen months ago first noticed a swelling in abdomen. Chloroform was administered July 19th, 1866, and an incision of six inches made. No adhesions were found anteriorly, but four pints of fluid, opaque and milky, were evacuated from the abdominal cavity. The tumor was extracted, and a small adhesion of the omentum exposed. This was separated, and the clamp applied to the pedicle, but, through failure of the cautery, two large arteries were tied by twine ligature. There was cystic disease of the omentum, two large layers of which were separated and formed a cavity containing transparent fluid which was evacuated. Low peritonitis ensued, to which the patient succumbed the sixth day after the operation. Post-mortem. No union of wound. There was general peritonitis, with yellowish lymph and universal slight adhesions, the right side of the heart containing a clot, the left side empty. No blood had escaped from the seared surface of the pedicle which was not included in the ligature.

These cases are to me most satisfactory evidence of the value of the actual cautery; and where to these one adds the large proportion of recoveries from operation after this method, I think I may safely commend it to my brother surgeons. In conclusion, allow me to suggest to the profession, that it would be even an advance on this treatment if we could show that the galvanic cautery could be safely substituted for the actual cautery.

### CASE OF IDIOPATHIC TUBERIFORM MELANOSIS.

BY JAMES CATTERMOLE, M.D., M.R.C.S., ENG.,  
LONDON, ONT.

Mrs. H., aged 38 years, six months advanced in her fourth pregnancy, discovered a small tumor of pulpy consistence on the scalp, over the superior part of the right parietal bone. This was quickly succeeded by others in its immediate vicinity; these little tumors gradually increased in bulk, and finally coalesced, forming a large lobulated swelling. Small tumors soon appeared on the rest of the scalp, also over the thorax, abdomen, and lower extremities, varying in size, from the minutest granule to that of a pea.

Her general health during the first four months of the malady was but slightly impaired; alvine and urinary discharges regular and normal. The skin was unusually dry, and she felt rather weaker than usual, but not more so than in former pregnancies. At the usual period she gave birth to a fine, healthy child. The lacteal secretion was sufficient and healthy, and in less than a month she was able to resume her domestic duties. The disease had now existed four months in a very mild form, thus far progressing slowly, but in the fifth month, the tumors over the whole surface increased rapidly in number and size; a sense of constriction was now felt in the thorax, with occasional pains, respiration somewhat hurried, and troublesome dry cough. She felt a sense of oppression and fulness in the epigastrium, and the whole abdomen was somewhat tumid. An impaired condition of the gastrointestinal mucous membrane existed, causing troublesome flatulency, with occasional vomiting and some little diarrhoea.

From this period to the commencement of the tenth month of the disease, the morbid action had

steadily advanced both externally and in the thoracic and abdominal viscera, yet notwithstanding this large amount of melanoid deposit, the woman continued able to assist in doing her house-work. During this month, however, the symptoms became more urgent; her general appearance cachectic; countenance care-worn and anxious; limbs attenuated; abdomen much larger than natural; biliary and renal secretions too scanty; pulse over 90, small and hard; extreme debility and languor followed. The secretion of milk gradually diminished, and subsided completely by the end of December. The cough now became very troublesome, the breathing uneasy and quick, but no fixed pain in the chest; in some parts the sound on percussion was rather dull, with feebleness of respiratory murmur. The hepatic pains were also more severe, putting on occasionally the character of spasm; a tumefied condition of the liver could now be easily made out.

On the exterior of the body, the tuberiform masses increased in magnitude, and probably from the impaction of small nerves in their structure, aching sensations were felt in different parts of the thickly studded surface.

The left eye now became involved, but apparently not in the usual way, as described by Morgan and other writers, who hold that the disease invariably begins in the interior of the globe, whereas in the case under consideration the conjunctiva was the first part of the eye which received the morbid deposit, and this near the inner canthus. The whole membrane at first was bulging and loose, resembling chemosis, at first semi-transparent, but very soon the interstitial and vascular structures were injected with dark grumous looking fluid, which gradually extended over the whole sclerotic conjunctiva (leaving the corneal portion free for a time) and passing round into the orbit, so that the entire tunica oculi became injected with the melanotic fluid, and enormously thickened and swollen. Three or four weeks elapsed before the sight was much diminished, but the cornea eventually received its share of infiltration, and was completely cased over by pigmentary crust.

The melanotic deposit in the orbital cavity increased so as to project the eyeball from between the lids, in the form of an irregular globular tumor with a staphylomatous bulging of the inferior half of the sclerotica. The diseased eye was now three

times its natural size, and its exposed surface presented a dark livid appearance. In twelve weeks after the eye was first attacked, it was brought to this frightful condition—*i.e.*, in the 13th month of the general disease.

The tumors on the head had now attained the size of hazel nuts, and formed large masses. Both mammæ were thickly studded, and a large lobulated mass extended from the right breast down to the groin. On the left side of the body the tumors were smaller and less numerous. The inguinal glands were enlarged and surrounded with melanotic nodules; the deposits were large on the inside of the thighs, but small about the legs and feet. The colour of these deposits was a bluish-black. On puncturing one of the tumors with a lancet some black glossy substance, firmer than jelly was pressed out, which imparted to the skin a deep black stain; this, however, was easily removed by a moderate use of warm water. In the submucous cellular tissue of the mouth and fauces there were innumerable small deposits, one rather large on the posterior pillar of the fauces and added much to the difficulty of breathing from its proximity to the larynx. With this augmentation of the disease, about the end of the 15th month, the respiration became still more hurried and difficult, cough troublesome, with copious expectoration, occasionally tinged with blood. However bad this condition, a worse soon followed—the pulmonary parenchyma became more engorged, producing urgent dyspnoea; in some portions of both lungs respiration was inaudible, and of course so affected, a variety of abnormal sounds existed.

The liver reached below its costal boundary and attained such proportions as to fairly tilt out the ribs by its pressure.

The patient by this time, (*viz.*, 14th month of the disease,) presented a sad and unsightly appearance, with enlarged abdomen, wasted limbs, disorganized eye, and tuberculous exterior.

Finally the chest symptoms increased in intensity, accompanied with copious expectoration of blackish matter. The brain also became implicated and probably had to bear its share of the morbid deposit, as partial paralysis of the left arm and leg occurred.

Her sufferings were much increased by frequent paroxysms of spasmodic dyspnoea, caused by the tumor in the fauces; deglutition and articulation

were rendered difficult by the same cause; finally after remaining in this half-asphyxiated condition some three or four days, she died.

I regret much that I could not obtain leave to make a *post mortem* examination. The tumors on the surface varied in firmness, from the consistence of jelly almost to the density of cartilage. No extreme softening or sloughing occurred except in the disorganized eye, from which, for three or four days prior to death oozed a dark thin sanies.

This peculiar disease has been regarded by some authorities as mild and innoxious, except from the quantity of morbid material produced; this opinion is in a measure sustained by the above case, as not until there existed strong evidence of morbid deposits in the parenchymatous structure of the viscera, did the health materially suffer, but as these formations acquired bulk, it may be inferred that the mechanical irritation became so serious as to be amply sufficient to destroy life independently of any malignancy or deleterious principle "*sui generis*," common to carcinomatous diseases, amongst which it was ranked by Tanner and other writers on the subject.

Most writers agree in attributing the origin of melanosis to the accidental formation of carbonaceous pigment analogous to the colouring matter of the blood, that during the disease the system is surcharged with carbon, but how or in what way this extraordinary quantity of carbonaceous substance is accumulated, has not been very clearly demonstrated, and whether it may depend on defective oxidation of the blood in its passage through the lungs, or insufficient decarbonization occurring from other eliminating sources, is somewhat uncertain.

The views of modern pathologists evidently lean to the belief of the malignant nature of idiopathic melanosis; amongst the most prominent is Paget, who holds it to be medullary or encephaloid cancer, modified by the deposition of black pigment. And Erichsen states that in microscopic structure it resembles encephaloid, consisting of a stroma with caudate, granular, and compound cells, but containing a large quantity of pigmentary matter in granules, molecules, and masses.

The treatment of the above case was simply palliative. Could any one suggest a remedy?

## CASE OF LITHOTOMY—LATERAL OPERATION.

BY V. A. BROWN, M.B., F.R.C.S.E., LONDON, ONT.

The idea has often, struck, me during my professional career, how useful and advantageous a practice it would be, not only for the profession at large, but more especially for its younger members, if all the various steps taken, and everything actually done, at all difficult and dangerous operations were at the time carefully noted down and afterwards more generally given to the profession. Prompted by this idea and with this object in view, I have written fully and exactly every step in operating on the following case:—

The subject, an old resident of West Zorra, six miles from Ingersoll, æt. 65, was the patient of Dr. McCausland, of that town, who kindly handed him over to me for operation, on the 3rd of August last. He had suffered from urinary derangement for the last twelve years, and had received as may be supposed a variety of treatment, "old women," "Indians," and various "Pathies" having been invoked and tried at different times but without avail. A calculus however, was never suspected until Dr. McCausland sounded him two days ago, when he readily detected one. He advised its removal and the operation was at once assented to. He is a small spare man, apparently just the one for a dangerous operation; his bladder had been for a length of time in a most unusually irritable condition, so much so that he found it impossible to retain any urine for the operation.

I was ably assisted by Drs. McCausland, Williams and Bowers, of Ingersoll, and Dr. Kains, (resident surgeon of the London hospital.)

A purgative was given the day before, which fully emptied the bowels in the morning. It was found impossible to introduce a sound into the bladder in consequence of its extreme irritability, so that I was obliged to have recourse to a large prostatic catheter which Dr. McCausland passed after much patience and trouble. This readily detected a large stone lying in the bas-fond of the bladder.

In consequence of the bladder being so irritable and consequently unable to retain any urine, it was determined, in order to inject the bladder, to chloroform him first, contrary to the usual custom of

doing so after the staff has been passed and the patient tied up. Eight ounces of luke warm water were then injected into the bladder, but was not retained more than two minutes.

He was then tied up, and the staff, (Markoe's, of New York,) grooved on its convexity, was readily introduced. It was placed in the hands of Dr. Kains, with directions to keep it hooked firmly under the arch of the pubis, exactly in the mesial line and perpendicular to the body, which he faithfully and efficiently carried out. The next step was to mark out the line for the external incision, viz.,  $1\frac{1}{4}$  inches in front of the anus and two lines to the left of the raphe of the perineum, for the commencement, from which to a point midway between the anus and the left tuber ischii, for the line of incision; this was necessarily only  $1\frac{1}{2}$  inches long on account of the narrowness of the space between the two tubera ischii which measured only three inches.

The forefinger of the left hand was then introduced into the rectum for the purpose of taking the bearings of the staff and prostate gland, this I found afterwards a most useful precaution. The knife (an ordinary scalpel) was then boldly plunged in a direction upwards and backwards towards the staff to a depth of three-fourths of an inch; it was then carried downwards and outwards along the line marked out, shallower at the bottom. The point of the left index finger was next passed into the upper angle of the wound in a direction upwards and forwards towards the staff which, from my previous knowledge was readily found. Here some delay was experienced in satisfying myself that the point of the knife was in the groove which was too wide and shallow for practical purposes. When the necessary slit was made in the membranous portion of the urethra posterior to the bulb, Sir H. Thompson's button pointed scalpel, was immediately shoved into the bladder, its cutting edge being lateralised (as is so explicitly laid down in Erichsen,) so as to follow the line of first incision. As there was no abrupt termination to the end of the groove in the staff, (another fault,) the point of the knife was brought up by the stone grating against it. It was then very carefully withdrawn along the staff, finger still in situ; this was next pushed into the bladder, the entrance into which was found to be sufficiently large for its passage. This was exactly as I

wished, as I had designed in the plan which I had formed for the operation to be as limited as possible in incising the prostate, my finger being rather short, the prostate very much enlarged and the bladder contracted, considerable pushing was found necessary before I could satisfactorily reach the stone, so that it might serve as a guide for the introduction of the forceps.

The next step in the operation was the withdrawal of the staff and the passing in of the forceps, (medium sized and curved). This was cautiously done along the upper surface of the finger, blades horizontal, until they touched the stone, which was found, as I have already stated, in the bas-fond of the bladder behind the prostate and pressing on the rectum. By a little careful manipulation the stone was secured and its withdrawal commenced, but after some steady traction and working to and fro, similar to the use of the midwifery forceps, the blades slipped off; a longer pair was then introduced, but the stone, after a most careful searching, could not be found, the bladder had evidently drawn it up and contracted upon it. The large catheter was again inserted by Dr. McCausland, and after some searching it was found in the upper fundus, being held there by the contractile powers of the bladder coats. These subsiding, it was soon dislodged into its old situation and readily seized, but a second time its withdrawal, though managed with more caution proved a failure, a considerable portion of its surface being crushed off. Another attempt also was a failure. I then reluctantly concluded to enlarge the opening at the neck of the bladder. This I did by means of a long straight bistoury passed along the finger, the blade being held horizontally for fear of wounding the rectum and the cutting edge turned towards the ramus of the left pubis. The smallest nick was made, similar to division of stricture of a hernia, the forceps was then reintroduced, and after a little manipulation the stone was again seized and removed. It proved to be the triple phosphate—weight, independent of what was lost, 390 grs., circumference,  $4\frac{3}{4}$  in. by  $3\frac{3}{4}$  in.

The hemorrhage was unusually small. Immediately after the operation the bladder was well syringed with luke warm water by means of a Matison's syringe, for fear of the retention of any of the debris. He was then put to bed on oil cloth; knees close together; no drainage tube was

inserted into the bladder in order to avoid fresh irritation. A large sponge was arranged under the wound, and a solution of bromo-chloralum  $\frac{1}{3}$  to  $\frac{2}{3}$  water directed to be freely used all round him, both on the sponge and under the bed clothes.

Diet to be farinaceous for two or three days; 1 gr. pul. opii. in the evening, to be repeated in four or five hours if necessary.

4th. Had a very good night, complains of a little pain, supra pubis; urine passing per wound; expresses himself as perfectly comfortable.

5th. Went to see him to-day, found his general condition to be as favorable as could be desired.

P. 84. Slept well under an opiate, slight tenderness over bladder to left of pubis; says it is less than yesterday; urine trickling nicely through wound; bladder was well syringed with luke warm water, and a small catheter inserted, with directions to be removed in six hours, when the wound was to be syringed with a permanganate lotion, grs. v. ad.  $\mathfrak{z}$ i., this was ordered as the odor was very offensive. Most particular injunctions were given as to cleanliness, the issue of the case now really depending upon it.

The last report sent me at the end of three weeks was: Patient going on well, urine passing by urethra. Every appearance that the operation will prove a perfect success.

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## REMOVAL OF THE RIGHT THYROID GLAND.

BY W. A. WILLOUGHBY, M.D., COLBORNE, ONT.

(Reported by J. A. Sinclair, Trin. Coll. Med. School.)

The subject was a young man of nineteen years of age, of healthy parentage, and good constitution. The gland began to enlarge four years ago, and since then he has been constantly using remedies with a view to prevent its growth and lessen its size. Having ascertained that he had been under every available form of treatment, as far as drugs were concerned, the Dr. advised excision as the only remedy that could hold out any hope of permanent cure. The gland increased in size but very slowly at first, and then remained stationary for about three years. Lately, however, it has grown so rapidly that it was three times as large when operated upon, as it was three months before.

The following were the appearances as found on examination previous to the operation:—

The neck was enlarged from immediately below the chin down to the clavicle, and measured sixteen inches in circumference. The gland felt quite solid to the fingers and could be handled in every way without giving the patient any pain. It could be moved slightly on all sides except internally, near the isthmus, where it was more firmly attached. The reason of this was seen while operating, for the gland was found adherent to the thyroid cartilage for nearly two inches. The gland had grown so large, that internally it pressed against the larynx so as to displace the pomum Adami two inches to the left side. During the last week or so the patient could not exercise rapidly without being completely out of breath (as he said), and in a full state of perspiration. The pressure was increasing with the rapidly enlarging gland, and the difficulty of breathing was becoming so great that death from apnoea was likely soon to result. Externally it was in close contact with the common carotid artery, jugular and other veins, all of which it had displaced considerably. Anteriorly, several large superficial veins could be seen, and the sterno-hyoid muscle distinctly traced over it, towards the outer side. Posteriorly, it pressed upon the pharynx and cervical vertebræ, and was firmly adherent to the larynx on the inner side of this surface. Superiorly, the pulsations of the superior thyroid were to be traced along most of this side, and those of the subclavian below. The skin was freely movable over the whole of the gland, and although the gland itself was slightly moveable, still it was attached to the sheaths of all the adjoining structures. No fluid could be detected upon the closest examination, and on moving the fingers carefully over its surface a glandular unevenness could be felt—a circumstance which told that there was very little, if any fluid in it.

Drs. Thorburn and Gould were present at the operation; the former administered the chloroform. An incision was made, from a point to the right of and a little below the upper surface of the right thyroid cartilage, vertically to the clavicle, and another incision to the right along the bone for about four inches. The gland was carefully dissected out and successfully removed, the operation lasting about an hour. Very little chloroform was used, and not more than eight ounces of blood lost.

The wound was dressed soon after with a few sutures, adhesive plaster, and bandage. The gland was heart shaped and somewhat larger in size than the human heart. It had a slightly glistening appearance, and when cut, measured five and a half inches in its long, and three and a half in its short diameter, and weighed one pound. There was a very small quantity of fluid in which was a small hard clot in the centre of the large end. Near this were several hard nodules. The whole substance presented a solid glandular appearance. The healing was rapid. On the sixth day after the operation the patient said that he had enjoyed the best night's rest he had had for two years. The neck now only measured eleven inches in circumference. The second week he was able to be around and take out-door exercise.

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### Correspondence.

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#### SPONTANEOUS INVERSION OF THE UTERUS.

To the Editor of the CANADA LANCET.

SIR,—I have been induced to send you a report of the following case from the fact that, to me, it was a rare one, having never heard or read of one similar. In no obstetric work that I had perused have I seen it stated that such an accident is at all likely, or even liable, to occur.

About 4 p.m., on the 28th of last December, I was hurriedly summoned to attend Mrs. C., æt. 24, residing in the northern part of the township of Belmont, sixteen miles distant from this village, and who, I was informed, had been delivered of her second child about noon the same day. The messenger stated that the placenta had not been extracted; that she was losing large quantities of blood, and was still having most terrific pains, much more violent than before the child was born. Speedily equipping myself, and crossing Round Lake on the ice to save time, I reached the scene of trouble a little before 6 o'clock. I found the patient exceedingly prostrated from excessive loss of blood, although all hemorrhage had ceased about an hour before my arrival, but still suffering most violent pains, recurring at intervals of from one to two minutes, and extending over a period of two or three minutes. On examination, I found

the placenta almost entirely extruded through the vulva, and apparently only requiring slight traction on the cord to complete its removal. The slight traction, however, did not have the desired effect, and only served to convince me that something unusual had happened. Passing in my hand for the purpose of ascertaining the cause of the difficulty, I found the placenta firmly adherent over a space equal to about four square inches, to what, on still further examination, proved to be the inverted fundus of the uterus. Two very severe pains occurred while my hand was in the vagina, and each time the placenta was pushed forward, and the uterine inversion became more nearly completed. Having satisfied myself of the true condition of affairs, and administered a stimulant and anodyne draught containing one drachm of spts. ammon. arom. and forty minims of tr. opii, I proceeded, carefully, to remove the placenta, which, without much difficulty, I accomplished, the seat of the adhesion being easily reached. Contrary to my expectations, what I anticipated being the most serious difficulty—viz., replacing the inverted organ *in situ*—did not occasion much delay. By pursuing the method advised by Prof. White, of Buffalo, which I had become familiar with while a student in his class in 1864, the uterus gradually resumed its normal position, the operation being completed by a little jerk, which quite astonished me. The patient made a good recovery.

To those who may ask if the accident was not produced by traction on the cord made by some one previous to my arrival, I may say that only two women were present, in whom, from long acquaintance, I have every confidence; both of whom, also, are naturally timid, and very unlikely to interfere; and they both assured me that they did nothing but cut the cord and remove the child. The husband also, whom I have no reason to disbelieve, assures me that he never left the room until after my arrival, and that no interference took place on the part of the women or himself. The cord, too, was an unusually long one, and therefore not at all likely to drag while the child was being removed. These facts, together with the peculiar action of the pain on the placenta, and the progress of the inversion which I observed while making the examination, convinced me that the case was one of almost complete *inversio uteri*,

produced solely by the efforts of the organ itself to expel an adherent placenta.

Yours truly,

S. P. FORD, M.D.

Norwood, September, 1876.

### Selected Articles.

#### GASTROTOMY FOR THE REMOVAL OF A FORK FROM THE STOMACH.

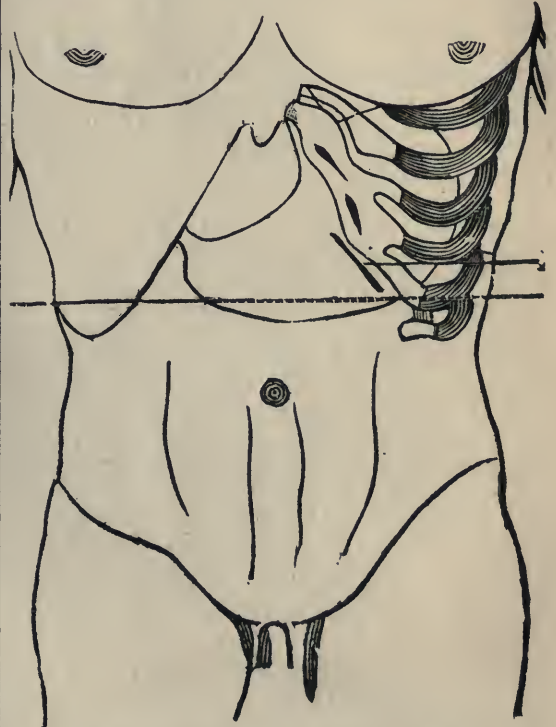
By Dr. LABBE, Hopital de la Pitie.

On March 30, 1874, Lousseur, æt. 18, swallowed a plated fork, the prongs of which he was holding with his teeth. This was a trick which he had seen done by mountebanks, and which he, at different times, had repeated with impunity. But on that day, during a sudden movement provoked by a joke of one of his friends, the part which he held with his teeth escaped him, and the foreign body sank deeply in the larynx. Dr. Lepere was called and with a long polypus forceps seized the prongs of the fork; but in a moment of great pain, Lousseur pushed him back suddenly, and the foreign body sank deeper in the œsophagus.

I saw Lousseur a few moments afterward; he was not suffering, and accepted his new situation rather cheerfully. On the following day I made numerous explorations to ascertain the presence of the fork in the stomach. Once only, with the aid of an *Instrument a renforcement du son* (an œsophageal sound carrying a very simple apparatus, transmitting sounds), did I succeed in getting a positive result. Fifteen days afterward Lousseur was suddenly taken with gastric symptoms in the form of intense pains and repeated synopes. At the end of twenty-four hours after this crisis a rather large tumor appeared, corresponding with the greater curvature of the stomach; the end of each meal was marked by intense pains. A year passed, during which he had intervals of great pain and comparative comfort; a part of the time he followed his usual avocation; but his health failed and his sufferings became more urgent, and as the prongs of the fork could be distinctly felt through the thinned walls of the abdomen, he desired that something should be done to relieve him.

After consultation with Profs. Gosselin and Larrey we decided upon surgical interference, first by the aid of caustics to determine adhesion between the internal surface of the abdominal wall and the stomach, and second, gastrotomy with the knife. Numerous applications of Vienna Paste and Ganquin's Paste were made; but owing to the excessive mobility of the stomach, no adhesion took place.

The operation with the knife was next undertaken. The stomach is accessible to surgical operation only in a part of its anterior surface, in a triangular space of which the base is inferior and corresponds to the greater curvature, and the sides are formed on one side by the lobe of the liver, and on the other by the edge of the left false ribs. The patient being under the influence of chloroform an incision four centimeters in length was made, one centimeter within, and parallel to the left false ribs, the left extremity of which corresponded with a transverse line passing through the cartilage of the ninth rib.



Layer after layer was divided until I reached the parietal peritoneum. With a small forceps, introduced through the incision, I seized the anterior wall of the stomach and drew part of it outside. A thread was passed through the fold thus made, and the fold held fast against the lips of the abdominal wound. Then with a curved needle, I penetrated the organ from without inward, issuing from within outward through the abdominal wall at about one centimeter from the borders of the incision. I thus applied the visceral against the parietal layer of the peritoneum to the extent of one centimeter around the edge of the wound. I attained this result with eight points of suture.

I now incised the anterior wall of the stomach and penetrated within the cavity of the organ. I was then enabled, with my left index finger, to feel the foreign body, and ascertain its position;

but I became at once convinced that the extraction could not be easily performed, for the opening in the stomach tightened around my finger and held it as fast as if within a vice. I then decided to throw the mucous membrane outward and fix it to the periphery of the wound. From this moment on the operation became an easy one; my finger re-introduced served me as a guide, and with a long polypus forceps I seized the fork and removed it.

Symptoms of peritonitis appeared, but these were quickly mastered by the use of a thick layer of collodion on the abdomen and the use of iced champagne wine. The patient improved rapidly; on the fifth day he was well enough to take solid food; he has since returned to his ordinary alimentation, and finds himself in excellent health. The wound is very small and the gastric fistula which exists is very narrow and hardly permits the introduction of the little finger. The applications of this operation would be very limited were they reserved only for cases of foreign bodies in the stomach, but it seems to me that it might be really utilized in taking up an idea presented and ably defended by Professor Sedillot. This eminent surgeon had indeed proposed to apply gastrotomy in cases of insurmountable stricture of the œsophagus and cardia, and to practice in such patients what he called a *stomachal mouth*, permitting life to be prolonged by introducing nourishment directly into the stomach.

The patient's health is now nearly perfect and the gastric fistula is almost obliterated and allows only the passage of a small probe.—*W. Lancet.*

#### NEW OPERATION FOR UNUNITED FRACTURES.

In a brief pamphlet of eight pages, Dr. M. Hill, of Bootle, Liverpool, gives the details of a new operation which he has devised for attempting to secure osseous union in ununited fractures. It is an ingenious modification of Diffenbach's operation for the same purpose—viz., the introduction of ivory pegs into the fractured surfaces. The method proposed by Dr. Hill is to drill the bones and introduce the pegs through a small opening made with a tenotome knife, performing the operation as far as possible subcutaneously, and sealing up the aperture antiseptically at its conclusion, thus avoiding the conversion of a simple into a compound fracture.

The instruments required for the operation are—"an Archimedean drill-stock, a steel drill four or five inches long, and a few ivory stilettes of the same length and diameter (or slightly tapering) as the drill. The drill and stilettes are similarly graduated in half inches, and the ivories are, moreover, grooved like a director in order to slide along the drill."

"The *modus operandi* consists in entering the drill through a puncture made by a tenotome down to the bone; the depth of the soft parts is now read off by means of the graduations; then if it be desired to bore into the bone to the depth of an inch, the drilling is proceeded with until the steel has penetrated an inch further than the original reading. The ivory stilette is now filed *half way through* an inch from the point, and after being soaked in carbolic oil, is guided by its groove down alongside the drill to the brink of the perforation in the bone, from out of which the steel is next lifted, the ivory slipped into its place, hammered, and by a smart lateral movement broken off at the filed notch. The operation is completed by withdrawing the remainder of the stilette and sealing the puncture with a bit of lint and plaster. By carefully following the foregoing details it will be found that an inch peg is accurately placed in an inch hole, consequently there is no portion of it projecting into the flesh, and of this we may be certain by seeing before it is broken off, that the reading on the ivory at the surface of the skin tallies with the previous reading on the drill, both being graduated alike. A further object is secured by the peg being grooved: a channel is thereby provided for the escape of fluids in the event of osteomyelitis being set up, thereby avoiding the danger and suffering caused by the damming up in the bones of inflammatory fluids as would necessarily be the case were the peg solid."

This operation, as far as the manipulative details are concerned, was successfully carried into effect by Dr. Hill in the case of one of his patients, a gentleman, æt. 35, who sustained a fracture of the thigh at the junction of the middle and lower third, the result of a railway collision at Wigan on the 25th of December, 1874. Unfortunately, owing to some peculiarity of constitution, probably connected with the rheumatic dyscrasia, the operation failed to secure the desired union; this failure, however, could not in any sense be attributed to defect in the operation itself.

The case is one of great interest, illustrating as it does the difficulties which may sometimes be met with in practice in dealing with cases of fracture. With the exception of some attacks of acute rheumatism, the patient seemed to possess a good sound constitution; there was no history of excesses, syphilis, cancer, scurvy, or scrofula; he was well nourished, if anything, being inclined to *embonpoint*. Undoubtedly want of union was at the outset due to the disturbing influence of a severe hacking cough, induced by elongation of the uvula. This was remedied by removal of the pendulous uvula, and brushing out the throat with perchloride of iron. Every measure that was adopted failed to secure the desired union, though the records of treatment extend over the space of a year. In December last resection was performed. The difficulties attending this operation were so great,



that Dr. Hill is more than ever confirmed in his desire to give a fuller trial to the operation he proposes, and it certainly seems deserving of fair and impartial consideration at the hands of the profession at large.—*Med. Press and Circular.*

### TREATMENT OF COMPOUND DEPRESSED FRACTURES OF THE SKULL.

By SAMSON GAMGEE, F.R.S., Queen's Hospital, Birmingham.

Gentlemen: Is the trephine to be employed or not in compound fractures of the skull, with depression? No question more than this has engaged the attention of practical surgeons: it is still unsettled, and I shall endeavour to lead you to a correct understanding of its merits in commenting on three cases which I have to bring before you. In each case the scalp was divided, and the bones of the skull were broken and driven in, without, however, producing evidences of injury to the nervous centres. In none of the cases was the trephine employed; in all the result has been perfectly successful.

The man before you, Thomas Moran, a bricklayer's labourer, aged 55, was admitted to Ward 3, on September 15th. While he was at work just previously, a brick fell from a considerable height upon his head, making a Y-shaped scalp-wound about two inches and a half in length, and situated rather above the middle of the left parietal bone. The flap of the wound being turned back, a Y-shaped fracture became visible, with its centre depressed to one-third of an inch; the sides of the fracture sloping evenly towards the central and most depressed point. The man seemed little affected by the accident, and had no idea of its serious nature. The edges of the wound, admitting of easy approximation, were brought together and dressed with dry lint; and for the first fortnight the patient was kept perfectly quiet in bed, on milk diet, with an ice-bag on the head. No signs of constitutional disturbance appeared, and the man was discharged at the end of seven weeks, to use his own terms, "in as good health as ever he was in his life." The wound was then quite healed, and the area of the depressed bone measured one inch and a half longitudinally, seven-eighths of an inch transversely; its depth was three-eighths of an inch in the centre.

The next patient, Henry Hadden, a machinist, aged 25, was admitted into the Queen's Hospital at 11.20 p.m., on September 25th. A few minutes previously, in a street row, a brick had been thrown at his head, producing a wound an inch in length over the left temporal ridge, in a line above and in front of the ear. The hemorrhage was considerable. The probe passed into a very abruptly

punctured fracture of the skull; the amount of depression being half an inch, and the edges on one side at least, being quite perpendicular. Mr. C. W. Keetley, our house-surgeon, to whom I am indebted for the notes of these cases, made a memorandum at the time, to the effect that, in Hadden's fracture, a small piece of bone appeared to have been driven right in. The man was quite sensible, though faint from loss of blood. He was put to bed, with an ice-bag on the head. At 8.30 next morning, a little headache was complained of; the pupils were even; temperature 101 deg. A magistrate took the depositions at the bedside in the afternoon.

Sept. 27th, morning. Pulse 80; temperature 98 deg. There was a thin drab fur on the dorsum of the tongue. The bowels were not open. He had slept well; was very hungry. The wound was healthy. His eyes were slightly swollen.

The bowels acted the next day. The wound gradually healed; and on October 9th, the ice-bag was left off, a flannel cap allowed to be worn, and the man to get up. At the end of another fortnight the man was discharged in perfect health; the cicatrix was quite sound; and the depression at the seat of fracture admitted the end of the little finger, which did not seem to touch bone at the bottom.

The third case which I have to bring before you is that of T. Smith, a joiner's labourer, aged 25. He was stooping down at his work, when a brick fell on his head from a height of thirty feet. When admitted to Ward 1 (4.15 p.m., October 15th, 1875), half an hour after the accident, he was quite sensible. A wound on the left side of the head was bleeding freely; corresponding to it was a depressed fracture of the skull, the depressed piece of bone being horse-shoe shaped, and situated near the middle of the lambdoidal suture. The depressed surface was about one-eighth of an inch below the surrounding bony level. No head symptoms. Pulse 80; temperature 99 deg.; respirations 24. The edges of the wound were approximated and dressed with dry lint. An ice-bag was ordered to be kept on the head constantly.

Oct. 16th. Temperature 99 deg.; pulse 72; respirations 20. He was perfectly sensible. He had taken plenty of milk. He was ordered to have an ounce of castor oil.

17th. He slept four or five hours in the night. The bowels had acted. Temperature 101 deg.; pulse 104; respirations 22.

18th. Temperature 101.6 deg.; pulse 76; respirations 25.

Nov. 19th, morning. Temperature 99.2 deg.; pulse 84; respirations 22. There were still no symptoms of serious lesion or constitutional disturbance.—7 p.m. Temperature 104.4 deg.; pulse 104; respirations 32. He had a rigor half an hour ago. A full dose of castor oil was ad-

ministered, and the bowels freely relieved. No other untoward symptoms occurred, and the rigor and rapid rise of temperature remained an inexplicable incident.

Dec. 8th. He had continued perfectly well, and for the last month had acted as assistant porter in the hospital. He was now discharged, and I made the following note: "The length of the cicatrix is one inch and three quarters. The depressed portion of bone measures one inch and one-eighth by seven-eighths of an inch. The depression is deepest in the centre, where no bone can be felt. The man looks perfectly well, and says that he is so."

You have here three cases of compound depressed fracture of the skull, admitted within a period of one month, treated successfully without the trephine or elevator. You may form some idea of the interest attaching to these cases, by a statement of Erichsen, that, with a single exception, he does "not recollect ever having seen a case recover, in which a compound depressed fracture of the skull occurring in the adult had been left without operation."

Prescott Hewett's counsel is given in no doubtful terms. "What," he asks, "is to be done, supposing there be a wound leading down to the bone in a depressed fracture of the vault without symptoms? The rule is that we are to operate and at once." With the utmost regard for this dictum of one of the most thoughtful surgeons of our time, who has made injuries of the head the special object of his clinical studies, and conceding that, in his advocacy of operative interference in compound depressed fractures of the skull, Prescott Hewett is at one with many eminent surgeons, especially British, I am clearly of opinion that the practice followed in the cases before you should be the rule of practice.

When addressing you on the treatment of compound fractures of the limbs, I have sought to impress upon you the wisdom of the precept, "to aim at reducing a compound to the condition of a simple fracture, and to treat both alike." This precept is equally applicable to compound depressed fractures of the skull, when the brain is not injured.

Although unanimity has not yet been attained, the progress of surgery has powerfully contributed to the establishment of this proposition. A century ago, operative interference was the rule in all fractures of the skull. It was Quesnay, himself an advocate of the practice of interference, who gave force to the opinions of dissentients, by the very title of one of those masterpieces of clinical study embodied in the memoirs of the old Academy of Surgery. It fell to the lot of another of the academicians to substitute for traditional empiricism rules of practice as prudent and safe in their application, as their conception was enlightened and

their demonstration closely and carefully reasoned. With few reservations, Desault was opposed to the use of the trephine in fractures of the skull. It was otherwise with his great rival on this side of the Channel, Percival Pott. The elevator and trephine were his favourite instruments, and so great was his ascendancy in the surgical world, so much more fascinating for the multitude, then as now, were boldness and complication than prudence and simplicity, that his heroic action had many imitators; foremost amongst whom was his most illustrious pupil, John Hunter, who went so far as to advocate the trepan in some doubtful cases, "as the application can do no harm." The impending French Revolution, and its attendant slaughter on the battle-fields of Europe was soon to furnish those lessons which, in surgical as in other experience, make men judicious.

When, after the battle of Talavera de la Reyna, the order was given for all the wounded who could leave the town to march, Surgeon Rose found himself in charge of a large number of the disabled Guardsmen. Twelve or fourteen of them had compound fractures of the skull, some with depression. In none of these was the trephine employed. The retreat in the burning sun lasted sixteen days, and yet every one of those who were wounded in the head recovered.

Hennan relates the case of corporal Corkeyne, wounded by a musket-ball in the head at Waterloo. The fractured portion of bone was driven into the brain (being exactly an inch and one-fourth from the surface of the scalp). No operation was performed, and yet the man was discharged cured in a few weeks. After quoting a similar case, Hennan sums up: "We have here sufficient proof that there is no absolute necessity for trepanning, merely from depressed bones from gunshot"—an opinion strengthened by the cumulative experience of military surgeons, many of whom now entirely discard the trephine, while almost all are agreed that its use should be restricted to very exceptional cases.

Desault's conservatism told directly on the civil practice, not merely of his own countrymen, but of British surgeons. John Bell with his true surgical instinct, with his impetuous energy, and with the furbished eloquence of his ripe culture, threw in his lot against the trepan. "After the expiration of my apprenticeship at these hospitals," Astley Cooper has placed on record, "I went over to Paris, to see the practice of Desault at the Hotel Dieu; and there I found that scarcely ever under any circumstances did he trephine; and he was more successful than the English surgeons." Abernethy and Lawrence, too, were in this matter disciples of Desault, and on the same side must be mentioned one of the most enterprising surgeons of the century—a master who combined in a very rare degree fearlessness and judgment, power of

brain and skill of hands—I allude to Robert Liston. In his *Practical Surgery* he thus writes: "When fracture of the skull is complicated with wound of the scalp, the surgeon will not in general mend matters much by trephining, as has been advised, merely because there is a wound; if the depression is pretty extensive, and unless he has a better reason to give for the proceeding than the mere circumstance of the fracture being compound, as it is called, he will often thus add as much to the injury and to the risk which the patient is subjected to by it, as he would by dividing the scalp in simple fractures."

This warning is of special significance, emanating as it does from one who had had abundant opportunities of witnessing the effects of the trephine and elevator, and who possessed operative skill and courage in so high a degree that he never felt the temptation to inaction as a refuge from responsibility.

Samuel Cooper was equally conservative; but it is due to you to state that three of his contemporaries—Guthrie, Brodie, and Velpeau—in the very first rank of surgical authorities, rather inclined to the heroic practice of Pott than to the physiological watchfulness and the gentle medical measures of Desault. Italian surgery has gradually come round to non-interference as the rule of practice in fractures of the skull, while the German school has traditionally been opposed to the trephine. Neudorfer, writing after the Franco-German war, sums up directly against it. Mac Cormac reflects the experience of the French and German surgeons on the battle-field of Sedan, in the statement that, "as a general rule, the largest proportion of good results (in gun-shot fractures of the skull) obtain amongst those cases where the amount of operative surgery has been at a minimum."

Jules Rochard has contributed an interesting summary of the international position of the question. Speaking of trephining, he says: "The spirit of reserve distinguishes French surgery. It holds a position between the practice of the Germans, who scarcely ever trephine, and that of the English and of the Americans, who, though resting on the same rules as ourselves, have much more frequently recourse to this operation. Leon le Fort has analysed the trephine operations on the two sides of the Channel from 1855 to 1866. He has found one-hundred and fifty-seven of them in England, and only four in France in that period."

The authorities I have quoted will be sufficient to convince you that the masters of our science have treated this question as a very important and difficult one. From their differences you will learn caution and toleration in judging others, and the need of most careful inquiry, before you determine to use the trephine. The three patients whom I have brought before you with compound depressed fractures of the skull, successfully treated

without the trephine or elevator, have not recovered by accident or in virtue of a curious coincidence. As many authorities are against me, I have deemed it my duty to compare my opinion with that of others, for your instruction. In examining the question from an historical point of view, I do not pretend to have exhausted it; but I do hope to have proved that the progress of opinion has, on the whole, been in favour of non-interference, when the scalp is wounded and the skull broken and driven in; without, however, producing symptoms of brain-lesion. The lesson very impressively taught by a careful study of the subject is this: that whereas the trephine was almost indiscriminately employed before surgery attained to the position of a science, its use has steadily decreased as enlightened experience has accumulated. Many surgeons, from being advocates of the trephine, have gradually abandoned it; but so far as my researches have extended, I cannot find an instance of conversion to the practice of trephining by a surgeon whose reason indisposed him to relinquish it. That there may be cases of compound depressed fracture of the skull justifying operative interference I do not deny, and I myself had occasion to operate successfully on such cases in this theatre. Another opportunity may present itself for discussing these cases. For the present, I shall limit myself to again impressing upon you my conviction that, in compound depressed fractures of the skull without brain-symptoms, the proper course of practice is NOT TO TREPHINE.—*British Med. Journal.*

#### TREATMENT OF CHOLERA INFANTUM.

Waiving the question of prophylaxis and its corollary, the question how to directly destroy or neutralize the organic irritant (if such exist) after its introduction into the body, the first indication is to correct the dangerous and unfair distribution of the blood in the body, to which the purging, vomiting, cramps, and coldness, seem to be directly due, and later the greater danger of coma, convulsions, or paralysis of the heart.

Second. If we fail in the first attempt, or do not succeed until late, we should supply the water and perhaps also the salts drained from the blood, as the thickening of the blood would prevent the good effects of the natural turn of the disease, should we have to wait for that, and perhaps dispose to various organic lesions.

Third. We should attend to the general hygiene, diet, etc., of the patients.

As to the first indication, the problem is how to cause dilatation of the peripheral vessels and contraction of the overloaded abdominal ones. If we had any means of getting directly at the splanchnic

nerves, we could probably by galvanization of them directly cause the contraction of the mesenteric vessels. Ludwig and Thiry found that after section of the spinal cord in the neck, whereby dilatation of the mesenteric vessels was caused, galvanization of the lower segment would cause extreme contraction of them. Possibly galvanization applied over the middle dorsal region of a patient might produce the same effect. Chapman maintains that he can occasion it by ice-bags applied to the spine, which he uses to check diarrhoeas and reflex vomiting.

Bruckner, a German writer, claims that cold sand-bags of moderate weight, laid on the abdomen of cholera patients, mechanically check the access of blood to the abdominal vessels and favor its escape. Transudation is thus hindered, and perhaps absorption is favored; moreover the peristaltic movements of the bowels are not so free. These sand-bags might be used carefully, with hot applications to the extremities.

We have a much better chance of success, however, if we try to unload the abdominal vessels by relaxing the peripheral ones by means of strong derivatives applied to the surface. Steiner strongly urges baths of from 99° to 104° Fahr. in the algid stage, combined with stimulants internally, and Leube, in Ziemssen's Cyclopædia, recommends the same. The distinction, too often neglected, between a warm bath and a hot bath is of vital importance here. No bath of less than 99° would be desirable. A writer in an English journal within a year or two, whose name I have lost, mentions his very gratifying success in treating the algid stage of Asiatic cholera by prolonged hot mustard packs. In accordance with this plan I treated three cholera infantum patients last summer, who were rapidly cooling off and assuming the characteristic pinched appearances of collapse, by suddenly wrapping them to the chin in cloths wrung out in hot water and mustard, with a blanket outside, and while thus mummied feeding them with plenty of ice-water and a little brandy. The pack was kept up half an hour or more, and during that time the change in the child's appearance was remarkable; the color and warmth returned to the surface, the tissues filled out, the features lost their pinched and old look, a natural perspiration broke out, the vomiting ceased, and the discharges grew less frequent. The mustard sheet was then withdrawn, but the child left enveloped closely in the warm, moist blanket. The pack in one instance had to be renewed at intervals, as a tendency to relapse manifested itself after some hours, but the condition of all mended in a marked manner after the first application, and all made a good recovery.

With regard to medication, if the choleraic state last any length of time, the blood must necessarily be altered by its drain of water and salts. Water, then, is the first medicine indicated, and should be

constantly given in the form of ice-pills or spoonfuls of ice-water. Small enemata of slightly salt water immediately after a dejection might help to supply the lost fluid. Should vomiting and purging go far enough to cause a fear that the blood was becoming too much thickened, intravenous injections of water should be tried, and if it were thrown in at a temperature of 100° the heat might help relax the surface vessels. Milk and blood have also been used, but water seems more indicated, as in this disease the blood loses little albumen and no corpuscles.

As to the administration of drugs by the mouth, the fact of the probable very slight power of absorption at that time is usually overlooked. It is found that belladonna introduced into the stomach in large doses will not dilate the pupils. The medicines, stimulants, and food, then, can have little power in the present condition, nor yet help to bring on reaction, and if often repeated they may, when reaction sets in, be all greedily absorbed at once, and so do great harm, a fact to which Meigs and Pepper very properly call attention with regard to pouring in opium and alcohol in the algid stage. Internal administration of antiseptics has not so far seemed to fulfill the expectations of its advocates. As for calomel, it seems hardly indicated in the pure choleraic stage, unless there is the best reason to believe that some crude ingesta still present in the intestine demand a cathartic.

In the *Practitioner* of July, 1875, was a very striking article on the use of subcutaneous injections of chloral in the evacuant or algid stage of cholera, by Surgeon A. R. Hall, with accounts of cases treated by him and Mr. Higginson, another English army surgeon. The number of cases treated by these two gentlemen was large, and the onset severe and alarming, but they lost hardly a case. They injected, two-grain doses of chloral, diluted in ten times as much water, into the arms and legs of patients, some in extreme collapse, and in almost every case good and speedy recovery ensued. Few patients have more than eight to ten grains in all. Mr. Hall's theory was that the vascular condition was due to extreme vaso-motor irritation, and that the usual stimulant treatment only heightened the difficulty, as was shown by its small percentage of recoveries, sometimes only eighteen per cent. So he looked about for a sedative to relax the general spasm, and tried chloral with the brilliant results above mentioned. It is interesting to know that the government in India have taken pains to publish and circulate Mr. Hall's happy experience in the treatment of cholera collapse. His method seems to be well vouched for, and I see no reason why it should not be applicable to the choleraic state in children, if the injections were given progressively and carefully watched.—*Dr. Emmerson, Boston Med. & Surg. Journal.*

## PUNCTURE OF THE PERICARDIUM.

In a paper communicated to the Académie de Médecine, by M. Henri Roger, the author dwells upon the difficulties in the diagnosis of pericardial effusions, and he quotes in illustration two cases operated upon by Tigla and Trousseau, in one of which a thin-walled dilated heart was mistaken for an effusion into the pericardium; in the other case an hypertrophied heart, surrounded by membrane floating in only a small quantity of serosity, was found post mortem. But even when the diagnosis is made, it is very difficult to decide on puncture, inasmuch as the grave symptoms may not be due simply to the presence of the effusion, and operation may do serious injury (in six out of fourteen cases collected by Roger, death followed so closely that it seemed to be attributable to or at least hastened by the operation). We must not forget, either, that evacuation of the serum in a case of acute pericarditis will almost necessarily be followed by pericardial adhesion.

Paracentesis of the pericardium is a far more delicate operation than puncture of the chest cavity. The mammary artery coursing along four or five millimetres from the margin of the sternum, diaphragm, the left lobe of the liver, sometimes much enlarged, the lung and pleura, and finally and most importantly the heart itself, have to be avoided by the surgeon. M. Roger quotes two cases, one of M. Baizeau's and one of his own, in which the right ventricle was apparently punctured in operations designed for relief of effusion into the pericardium, and one hundred and two hundred and twenty grammes of venous blood respectively removed. Both cases survived the operation. Another disagreeable occurrence which may happen, even if the right place be chosen, is that the puncture is followed by no escape of fluid. The pericardium, being only in lax connection with the wall of the chest, and much thicker and harder than the pleura, readily recedes before the trocar. With the fine needle of the modern aspirator, however, this is less likely to happen. The puncture should always be made directly from before backwards, with a slight subsequent inclination of the point of the needle downward, as advised by Dieulafoy, in order to avoid the ventricle during systole. The fifth intercostal space at a point intermediate between the sternum and nipple, but rather nearer the latter, is the place to be chosen, as a rule, for puncture. But the heart's apex, instead of impinging against the fourth space of fifth rib, as is usual in such cases, may be lowered by dilatation, or drawn downwards by an adhesion to the diaphragm; when a lower point must be chosen for the puncture.

In only one case of the fourteen was a "true cure" effected, and M. Roger concludes that, notwithstanding undoubted improvement in the

modern operation, it remains a dangerous and doubtful remedy, to be hazarded in extreme cases. *Boston Medical and Surgical Journal.*

## THE BLISTER TREATMENT OF RHEUMATISM.

This treatment has often been observed not only at the London Hospital, but at St. Thomas's, and some other of our larger hospitals. Dr. Peacock, in an article in *St. Thomas's Hospital Reports*, says:—"Of late years I have generally adopted in cases of rheumatism, whether simple or complicated, the blister treatment, as recommended by Dr. Herbert Davies. I believe the blisters to be very efficacious in arresting the inflammation in the joints, and when several are employed simultaneously or in rapid succession, in relieving the constitutional disturbance also. The benefit which results from the treatment is, I think, in direct proportion to the freedom with which the blisters are applied; and though the first effect is generally to increase the febrile disturbance, and raise the temperature for a few hours, the most remarkable amendment, both local and general, ensues. I have been repeatedly told by patients that the pain caused by the application even of four or five blisters at the same time, is far less than that which they had experienced from the disease. In a recent instance a man whom I had twice previously treated for acute rheumatism, in the one attack by blisters, and in the other by general means, told me that he was much more completely and more rapidly relieved by the blister treatment; which was therefore again employed in his third attack. The blisters are applied around the limb above all the affected joints, and the surfaces are poulticed till they entirely heal. Though I have generally employed the anti-rheumatic treatment in conjunction with the blisters, when the patients have been much exhausted from the long duration of the symptoms before admission into the hospital, or from their being the subjects of old heart disease, or being weakened by any other cause, as by prolonged nursing, I have sometimes relied exclusively upon the blisters, and have never had reason to doubt the propriety of having done so. In some cases, however, of severe rheumatic fever, I have thought, on reviewing the cases, that the constitutional treatment might with advantage have been more freely used in combination with the local measures.

"In reference to the effect of the blister treatment upon the development of the cardiac complications of rheumatism, I believe it is both preventive and curative. As the heart and other internal organs become affected almost always in the earlier and more active stage of the disease, any treatment which tends to shorten the duration

of this stage must lessen the liability to the occurrence of such complications; and I have no doubt that more rapid and complete relief of the local inflammation is obtained by blistering than by any other means. I think, however, that the treatment does more than this. I have seen, in cases in which complications were very decidedly threatened, the progress of the internal disease apparently entirely arrested by the application of blisters to all the affected joints at the same time."—*The Doctor.*

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#### TREATMENT OF CHRONIC ECZEMA BY GLYCEROLE OF SUBACETATE OF LEAD.

In a little pamphlet of thirty-two pages, reprinted from the *Medical Times and Gazette*, Mr. Balmano Squire discusses the treatment of a form of eczema which he describes as including only those persistent conditions to which the term was originally limited; that is, those which are characterized by a colorless viscid sweating from the skin; but equally whether that sweating be abundant, so as to keep the surface of the skin bathed in glauine, or so as to concrete in large scabs; or whether it be merely scanty; and occur even in minute, discrete, but more or less clustered spots, so as to present either only thin, small, transparent, dry, gum-drop-like deposits, which on detachment are found to be concave on the under surface, and conceal a small drop of viscid exudation; or, as the case may be, small, raw, scattered, but more or less clustered, weeping excoriations. He includes also that condition in which numerous but tolerably minute moist cracks in the reddened surface are present.

He therefore considers these conditions in which there is, either obviously or substantially, a moist and viscid exudation from the skin, and excludes those in which there is only a mere papulation, or a mere plastic thickening of the skin, or a simple dry scurfiness of its surface; in short, he refers to a wet disorder, and not to a dry one.

After alluding to the almost universal use of zinc ointment or zinc lotion in the treatment of such cases, Mr. Squire asserts that he has found lead to be a much more soothing and, at the same time, a much more astringent application. It unquestionably allays the itching, restrains the discharge, and diminishes the hyperæmia of chronic eczema far more speedily than zinc does. As a lotion, however, it fails on account of the evaporation of the water, and the failure of the remedy to reach the surface of the skin through the dry scab by which it is covered. After many trials, glycerin has been found in his hands to be superior to either oil or water as a vehicle for applying remedies in the case of chronic eczema; and the mixture which has been

uniformly successful is to be prepared as follows. Take of acetate of lead, 5; litharge,  $3\frac{1}{2}$ ; glycerin, 20. Heat for half an hour in a boiling glycerin bath, constantly stirring, and filter in gas-oven or other kind of heated compartment. The result is a perfectly clear and colorless liquid, which may be used in the strength of from one to two drachms to the ounce of pure glycerin.

Mr. Squire considers and disposes of the objection which may be advanced, that the use of such an ointment might give rise to constitutional symptoms from lead absorption, and denies in toto the possibility of any such occurrence.—*Med. Times Phila.*

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#### INTEMPERANCE AND PHYSICIANS.

—"It would seem as if physicians, who know so well the seductive character of alcohol, and see so much of its disastrous effects, would guard themselves against its diabolical power. Yet they are but men with the same passions and appetites as others, and seem to be just as easily enchanted by the voice of the syren. They are peculiarly tried. Their irregularity of meals, their want of rest, their anxiety of mind, and their periods of idleness, seem to demand something to buoy them up. Alcohol will do it for the time; and, as it is to them always easy of access, it is too often their resort. Thus we find that a larger percentage of physicians than of other classes become oinomaniacs."

The above statement is generally believed, by many, to be correct, and for the reason expressed by the author of the above paragraph. But, from careful inquiry, we are fully satisfied that such a belief is erroneous. Let any one who desires to investigate the subject, take up a City or State Directory, go over the list of physicians, and similar lists of those engaged in other occupations, and he will very soon be satisfied that the medical profession are singularly free from the sin of intemperance. In this city there are nearly four hundred practicing physicians, and we believe it would be difficult to find a dozen who, under any pretext, drink to intoxication. While there are, as Dr. Potter says, peculiar temptations for physicians to indulge any appetite they may have for the cup that makes the heart glad, there are exceedingly strong temptations for them to resist the inclination. As they know full well that moderate drinking is apt, sooner or later, to lead to over indulgence, and that just as soon as their patrons discover the propensity, away goes business and reputation. No other class of men, with the single exception of the clerical, are so easily and quickly affected in their business by the habit of drink as physicians. In these days when doctors are so abundant, and such ample opportunities are afforded for a choice among many, the people in this enlightened age will not place their lives in jeopardy by knowingly employing a physician who habitually drinks even in moderation.—*Lancet and Observer, Cincinnati.*

**CHOICE OF SEDATIVE FOR THE YOUNG OR AGED.**—Dr. Stokoe (Guy's Hospital Reports for 1876) says: "If we purpose giving a sedative to the very old or very young, we must be cautious, especially in using any of the preparations of opium, as with them they are not only prepotent, but often cumulative in their effects. As a consequence of this, for some years past I have trusted almost entirely to sedatives other than opiates in treating children in their first septennate, and I have seen no reason to believe that any want of success has ensued from this exclusiveness. That such a precautionary measure is not altogether uncalled for has been impressed upon me by my experience of the method of medication adopted by the more ignorant (including nurses and nursery-maids), whose frequent habit is to increase the prescribed dose several-fold, or to repeat it with undue persistence, if it should fall short of the expected effect; with what result may be conceived when two or three minims of laudunum have been ordered for an infant. With potassic bromide and conium for the various morbid conditions incidental to teething; chloroform for administration during the paroxysm of a convulsive attack; chloral for those derangements in which insomnia is the prevailing symptom; aconite for inflammations, fevers, and feverishness generally; belladonna and hyoscyamus for many visceral disorders of a painful or obstinate nature; and combinations of these and other drugs to soothe coughs and the innumerable aches and pains of neuralgic, myalgic, or rheumatic origin—to say nothing of a host of external sedative applications, many of which are very potent—we need be under no apprehension lest we should be incapable of coping with the assaults of disease in children as effectually as we could do with one more weapon in our repertory."

*For the Aged.*—"If we think fit to employ opium as an anodyne or hypnotic with those who have attained to or are on the high road to second childhood, it is judicious to combine chloral and spirit of chloroform with it; the opium being prescribed in excess when pain, the chloral when restlessness, and the spirit of chloroform when cramp predominates; and the quantities of the several ingredients need not be large, as each of them intensifies the effect of the others. The addition of from ten to twenty minims of the tincture of Indian hemp, a very invigorating soporific, to such a mixture as the above is most serviceable in dealing with a heart enfeebled by advanced age or exhausting illness; and in thus prescribing it I have invariably met with an exemption from the distressing symptoms which sometimes result from the oppressive action of opiates on the respiratory system."—*Louisville Med. News.*

**TREATMENT OF ERYSIPELAS.**—After reviewing cursorily the treatment of this disease by Gross, Quain, Elliotson, Velpeau, Malgaigne and others, the

Professor gives, in one of his excellent clinical lectures his treatment of this disease, which is here epitomized. Local remedies are not highly flattered by the lecturer. The only "grateful" external application mentioned (unenthusiastically, however,) is the benzoated oxide of zinc ointment with carbolic acid, one grain of the latter to ten or twenty of the former. A closely applied roller bandage, in some cases kept moist by warm or cold lotions, is recommended when the extremities are the seat of the disease. If incisions are thought best, they should not be more than an inch long, or, at most, two or three inches long, carried along the direction of subjacent muscular fibre, deep enough to reach the matter. For œdema, simple lancet punctures are sufficient. In simple cases, in patients of "fair constitutions," an emetic should be administered, followed by a mercurial purge, combined, if necessary, with an opiate. In many cases naught more is needed. If, subsequently, the disease persist, then cooling remedies will be needed. If debility ensue ultimately, the general treatment should be tonics and stimulants. Food should be given in small quantities, and of the blandest kind. Muriated tincture of iron is a specific with many physicians, but not with the Professor. After a protracted, methodical trial of this agent in erysipelas, along with the late Professor Rogers, the conclusion reached by these two gentlemen was, that they were not able to see any special good from it, except in cases where tonics were clearly indicated, and in those cases, occasionally met, where *albumen was found in the urine.*" In the latter class of cases, the iron possesses *peculiar efficacy.* "Indeed, it seemed that the power of the muriated tincture was just in proportion to the amount of albumen contained in the urine." Quinine is unequivocally good in two classes of cases only; *first*, in those occurring in malarial districts or malarial seasons; *second*, in those where the septic movement is greatly in the ascendant, as in traumatic examples of the disease. In the former it will seldom disappoint, and in the second it is "well nigh the only ground of hope." No *specific* treatment exists, hence none is given by the Professor.—*Louisville Med. News; Chicago Med. Jour.*

**ERGOT OF RYE AS AN ANTIPYRETIC.**—The writer tried ergot in cases of enteric fever, with the object of lowering the temperature. The results were very satisfactory, and its employment in this disease seems to M. Hayem preferable to that of quinia or digitalis. Under ergot there is a much more rapid effervescence; and at the period of the acme, instead of there being a rise in the temperature chart, a plateau is obtained. In some cases in which the ergot was given during the day, the evening temperature was not so high as the morning. The dose varied from thirty to fifty grains in the twenty-four hours.—*Rev. de Therap; Chicago Med. Record.*

**SULPHATE OF CINCHONIDIA.**—Dr. Bensley, one of a committee appointed by the British East India Government to test the value of the cheap alkaloids of cinchona bark, says of sulphate of cinchonidia, it is admirably adapted to those cases requiring a tonic febrifuge, in which there is at the time a great tendency to diarrhoea, or where diarrhoea already exists; that where quinine produces these disturbances, the cinchonidia is well borne. None the less valuable is it in consequence of the mildness of its influence on the nervous system. He further says: "I have used it extensively in the fevers of children on account of its mildness, and because it is less liable to produce head and bowel disturbances than the other alkaloids." Dr. Compton, Kentucky, says in a paper on the remedy: "Upwards of thirty of my cases were children, varying in age from one to nine years. I have such confidence in it that it is the only preparation I prescribe for children. It is a well known fact that there exists with many persons a strong prejudice against quinine, and it is a great advantage to be able to say to such persons that you have a remedy that will be equally efficient, in all cases where quinine is indicated, without being liable to the objectionable effects of that remedy. The advantages to be derived from the use of sulphate of cinchonidia may be summed up as follows: Fewer relapses follow its administration; it is better tolerated by the stomach, not being nearly so liable to produce nausea and vomiting; it does not create the same amount of ringing and noise in the ears that characterizes quininism; it is not liable to produce temporary deafness; it does not produce the nervous excitability; it does not produce or increase diarrhoea; it obviates the prejudice existing against quinine; its cost is but one third that of quinine."

**CÆSAREAN SECTION PERFORMED ON ACCOUNT OF CARCINOMA OF THE CERVIX AND VAGINA** (Taufier: *Deutsche Med. Wochenschrift*, 1876, No. 8).—This operation was followed by a fatal result, but the results of the post-mortem examination, which demonstrated the unreliability of catgut for uterine sutures, are of special interest. The patient died on the third day after the operation, and the following conditions were found. The body was but slightly distended, the wound of the abdomen was almost entirely united, and in the abdominal cavity was a quantity of fluid and clotted blood. All the organs were hard and anæmic. The uterus was well contracted; the edges of the wound in it were gaping, and covered with clots. The catgut threads on both sides were still present in the tissues, but the knots upon them were either loose or had slipped and formed wide loops. Peritonitis was not found. The cervical portions of the uterus and the vagina were filled by a grayish-white, hard, stinking mass, which had to some extent undergone a cheesy degeneration. Death had been due to hemorrhage, which the catgut sutures had failed to control.

**TREATMENT OF PLACENTA PRÆVIA.**—In a paper on this subject, published in the *American Practitioner*, for June, Dr. Parvin, of Indianapolis, advises, in conformity with the teachings of Greenhalgh and Thomas, the induction of premature labor, and expresses a belief that the mortality of both mothers and children, in cases of placenta prævia, will undergo a marked diminution when this is adopted by the profession as a rule of practice. He considers Barnes' dilators to be the safest and best means for the induction of premature labor, and they moreover bring it on more rapidly than any other means. The vaginal tampon is difficult of application; is uncomfortable to the mother; does not remove the impossibility of a dangerous internal loss of blood, and possibly may lead to a separation of the placenta and death of the child. Ergot is objectionable, except when the os is well dilated or dilatable, and the labor can be speedily terminated, for the tetanic contractions it excites are apt to asphyxiate the child. Puncture of the membranes is obviously dangerous for the child, and as far as the mother is concerned is not free from danger, as it may possibly change an open into a concealed hemorrhage. Podalic version increases the risks to the child's life, and probably may be limited almost if not altogether to cases of shoulder presentation. Complete separation of the placenta, as advised by Sir James Simpson, is a method which ignores the child's interests, and has never received any general professional support. Finally the partial detachment urged by Dr. Barnes does not seem to be a rational mode of treatment, for it simply increases the bleeding surface.—*Med. Record*.

**CITRATE OF SODA IN DIABETES.**—The *Clinic*, Aug. 1876, copies from the *Medical Brief* a recommendation by M. Guyot Darmecy, of citrate of soda in the treatment of diabetes, given in daily doses of half a drachm to one drachm. Analysis has shown that sugar disappears from the urine when this salt is used with the food instead of common salt. And the researches of Woehler have indicated that the alkaline salt of organic acid, when given in doses too small to produce purgative effect, are absorbed, and their acid being burnt up in the respiratory process, they are eliminated by the urine as carbonates. Citrate of soda may thus place the system under the influence of an alkaline carbonate, which is indispensable to the interstitial combustion of the glucose of the food.—*The Doctor*.

Dr. J. Marion Sims has lately been in London, assisting Spencer Wells in a number of important uterine operations, and in the excision of a hypertrophied spleen, which weighed between eleven and twelve pounds.



PROF. SAYRE'S PLASTER OF PARIS JACKET FOR ANGULAR CURVATURE OF THE SPINE.

The great feature of the Section of Surgery and Anatomy of the American Medical Association, at its last meeting, was Prof. L. A. Sayre's demonstration of his new method of treating Pott's disease of the spine. On the first day of the meeting he read a paper on the subject, exhibited his apparatus for suspending the patient and making the application, and presented several cases which he had treated by this method. He showed how easy it would be for physicians to treat such cases; that there was no necessity for waiting to send them to a specialist, and thus losing valuable time. He said that if treated in its early stages, there was no necessity for deformity being the result of this much-dreaded disease. The constitutional treatment recommended was, the most nourishing diet, beef-steak, mutton chops, roast beef; relieve indigestion, if necessary, and give plenty of fresh air. Dr. Sayre's ideas respecting the relation of scrofula to this disease, as well as to morbus coxarius, have been misunderstood, and he took occasion to correct the misapprehension. He thinks that both these diseases, of the hip-joint and angular curvature *always* have a traumatic origin, but that strumous children are more easily injured, or that a slight injury is more apt to be followed by the development of disease in them than in children unaffected with the strumous diathesis.

To show the effects of suspension, a piece of flexible zinc is used, which accommodates itself to any curve, and is marked on paper. The child is then suspended so that his feet are free from the ground, the zinc is then re-applied, and the change in the curve, caused by the suspension, is noted. The jacket is applied as follows:—A flannel bandage is first soaked in water and then applied to the child's body, while he is suspended by the arms and head, beginning at the waist, at the smallest part, winding it around snug and smooth, completely encasing the body from pelvis to thorax. The plaster is then applied, and as it begins to set let the patient lie down until it becomes thoroughly dry. Soft pads are placed over any bony projections before the bandage is applied. The next day the patient can go about as well as if he had no spinal disease whatever. After one or two months he may be again suspended, and, if possible, the spine still further straightened. If applied sufficiently early, no deformity will occur.

Prof. Sayre writes us that he is making use of the same plan of treatment for *lateral curvature* with the happiest results. We strongly advise our readers to try this new application for the affections named. If properly used we will guarantee that both physician and patient will realize a success to be obtained by no other means.—*St. Louis Record.*

ON THE TREATMENT OF THE DIARRHŒA OF TYPHOID FEVER.

By GEORGE JOHNSTON, M.D., F.R.S., King's College Hospital, Lon.

The diarrhœa of typhoid fever, as it is one of the most frequent symptoms of the disease, so is it one of the most troublesome, and one which often causes the greatest anxiety. It is a fact generally admitted that in the great majority of cases the severity and danger of typhoid fever are in direct proportion to the intensity and duration of the diarrhœa. Delirium and other serious cerebral symptoms, pulmonary engorgement, and renal congestion with albuminuria, are comparatively infrequent complications. The treatment of diarrhœa, then, forms a very important part of the management of the disease. During the many years of my connection with this hospital, I have had the opportunity of seeing the diarrhœa of typhoid fever treated in very different ways and with very different results, and I propose now to give you, in a few sentences, the results of my experience with reference to this important practical subject.

For a number of years the practice strongly advocated by Dr. Todd was generally adopted throughout the hospital. This consisted in persevering attempts to arrest the diarrhœa by repeated doses of opiates and other powerful astringents. It was then a common practice to give an enema containing from ten to fifteen or twenty drops of laudanum after each liquid stool. The result of this treatment, in a large proportion of cases, was that the diarrhœa continued in spite of the repressive treatment, and meanwhile the intestines were distended with gas, and the abdomen became tumid and tympanitic. Then the patients were tortured by the application of turpentine stupes to remove the tympanitis. The results were altogether unsatisfactory. Nor is it difficult to explain the failure of this opiate treatment. Without entering upon the consideration of disputed pathological theories, it can scarcely be doubted that one effect of opium must be to render the intestines torpid and to lessen their expulsive efforts, and as a result of this their putrid contents are retained until they decompose and give off noxious gases by which the bowel is distended and irritated, and so the diarrhœa perpetuated and increased. It is pretty certain that the healing of the ulcers must be impeded by the continual contact of the fetid morbid secretions, and that the distension of the bowel must cause pain and increase the risk of fatal perforation or rupture.

Now, for a number of years we have entirely changed our treatment, and I have gradually arrived at the conclusion that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while, as a rule, no medicines of any kind are required, and when not required

they are often worse than useless. The result of this change of treatment has been that diarrhœa is a less frequent symptom than formerly, and when it does appear it is far more tractable, while tympanitic distention of the abdomen is a rare event. The mischievous opiate enemata and the torturing turpentine stupes have disappeared together. I believe that one of the main reasons why we have less diarrhœa than formerly is, that we carefully abstain from the employment of irritating drugs of all kinds. As a rule, the fever patient has the "yellow mixture," which is simply colored water; and except an occasional dose of chloral to procure sleep, and a tonic during convalescence, we give no active medicine of any kind. We feed these patients mainly with milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and give wine or brandy in quantities varying according to the urgency of the symptoms of exhaustion, especially in the advanced stages of the disease; but in many of the milder cases, and especially in the case of children, we find that no alcoholic stimulants are required from the beginning to the end of the fever, and when not required they are of course best withheld. I have said that we give no irritating drugs of any kind. For a time I adopted the practice which has been strongly recommended, of giving repeated doses of diluted mineral acids. I have long since abandoned this practice, for I am sure that it was injurious, and it was injurious in a very obvious and intelligible way; it irritated the ulcerated mucous membrane of the intestines, it caused pain and griping, and I believe that it often increased the diarrhœa. I have no doubt that the comparative infrequency of severe and obstinate diarrhœa amongst my enteric fever patients during the last few years is partly attributable to the discontinuance of this mineral acid treatment. The extreme sensitiveness of the intestinal mucous membrane during the progress of typhoid fever is obvious and indisputable. It is admitted on all hands that the greatest care is required in returning to solid food during convalescence; a want of caution in this respect has often been followed by a return of pain and diarrhœa, an increase of temperature, and not seldom by a decided relapse. If, then, a slice of bread or a morsel of fish can excite such local and general disturbance even after the subsidence of the fever, how improbable is it that repeated doses of an irritating mineral acid can be given without injury during the height of the fever, when the ulceration of the intestines is actively progressing!

One more hint I wish to give you with regard to the diarrhœa of typhoid fever, which is, that in all probability it is often increased by the patient's inability to digest the beef-tea and eggs which are sometimes too abundantly given. When you have reason to suspect that this may be the case, I advise you for a few days to keep the patient

entirely upon milk, which contains all the elements required for the nutrition of the tissues in a form most easy of digestion. I have had a large experience of the effects of an exclusively milk diet in various forms of disease. In many cases of Bright's disease it is very efficacious, but one of the inconveniences in some of these cases is its tendency to cause troublesome constipation. In many cases of chronic diarrhœa and dysentery, milk diet will effect a cure without the aid of medicines of any kind. There is now in Twining ward a girl, aged fourteen, who for four months had been suffering from dysenteric diarrhœa, the stools containing much blood and mucus. She was put upon a diet of milk alone, without medicine: within a fortnight the diarrhœa entirely ceased, and she is now convalescent. For the reason, then, that milk has this anti-laxative and even constipating effect in various morbid states, it is, when given alone, one of the best antidotes for the diarrhœa of typhoid fever.

That our treatment of fever cases is not unsuccessful is shown by the results. I find on reference to my case-books, that during the past year, from November 1, 1873, to October 31, 1874, I have had under my care in the hospital twenty-nine cases of fever; fifteen typhoid, and fourteen typhus. Some of the cases have been very severe, but all have been discharged well; not one death has occurred. This very satisfactory result I attribute mainly to the admirable nursing which our patients receive, and to our abstinence from mischievous medication. To only one of these patients was opium given, and that was for the relief of an irritable condition of bowel which remained after a very severe attack of typhoid. A few doses of opium soon put a stop to this, and the patient made a good recovery.—*Practitioner.*

## PHYSIOLOGY OF THE NERVE CENTRES.

The following are Dr. Brown-Séquard's recently promulgated views:

1. As regards localization of function, a great many facts lead to the view that the nerve-cells endowed with the same function, instead of forming a cluster, so as to be in the neighborhood of each other, are scattered in the brain, so that any part of that organ can be destroyed without the cessation of their function. It makes no difference whatever whether the distance between nerve-cells employed in the same function is a small fraction of a millimetre or very much greater, as in either case their communications with each other must take place by conductors (nerve-fibres), the length of which is unable to interfere with the function.

2. Each half of the brain is a complete brain originally, and possesses the aptitude to be developed as a centre for the two sides of the body, in

volitional movement, as well as in all the other cerebral functions. Still very few people develop very much, and perhaps nobody quite fully, the powers of the two brains; and, on the contrary, in most persons only one of these two primitively similar organs acquires greater power for certain actions, and the other for other actions.

3. Communications between the body and the brain can be more or less fully accomplished by means of a very much smaller number of conductors than would be necessary according to any view like the well-known clavier theory. As we know that the will only gives an order, and as we know by clinical facts that any part of the medulla oblongata can be destroyed without paralysis, and that in some cases a very small portion of it has proved sufficient for the persistence of voluntary movements, it would seem that the order may be transmitted as well by one fibre as another, and that it is necessary to recognize the existence of faculties of a much higher order in the nerve-cells of the spinal cord than those which are admitted to exist there. Many facts and a similar reasoning tend also to show that the nerve-cells of the spinal cord possess, as regards sensibility, faculties of a higher order than those which are admitted.—*Med. and Surg. Reporter.*

#### GASTRIC ULCER TREATMENT.

The most successful treatment is rest, meanwhile supporting the system by nourishment introduced through other channels. Fortunately, the large intestine allows this to be done, and for sufficiently long periods when care is exercised in the selection and preparation of articles of nourishment. In addition to the ordinary substances used, as beef-tea or juice, strained oatmeal gruel, and white of egg, attention has within a few years been called to the value of minced fresh meat, thoroughly incorporated with the pancreas of freshly-killed pigs in the proportion of two parts of the former to one of the latter. In a case of intestinal obstruction now in the seventeenth week, recourse was had to this among other methods of sustaining the strength without loading the bowels above the obstruction. Our method of proceeding was to have a messenger waiting at Squire's slaughtering establishment, who received the pancreas and brought it without delay to the patient's residence. Here the physician, after removing the fat and selecting the true glandular substance, mixed it thoroughly with the finely-divided meat, and placed it in the form of a soft sausage, as high in the rectum as was possible without inflicting pain. The result was highly satisfactory for a time. In from six to twelve hours the parts not absorbed came away in the form of a thick, creamy emulsion. Patient declared that he felt stronger, and derived

more benefit from this than from any injection of beef-juice. After repeating it ten or twelve times, however, the intestine became sensitive and painful, and we were compelled to discontinue it. I have thought frequently of giving this method a fuller trial in cases of gastric ulcer. The chief objection lies in the difficulty of complying with all the conditions. The pancreas must be fresh; if more than two hours from the living animal its value is much impaired or lost. The pig should be killed after a full meal. It is also desirable to get the mass high up in the colon, and this is by no means easy of accomplishment.

My thanks are due to Dr. Morrill Wyman for the suggestion of using this mode of treatment, though recently I have seen allusions to it in many of the journals. Simple and effectual as these measures are in the treatment of gastric ulcer, and familiar as they are to all connected with hospitals, little if any allusion is made to them in the books.

Case. Kate McD., aged twenty-three, seamstress, entered City Hospital, February 10, 1875. Family consumptive. Two years ago had slight attack of hæmatemesis. Has gradually lost strength for the last five months. Had much pain in epigastrium. Hæmorrhage was relieved by cold applications to epigastrium, and ice internally.

Two days before entrance the patient vomited a large amount of bright red blood mixed with clots. Hæmorrhage checked by means of cold externally and internally, with powdered alum and ergot.

Since, she has been free from pain. After entrance to hospital she vomited some clear mucus not mixed with blood. Injections, per rectum, of beef-tea, raw eggs, and brandy, every two hours, were ordered, alternate injections to contain twenty drops of tincture of opium.

February 12th. *R* Bismuthi subnitrat, grs. xx., Acidi Gallici, grs. v. *M.*, three times daily.

*R* Valentine's extract of beef,  $\mathfrak{z}$ i., Aquæ,  $\mathfrak{z}$ x. *M.*

February 13th. Vomited small amount of blood last night. Ice-bags were applied over epigastrium, and ice was given internally. Also *R* Ergotinæ, gr. i. Morph. sulph., gr.  $\frac{1}{2}$ . *M.*, subcutaneously.

February 17th. Strained gruel was substituted for beef-tea in injections.

February 22d. Patient is more feeble. Champagne and milk, two drachms of each, were given every ten minutes. Valentine's meat juice and brandy have been given per rectum every hour since entrance. Slight swelling noticed over left parotid. Abscess of the parotid gland complicated the case, but notwithstanding, the patient improved and was discharged relieved on the 21st of April.—*Dr. Blake, Boston Med. & Surg. Journal.*

OIL OF EGGS FOR SORE NIPPLES, CHAPS, ETC.—Heat yolk of egg until it becomes thoroughly dry; press it, and digest in boiling alcohol; filter while hot, and distil off the spirit.—*New Rem.*

## GASTROTOMY FOR STRICTURE OF THE ŒSOPHAGUS.

In the summer of 1875 a certain Charles M. drank from a bottle which instead of his favorite beverage contained caustic potash. He discovered his mistake in time to avoid swallowing much of the fluid, only a small portion going into the œsophagus. He at once cleansed his mouth with cold water, and he says the resulting disturbance was not sufficient to warrant his consulting a physician. About two months later he began to experience some difficulty in swallowing; food would pass down into the œsophagus, but would stick there. This difficulty, however, was not constant, and not enough to cause him any apprehension. He took little notice of it until last spring, when he felt compelled to seek medical advice, and presented himself at the hospital at the clinic of Professor Lucke for treatment. The examination disclosed a stricture of the œsophagus which was seated low down, near the cardiac orifice of the stomach. The attempt was then made to dilate the stricture by means of catheters frequently passed. The patient soon learned to use the catheter himself, and did not make his appearance at the hospital again until the middle of July, when he came, saying that he was unable to pass the catheter himself, and had not been able to take any solid food for more than a week. An attempt was now made to pass the catheter, and the stricture was found permeable only for the smallest catheters, and these with the greatest difficulty. The œsophagus had undergone a sac-like dilatation just above the point of stricture, which added to the difficulty of finding the orifice of the stricture. The patient could take nothing but liquid food. On the third day after his admission into the hospital the stricture became impermeable, and the patient was nourished by injections into the rectum. He now began to lose rapidly in flesh. The stricture was so low down that œsophagotomy was impracticable, and Professor Lucke advised the establishment of a gastric fistula as the only means of saving the life of the patient, for he was becoming very much emaciated. The consent of the patient could not be obtained to this operation until the ninth day after his admission, when he had become so weak that it was apparent to himself that there was no other alternative. The patient certainly was in a most unfavourable condition for such an operation, being in a state of great emaciation from so long a period of insufficient nutrition, having taken very little solid food during the week previous to his entering the hospital, and subsisting entirely upon liquid food for the following nine days, during six days of which time he was nourished entirely by injection into the rectum.

It would also require some time after the operation before food could be placed in the stomach,

and during all that time the patient must subsist upon food injected into the rectum. In spite of his unfavourable condition Professor Lucke felt compelled to operate. The patient was placed under the influence of chloroform, but not to complete narcosis. The operation consisted in an external incision through the abdominal walls, extending from a little to the left of the median line along the lower border of the ribs of the left side fourteen centimetres—five and three fifths inches—in length. Through this opening the stomach was found and drawn up; an incision was made through its walls seven centimetres—two and four fifths inches—in length. The edges of the opening into the stomach were then united to those of the external incision through the abdomen by means of sutures, and that part of the abdominal incision which remained to either side of the portion already united to the stomach was also closed by means of sutures. The operation was performed according to Lister's method under carbolyzed spray, and the wound dressed with disinfected material. After the operation it was necessary to continue the injections per rectum, for although there was now an opening into the stomach, the latter must be kept quiet, that the wounds might unite, which would be impossible were food placed in the stomach and peristaltic action excited. A few hours after the operation a grave complication set in in the form of a severe diarrhœa; everything was ejected from the rectum, and in consequence of the entire deprivation of nourishment the case terminated fatally twenty-four hours from the time of the operation. There is at least a great probability that the operation would have proved successful if performed at the time when first advised, for then the patient was in a much better condition, and in the course of a week food might have been given through the stomach, if only in very small quantities, yet sufficient to sustain life. There are records of cases somewhat similar in which life was sustained for many years; in fact, there is a case reported, operated upon by a surgeon of some distinction upon the Continent, who made an incision into the large intestine, thinking it was the stomach, the mistake not being discovered until after the wound had healed. The patient was fed through this fistula and life maintained for a number of months, the patient finally dying from some complication. The *post-mortem* examination revealed no peritonitis or other appreciable lesion, with the exception of the general pathological appearances characteristic of inanition.

*Boston Med. & Surg. Journal.*

THE HEAT IN INDIA during the past season is reported to have been extraordinarily intense, having ranged over 100° F. for several successive days, scarcely falling at all during the night.

## PLEURAL EFFUSIONS AND THEIR TREATMENT.

Dr. Ringer, of the University Hospital, says :—As to tapping, it was formerly reserved for extreme conditions, but now we aspirate, either to assist absorption, or to save the lung. Hence it may be done early, say when the chest is half full of fluid. The febrile state may last twenty-five or thirty days, we need not wait till it is over. The effusion contains so much albumen as to be practically a bleeding, and should be stopped as soon as possible. After an early tapping, I have known fever to continue a fortnight without fresh effusion. We may classify cases into those with simple serous effusion and simple purulent effusion; either may be *with* fever or *without*, and all will probably do well with aspiration. Then there are cases where the pus is fetid; if there be no high fever, give these a chance with simple aspiration; and even if there be fever, though the case then is very grave, one trial should be given to the same plan before an incision is made, for I look upon a free opening of the chest as a very serious and risky affair. The case before us has done well with a single aspiration. Examining for the results, and judging of the amount of expansion of lung, beside auscultating, etc., we look at the angle formed by the costal arch in front; in health the angle should be obtuse, and nearly equal on both sides, perhaps more obtuse on the right, owing to the liver, whilst, if the lung has not expanded, the arch will have sunk in somewhat, and the angle be more acute; the shoulder of the affected side will be lowered, and the spine, whilst often curved with convexity toward the same side during the stage of effusion, will have an opposite direction when the effusion has disappeared. Another case of pleuritis, in which five pints of serum had been removed by aspiration, was somewhat unusual, as being secondary to Bright's disease. In this form of malady the progress is usually insidious, and yet the effusion rapid. We know, from the effect of blisters in such patients, how quickly effusion may be poured out in any part. Dr. Ringer does not think it necessary to stop the withdrawal at any definite quantity, nor does he consider cough an indication for withdrawing the needle, only if much pain be complained of, or if blood begin to come.

The *Centralblatt* states that from a series of observations made during fifteen years in Frerich's wards, with special reference to operative interference, C. A. Ewald arrives at the following conclusions :—1. In cases of serous effusion in the pleura, puncture should be performed before the third week, only if life be in danger. 2. If puncture be made under exclusion of air and with previous disinfection of the instrument, no serous exudation becomes purulent. 3. The only means of determining with certainty whether a pleural effusion is serous or

purulent, is an exploratory puncture. 4. Incision, with puncture, should be made as early as possible into purulent exudations. 5. The mortality after incision into purulent effusions is from 50 to 60 per cent. when they are treated according to the present plan (incision in the sixth intercostal space between the nipple and the anterior axillary line, washing out with disinfectants once or twice daily, a catheter being retained in the wound, or one or more ribs resected). 6. Sanguineous effusion (in which blood becomes mixed with the exudation in consequence of the dilatation of vessels, leading to their rupture) is always the result of malignant growths of the pleura. 7. Serous exudations do not exclude the presence of tuberculosis and cancer of the pleura.—*Brit. Med. Four.*

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## SPLENOTOMY.

M. Péan recently presented to the Académie de Médecine two patients upon whom he had successfully performed the operation of splenotomy. One of these cases was operated on in 1867, and subsequently presented to the Academy in good health. The second case, which has just recovered, was a married woman aged twenty-four years. A splenic tumor had been growing, until at the end of eighteen months after its first appearance, when it filled the entire abdominal cavity, descending into the pelvic, and even to the right iliac fossa. Various symptoms, apparently secondary to the tumor, distressed her, and abdominal pain was constant. Yielding to the importunities of the patient, M. Péan excised the spleen on the 25th of last April. The *London Lancet* (Aug. 26th) thus describes the details of the operation :

“An incision was made along the linea alba from three inches above the umbilicus to two and a half above the pubes, and a corresponding incision was made through the peritoneum. The tumor was covered by the omentum; this was removed from below upwards and pushed to the right of the tumor, beneath the right hypochondrium, and both it and the intestines were kept back by sponges and warm napkins. The tumor had the characteristic reddish-violet color of the spleen. It was seized at its lower extremity and gradually raised within the lips of the wound until it rested on the hands of the assistants who were keeping back the intestines. No other organ escaped. The gastro-splenic omentum was about three-quarters of an inch wide at the level of the hilus; it contained blood-vessels and enormous lymphatics. One splenic vein was the size of the index finger. A wire ligature was passed around the whole pedicle, great care being taken to avoid the pancreas. The pedicle was then surrounded by sponges and the spleen separated from the hilus by a single cut, being at the same time turned quickly outwards. About a quart of blood

escaped in a jet from the spleen, but none fell into the abdomen; otherwise not more than thirty grammes of blood were estimated to be lost. No adhesions were met with. The sponges were removed, the great omentum spread out over the intestines, and the abdomen closed, the pedicle being retained between the lips of the wound. The progress of the patient was excellent. The febrile reaction was slight. Some blood appeared in the urine on the third day, but diminished and disappeared a few days later. The pedicle separated in a week. The patient's spirits were very good. Eighteen days after the operation she sat up, and a week afterwards returned home."

### Medical Items and News.

**RANULA**—Ranula is admitted by all surgeons to be a most troublesome and in many cases a most intractable affection. It is sometimes so little amenable to treatment that some surgeons, and among them the celebrated Dupuytren, contrived different means by which to keep open a fistulous orifice in the tumor, in order to empty the contents of the latter in the mouth. Jobert de Lambelle endeavored to effect the same object by inverting a portion of the internal surface of the ranula, and uniting it by a suture with the mucous membrane surrounding the orifice. M. Panas, of the Lariboisiere Hospital, finding these methods of treatment unsatisfactory, and after having given a fair trial to the different remedies in vogue for the cure of this affection with equal unsuccess, has lately resorted to the practice of injecting these tumors with a solution (one to ten parts) of the chloride of zinc, the results of which are most encouraging. M. Panas injects into the tumor from three or four to eight or ten drops of this solution, which also varies in strength according to the age of the patient; and this he does with a Pravaz's syringe without previously emptying the tumor. But it is not only to ranulae that M. Panas applies this treatment; he has found it successful in other tumors of the mouth, and thinks it may be advantageously employed in all cases of mucous or serous cysts in whatever part of the body they may occur.—*British Medical Journal*.

**SULPHIDE OF CALCIUM**.—Dr. T. Curtis Smith (*Southern Med. Record*, July, 1876,) confirms the observations of Ringer upon the value of this agent in boils, abscesses, carbuncles, and glandular enlargements. There is no other remedy which will cause the resolution of these affections equally well. He gives it in powder, with sugar, or in pill form, in the dose of one-half grain, every four or six hours, for children. Adults may take from one-half to two grains, with sugar, four or six times a day.

**A NEW METHOD OF USING SPONGE TENTS IN DILATING THE CERVIX UTERI**.—Dr. T. H. Seyfert (*Medical Times*, July 8, 1876) gives the following method of obtaining the benefits of compressed sponge while avoiding its dangers. The apparatus consists of a small metallic or rubber tube, holding on its perforated extremity a sponge tent, which is completely enveloped by a close-fitting, thin piece of India rubber. The rubber, while permitting the sponge to dilate to its fullest extent, prevents it from absorbing fluids from the canal and protects the cervical mucous membrane from abrasions. Water reaches the sponge through the tube which has upon its vaginal extremity a distensible rubber ball for its reservoir. Instead of limiting the tent it may be made to envelop the entire apparatus, thus keeping the tube in constant contact with the water, which by entering the perforations made in the tube readily finds its way to the sponge.—*Detroit Review*.

**TREATMENT OF PRURITUS BY THE SMOKE OF JUNIPER LEAVES**.—Dr. Boeck, of Christiania, reports the results of this remedy in several cutaneous affections, in which itching forms a most distressing symptom, especially urticaria, pruritus, and prurigo. The patient is enclosed as for an ordinary mineral vapor bath, and beneath him, with proper precautions against the blaze which may ensue, is placed a pan of live coals, upon which the juniper leaves have been thrown. If not freshly picked, the leaves should be damped with water. The patient is to remain exposed to the vapor for twenty or thirty minutes, generally on every second day. In prurigo, the remedy is immediately effective, and many cases have, after treatment in hospital by this means, been discharged cured. The most marked effects were obtained in bad cases of chronic urticaria and pruritus.—*New Remedies*.

**LIME WATER IN INFANTILE ECZEMA**.—A writer in the *Bulletin de Therapeutique* recommends lime water in eczema of the head and impetigo of the face in children, especially in chronic cases, which have resisted other treatment, and states that a marked improvement is noticeable after using it for eight days. It is to be taken in quantities varying up to half a pint, according to the age of the patient, and to dust the part with carbonate of magnesia; but the latter is only necessary when the secretion is very irritant.—*Med. & Surg. Rep.*

**HÆMOPTYSIS TREATED BY ERGOT**.—REPORT OF FIFTY CASES.—Dr. J. Williamson (*London Lancet*, January, 1876,) reports fifty consecutive cases of hæmoptysis treated by ergot. Out of these the drug rapidly checked bleeding in forty-four cases. In the other six it failed, as did also gallic acid. *Detroit Rev. of Medicine*.

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## REGISTRATION AND VITAL STATISTICS.

If history can be reckoned among the exact sciences by collecting and collating statistics, as is proposed by Mr. Buckle, in his learned work on the "History of Civilization in England," is it unreasonable to expect that similar means will contribute to place the science of medicine in the same category? An immense advantage would be derived from enforced registration by the Dominion or local governments, in preserving data for future times, that would enable medical historians to trace the succession of different diseases, and to learn the exact era when new diseases or modified forms of known ones, first appeared; what effects sanitary measures, as drainage, disposal of sewage, cleanliness and ventilation of buildings produced. When the returns shall be made as general in Canada, as they are in England and some of the States in the Union where State Medical Boards have long existed, many facts having interesting if not important practical bearings, will be well established. The influence of age, sex, occupation, habits, seasons, the comparative frequency and duration of different diseases, the prevalence of epidemics, and the medical geography of a country, can be determined by these means. The effect of the condition of the atmosphere in respect to temperature, moisture, electricity, presence or absence of ozone or oxygen in a particular state of electricity might be discovered, by records of disease, in connection with meteorological and mortuary records. The most formidable obstacles to the success of this measure, exists in the unwillingness of physicians to perform the necessary labour, not from the impossibility, as the example of many whose practice was more extensive, and whose habits of study were more industrious, has proved.

Witness, for example, the herculean labor performed by the leading London physician of his day, Dr. Chambers. It is known that for thirty-three years, he wrote out in full every case he treated in hospital and private practice. The books he used for his note-taking were quarto volumes, of about four hundred pages each, and they amounted to sixty-seven, besides various thin quartos. All the cases were regularly entered at night, with a copy of all the prescriptions that he had made during the day. These volumes of records of private practice were not all. The books which he kept at St. George's Hospital equalled in volume those of his private practice. All this was accomplished while he devoted himself to the duties of his profession with the most persevering and conscientious punctuality and assiduity, and whilst his fees amounted annually to from £7,000 to £9,000. He also found time to deliver lectures, and keep himself well informed in relation to the progress of medicine. The method of obtaining facts, by the registration of diseases occurring in private practice, is not a recent suggestion. It was acted on many years ago by eminent physicians and surgeons, and valuable tables and deductions have been preserved. Sir Gilbert Blane, then President of the London Medical and Chirurgical Society, read at a meeting on the 27th of July, 1813, "Observations on the comparative prevalence, mortality and treatment of different diseases, illustrated by abstracts of cases," which came under his care at St. Thomas's Hospital and in his private practice, embracing a period of twenty years. He thought the history of diseases in different ages indispensable in the cultivation of practical medicine; that all practical researches ought to be built on an induction of facts; that single objects of events are of little value, except in so far as they stand related to others, and that there are many complaints of which we are at a loss to make a comparative statement for want of records. He kept notes of all the cases which happened in the hospital during the greater part of the time from 1784 to 1794, and also in his private practice at all times, from 1795 to 1805. Sir Gilbert Blane's records show, that disorders of the stomach constitute about a ninth part in private practice, and only one thirty-fifth part of the hospital cases. Of liver complaints, one in forty-three in private, and one in one hundred and three

in hospital practice. In January 1817, Sir Charles Bell made a quarterly report of cases treated at the Middlesex Hospital and in private practice. Another admirable illustration of the value of medical statistics, is Captain Tullock's work on "Vital Statistics of the British Army." Also the Naval Statistical Report, ordered to be printed, by the House of Commons in 1840. The *Medico-Chirurgical Review* thus speaks of them: "They will tend to disabuse the mind of many erroneous, and some injurious impressions; and they will, we are confident, materially assist the progress of medical science." Dr. Holland, in his "Notes and Reflections," also expresses himself very decidedly in favour of the utility of statistics. Mr. Buckle, in the work already mentioned, thus speaks of general statistics: "Proofs of our actions being regulated by law, have been derived from statistics, a branch of knowledge which, though still in its infancy, has already thrown more light on the study of human nature, than all the sciences put together." Dr. Brinsinade on this subject thus speaks: "Another strong reason why the medical profession should be united, is that they may be able, in their collective capacity, to advise the public where to apply for relief when bewildered by the numerous systems, nostrums and specifics, which are presented to them on all sides. Physicians should consider themselves the guardians of the public health. It is obviously their province to counsel the adoption of regulations for the prevention and treatment of epidemic diseases, and this is recognized by governmental authorities, when an epidemic is sufficiently severe to attract their attention. But their care for the health and community should not end here. Public opinion on medical subjects needs to be modified, and it can be done only by those who know what modification is desirable. This task must be accomplished by medical men. Although they have no hesitation in advising the abatement of causes of epidemic diseases, and the adoption of general regulations for their prevention, they shrink from using their influence to prevent injurious methods of treating sporadic affections, more fatal to human life than all the pestilences and epidemics caused by contagion, neglect of cleanliness, ventilation and temperance." It should be the business of Government Boards of Health to examine and report on nostrums and so-called specifics,

weighing accurately their merits and demerits, and their adaptability or otherwise to the ailments for which they profess to be a cure. To answer affirmatively and satisfactorily the question, "Is there certainty in medicine?" the positive method of investigation must be applied, the first step to which is the accumulation of facts as to occurrence, topography, meteorology, phenomena, duration, terminations, concomitants and sequelæ of disease, modifying influences of age, sex, occupation and habits of life; and the means by which these facts are to be accumulated is registration. "It is only by the contribution of particular facts and of general results, that much good can be done to medicine. The time has arrived when a general and a well arranged system of hospital reporting must engage serious attention."—*British & Foreign Med. Chir. Review*. In another number of the same Journal the following passage occurs:—"We would suggest the combination of statistical reports, that is, summaries of facts, and individual cases. For the purposes of general utility we should say that statistical records and collections of cases calculated to display the general laws of disease or treatment, are preferable to individual instances of rare complaints. The latter are too often chosen because they excite curiosity and interest. The accomplished physician or surgeon is too apt to measure the attainments, the appetites and the wants of the profession by his own. Things familiar to him, he too readily concludes to be equally familiar to all, and hence the prevalence of transcendental pathological papers in our journals and transactions. One sound and universal induction is worth much more, in a practical point of view, than the most extraordinary fact or the most imposing theory. Such should be the aim of those who write for the real instruction of the public, or of our clinical reporters. It is with facts that they have essentially to do, and their object should be to transfer the experience of the ward to the report." Thermometrical observations are invaluable, and should be made by all recorders at certain fixed hours of day and night. Dr. Brinsinade has shown, that barometric observations to be of use, must be studied in connexion with the hours of the accession of certain acute, and of the exacerbations of certain chronic diseases. Dr. Moffat in a paper read before the English Meteorological Society, has shown by a series of very elaborate



tables, that an apparent connection is discoverable between the first appearance, increase, decrease and disappearance of atmospheric ozone with the decrease and increase of the readings of the barometer and thermometer, and the state of the weather generally; also that prevalent diseases form groups corresponding with certain meteorological conditions. In the formation of these tables, Dr. Moffat paid strict attention to all the lesser fluctuations of the barometer and thermometer, being convinced that there exists a great necessity for so doing, from the slightest variations in the reading of the barometer being followed by a change in the direction of the wind, and the appearance and increase or decrease and disappearance of ozone. Borckel and other investigators, have concluded that the want of ozone constituted the predisposing cause of cholera. Ozone has been shown to be a powerful disinfectant and deodorizer. Having detected the presence of this imponderable agent in the atmosphere, may we not hope that at some future time we may be enabled to detect the presence of that other equally imponderable agent the miasm from decomposing vegetable matter, and to counteract measurably its deleterious influences. Auguste Comte, in "Positive Philosophy," says, "Some of the most important arts are derived from speculations pursued during long ages, with a purely scientific intention. For instance the ancient Greek astronomers delighted themselves with beautiful speculations on conic sections; those speculations wrought, after a long series of generations, the renovation of astronomy; and out of this has the art of navigation attained a perfection which it never could have reached otherwise than through the speculative labors of Archimedes and Apollonius."

#### "FAITH," AS A REMEDIAL AGENT.

Very much, from time to time, has been said of the influence of the mind upon the body and its various functions, but the influence of the mental state in producing or relieving many abnormal conditions of the vital organs, is a subject worthy the consideration and the closest practical observation of every physician. So materialistic have we become, that we have run into the extreme of being ready to ask that the germ of every disease shall be microscopically demonstrated, and in our

therapeutics, far too much attention has come to be given, and too much virtue attributed to material agents and influences, and too little to the immeasurable power of the mind in the work of organic and functional renovation. It is a fact beyond question in the minds of many, and one that was strongly insisted upon by the late Sir Benjamin Brodie, that the *vis medicatrix natura* is all that is necessary, under favourable circumstances, for the restoration of the patient to a condition of health.

The influence of the passions are acknowledged by all, to be sufficient to produce an arrest or change of function and often violent disturbances of the system, and if this be true—as may be seen in the arrest of the process of digestion by any sudden emotion as surprise, joy, fear, apprehension, grief, &c.—why not accept the converse as indubitable, as may readily be demonstrated in the sick room.

The notion, that diseases may be controlled or removed and health restored by the agency of the mind alone, is almost too great a tax upon the credulity of many; and yet, no one upon reflection will doubt the important influence that confidence in a certain physician, or faith in a certain remedy, has in the result of the treatment. Who has not witnessed the buoyant influence of hope, the depressing influence of disappointment or despair, or the aggravating and harassing influence of anxiety, apprehension or dread? Yet many people who smile at the element of *faith* in the treatment of disease, have not the slightest hesitation in believing that infinitesimal doses of the hundredth dilution of some inert substance as the calcareo carb. or the carboveg. of the homœopath, or some fancied virtue in an unknown (to the patient) nostrum, will accomplish the renovation of a functional or organic disease, while to the imperial influence and godlike capabilities of the mind they attribute nothing. Such persons would invest inorganic matter with an imputed virtue greater than the soul is capable of exerting, and utterly ignore the supremacy of mind over matter, and the realm of material forces, forms and elements, even in the vital organism itself.

To the extensive and accurate observer it will be a fact only too apparent that familiar remedies possess less power for good than new ones with high-sounding titles, and cures are frequently

accomplished, when the agents employed possess no specific action whatever upon the system. As an instance of this, a case is narrated in which a lady was speedily cured of a long standing complaint by the administration of the ordinary "Hooper's cachons aromatic," under the name of "Electric pills." Few persons afflicted with chronic diseases are ever cured without strong confidence in the physician and his remedies. So true is this that when faith in a physician or remedy, however powerless in itself, is sufficiently strong, a visit or prescription from the physician with a word of encouragement, or the simple administration of the particular remedy is sure to be followed by the anticipated physical results. To the younger members of the profession of medicine, the influence of *faith* or the "will" power, as remedial agents, may appear trivial, but to the veteran practitioner the discovery has come with more or less force at times, that among the many agents comprehended in our therapeutics *faith* and will are quite as potent and far more desirable than *physic*. Indeed, the remedies comprised in the *Materia Medica*, often derive their principal action or power from the patient's preconceived notion of their curative properties; and in persons of strong will a firm exercise of it oft-times secures recovery. In proof of this statement, it is only necessary to instance the many cases in which inert substances as bread pills, acacia, or other simple powders and charcoal preparations have been administered, without the patient's knowledge of their real character, with satisfactory results. A patient who had become the victim of the morphine habit once applied for advice. A number of powders with pure muriate of morphine were first prepared in  $\frac{1}{8}$  grain doses; then on more being asked for, a little calcined magnesia was added, and finally a number of powders were prepared with magnesia alone, flavoured with a little bitter principle, each time with the same results as regards influence upon the system. Finally by persuasion its use was abandoned with success. So that in many cases where the patient's faith or confidence is unwavering, sugar powders, bread pills, or peppermint water, will as readily accomplish the expected psycho-physiological effect as if genuine drugs had been administered. On the contrary the specific effects of the most valuable remedies are often neutralised by the physician's manner, and any

doubts respecting his capacity are often stronger than the most powerful tonics or judiciously applied remedies.

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NEW METHOD OF TREATING CHOLERA.—Sergt. Major Hall, Army Medical Department, E. I. Service, describes a new method of treating Asiatic cholera. It consists in using hypodermic injections instead of giving stimulants by the mouth. He observes that in his own case his heart beat was stronger than usual, while his pulse was stopped; that the want of pulse at the wrist does not depend on want of power at the heart; that the whole nervous system is extensively irritated instead of being exhausted, and the heart and all the arteries are in a state of spasmodic contraction. He considers vomiting and purging of secondary importance. He used an injection of solution of chloral hydrate (which has a very depressing action on the heart) in twenty cases of collapse, eighteen of which recovered. They were natives of Bengal; perhaps among Europeans a more powerful sedative may be required, and he recommends sol. prussic acid, calabar bean, bromide of potassium, and other true sedatives. Opium, which is not a true sedative, but a stimulating narcotic, and all alcoholic stimulants are to be avoided, and nothing given to the patient to drink during collapse except cold water, which may be taken in any quantity desired.

TETANUS.—The use of opium and chloral hydrate in cases of tetanus both idiopathic and traumatic, is much resorted to in the East Indies. The patient is kept almost continually under the combined effects of chloral hydrate and tr. opii., until all occurrences of spasm disappear. The medicine and food are administered by means of enemata. The power or action of these combined drugs is like the action of a heavy weight on a spring, which if the pressure yielded the spring would begin to rise, but being continually maintained, the morbid nervous phenomena gradually give way, and disease vanishes. If used by enema in hydrophobic cases they might also prove serviceable. Chloral hydrate and calabar bean are also recommended for lock jaw.

**HAY ASTHMA.**—This is a most troublesome disease to many during the summer months in Canada. Its victims can never get heated, or work among hay in harvest gatherings, without experiencing the distressing symptoms of a violent coryza or cold in the head accompanied by severe headache, sneezing, inflammation of the eyes and difficulty of breathing. It has recently been discovered by Prof. Helmholtz to be due to the presence in the nasal cavities of numerous minute insects, known as *infusoria*. They adhere pertinaciously to the lining membrane, and are very active in high temperatures, and sluggish in cold. They slightly resemble the small creatures seen in stagnant rain water, but very much less in proportion. Prof. Binz another European investigator, has found that the infusoria may be destroyed by a solution of quinine. Of this fact Helmholtz availed himself by making a weak solution of quinine and blowing each nostril with it in his own case, (having suffered for twenty years from the disease) with immediate relief. An occasional repetition completely exterminates the offenders. His experience with it on himself has proved most satisfactory. It is now being tried with good results in the hay-fever of this continent.

**NEW THEORY OF THE CAUSE OF ASPHYXIA.**—Dr. Blandet, in the *Gazette Medicale*, denies that carbonic acid gas has any toxic effect in cases of asphyxia, and claims that it suffocates by simply filling the lungs to the exclusion of oxygen. Persons partially asphyxiated by  $\text{CO}_2$  can usually be restored by inhalations of oxygen gas. The real cause of foul air poisoning, is thought to be *carbonic oxide*, which is disengaged prior to carbonic acid and does not diffuse itself in the blood, but remains and destroys the hemoglobine and the hematin. It may also be inferred from this, that the best remedies are inhalations of oxygen, frictions of the skin with oxygenated water, and decomposable oxides, such as those of manganese and cadmium. It has been suggested that sulphhydrate of ammonia administered hypodermically might decompose the carbonic oxide.

Wm. R. Warner & Co. have received the Centennial award for their soluble Sugar Coated Pills. This is the third grand World's Fair prize that tests to their excellence over competition at home and abroad.

**THE TREATMENT OF RANULA.**—Dr. Morton, of Sheffield, recommends, in the treatment of this affection, a metallic seton acting, to some extent, as a drainage-tube. An ordinary suture-needle, medium-sized silver wire, is passed directly through the sac-like tumor from one side to the other, the ends of the wire brought forward, twisted together, and cut off, leaving a small ring of metal half within and half externally. The wire is allowed to remain three weeks, then cut and withdrawn. It causes no irritation nor impediment, and a patent orifice remains after removal.

**ASPIRATION IN TYMPANITIS.**—Dr. Lee (*Chicago Med. Four.*) relates a case of tympanitis, in which he used the aspirator with great benefit. The abdomen was greatly distended, and the patient was vomiting almost continuously. The smallest needle of the aspirator was used. It was plunged into the abdomen several times, and each time large quantities of gas escaped. The patient was greatly relieved, and finally made a good recovery.

**PERIODIC INTERNATIONAL CONGRESS OF MEDICAL SCIENCES.**—The fifth session of the above-mentioned congress will be held next year in Geneva. It will continue one week, and will open on Sunday the 9th of Sept., 1877. The proceedings will be conducted in the French language. All communications relative to the congress should be addressed to Dr. Prevost, general secretary, Geneva.

**TO PREVENT POISONING BY IVY.**—When obliged to work near poison ivy, wash the hands and wet the face in a strong solution of sugar of lead or sweet oil, before and after working where it is, and no bad effects will follow. A farmer when mowing in the midst of poison ivy covers his hands with machine oil and effectually prevents poisoning. If he neglects this he may be badly poisoned.

**DEATH OF THE QUEEN'S PHYSICIAN.**—The death of Dr. Laycock, physician to the Queen in Scotland, is announced in our English exchanges. Besides holding several important appointments, he was the author of several treatises on the nervous system, and numerous essays in medical and other journals.

INTEMPERANCE A CAUSE OF INSANITY.—Dr. Mann, medical superintendent of the Emigrant Insane Asylum, Ward's Island, New York, gives it as his opinion that it is impossible to estimate the complex influences exerted by intemperance upon the production of insanity. He states that he has traced intemperance as a cause in almost every case of general paralysis that has fallen under his notice, and that others have made similar observations. It is estimated that 50 per cent. of all the idiots and imbeciles to be found in the large cities of Europe have had parents who were notorious drunkards. Out of 350 insane patients admitted during two years at Charenton, insanity was attributed to drink in 102 instances. According to the statistics of all the insane asylums, fully one-fourth of all the admissions are due either proximately or remotely to intemperance. A case is now before the courts in Montreal, in which insanity is pleaded in defence in an action for separation for ill-treatment, whereas, it is proved that the defendant was under treatment for delirium tremens, which no doubt terminated in acute mania, ending in his being sent to Long Point Asylum, where he recovered under the treatment of Dr. H. Howard.

The well-known house of Macmillan & Co., London, publishers of the *Practitioner*, have undertaken the publication in England of "Micro-Photographs in Histology," the monthly work conducted by Drs. Seiler, Hunt & Richardson. A large edition is required for the English profession.

"To prove extinction of life," inject strong ammonia under the skin, if life exists there is no change, if the subject be dead a purple or blue colored patch is the result.

The next meeting of the American Pharmaceutical association will be held in Toronto on the 4th of Sept., 1877.

An opening for a medical man in a thriving village in Ontario. *See advertisement.*

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### Toronto Hospital Reports.

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#### CENTRAL NECROSIS.

Louis Frank, a laborer, æt. 22, a German by birth, of healthy parentage, was admitted into the Toronto General Hospital, under the care of Dr.

Fulton, in the latter part of August, suffering from "a running sore" on his leg, near the ankle. He states that he never was sick in his life; but about eight years ago he received an injury to his leg, which resulted in necrosis of the tibia. He was admitted to the Buffalo General Hospital, and the necrosed portion of bone was removed by Dr. Miner. After some weeks he left the Hospital, but the leg was not entirely healed, a discharge still continuing at the lower part of the tibia, about three inches above the ankle-joint, on the anterior aspect. On introducing a probe into the small opening in the tibia, a portion of necrosed bone was detected in the medullary canal, and apparently loose. The tibia was very much enlarged and the bone very dense. The operation for its removal was performed in the following manner: The patient was brought under the influence of chloroform, and an incision was made through the skin, which was dissected back and a trephine applied to the bone. An opening was thus made down to the medullary canal, but was not sufficiently large; a second was then made alongside the preceding. Through this, the sequestrum was readily removed. It was about  $1\frac{1}{4}$  inches long and  $\frac{3}{4}$  of an inch wide, two lines in thickness, and presented an irregular, worm-eaten appearance. The wound was dressed with lint wet with water, and afterwards with carbolic acid lotion (1 to 40), and the wound allowed to heal by granulation. The case did well, and the patient was subsequently discharged cured.

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#### POISONING BY OXALIC ACID.

W. B., æt. 52, a native of England, was admitted into the Toronto General Hospital, October 5th under the care of Dr. Cassidy. Two weeks before his admission he had taken a large teaspoonful of oxalic acid by mistake for sulphate of magnesia. He vomited immediately after taking it, and for some hours afterwards. At the time of his admission, he complained of soreness of the stomach, headache and constipation. He gradually became worse. Two years ago he had had an attack of pericarditis. His heart was enlarged and displaced to the left, but he did not complain of any pain or uneasiness in that region. He was ordered bis muth subnitrate in milk twice a day, and milk and lime-water as a drink. On account of the predo-

minance of head symptoms, the following was given :

R—Pot. bromidi,  $\zeta$ ss.  
 Aquæ camphoræ, ad.,  $\zeta$ viiij.  
 A tablespoonful three times a day.

Oct. 9th.—The patient appeared very dull and heavy ; complained much of his head. There was also incontinence of urine. Slept very little, and was constantly moaning.

10th.—Eats nothing, very stupid and heavy ; pulse 107 ; respiration 24.

11th. — Comatose, with stertorous breathing ; pulse 154 ; respiration 50 ; temp. 103 F. ; died at 8 p.m.

Post mortem.—Stomach empty, except some glairy mucus. The mucous membrane was congested, and of a dark color in spots, and other parts red. There was a perforating ulcer near the cardiac end, about the size of a five-cent piece. The heart was enlarged and weighed about 18 ounces, and was partially adherent to the pericardium, but no valvular lesions were present. On opening the cranial cavity, small ulcers were found on each side of the superior longitudinal sinus ; a small quantity of pus was found on the ulcerated surfaces. There was no effusion, and the brain itself appeared perfectly healthy.

#### ŒDEMA OF THE LOWER EXTREMITIES—AN OBSCURE CASE.

J. M., æt. 45, a native of Ireland, and a carpenter by trade, was admitted into the Hospital on the 18th of September, under the care of Dr. Dela-Haye. About two years ago, he had an attack of œdema of the lower extremities, of a temporary nature, from which he soon recovered and resumed his usual avocation. It was thought at that time to be caused by congestion of the kidneys. He has had no return of the trouble until a short time before his admission, when his feet and legs began to swell, and became œdematous. The swelling and œdema have now extended up the thighs and involved the scrotum and penis, and some small ulcers have formed on the legs near the ankles. There is no swelling on the face, eyelids nor upper extremities. There is dulness on percussion in the lower lobe of the right lung, and slight dulness in the lower part of the left lung, but no evidence of an accumulation of fluid. The right side of the

chest is slightly more prominent than the left. There does not appear to be any enlargement of the liver, at least it cannot be felt below the ribs. There is some enlargement of the heart, and the apex beat is felt about an inch to the left of the normal situation, but no valvular disease can be detected. The urine has been examined several times, but it contains no albumen nor casts. It is of the normal specific gravity, but somewhat scanty. The patient complains of no pain, tightness nor uneasiness in his chest or abdomen, and his condition is about the same as at the time of his admission. The treatment consists of tonics, baths, good nourishing food, and the following prescription :

R—Pot. acet.,  $\zeta$ ss  
 Pot. nit.,  $\zeta$ iss.  
 Vin. ipecac.,  $\zeta$ ij.  
 Morphine, grs. ij.  
 Aquæ, ad.,  $\zeta$ viiij.— M.  
 A tablespoonful three times a day.

### Reports of Societies.

#### NORTH BRUCE MEDICAL ASSOCIATION.

The adjourned meeting of this medical association being also the annual meeting, was held at Paisley, on the 11th ult., the President, Dr. Scott, in the chair. The minutes of the previous meeting were read and confirmed.

The election of officers was next proceeded with, resulting as follows :—Dr. Scott, President (re-elected) ; Dr. Reily, 1st Vice-President, and Dr. Washington, 2nd Vice-President.

On motion, Dr. Sinclair was appointed Secretary, and Dr. Cook, Treasurer.

The Secretary having read Dr. Douglass' resignation as member of this Association, it was moved by Dr. Reily, seconded by Dr. McLaren, —that the same be laid on the table until next meeting.—*Carried.*

The Association adjourned, to meet at Port Elgin on call of the President.

### Correspondence.

To the Editor of the CANADA LANCET.

Sir,—Will you allow me to suggest that the authorities of the principal Universities in Canada

should take steps to have their medical degrees made registerable in England. I feel sure it only requires a united representation to have such degrees as those given by the Toronto University, Trinity College Toronto, McGill College, and some others made registerable, by publication in the English Gazette. This was done quite recently in the case of several of the Australian and New Zealand Universities, and Canada is certainly not behind these. No doubt all those graduates of Canadian Schools and Universities will bear testimony, as to the advantage they would have derived when they came to England, had their degrees been registerable; at present only the tickets of attendance at lectures are recognized. I trust this suggestion may meet the eye of those able and willing to obtain, what in at least several Universities and Schools in Canada probably only requires to be asked for, to be granted.

Yours truly,

FREDERIC M. T. HODDER, M.B., M.R.C.S., Eng.,  
Army Med. Dept., Aldershot, 13th Oct. 1876.

[This is a most important communication, and we trust some action will be taken in the matter at once.]—Ed.

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### Books and Pamphlets.

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A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE, by Frederick T. Roberts, M.D., M.R.C.P. Lond. Second American from the last London edition, revised and enlarged, 8vo., pp. 920. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

We are much pleased with the new and improved edition of this popular work on the Practice of Medicine. That the work has been received with much favor, is shown by the fact that a new edition has been so soon called for. Most of the reading in small type in the old edition has been set in larger type, and added to the body of the work. A separate chapter has also been introduced, on the "Diagnosis of Acute Specific Diseases," and some diseases, before briefly noticed, have been considered more in detail. The author has given a most excellent, clear and comprehensive treatise on the theory and practice of medicine—a work fully up to the existing state of knowledge and observation.

A TREATISE ON THE DISEASES, INJURIES AND MALFORMATIONS OF THE URINARY ORGANS, by S. D. Gross, M.D., LL.D., D.C.L., Oxon, Philadelphia. Third edition, revised and enlarged. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

The present edition of this work has been revised and re-written by Dr. Gross' son (S. W. Gross, M.D.) The chapter on tumors of the bladder and prostate are entirely from his pen. It is in Dr. Gross' usual clear and happy style, and is replete with instruction and experience in the medical and surgical treatment of urinary affections. It is unnecessary to say anything in praise of a work from an author so well known as Prof. Gross.

A MANUAL OF CHEMISTRY—GENERAL, MEDICAL AND PHARMACEUTICAL, by John Attfield, Ph. D.; F.C.S. London. Seventh edition, revised. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This excellent little work has passed through several editions within a short space of time. We know of no work so well adapted to the wants of the medical student as this, combining as it does the principles of chemistry with pharmacy. It treats of both organic and inorganic chemistry; quantitative and qualitative analyses; tests for the various substances, etc., etc., and is a work of great practical utility.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST for 1877, bound in the best manner, with Tucks, Pockets, and Pencils. Price, for 25 patients weekly, \$1.00; 50 patients weekly \$1.25 Interleaved edition, \$1.50 and \$1.75.

This is now the *twenty-sixth* year of its publication. It has received the most unqualified approval of, and is in very general use by, the profession in every section of the United States and Canada. Its compact size, convenience of arrangement, and durability and neatness of its manufacture have everywhere obtained for it a preference.

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### Births, Marriages, and Deaths.

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On the 14th ult., Dr. L. C. Sinclair, Mayor of Tilsonburg, to Miss Lillie, daughter of E. T. Tillson, Esq., of Tilsonburg.

Died, at Kilcolman, Township of Clarke, on the 3rd ult., J. P. Lovekin, jr., M.D.

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, DEC. 1ST, 1876. No. 4.

## Original Communications.

### ANTISEPTIC SURGERY.

BY F. LE M. GRASETT, M.B.C.M. (EDIN.,) M.R.C.S.  
(ENG.,) TORONTO.

Demonstrator of Practical Surgery in the University of  
Trinity College.

MR. PRESIDENT AND GENTLEMEN,—

Having had great facilities for observing the conduct of surgical cases treated under what is known as the antiseptic system during my student course at Edinburgh University, and after my graduation as House Surgeon in the university clinical wards under Mr. Lister's charge, I thought perhaps a few remarks on the principles and practice of that system might be interesting, and have therefore drawn up very briefly, for so important a subject the grounds on which the theory of the system rests, and the practical deductions which are drawn from it.

In the first place, let us clearly understand, what exactly is the meaning of the term antiseptic system. It means the method of treating a surgical case in such a manner as shall effectually prevent the occurrence of putrefaction in the parts concerned. And if we really can accomplish this, what a change in behaviour do many surgical cases undergo. Indeed, it makes surgery very different from what it used to be. Injuries formerly regarded in the gravest light become comparatively trifling, and some diseases rarely admitting of cure terminate most satisfactorily in perfect recovery. This is a strong statement to make, but not stronger than I think is justly due to the change wrought in surgical practice by this system. The guiding principle, which regulates all details down to the very minutest in carrying out the practice to obtain such results, is the germ theory of putrefaction.

This theory declares, "that putrefaction in organic substances under atmospheric influence, is effected by living organisms developed from germs floating in the atmosphere as constituents of its dust, and not by the oxygen of the air as was formerly supposed." As perhaps the proofs of this theory as they were gradually elaborated, are not very familiar to some, and as an accurate conception of the germ theory is so essential to success in carrying out antiseptic measures in their integrity, it will be well I think to go somewhat into detail, into the experimental proofs on which the theory rests.

Ever since Harvey, in 1651, from his researches into generation, announced the law "omne vivum ex ovo," the belief has been very general that all animals and plants are derived from eggs or seeds; that vitality is always transmitted and never created; and that where these fundamental principles cannot be recognized, the minuteness of the germs and their wide diffusion throughout nature and more especially in the atmosphere, offer a sufficient explanation of what may appear mysterious. Nature, it was argued, must be uniform in her operations and analogy warrants our supposing that the same law of generation, which applies to the higher animals and plants is equally applicable to the lower. Many scientific men have from time to time, as the result of their investigations, doubted the truth of this reasoning, and were led to believe in an equivocal or doubtful generation of the lowest forms of animal life, that is to say in their origin without pre-existing cells or germs of any kind and therefore independently of parents, and at the present time scientific men are divided in opinion, as to the numerous forms of life that spring up in putrescent and fermented fluids, one side holding the doctrine of hetero-genesis or spontaneous generation—the other homo-genesis or generation from parents. The former theory has had able advocates in Pineau, Pouchet, and Hughes Bennett; while the latter theory, or that of atmospheric germs, has been powerfully supported by Schwann, Pasteur and Lister, especially by Pasteur, who by new experiments has revived the doctrine that fermentation and putrefaction are not chemical processes, as has been maintained by Liebig, but physiological phenomena dependent on living germs derived from the atmosphere.

The first great step towards the establishment of the germ theory, was made in 1836 by Cagniard

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Latour, who detected in yeast a microscopic fungus, the *torula cerevisia*, which seemed to be the essential constituent of the ferment, and he attributed the resolution of sugar into alcohol and carbonic acid to the disturbing influence of this growing organism. In the following year Schwann, published the results of investigation, he had made into the cause of putrefaction, during which investigations, he, too, independently discovered the yeast plant, and he described experiments which showed that a decoction of meat might remain for weeks together, free alike from putrefaction and the development of infusoria or fungi in a flask containing air frequently renewed, provided that the atmosphere was subjected to a high temperature, at some part of its course towards the containing vessel. Hence he concluded that putrefaction was caused by the growth of organisms springing from germs in the air, the heat preventing the putrefactive change by depriving the germs of their vitality. In other words he propounded the germ theory of putrefaction.

The result of Schwann's experiments was to convince most men that the fermentation of sugar was occasioned by the *torula cerevisiæ*, but it was not allowed that putrefaction was due to an analogous agency, and yet do not the cases present a striking parallel? In each a stable chemical compound, sugar in the one case, and albumen in the other, undergoes extraordinary chemical change under the influence of an excessively minute quantity of a substance, which regarded chemically we should suppose inert. In the case of fermenting beer or must, we can with the microscope see the *torula*. Can we in the case of putrid matter discover any similar disturbing cause? Yes. Put under the microscope a drop of pus that has undergone the putrefactive change and what an addition to the normal constituents of freshly evacuated, sweet smelling pus do we find? The pus has become thronged with numerous small jointed bodies called "*vibrios*," which assume vibratile or serpentine movements, such movements being unquestionably vital. Then comes the question, whence did they originate? Were they called into existence by the oxygen of the air acting in some not well understood way on some constituent of the pus, if so why did these animalcules not exist in the pus before evacuation, when it was lying in its abscess cavity, as in a large lumbar abscess, supplied with oxygen from its

pyogenic membrane, lining the cavity of the abscess and which we know is a highly vascular membrane, richly fed with bloodvessels? If we take this ground it will indeed be a hard question to answer, but if we take the germ theory as the explanation, the difficulty I think vanishes.

To endeavour to prove positively that the atmosphere is pervaded by the germs of minute organisms, and also that these organisms could not take their origin without such germs, Pasteur performed a number of experiments, and much as I would like to give you a short description of one or two of them, I must confine myself to describing one very striking experiment by Lister very similar to one performed by Pasteur. I will give it in his own words as nearly as possible. Writing in 1869 he says: "Two years ago last month, I introduced portions of the same specimen of fresh urine into four flasks" (urine being a fluid containing transparency with a high degree of putrescibility.) The body of each flask was about one-third filled with liquid. After the introduction of the fluid, the necks of three of them were drawn out into tubes rather less than a line in diameter, and then bent at various acute angles. In the other the neck was drawn out to a calibre if anything rather finer, but cut short and left vertical. The liquid was then boiled for five minutes, the steam issuing freely from the open end of the narrow neck of each flask. The reason for boiling it so long is, that as Pasteur has shown, merely raising this fluid to the temperature of  $212^{\circ}$  Fah., and then allowing it to cool, is not enough to kill all the organisms it may contain. It is necessary to maintain the elevated temperature for about five minutes, to insure complete destruction of their vitality. The lamp being then removed, air of course passed in to take the place of the condensed aqueous vapour, and during the two years that have since elapsed, a considerable fraction of a cubic inch of fresh air has entered every night into the body of each flask to exert its influence upon the liquid. In the case of the flasks with contorted neck, the air moving to and fro through the tube soon dried the moisture, which was at first deposited within it, making the neck dry as well as open from end to end, so that it could present no obstacle to any gaseous constituent of the atmosphere. Nevertheless, though thus freely exposed to the action of the gases of the air for so long a period, including two unusually hot



summers, the urine still retains its original straw colour and perfect transparency, presenting neither cloud, scum nor sediment, and the only change that I can detect in it is, that of late as a result I presume of the slow evaporation that has been going on in consequence of the perpetual change of air, some very minute shining crystals have been deposited upon the sides of the glass. But very different is the appearance of the urine in this other flask whose neck, short and vertical was calculated to admit particles of dust as well as gaseous material" (for considering the very gradual character of the movements of the air in consequence of the diurnal changes, it is conceivable that dust even though very fine might be arrested in angles of the flasks with contorted neck.) "The transparent straw colour has given place to a muddy brown, with abundant sediment, including the debris of different fungi, which have long since ceased to grow, poisoned no doubt by the acidity of the liquid, the pungently ammoniacal odour of which may be readily ascertained by placing the warm hand for a moment upon the body of the flask, while one nostril is kept at the orifice. Soon after the commencement of the experiment, this short necked flask had a really beautiful appearance. Two different kinds of fungi presented themselves—one of exceedingly delicate structure growing rapidly from the bottom of the vessel, so as to occupy in no long time the greater part of the bulk of the liquid; the other a dense blue mould floating at the surface and extending slowly in consecutive rings. Meanwhile the fluid gradually assumed a deeper and deeper amber tint, indicative of progressing change in its chemical composition.

In the case of the flasks with bent necks, I was not content with observing the completely unchanged appearance of the contained urine. Half a year after the experiment was begun, I poured out about half an ounce of the clear contents of one of these into a wine-glass for examination. Its odour was perfectly sweet and its reaction faintly acid, and under the microscope a careful search with an excellent glass of high power failed to detect vibrio, bacterium or any other organism. The lowest known forms of organic development and the slightest approach to putrefactive change had been alike prevented by simply filtering the air of its floating molecules. Yet the urine which had so long remained unaltered under the free

influence of the gaseous constituents of the atmosphere, proved as prone as ever to the usual effects of exposure to the air, as soon as particles of dust could gain access to it; for the wine-glass having been covered to prevent evaporation, I found the fluid in two days with a dunghill odour, and loaded with minute microscopic organisms, and a few days later different kinds of fungi visible to the naked eye were growing in it."

Now I think, to any one carefully pondering over what this experiment teaches, it will be found to afford the strongest evidence in favor of the germ theory of putrefaction. I am aware that other men have performed or endeavored to perform this experiment, and have failed to get a similar result, but we must remember that in a case like this merely negative results have little force compared with positive evidence, provided that the positive evidence rests on satisfactory authority. If we consider what the germ theory assumes, how minute the putrefactive particles are supposed to be, and how universally present in the atmosphere, and in the dust which adheres to all objects exposed to it, it is easy to understand failure in such experiments consistently with the truth of the theory; but it is impossible to understand success in any single instance, consistently with the falsehood of the theory.

Within the last two years, Mr. Lister, labouring with untiring energy to adduce further proofs of the scientific correctness of this theory, has made numerous experiments with milk—a highly putrescible fluid. In these experiments, instead of using flasks with variously bent necks, he made use of super-heated wine-glasses, that is to say, wine-glasses purified by subjecting them to a high temperature, and covering them with a glass cap and shade purified in the same manner by heat. The milk in these experiments was not boiled, but was introduced in the wine-glasses directly from the cow's udder, which, as well as the teats and the milkman's hands had previously been purified by means of a watery solution of carbolic acid, for it is not necessary, as has been thought, that in such experiments the organic liquids must be boiled, it having been shown that liquids such as milk and urine, if secured from their natural receptacles uncontaminated, will remain free alike from putrefaction and from organisms, when preserved in pure vessels and the dust of the air excluded.

The glass cap and shade do not fit with great accuracy, but allow an interchange of air to take place between the air contained in the glasses and the external atmosphere, but they are most effectual safeguards against the entrance of the dust, with its contained germs. Now just as the flasks lost a portion of their contents by slow evaporation, so do the contents of the wine-glasses gradually diminish, and in time will dry up altogether, but from first to last, no organisms are formed in them, nor does any putrefactive or other change take place in the contained milk.

I myself saw milk which had been lying in a wine-glass, as treated in the foregoing manner for a year and a half, shown before the Royal Society of Edinburgh, by Mr. Lister. And although eighteen months had elapsed since its introduction into the wine-glass, on removal of the shade and cap, it was found to be as sweet and pure as the day it came from the cow; and one of the members present drank that wine-glass of milk and pronounced it excellent. Similar experiments with the same object, only using urine instead of milk, have been performed by Lister; at times varying the details, but always keeping the same object in view, thus, using a prepared cotton plug as a cap to filter the air of its germs, at the neck of the flask or wine-glass; also with boiled organic liquids.

But about the researches of Prof. Tyndall, one of the ablest scientific men of the present day, bearing on this subject, I must say a few words. He has proved that air will become pure by mere subsidence of its dust; for he subjected solutions of meat and other organic liquids of a similar nature, to very crucial tests, and found that if these solutions are subjected to a high temperature, exposed in air boxes that have been kept at rest for a day or two, in order that the dust may subside, putrefaction will not take place, even for an indefinite time, provided also that means are taken to prevent the dust rising up—the means he uses to accomplish this, being to smear the inside of the box with glycerine. He also found that air under these circumstances was optically pure, that is, that there were no particles or motes to be detected in it when illuminated by a beam of electric light in a darkened room.

And now for a short description of the practical application of the germ theory. And first of all let me say that if any one wishes to give this system

a fair trial, whether he believes that the truth of the germ theory is an established fact or not, he must act as if he believed it was, otherwise by failing to get the results he expects, he will bring discredit on the antiseptic system and disappointment on himself, by neglecting some of those precautions which though they may appear trifling, nevertheless the germ theory tells us are essential to success.

To effect the exclusion of these germs that float in the atmosphere, and cause putrefaction, Mr. Lister employs chiefly three antiseptics: (*a*) Carbolic Acid; (*b*) Boracic Acid; (*c*) Chloride of Zinc.

These, though differing more or less in their mode of action, are each of them extremely valuable. Thus pure carbolic acid possesses great power in destroying low forms of animal life, and is the most useful and the most trustworthy antiseptic agent that has yet been tried. Its volatility renders it simply invaluable for dressing abscesses and hollow wounds, and for securing to us an antiseptic atmosphere, a most important factor in the performance of operations and the dressing of wounds. From its playing so important a part in the antiseptic system, some people are in the habit of talking about the carbolic acid system as if the whole gist of the matter, lay in the mere using of carbolic acid in some form or other. This is a great mistake; true it is that in the present state of the antiseptic system, carbolic acid is the greatest and best foe to these germs of putrefaction, still, if any one can produce any other agent which excels carbolic acid for those qualities for which it is used, I venture to assert positively that carbolic acid will form no part of Lister dressings.

It was indeed thought at one time that salicylic acid might supersede it, being highly spoken of by Kolbe of Leipsic, who used it largely, and found out means to manufacture it cheaply, but on more extended trial it has been found wanting.

I shall now allude to the materials used and their manner of application in the dressing of an antiseptic case. Take as a very simple example, an ordinary abscess, for in such a case the antiseptic is used only to prevent the access of any septic organisms from without. First of all, it is necessary that the epidermis in the vicinity of the opening you intend to make into the abscess, should be free from organisms, for though the skin may be aesthetically pure, it very probably is not so from

an antiseptic point of view. For this end you cleanse it with a watery solution of carbolic acid in proportion of one part of the acid to twenty parts of water, (1-20); in the same solution the sponges and instruments are also purified, as well as the hands of the operator and his assistants. During the operation the sponges may be washed in 1-40 lotion, and in changing dressings this strength is sufficient. Then the gauze dressing is impregnated with carbolic acid held in resin, resin having the property of holding carbolic acid with great tenacity, but on account of its stickiness, it has to be mixed with paraffine—the most satisfactory proportions being acid 1, resin 5, paraffine 7. This gauze is made up into a dressing eight layers in thickness, of a size commensurate with the amount of discharge expected, which a little experience soon enables us pretty accurately to gauge. Between the 7th and 8th layers of this dressing, a piece of thin rubber or Mackintosh cloth is placed, to prevent the discharge coming directly through, washing out the carbolic acid stored in the dressing, from a portion of the centre of the dressing, and thus allowing putrefactive organisms access to the abscess cavity.

One more caution in reference to the gauze, inasmuch as carbolic acid is at the ordinary temperature of the air, given off very slowly from the gauze, organisms of putrefaction might not be deprived of their vitality by mere contact with the gauze, as they would for instance, if it was a watery solution of average strength, consequently it is safer to damp the gauze with the 1-40 lotion at the part which, when the gauze is applied, will be opposite the wound, or you may use a small piece of gauze wrung out of similar solution. The bandage to secure the dressings is made of the gauze, and from the resin contained in it, it has a certain degree of "clinginess" which makes it retain its place better than a calico bandage, which is an important point, as any shifting of the dressings might be disastrous in regard to the further antiseptic management of the case; it also enables you to apply a bandage underneath the gauze dressing, which is highly desirable in such cases as the retraction of the soft parts after amputation. Another very essential feature in the management of such a case as the hypothetical one we are considering is, that the atmosphere in the vicinity of the wound must be in an antiseptic state, as air is

sure to be passing in and out of the cavity of the wound, but as long as the air is *a-septic*, that is, freed from germs, it makes not the slightest difference, there being no wish to exclude the air or hermetically seal the wounds, as some have imagined was the object aimed at; this is managed by using a spray producer something similar to Richardson's ether spray producer. Lately a steam spray has been perfected by Mr. Lister, which acts very efficiently. If at any time we suspend the action of the spray, the wound should be covered with a piece of muslin free from holes, dipped in the 1-40 solution. The spray and muslin guard are of course unnecessary if the wound is superficial.

The mode of procedure summed up is as follows:—The skin being cleansed, the fingers of the surgeon and assistants, sponges, knife, and all instruments used purified; the spray is turned on, the opening made, the pus evacuated, any bleeding vessel secured by a carbolized catgut ligature, the ends of which are cut short off close to the knot, and then a piece of drainage tube (to allow no serum to lodge in the cavity, else tension would result, causing inflammation,) introduced, the dressing of gauze applied and secured with a bandage. As soon as it becomes necessary to change this dressing, (which it is always well to do after 24 hours), an assistant should place his hand over the dressing while the pins with which the bandage has been fastened to it are removed and the bandage cut; this side of the dressing is then care fully raised and the spray directed into the angle between the dressing and the wound; the drainage tube is removed, washed in 1-40 lotion and re-introduced, the skin washed and a fresh dressing applied. By degrees the intervals between the dressings become longer, thus every 2, 3, 4, 5, or 6 days, as required by the diminished amount of discharge, at the same time shortening the drainage tube as required. The drainage tubing is that used by M. Chassaignac, and has holes cut in the side to allow the discharge to reach the lumen of the tube.

In all operation cases in which the skin is unbroken this is the mode of procedure, but in accidental wounds, such as compound fractures, dislocations not requiring amputation, we have to remember that septic matter has gained admission to the wound before we saw it, and we have to

endeavor to correct it by thoroughly washing out the wound with a strong watery solution of carbolic acid, taking care that the solution penetrates into all the recesses of the wound, of course also removing all foreign bodies and pieces of bone. To shield the wound from the irritating action of the carbolic acid, it is necessary to use some material that will be practically impervious to carbolic acid, and non-irritating itself. A very satisfactory protection is made by coating oil-silk with copal varnish and then a layer of dextrine. The dextrine allows the oil-silk to become uniformly wetted by the antiseptic solution (otherwise it would glide off the silk like water off a duck's back) into which it is dipped at the time of application to the wound. For if the carbolic acid was not kept from irritating the wound, healing would not take place and the tissues would be stimulated to suppurate.

In the class of cases in which putrid sinuses already exist and in which it is necessary to operate, say in a case of disease of the elbow-joint requiring excision, it is hardly to be expected that putrefaction can be entirely eradicated. Now and then this is effected by applying to the parts very freely, a strong solution of chloride of zinc at the close of the operation—40 grs. to the oz. of water. For chloride of zinc thus applied to the cut surface, renders the parts incapable of putrefaction for several days, and this without producing any perceptible slough. The patient is thus protected in that most critical time, the period preceding granulation, during which the divided tissues are most prone to inflammation and the absorption of septic products.

Boracic acid is, on account of its non-volatility not suitable for dressing hollow wounds, but in the form of lint and ointment, forms a valuable dressing for superficial sores.

Such, then, is the theory and such the practice of the antiseptic system; to your earnest and unbiased judgments I commend it, confident that if you rightly apprehend the theory and fairly test the practice the result will not disappoint you.

CAPILLARY NÆVUS.—Dr. Bradley (*Brit. Med. Jour.*) states that he has practised tattooing the skin over "port-wine stains" with carbolic acid. The result was a complete disappearance of the disfigurement in about three weeks. He recommended a further trial of this method.

## CASE OF DOUBLE OVARIAN CYSTOMA.

BY CHAS. WM. COVEENTON, M.D., M.R.C.S., ENG.,  
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The following case as illustrative of the difficulties that frequently attend a correct diagnosis of abdominal tumors may probably be interesting to the profession. I would *in limine* state that errors in correct appreciation of this disease (which, until within the last fifty years, had been held as only admitting of temporary palliation by tapping) should not be considered as seriously reflecting on the acumen of young practitioners. When we find the nestors in this specialty, for example, Spencer Wells, Boinet, Barnes, and others, confessing to an occasional grave mistake, only discovered on opening the abdominal cavity, we should deal charitably with the errors of those who have had little opportunity of studying this disease. Boinet, in the *Gazette Medicale de Paris for 1840*, relates a case of ovarian cyst, mistaken by some for pregnancy, by others for extra-uterine conception, by others for accumulation of fecal matter, by others for fibroid, and other tumors. Dr. Barnes recently referred to two cases that were supposed to be undoubtedly extra-uterine pregnancy, that proved to be ovarian cysts, and even Spencer Wells once punctured the gravid uterus, in performing the operation of ovariectomy, thinking it was the other enlarged ovary.

Mrs. F., the subject in this case, was a resident of Delhi, County of Norfolk, aged 48; twice married, having borne children to both husbands; menopause not established, having had the last menstrual period sometime in December. Shortly after, swelling was observed, but the patient could give little information whether she first noticed it in the centre of the abdomen, inclined to one or other side, or whether round, ovoid, or irregular in form. Sometime in March, she experienced what she conceived to be quickening, the increase of the swelling became more rapid, and shortly after this, I believe, the family medical attendant was first called in. Viewing it as pregnancy, the careful differentiation was not gone into by him, and he only occasionally visited her, until some time in August when a coloured discharge, with what were supposed to be uterine pains occurred, and the friends and medical attendant were summoned to attend her in her supposed confinement. The

pains continued at irregular intervals. On vaginal examination the attendant failed to make out the os, but found projecting beyond the Douglas cul de sac a firm unyielding tumor. Considering the case unusual, he requested the attendance of another practitioner. This gentleman subsequently informed me that on carefully watching the case, although the pains occurred at about the same interval of time as labor pains, he arrived at the conclusion that they were not uterine, and he was further strengthened in this opinion when he found on vaginal examination that only the posterior lip of the os, which was placed high up, above the symphysis pubes could be reached with the finger, the anterior not being within reach. He fancied he discovered also a greater mobility of the uterus than could occur at nine months' utero-gestation. After remaining in the house for some time and carefully watching the case, he arrived at the conclusion that although it might possibly be extra-uterine foetation, it certainly was not uterine. A square issue being thus established, the family determined, after an interval of some days, to have a third opinion. The gentleman called in made a very careful examination, including the use of the uterine sound, and other diagnostic means, as I was subsequently informed, and arrived at the conclusion that it was neither uterine nor extra-uterine, but a cystic tumor of some kind, adding that the case was obscure. On the 26th of August I was summoned in the night to a consultation with Mrs. F.'s regular medical attendant, in the case of another patient, and was told by him that it was his wish and the wish of the family that I should see Mrs. F.

As there had been so great a conflict of opinion in the case, I endeavoured to make the examination as exhaustive as possible. Mrs. F.'s general appearance was then favourable; complexion a little sallow, but conjunctiva clear; well nourished; limbs firm; temperature little if at all exalted; no varicose veins; areolæ not as dark as usual in pregnancy; no colostrum to be squeezed from nipples; no pencil line from umbilicus to pubes; girth, two inches above the umbilicus, 46 inches; an inch below the umbilicus, 43 inches; no dilated veins over the surface of the tumor; distinct fluctuation over the whole surface, but at that time no resonance on percussion. On placing the ear over the uterine region, no sound of foetal

heart could be detected. On making a vaginal examination I found the os above the symphysis pubes, the lips with difficulty reached, the vesico-vaginal and Douglas cul de sacs obliterated by a tumor that, on pressure, gave an obscure sense of fluctuation. Rectal examination also gave fluctuation. Bladder but little interfered with; no very frequent desire to urinate, and no difficulty in passing urine. The digestive organs were the most seriously interfered with; appetite fair, but almost invariably after eating, vomiting of ingesta, with a greenish black bile; flatulence, bowels generally regular. Her mental condition was good, calm and serene; no hysteria; sleep fitful. Respiratory organs favourable; no accelerated breathing or cough; sounds of heart normal; pulse accelerated, but fair in volume and force. Since the time at which the doctors had been summoned to attend her in supposed labor, there had been neither colored nor any other discharge from the vagina and no expulsive pains. The family history was favourable; no cancerous diathesis. The locality of residence also favorable, on a gravelly hill with good drainage. No evidence of cyst inflammation, entire absence of tenderness on gentle succussion or severe pressure. Slight mobility of tumor on grasping it from below upwards. I diagnosed a case of multilocular ovarian cyst, with probable adhesions, and as the pressure was interfering so much with the digestive functions, advised tapping. On the 2nd of September, at the husband's request, I tapped the cyst. Dr. Stanton, of Simcoe, and the two local physicians were present. After puncturing with a hypodermic syringe, and by means of it drawing off a few drops of viscid fluid, I divided with a lancet the skin and adipose tissue, and then thrust through the remainder of abdominal parietes a medium-sized trocar, and drew off, by weight, fifteen pounds of a highly viscid strawberry colored fluid, sticking to the fingers like glue. This for a week or more gave great relief, the digestive power improving, and rest at night improved. On the 13th I was again sent for with the view of a second tapping; this I objected to on the ground of the danger of adhesions from peritoneal inflammation, and advised her to think seriously of an operation for the removal of the cyst. On the 6th of October, having learnt that the patient was willing and anxious for it, I went up to make the

preliminary arrangements, as regarded a thorough ventilation of the room selected for the patient, scattering lime under the house, and removing all vegetable debris, also means for securing a uniform temperature, &c. The operation was arranged for the 12th of October. Present:—Drs. Coldham Fisher, Stanton, Sovereign, and Carder. Before administering the chloroform I requested Dr. Coldham, who has had extensive experience of ovarian and other cysts, to make a very careful examination, and verify or otherwise my diagnosis. After a minute and very thorough examination he arrived at the conclusion that although probably ovarian, there was a doubt in his mind whether it might not be omental, or fibro-cystic uterine tumor. As either of these two would preclude the chance of extirpating, with any reasonable hope of recovery, I determined, in consultation with the other gentlemen, on delaying the operation until we could have the benefit of Dr. Hodder's opinion in the case. A few days after I sent him by mail a detailed statement, and requested him to oblige me by coming up. Dr. H. had at the time two cases of ovarian cyst, one just operated on, and another to follow in a few days. On the 1st of November Dr. H. came up, and the following day we proceeded to the patient's residence. The condition of the patient was not equal to when I first visited her. This was shown by loss of appetite, swollen feet, and greater pallor of the face. The mental condition, however, was good, calm, hopeful, and resigned to whatever might be the result. I should here remark that on the 12th, in order to test the nature of the contents of the cyst, by means of a small trocar, I removed about a wineglass of the fluid, this, on boiling, precipitated two-thirds of its weight, I should say, of albumen. The addition of an acid having no effect in dissolving it. Following this there was a small amount of peritoneal inflammation, and there was meteorism above the umbilicus, where formerly it had been dull. Dr. Hodder made a very long and thorough examination, ascertaining by sound, position of bladder and uterus, fluctuation by vagina and bowel, general appearance and feel of tumor, diagnosing multilocular cyst of the right ovary, with lateral and posterior adhesions and effusion of ascitic fluid into peritoneal cavity. Every requisite preparation having been made, the patient was placed on the

operating table and the operation proceeded with. Present:—Drs. Hodder, Coldham, Stanton, Wilson, Kennedy, Sovereign, and Carder. Dr. Wilson administered most carefully the chloroform, assisted by Dr. Sovereign in watching the pulse and respiration, Drs. Hodder, Coldham, Stanton, and Kennedy giving me most kind and able assistance, and Dr. Carder attended to cauterizing irons. I made an exploratory incision of two inches, commencing half an inch below the puncture in tapping, through skin, adipose tissue, superficial and deep layer of areola tissue, dividing them on a director forced in by Dr. Hodder. On dividing the linea alba the peritoneum bulged slightly into the gap made by the incision, on opening which a considerable quantity of ascitic fluid escaped. I then passed in two fingers, found the adhesions anteriorly to be easily broken down, and divided the abdominal wall downwards, making the length of incision in all below umbilicus four inches. There was very little bleeding; this was immediately absorbed by sponges with little or no entrance into the abdominal cavity. On the discharge of the free ascitic fluid the pearly blue cyst came in view. This was punctured with a large trocar, with India rubber tubing attached, and a large quantity of ropy, adhesive, yellowish fluid removed. The reduction in size of the cyst, by this copious discharge, enabled me to pass the hand on either side between it and the abdominal wall, and with the fingers gradually break down the lateral adhesions. The cyst not being sufficiently reduced to permit its extraction through the incision, Dr. Hodder drew it higher up over the canula, pushing the trocar forwards and thrusting it into another cyst, a large discharge following.

At his suggestion I enlarged the incision upwards on the left side of the umbilicus, a little over two inches, and was then enabled by grasping it with a towel to remove it slowly from the abdomen. The assistant on my left, Dr. Stanton, placed his hands on either side of the incision and prevented the prolapse of the viscera by keeping the edges of the incision in close approximation. The pedicle was then tied with fine silk, firmly grasped with a cautery clamp, divided and the thin line of cut edge, cauterized with an iron at white heat. On sponging out the pelvic cavity another large cyst of the left ovary was found firmly impacted. This was much freer from adhesions and com-

paratively little trouble was experienced in its removal. The pedicle was treated in the same way as that of the right ovary, the pelvic cavity again sponged, and an omental vessel that had been tied cauterized. The wound was then brought together by hare-lip pins, through the whole thickness of the abdominal wall, at intervals of an inch, the two layers of peritoneum thus brought in close contact with each other, and fastened by the silk figure-of-eight. An india-rubber drainage tube was fastened in at the lower end of the incision by a superficial suture, the abdomen dried and cleansed and supported by long strips of adhesive plaster, carbolized tow, placed along the line of incision, and a flannel belt pinned around the whole. The patient was then gently removed to her bed, place on her back with the knees supported by a pillow and hot bottles of water placed to the feet and inside of legs. Pulse at right wrist very quick and feeble, at left hardly perceptible; brandy was very freely administered; breathing stertorous, no evidence of returning consciousness. After remaining an hour, during which time brandy was given at short intervals (with but little improving of pulse) and a suppository of opium placed in the rectum, the patient was left with Drs. Sovereign and Carder, who agreed alternately to watch by her bedside and introduce the catheter every six hours. The next morning I received a telegram from Dr. Sovereign, informing me that the patient died at 5 a.m. Anxious to ascertain whether her death resulted from nervous shock or internal hemorrhage, I went up immediately with Dr. Stanton to request a *post mortem* examination; this was granted. Rigor mortis only commencing at the upper part of body; abdomen and thighs warm. On removing the flannel bandage, carbolized tow and strips of plaster there was no soiling, and from the drainage tube only a few drops of blood had escaped. No bulging of wound. On removing the needles, we found adhesion of the peritoneum along the whole course of incision. Bowels normal in appearance; on displacing them, a large sponge was pressed into the pelvic cavity, which absorbed only a couple of ounces of sanguinolent serum; from neither cauterized edges of the pedicles nor omental vessel, had there been the slightest oozing. Dr. Sovereign, who was present at the autopsy, informed me that from the time we left,

the breathing had, with rare exceptions, been stertorous. The only evidence of consciousness was the forcible grasping of his hand at 11 p.m. when introducing the catheter—four ounces removed. This was probably more an automatic than a conscious movement. Dr. Wilson administered the chloroform with great judgement, and only three ounces were used. In every step of the operation I was most ably assisted by Drs. Hodder, Coldham, and the other gentlemen present, and no precaution was neglected that would give a reasonable hope of success. The right ovarian cyst, I should judge, with contents, weighed at least twenty-five pounds. It contained a large amount of solid or semi-solid substance that could not be broken down and removed through the canula, on that account the incision upwards was made, but in all, the incision did not exceed six inches. The tumor impacted in the pelvis and growing from the left ovary was perfectly cystic in form, about eleven inches in length, with a girth I should estimate at between thirteen and fourteen inches; weight certainly not less than twelve pounds, it was only slightly bound down posteriorly, and did not require tapping for its extraction.

#### A CASE IN OBSTETRICS.

BY A. H. BEATON, M.D., AURORA.

On the evening of the 9th September, 1873, I was called to attend Mrs. M—, of Stayner, in her first confinement. She was about 24 years of age, well formed, and had enjoyed remarkably good health. Labor had set in naturally, and proceeded very rapidly, so much so that the "waters" escaped, and the head presented at the upper strait in about two hours from its commencement. From this period, however, the process was very slow, although the pains continued strong and were aided by external pressure judiciously employed. When two hours more had elapsed with little or no progress, I applied the forceps and speedily delivered a large healthy looking male child. I was astonished, however, to find a large tumor, nearly as large as the child's head, in the umbilical cord, about two inches from the abdomen. The cord was about the usual length and size, with nothing abnormal about it except the tumor. On one side of the tumor was a patch of

skin two inches in diameter, of the same color and appearance as the body of the child—the rest of it being membrane resembling the cord, and, indeed, being a portion of it. At first I was at a loss to know what to do with it, whether to cut the cord on the inner or outer side, but concluded, as I had very imperfect light, it being night, to cut on the outer side, and make a more careful examination in the morning. The child was washed and rolled up comfortably, and left till I could have an opportunity of determining what I really had. I thought at the time that the tumor, or sac, contained the intestines, but as the portion of cord between it and the abdomen did not differ in size or appearance from that extending to the placenta, I was somewhat cautious in giving an opinion. The mother was kept in ignorance of the circumstance, and passed a very comfortable quiet night. The next morning I had no difficulty in coming to the conclusion that the tumor contained the intestines of the child, and immediately attempted their replacement by taxis, or, more correctly speaking, by manipulation.

A half hour's trial satisfied me that I could not succeed in this way, and I then concluded to open the sac. The child was held by its grandmother, a very intelligent lady, in a room purposely heated for the occasion. I made an incision three inches long, and the intestines came rolling out so fast that I soon had both my hands filled with them. Every inch of the small intestines had been confined in the tumor, and from its construction and the presence of the patch of natural skin, I have no doubt they formed and matured there. The process of returning, or transmitting them to the abdomen, was necessarily slow, as the opening was very small, and they were considerably distended with gas. The inconvenience of the presence of gas became greater as the work proceeded, and at length I had to resort to pricking the bowel in order to allow it to escape. The pricking was continued till the whole had been returned. The cord was then tied at the proper place, the abnormal appendage cut off, a pad adjusted, and the child dressed. A teaspoonful of castor oil was ordered, and on my return four hours afterwards I learned that it had "operated nicely." The child thrived as well as any child could do, and is now a fine healthy little fellow.

Having never seen a case of the kind before, in

an experience of over 2,000 cases of obstetrics, and being unable to find any record of such in any of the authorities with which I am conversant, I have thought it advisable to publish this. It is true some authors give instances, where, either by violence of labor, or the peculiar weakness of the abdomen, a portion of the child's bowels has been forced into the cord; but in this case it was not the result of the labor; and, not only a portion, but the whole of the small intestines occupied the sac or tumor.

### Correspondence.

#### POISONING BY SALTPETRE.

To the Editor of the CANADA LANCET.

SIR,—At page 96 of your November issue appears the report of a case of poisoning by oxalic acid which came under my treatment at the Toronto General Hospital. As this report, which was made without my knowledge or supervision, contains several errors, I hope you will kindly permit me to place before your readers a correct version of the case. W. B., æt. 52, a native of England, was admitted into the Toronto General Hospital on Oct. 5th, under my care. Two weeks previous he had taken about an ounce of saltpetre, which had been sold him by a grocer in mistake for Epsom salts. His sister-in-law took a teaspoonful of the drug at the same time. Both of them vomited immediately afterwards. They also complained of pain in the epigastrium, and were purged. Owing to the relatively smaller dose taken, the woman recovered, though she continued to suffer uneasiness in the stomach for some weeks afterwards. W. B., at the time of admission, complained of tenderness in the epigastrium, vomiting, persistent headache of the vertex and constipation.

Last winter he had been treated by Dr. Temple for pericarditis. An examination revealed that the heart was enlarged, the apex beating three inches below, and a little to the left of the nipple. There was no evidence of valvular disease. He was ordered bismuth grs. v. twice a day in milk, and a diet of milk and lime water. On account of the steady headache the following was given:—

R Potass Bromid, ℥ss.  
Aq. Camph. ℥viii.—M.  
Sig. ℥ss. ter. in die.



Oct. 9. The patient appeared very dull and heavy; complained much of his head. There was also incontinence of urine; slept very little, and was constantly moaning.

Oct. 10.—Eats nothing; very stupid and heavy; pulse, 107; respirations, 24.

Oct. 11.—Comatose with stertorous breathing; pulse, 154; respirations, 50; temperature, 103; died at 8 p.m.

POST MORTEM.—The heart was adherent to the pericardium, and was enlarged, weighing eighteen ounces; no valvular lesions were present. The stomach contained a quantity of dark greenish turbid fluid. The mucous membrane was very red over a large portion of the greater curvature, and in the centre of this reddened portion was a gangrenous patch about the size of a penny. In raising the stomach from its position the patch burst, allowing the contents of the organ to escape.

On examining the brain a portion of the surface about the size of a penny showed marks of recent inflammation. The surface of the convolutions, at this spot, was much roughened. There was no effusion. The inflamed spot was situated beneath the articulation of the superior angle of the occipital bone with the parietal bones. The rest of the brain was healthy. The dregs of the drug which remained in the cup used by the deceased were analyzed by my friend, Dr. Ellis, of this city. After looking in vain for oxalic acid, sulphate of zinc, etc., he found that it was simply saltpetre.

While writing on this subject I feel tempted to mention this rather curious circumstance. Last July I saw, in consultation with Dr. Gahn, of this city, a young man who fell suddenly ill, after taking an ounce of a substance which he had bought of a druggist for epsom salts. The suddenness of the seizure, the violence of the symptoms at the time, the subsequent tenderness of the epigastrium, and the excessive prostration, all pointed to an irritant poison. I saw the patient one week from the beginning of the attack; he was emaciated, jaundiced, and suffered from extreme tenderness in the epigastrium. I advised Dr. Gahn to order his patient a desert spoonful of the best olive oil three or four times a day, and good beef tea. The patient recovered. Dr. Ellis endeavored to analyze the vomit; but it was so mixed with impurities that he could give no posi-

tive opinion as to the nature of the drug. He did not find oxalic acid, zinc, or antimony. The only constant reactions which he did obtain were those of sulphuric acid and magnesia, so that, after all, it is not unlikely that the distressing symptoms which nearly brought a strong young man to death's door were caused by an ounce of epsom salts.

I remain, etc.,

J. J. CASSIDY, M.B.

Toronto, Nov., 1876.

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### TRACHEOTOMY.

To the Editor of the CANADA LANCET

SIR:—If you deem the following case worthy of inserting in the LANCET, it is at your disposal:—

Thomas Daley, æt. 65, while eating his dinner at the Victoria hotel, Guelph, on the 31st of October, was suddenly seized with symptoms of impending suffocation. Dr. Brock, who resides within a hundred yards of the hotel was at once sent for. On his arrival, he found the man apparently dead, but being convinced that life was not yet extinct, he at once ordered him to be carried out on the veranda, as the dining room was rather dark and close.

On examination of the fauces, no foreign body could be detected either with the eye or the finger, but feeling confident that the symptoms arose from some obstruction of the trachea, and unless immediately removed death was imminent, the doctor at once proceeded to perform the operation of tracheotomy. On cutting down upon the trachea, great difficulty was experienced in making the necessary incision—both on account of its being partly ossified from the advanced age of the patient, and from his only having a slender bistoury at hand.

Having at length succeeded in making a sufficient opening for the entrance of air, the patient almost immediately began to show symptoms of recovery. Upon introducing the finger as far back into the throat as possible, the doctor was enabled to reach a large piece of meat, which he extracted; again and again introducing his finger, two more large, tough, gristly pieces, which had evidently been bolted in a greedy manner, were drawn forth. The edges of the wound having been brought toge-

ther with wire sutures, the man was immediately sent to the General Hospital. On the following day the sutures were removed, and adhesive plaster applied. Patient complained of pain and stiffness in the body and extremities for several days, caused, no doubt, by the severe struggles during the time he was asphyxiated. Tongue and lips remained black for about forty-eight hours. The wound healed by first intention, and the patient was discharged cured six days after admission.

Yours, &c.

GERRALD O'REILLY.  
Assistant, Guelph Gen. Hospital.

### THE PARIS HOSPITALS.

To the Editor of the CANADA LANCET.

SIR,—In the following sketch I propose to give you a brief account of what I saw in the Paris hospitals during a month's stay in that city in the summer of 1875. Though only acquainted with a few words of French myself, I was fortunate enough to meet with a Canadian friend who had been in Paris several months, and we visited the hospitals together.

My first visit was to the Hotel Dieu, which is a very beautiful building consisting of several blocks, connected by corridors, and intended to accommodate 1000 patients. It was not yet finished, but in one of the out-patient rooms a consultation on diseases of women was being presided over by one of the assistants. During less than two hours we saw thirty-five women examined, first by the digital method, and then by means of the bivalve speculum. When any specially interesting case appeared, we were invited to examine for ourselves. Here they treat nearly all cases by a tampon of cotton wool which acts as a support in displacements, and when medicated is used in leucorrhœa, &c.

Our next visit was to the hospital for diseases of children. We went around the wards with Bouchut, who gave a clinic on each case, and among them was pointed out a girl suffering from chorea in whom bromide of potassium had been tried without success, but chloral had removed all the symptoms except a convulsive twitching of the diaphragm.

After Bouchut had gone through the wards, he

took us to a darkened theatre, where he showed with a sciopicon, a number of ophthalmoscopic appearances of cerebral diseases.

Next day we visited the hospital for syphilis where we saw Fournier examine a great many interesting cases. He uses iodoform to a great extent for abrasions of the vulva, cauliflower excrescences, &c. Connected with this hospital is a very fine collection of wax models of syphilitic disease.

On the 2nd July we visited the St. Louis hospital to hear Hardy give his clinic on skin diseases. Some time before the hour at which he was expected, there was assembled in the ward a group of students, among whom were representatives of all nations, Frenchmen, Germans, Russians, Spaniards, Chinese, Americans, &c.

At the appointed hour Hardy came within the enclosure of students who were all sitting in a circle, and bringing a patient with him walked the latter around so that each could examine the case for himself, and at the same time he gave a clinic upon it. One case after another was brought in, and the history, pathology, diagnosis, and treatment gone over.

Hardy is an ungainly looking man, of average height and about fifty-nine years of age. When he speaks his mouth is drawn to one side from facial paralysis; his eyes are small and deeply set, and at the first glance he has anything but a look of intelligence. But when he begins to speak one immediately loses sight of his personal imperfections.

Another day we again went to the St. Louis Hospital to see Péan, and directed our steps to the operating theatre. We had not long to wait among the thronging students before the portly form of M. Péan appeared. He at once began by reading over a list of interesting cases to be seen in the wards, and then the victims were brought in *seriatim*, a synovial cyst of the hand; myxoma of cheek, &c. He gave a clinic on each case before operating.

On the 5th of July we visited the Hôpital la Charité, where we heard a lecture on epilepsy, by Germain Leé, and then went around the wards with Trelat, where we saw a great variety of surgical cases.

Next day we visited the Hôpital Laraboisiere, which is situated near the Great Northern Railway

station. It is built in blocks arranged in the form of a square, connected by corridors and enclosing an open court in the centre. The ventilation is carried out by means of air shafts in the centre of each ward, the foul air being carried away by registers at the top, while the windows are kept shut so that there are no drafts. As there were no medical officers going around at the time, we had no opportunity of examining the cases.

On the 10th July we again visited the St. Louis Hospital and saw Péan operate for ulceration of the rectum, hemorrhoids, and cyst of the scalp, by means of the galvanic cautery; he then excised a papilloma of the hand with scissors; and bored a hole in the mastoid process for inflammation of the bone.

On the way back we called at the Medical School and heard a lecture on Obstetrics, by Pagot. He appeared to make it very amusing, describing in a ludicrous manner the mistakes in diagnosis of the tyro in midwifery. There were several lady students present.

We next visited the Anatomical Museum, and the Dupuytren Museum of Pathology. The latter is a most interesting and extensive collection.

On the following day we visited the Hospital la Pitié, and went around the wards with Lasague and Vernier, after which we heard a clinic on Fistula, by the latter. This is a very old Hospital, very much overcrowded and poorly ventilated. On our way home we passed through the Jardin des Plantes. In one part of the grounds is a museum and lecture-room, where we heard Claude Bernard give a lecture on Physiology, and saw him apply an electric current to the prepared muscles of a frog's leg in the well-known experiment.

On the 16th we again visited Hardy's clinic on Skin Diseases. This was his last clinic, as at the age of 60, the medical officers are obliged to resign in favour of younger men. He showed us a case of "Pelade" (a disease resembling tinea tonsurans); several cases of erythematous lupus; a case of discolored skin from nitrate of silver; and one of arsenical hyperæmia of the skin.

On the 17th I paid my last visit to the St. Louis Hospital and saw Péan operate for anterior staphylococci; removal of carcinoma from cheek; excision of breast, &c. He restrains hemorrhage by means of forceps, which are a combination of dressing and torsion forceps. In the excision of the breast, I

counted upwards of two dozen of those instruments hanging from the wound. A number of hand microscopes were passed around showing sections of various tumors.

On our way home we called at the School of Anatomy of Clamart. Here there are five halls, each containing twenty-four tables, and these are well supplied during the winter months. This is provided for the internes of the hospitals who dissect free of charge, but strangers pay \$10 a month for as much material as they want.

The hospitals in Paris are all under Government supervision, and the medical officers are paid by the country. There are three medical schools in France, all supported by Government, one being situated in Paris. Students pay no fees for attending classes, or hospitals, but pay a large fee when they graduate. This system produces a large attendance of students, so that in the hospitals it is sometimes difficult to get near the bedside. A large amount of hospital work is done by the internes, or students who reside in the hospitals, being appointed by competitive examination, who act as house-surgeons and dressers.

One is struck by their carelessness in giving the anæsthetic, and the dressings are by no means as carefully attended to as one is accustomed to see in the London hospitals.

The over-crowding and ill-ventilation of the wards, are very apparent, particularly in the older hospitals, and one would think it impossible for the surgeon to give sufficient attention to individual cases, when so many are allotted to one man.

The operating is rapid and brilliant, and the clinical instruction is probably more thorough than that of the English hospitals.

The expenses of living in Paris are light, and the amount of instruction, together with the beauty of the city, and its surroundings, the picture-galleries, museums, parks, and works of art, well repay a Canadian for the cost and trouble of a visit.

K. N. F.

Kingston, Ont., Nov. 9th, 1876.

CHOREA AND DISTURBANCE OF VISION.—In the *Medical Times and Gazette* for October 14 appears a new theory of chorea by Dr. Stevens, of Albany, in which a connexion is shown between chorea and imperfect vision. It is supposed that the distress of the nervous system caused by anomalous refraction and other causes of indistinct vision, act in such a way as to cause chorea.

## Selected Articles.

### ERGOTIN IN UTERINE FIBROIDS.

Dr. Lombe Atthill, of the Rotunda Hospital, Dublin, writes to the *British Medical Journal*:—

I, in common with all those who practiced the hypodermic injection of ergotin, as recommended by Hildebrandt, have found that this treatment, sooner or later, resulted in the formation of troublesome sores. I think it of some importance to say that, though this is perfectly correct with reference to the cases published by me, and quoted by Dr. Byford in his essay, it is not so with respect to my more recent ones. I have availed myself since my appointment to the Mastership of this hospital, of the larger opportunity offered me here to carry out this treatment more extensively, and I give the following cases as examples of the results obtained. Case 1, of large intramural fibroid, in a widow, nulliparous, aged thirty-eight; prominent symptoms, distress from weight and size of tumor, menstruation increased but not excessive, returning at intervals of twenty-one days; with an intramenstrual discharge of blood, moderate in quantity, lasting for three days; thirty injections practised at intervals of two and three days. Result: total disappearance of the intra-menstrual discharge, slight prolongation of the intramenstrual period, hardening and apparently slight diminution of the bulk of tumor, no pain caused by injection or irritation following it. Case 2. Single woman, aged forty-five, rendered exsanguine by profuse menorrhagia, accompanied by excessive pain, and lasting fifteen days and upward, intramenstrual period of not more than from seven to ten days; of late, in fact, seldom free from a red discharge; large intramural fibroid, filling up pelvis, and reaching to within an inch of umbilicus. Upward of sixty injections of ergotin; admitted January 6th. Result: March 10th, flow diminished in quantity and lasting for six days, intramenstrual period prolonged to twenty-one days; April 1st, menstruation reappeared this day, lasted but two days; May 21st, menstruated to-day, flow lasted four days. Marked as the improvement was as regards the check put on the loss of blood, her condition in other respects was not satisfactory; her sufferings, always great, were aggravated, the injection being always followed by severe pain, referred to the tumor, necessitating the constant use of morphia; she seldom could leave her bed; and I finally abandoned the treatment, and am now endeavoring to enucleate the tumor. I hope, at a future time, to publish the case *in extenso*. At present, I wish merely to point out the fact that the injection of ergotin, in neither of the two cases I have detailed, was followed by the formation of sores; nor has it been in several others in which it has been recently

practised for a shorter time by me. The only explanation I can give of the greater success in my later cases is this, that whereas I formerly added a small quantity of glycerine to the solution of ergotin, as recommended by Hildebrandt, I now employ a solution of one part of the extractum ergotæ liquidum (*British Pharmacopœia*) in two of water, injecting 15 or 20 minims of this each time. I always insert the needle into the gluteus muscle, making it penetrate to the depth of more than an inch.—*Med. & Surg. Reporter*.

### SALICIN IN ACUTE RHEUMATISM.

Before the onset of winter I would again draw the attention of the profession to the beneficial action of salicin in acute rheumatism.

In my original paper on the subject the following conclusions were given as the result of my then experience of the remedy:—"1. We have in salicin a valuable remedy in the treatment of acute rheumatism. 2. The more acute the case, the more marked the benefit produced. 3. In acute cases, its beneficial action is generally apparent within twenty-four, always within forty-eight, hours of its administration in sufficient dose. 4. Given thus at the commencement of the attack, it seems to arrest the course of the malady as effectually as quinine cures an ague, or ipecacuanha a dysentery. 5. The relief of pain is always one of the earliest effects produced. 6. In acute cases, relief of pain and a fall of temperature generally occur simultaneously. 7. In subacute cases, the pain is sometimes decidedly relieved before the temperature begins to fall; this is especially the case when, as is frequently observed in those of nervous temperament, the pain is proportionally greater than the abnormal rise of temperature. 8. In chronic rheumatism, salicin sometimes does good where other remedies fail; but it also sometimes fails where others do good."

A further experience of the remedy has confirmed me in the accuracy of these conclusions. In not one case of acute rheumatism have I found salicin fail to produce a speedy cure of the disease. I have therefore nothing to add to, nothing to detract from the conclusion—"that, given in sufficient dose at the commencement of the attack, salicin seems to arrest the course of acute rheumatism as effectually as quinine cures an ague, or ipecacuanha a dysentery."

The points to which, in this communication, I would direct special attention, are: first, the dose which should be given; and, second, the action of the remedy on the cardiac complications of acute rheumatism.

1. *The Dose*.—What I said on this point in my former paper was as follows:—"The dose of salicin is from ten to thirty grains every two, three

or four hours, according to the severity of the case. Fifteen grains every three hours is a medium dose for an acute case. It is very possible that less might suffice; for I have not tried to find the minimum dose. It is very certain that a much larger dose may be given without producing discomfort."

Further experience has led me to the conclusion that it is well to give the larger dose; and that the best way to get the full and speedy benefit of the remedy is to saturate the system with it as quickly as possible. The more speedily this is done, the more speedily are the fever and pains subdued. I now, therefore, give the salicin to adults in a dose of twenty to thirty grains every two hours: in very acute cases I give that quantity every hour till pain is relieved. With relief of pain, sleep returns and the hourly dose cannot be adhered to. But it is well to give twenty grains, at least, every two hours during the day, till the temperature is down to the normal. For a week afterwards the same dose should be given four times a day.

Salicin is an excellent bitter tonic—in my experience as good as quinine, and not apt to disagree as the latter is. I have always found cases of acute rheumatism treated by it convalesce very rapidly; treated in the old way, convalescence from that disease is a slow and tedious process.

I am specially anxious to call attention to the necessity for giving salicin in large and frequently repeated doses, because, in some of the cases which have been reported in the journals since my original paper was published, the dose given was too small to produce benefit. To give "from thirty to sixty grains per day" is to do justice neither to the patient nor the remedy; and to report a case in which such a dose was given as one indicating "the inability of salicin to arrest the disease," is to draw an inference which is unwarranted by the facts, and which tends to throw unmerited discredit on a remedy whose ability to arrest the progress of acute rheumatism has already been demonstrated in numerous cases. A case of acute rheumatism which gets from thirty to sixty grains in 24 hours—i. e., an average of less than two grains in the hour—receives practically no treatment, and is of no value as evidence either for or against salicin.

2. *The cardiac complications.*—What I said on this subject in my former communication was as follows:—"Regarding the action of salicin on the cardiac complications of rheumatic fever, I have no experience.....But it needs not the details of cases to demonstrate that a remedy which curtails the duration, or mitigates the severity, of an attack of rheumatic fever, must of necessity diminish in a proportionate degree the risk of cardiac mischief."

The first part of this statement I have now to recall. I have some experience of the action of

salicin on the cardiac complications, and shall presently give it.

The latter part of the statement I would in no way modify. There can be no doubt that the longer a case of rheumatic fever continues, the greater is the risk of the heart becoming involved; and that a remedy which cuts short that disease diminishes the risk to which the heart is exposed. Cure the patient in a week, and his heart is more likely to escape than if the ailment last for a fortnight.

From the fact that salicin so readily cures rheumatic fever, we therefore infer that it is a valuable agent in preventing the occurrence of the cardiac complications of that disease.

Whether it is of value in the treatment of these complications after they have made their appearance is another question, to which I would for a moment direct attention.

As already remarked, the question of the action of salicin in the treatment of the cardiac complications of rheumatic fever is distinct from the question of its power to prevent these.

It is now two years since I began to use salicin. During that time I have had under my care fourteen cases of acute rheumatism. Of these, eleven have been treated by salicin and three (for contrast sake) by salicylic acid. In not one case in which the heart was intact when treatment commenced, has any cardiac complication developed itself. To what extent this freedom from so common a complication is due to the salicin may be a matter of opinion. Under no other plan of treatment did I ever experience such immunity from cardiac mischief, and my own very strong belief is that this immunity is attributable to the beneficial action of the salicin. The salicin cures the fever, and in doing so saves the heart from the action of the rheumatic poison, in the same way as it saves the joints.

In private practice, cases of acute rheumatism are generally seen at an early stage of the illness. If the salicin be given at once and in frequently repeated large doses, I believe that the great danger of such cases—involvement of the heart—may be warded off.

If, as I do not doubt will be the case, the administration of salicin or salicylic acid in large and frequently-repeated doses should ultimately come to be the only treatment of acute rheumatism I do not hesitate to say—to prophesy, if you will—that in the next generation valvular disease of the heart will be much less common than it is in the present.

How much anxiety and how much suffering will thus be saved to mankind, those only know who understand the "hard conditions" which heart disease imposes on its victims during life, and the long trying agony by which it slowly leads to death.

The general treatment applicable to rheumatic

inflammation of the heart does not differ from that of similar inflammation in the joints. What is best for the latter is best for the former. Salicin cures the latter; salicin ought, therefore, it may be argued, to cure the former. And so, I have no doubt, it would, if the conditions of the heart and the joints were the same. But such is far from being the case. Acute rheumatic inflammation of a joint leads to the effusion of fluid; acute rheumatic inflammation of the heart leads to the effusion of lymph. Fluid effused into a joint is readily absorbed when the cause which gave rise to it is removed; lymph effused on the surface of the heart, inner or outer, is probably never completely absorbed.

Salicin given in sufficient quantity, and at a sufficiently early period of the illness, is competent to prevent the inflammatory mischief which gives rise to such effusion, but is incompetent to remove that effusion after it has taken place. Hence we find that, valuable as salicin is in the treatment of acute rheumatism, and in preventing inflammatory mischief in the heart, it has no effect in removing the effusion to which such mischief gives rise. And this is just what might have been anticipated. For the direct cause of all the objective, and most of the subjective, symptoms of cardiac inflammation is not the rheumatic poison which causes the inflammation, is not even the inflammation itself, but is the effused lymph which results from it.

The lymph effused during rheumatic inflammation differs in no respect from that thrown out during non-rheumatic inflammation of the heart's membranes. No one would expect salicin to remove the latter. It would be as unreasonable to expect it to remove the former. Salicin is not deobstruent; it is anti-pyretic and anti-rheumatic. It cures rheumatic fever, but it does not stimulate absorbents.

The fact that salicin is powerless to remove cardiac damage is an urgent reason for getting the system under its influence, and so out of the influence of the rheumatic poison, before the heart becomes involved.

The occurrence of cardiac inflammation is no reason for stopping the salicin. On the contrary, that inflammation is so clearly due to the rheumatic poison that the general treatment most applicable to it is that which best counteracts the influence of the poison to which the inflammation is due.

Salicin thus acts on the rheumatic poison. The free administration of that remedy is, therefore, the most likely way to prevent extension of the cardiac mischief.

The conclusions to which I have come with reference to the action of salicin on the cardiac complications of acute rheumatism are:

1. That given sufficiently early, and in sufficient dose, salicin prevents these complications.
2. That its free administration is the best means

of staying their progress after they have occurred.

3. That such general treatment does not exclude the usual local measures—leeching, poulticing, &c.

4. That the beneficial action of the salicin on the heart ceases when the temperature falls to the normal.

5. That salicin is powerless to remove the effusion which remains after the fever has ceased. (To touch the gums with mercury, slightly but quickly, I regard as the most hopeful means of attaining this end.)

It is right that I should add that my experience of salicylic acid leads me to regard it as having much the same action as salicin, as an anti-pyretic and anti-rheumatic. All that I have said of the alkaloid I believe to be equally applicable to the acid.

The advantage of the former is that it is an excellent bitter tonic, and never causes troublesome symptoms; except in some rare cases such tinnitus aurium as results from a two or three grain dose of quinine.

The disadvantage of the latter is, that it generally causes irritation of the throat, and frequently induces sickness; in one case I found it give rise to troublesome irritation of the bowels.—*Dr. MacLagan in The Lancet.*

#### TREATMENT OF TAPEWORM.

Although most cases of tapeworm can be readily cured by the usual remedies, such as male-fern, kousso, or turpentine, it sometimes happens that all are resisted, however carefully given. Such a case occurred to me about a year and a half since. The gentleman, a Canadian, suffering also from lung disease, had for more than two years been the subject of inveterate tape-worm, with all its attendant evils and discomforts. Before leaving Canada he had undergone the usual round of remedies, and under all, great lengths of the worm were expelled, but, as the results proved, never the whole parasite. After coming to Torquay, he again took, under my superintendence, large doses in succession, at intervals, of the above three remedies, as well as a full dose of kamela; but with still the same results, large portions of worm expelled, and on one occasion so narrowed that it was hoped the head had only escaped observation. Comparative freedom from discomfort for some time seemed to confirm this hope, but once more the signs were manifest. Just then the formula to which it is my purpose to call attention was sent over from Canada. My patient being in a weak state of health, the first dose given was not of full strength, more especially as one minim of croton oil only was added. Success was not complete. After an interval of a few weeks, the full dose was taken, and within two

hours the entire parasite, including the head, was expelled alive.

The bulk of medicine to be taken is large, but my patient said he found it much less disagreeable than the kouso; and I believe the mucilage from the pumpkin seeds renders the medicine at once more palatable and easier in action.

The following formula is exactly as it was sent to me. I believe it is largely employed both in Canada and the States.

Take of pomegranate bark ʒss; \*pumpkin-seeds ʒj; ethereal oil of male-fern, ʒj; ergot (freshly bruised) ʒss; powdered gum Arabic, ʒij; croton-oil, mij. Upon the pomegranate, pumpkin-seeds, and ergot, well bruised, pour eight ounces of water. Bring to the boil, stirring constantly whilst boiling for fifteen minutes; adding water to keep up the eight ounces. Make a smooth emulsion, with a small quantity of water, of the croton-oil, oil of male-fern, and gum Arabic. Strain the decoction through a coarse cloth and express strongly, and mix with the emulsion.

The patient should have a full dose of aperient (Rochelle salts ʒj) on going to bed; and the following morning the above dose about eight o'clock before any food.

I may add that, when I heard of my patient a considerable time after the last dose of the medicine, there had been no return.

SPENCER THOMSON, M.D., Ashton, Torquay.

### ARSENIC IN DISEASES OF THE SKIN.

The following are the conclusions of Dr. Bulkley's interesting paper "On the Use and Value of Arsenic in the Treatment of Diseases of the Skin," read at the meeting of the American Medical Association, and published in full in the *New York Medical Journal* for August:—

1. Arsenic when administered in medicinal doses, has quite another action from that manifested by poisonous doses. The average dose of the former is one-twenty-fourth of a grain of arsenious acid, while the smallest toxic dose is stated at two grains. 2. Arsenic in medicinal doses does not produce any slow poisoning, but has been administered for months or years in quantities a small portion of whose aggregate amount would destroy life at once. Hebra has administered a total of more than half an ounce to a single patient. The accounts of the toxophagi of Styria are true, and arsenic is eaten by some for many years without any apparent ill-effect. 3. Arsenic given by a careful practitioner, in doses to be effective, need never cause any symptoms which should cause regret. 4. Arsenic is eliminated very rapidly, chiefly by the bowels and kidneys so that the urine shows evidence of it in a few hours. No trace of it can be found on careful

\*From yellow field-pumpkin.

analysis of the body after death, two weeks after the last dose. 5. Arsenic, therefore, does not accumulate in the system, and no fear of this need be entertained; but when it is administered in increasing doses absorption may be hindered, and, when the doses become very large, active absorption of the large dose may give rise to a suspicion of cumulative action. 6. The first symptom of a full dose of arsenic in a very large share of cases is a fulness about the face and eyes, and conjunctival irritation and tenderness. This need not be exceeded, but may be often kept up with advantage to a slight degree until the disease yields. Before any harm is done by the arsenic, either this or a slight nausea or diarrhoea manifests itself. 7. Arsenic should be given with or just after meals. It is often best to give it alone, or with a small amount of bitter infusion. 8. The bowels should be first well purged, and an occasional laxative will both assist the action of the drug and prevent or modify some of its unpleasant effects. 9. If the urine becomes loaded and the tongue coated, it is best to stop the medicine for a short time and give diuretics; some of these disturbances can be prevented by combining an alkali, as acetate of potash, carbonate of soda, or aromatic spirits of ammonia, with the arsenic. 10. The most serviceable forms in which to use arsenic, named in the order of their value, are—solution of the chloride of arsenic, solution of the arseniate of potash, of the arseniate of soda, and the arseniate of ammonia, arsenious acid, iodide of arsenic, and the arseniates of iron and quinia; of as yet untried efficacy, solution of the chloro-phosphide of arsenic and arseniate of antimony. 11. The dose of arsenic, small at first, is to be increased slowly until some of its physiological effects are manifested or the disease yields; it may then be somewhat diminished. 12. It is very important that arsenic be taken very regularly and persistently, and always under the supervision and frequent inspection of the physician. 13. Arsenic is valuable in chronic rheumatism, hence is useful in arthritic eruptions. It is serviceable in certain neuroses, as chorea and neuralgia, therefore in skin diseases with neurotic elements; and it possesses anti-malarial properties, and is consequently serviceable in diseases of the skin showing periodic symptoms, as intermittent urticaria, etc., likewise with patients with other skin diseases who have been exposed to miasmatic influence. 14. Arsenic is certainly valuable in psoriasis, eczema, pemphigus, acne, and lichen, in proper cases, and when due attention is paid to the secretory organs, and to the diet and other elements of general health. Of less certain value in lupus, ichthyosis, sycosis, verruca, epitheliomatous and cancerous diseases, it is absolutely useless or harmful in the syphilitic diseases (except in rare cases), elephantiasis Græcorum and Arabum, purpura, true prurigo, herpes

zoster, scleroderma, molluscum contagiosum and fibrosum, keloid, vitiligo, nævus, etc. 15. The only local application of arsenic which is justifiable is either one where the strength is so weak, and the extent of its use so small, that there is no danger of absorption, which may occur when not expected; or one of such a strength as to kill the adjoining tissues at once, and so prevent absorption, as is the case with Marsden's mucilage."—*Med. Times and Gaz.*

### PROF. BILLROTH AND HIS OPERATIONS.

Without any invidious comparison, it may fairly be said that there is no operating theatre in Vienna so popular as Professor Billroth's. The cause of this is not wholly unconnected with the qualities of the principal performer. A profound pathologist, an accurate anatomist, an operator bold to the verge of rashness, an easy conversational lecturer, an accomplished linguist, a good blackboard draughtsman, are qualities not every day to be found combined in one who, during the most severe and tedious operations, preserves an amiability and unpretentiousness which makes his presence a companionship to the youngest assistant. Nor does one often find the strength and endurance of a blacksmith uniting these qualities on the one hand to a distinguished social reputation as a composer and pianist on the other. A combination of qualities like this, in one so favourably circumstanced, could hardly fail in achieving the popularity and success which Prof. Billroth has accomplished. In the theatre Prof. Billroth is attended by nine assistants, all of whom he encourages to operate there occasionally, and thus secures for them a sort of training not afforded in any other operating theatre with which I am acquainted. All the apparatus is according to Lister—carbolized gauze, carbolized oil-silk, carbolized caoutchouc, salicylic charpie, salicylic jute, etc.—most of them of the exquisite Schaffhausen manufacture, being ready in proper order. That pest of surgeons, ready-made (non-) adhesive plaster, is here unknown, the emplastrum diachylon being always freshly spread on linen cloth as required for use, and is always soft, pliant, and thoroughly adhesive. The ligatures on hand are carbolized catgut, fine silk, and fine flax—the two latter lying in a carbolic solution. The flax, though fine, is very strong when wet, and is more generally used both for ligatures and sutures. The instruments to be used are laid out in a carbolic solution of a strength of three per cent., contained in shallow procelain trays, in which also, before commencing to operate, the fingers of the operator are dipped, as also from time to time during the operation. Billroth has a peculiar penchant for bull-dog forceps (with slide). In-

stead of waiting to tie arteries as he proceeds, they are instantly seized and left in the care of the forceps—as many as twelve of them have I seen hanging like leeches from a wound—until, a convenient stage of the operation being reached, they were, as far as necessary, relieved by ligatures. This plan greatly facilitates despatch, and is particularly convenient and serviceable in the extirpation of large fibrous or carcinomatous tumors. In the closure of wounds, Billroth uses a great many sutures, making coaptation as perfect as possible, but uses draining tubes very freely. From a wound by no means large, following extirpation of the rectum, I have seen as many as eleven draining tubes projecting. In the Lister dressing (which after unsuccessful experiments with boracic solutions, has been reinstated with great care), an improvement, in the way of economy has been introduced. For, the caoutchouc, or oil skin, previously placed, between the sixth and seventh layers of the Schaffhausen carbolized gauze, paper has been substituted, so prepared in a mixture of linseed oil, white wax, and litharge, as to answer the same purpose. In such a large hospital a great saving is thus accomplished.

The *Anæsthetic* used by Billroth is not unlike that used by Dittel, consisting of three (3) of chloroform, one (1) of ether, and one (1) of alcohol. The special advantages claimed for this mixture is that it rarely produces cramp or vomiting. Upon the whole, I think its claims are sustained. However, vomiting not only does occur with it, but it has taken place precisely when it was most likely to prove disastrous.

The *Inhaler* in use here and generally throughout Vienna is a very simple affair. A scoop of wire-work, large enough to cover the nose and mouth, is covered with a single cap of flannel, which is tightened around the frame by gusset and tape. The anæsthetic is poured upon the outside only, and in drops, the bottle always having a stopper-tube attachment. The patient can breathe either through or under this inhaler, as may be desired. It is light, handy, cheap, and for safety, simplicity, and economy, this method of administration is highly to be commended.

*Esmarch's Method*, when practicable, is never omitted; the elastic tube is entirely discarded—an elastic band, simply a little narrower than that used for the preliminary impression, being substituted for it. There is a suspicion, however, that in addition to the temporary paralysis sometimes caused by this method, it has a tendency also to interfere with prompt primary union. From a multitude of cases and facts observed, the following may be not devoid of interest:

*Lymphoma Maligna* has in three successive cases been recently treated successfully. In the last case, a man thirty years of age, a very large number of the superficial lymphatics were exceedingly



enlarged. The treatment was Fowler's Solution, five drops, gradually increased to twenty, internally daily. Also, into the body of each tumour, by turns, an injection of one drop occasionally, several of them being injected every day. The tumors at first were quite stubborn, but after beginning to be soft and movable, they progressed rapidly to disappearance.

*Atheroma of the Lower Jaw.*—in point of location so rare, Billroth had never before seen it. The patient was a woman, twenty-five years old, and the tumor, which was situated just beneath the bicuspids and first molar on the right side, was about the size of a walnut. It had been growing about two years, but had been painful about two months only. At first sight it might have been taken for epulis or dentigenous cyst; but on proceeding to operate, the tumor was found to consist of a cheesy, calcareous mass. The surface beneath, after being well scraped to the depth of about (3) three millimetres, looked healthy, and the wound healed without further trouble. \* \* \*

*Prolonged Interval in Carcinomæ Lingæ.*—A healthy-looking man, æt, fifty-five, presented himself for the extirpation of a small epithelioma, which for two or three months had been growing on the left side of his tongue. On the right side of the tongue was a healthy cicatrix, marking the site of an extirpation of an epithelioma fifteen years ago by Schuh, Billroth's predecessor. To Billroth, who is a relentless extirpator of cancer, this was a gratifying incident.

*Subcutaneous Osteotomy.*—Not only in club-foot, but in rachitic deformities of the legs, I have never seen a case present itself here, however bad, but its treatment has been undertaken, the courage displayed and the results obtained being very interesting to witness. One patient, a young man, eighteen years old, I saw, upon whom subcutaneous osteotomy of both tibiæ had been performed only two years before for double valgus, and in whose gait there remained no trace of apparent deformity. This operation Billroth practises only when simple manual force is insufficient. In its performance he never uses a saw. An incision is made as small as will admit a small chisel, and then, with this and a hammer, the tibia is divided, if necessary, completely; but if not, only so far as will enable the operator to use manual force most effectively. All the straightening gained is immediately secured and maintained by plaster-of-Paris dressing. In no case, even when the treatment has been most daring, have I failed to see the results more than justify the measure.

*Extirpation of the Rectum.*—Though somewhat singular, this operation is with Billroth the rule rather than the exception for carcinoma of this region. Almost the only limitation he makes is that all the parts diseased are within easy reach of the index finger. I think, however, I have seen

this limitation decidedly overstepped in one operation, in which en route the membranous urethra and prostate were as cleanly dissected as if for a preparation. After the extirpation the cut end of the rectum is brought down, and as far as possible stitched to the integumental margin of the wound. This, however, generally breaks away and retracts, leaving a large excavation to be filled in by granulation. The important matter of keeping this excavation clean is accomplished only by at first the free use of draining tubes, and afterwards by diligent irrigation. Of the six cases under my observation, the youngest of which was a female of twenty-two, four made a good recovery, and did not suffer from involuntary discharge of fæces. Of ten previous cases, Prof. Billroth tells me four died, and the rest did well—a success as regards the primary results which is certainly encouraging in this field of surgery.—*Dr. Howard in Med. Record.*

#### POPLITEAL ANEURISM CURED BY ESMARCH'S BANDAGE.

(Under the care of MR. WAGSTAFFE.)

R. W.—, a barman, of good physique, aged thirty-two, was admitted September 1st. Between four and five months previously, when pushing a heavy cask, he felt "something snap" in his right leg at the back of the knee, and he suffered for the next three days from severe pain in this situation, but did not discontinue his work. He felt pain there afterwards on and off after a hard day's work. Two months prior to admission he first noticed "throbbing" at the back of the right knee, attended for the last month with swelling of the leg and "dragging pain" at the back of the leg and ankle; but he was able to continue his work until admitted.

On admission, there existed in the popliteal space a pulsating aneurismal tumour, two inches long, filling the upper half of the space, terminating opposite the junction of the femur with the tibia, together with considerable œdema of the leg.

On Sept. 2nd an Esmarch's bandage was applied tightly over the foot and leg up to the lower border of the popliteal space, carried lightly over the tumour (a thin layer of cotton-wool intervening), and then continued tightly over the thigh to within three inches and a half of Poupert's ligament, where the upper end of the bandage was fixed with pins. The elastic ligature was not used. This was completed at 2 P.M. The bandage was then left on for one hour, during which time the patient was very restless and complained of great pain. One-third of a grain of morphia was given subcutaneously. At 2.55 P.M. a tourniquet was placed on the femoral artery, and Esmarch's bandage was

removed. A second tourniquet was placed in position, to be applied alternately with the first.—4 P.M. : No pulsation in tumour when the tourniquet was removed for a few moments.—5.45 P.M. : Application of the tourniquet continued ; no pulsation in tumour ; leg slightly swollen ; toes warm.—9.30 P.M. : Until this time complete pressure had been kept up by tourniquets, but some flow of blood was now permitted.

3rd.—8.45 A.M. : When all pressure was taken off, no pulsation was felt in the tumour. Tourniquet still applied lightly.—At 12 noon there was no pulsation in the tumour, but the artery on the inner condyle pulsated.—7 P.M. : Tourniquet loose ; taken off. Aneurism cured.

On the 10th the aneurism remained only as a solid lump in the popliteal space, and over each condyle was a rather large artery pulsating very freely. The foot was not swollen, and the man was free from pain.

*Remarks by MR. WAGSTAFFE.*—The value of the principle which Prof. Esmarch has been most active in utilising in his method of ensuring bloodless surgery has been recognised in England perhaps more fully than abroad ; and one of the latest adaptations of it is in the treatment of aneurism. The only case in which I am aware of an attempt having been made to cure this disease by means of Esmarch's bandage is that of Dr. Walter Reid, reported in THE LANCET of September 25th, 1875 ; and in this case, which was one of popliteal aneurism, other means had been previously adopted : genuflexion for four days ; complete compression of the artery for four hours, after which pulsation in the tumour ceased for a time ; and then a number of attempts were made both by digital and instrumental compression before using Esmarch's bandage. So that, although there is no doubt that ultimately the complete emptying of the limb of blood by means of Esmarch's bandage allowed the aneurism to consolidate, still one cannot help feeling that the previous treatment may have materially assisted in the cure.

In the case here narrated the limb was emptied of blood for nearly an hour, the sac of the aneurism being left probably full, and then the main artery compressed by tourniquet for an hour longer, before the tumour was examined. At the end of that time no pulsation could be detected when the tourniquet was raised. Still it was thought advisable to continue the pressure, and this was probably nearly complete for the next five hours, after which it was maintained only imperfectly for twelve, and very slightly, if at all, for the next ten hours. The plan here adopted of leaving Esmarch's bandage compressing the whole limb, except the aneurism itself, for an hour, appears simpler and open to less objection than that adopted by Dr. Reid, of removing the bandage after encircling the upper part of the limb with the elastic ligature, in-

asmuch as it substitutes a universal for a local pressure ; and doubtless, if it were thought advisable, the bandage might be left on longer, though it would be necessary to administer chloroform in that case, owing to the pain it produces. Many cases of necrosis remain under chloroform, with no blood admitted to the limb, a longer time than was occupied in the treatment of these two cases of aneurism—i.e., longer than an hour.

The treatment here adopted is undoubtedly more reliable than digital or instrumental pressure, but whether so successful in large thinly-coated aneurisms remains to be proved. The sac is presumably occupied by the clotting of the contained blood *en masse*, and not by a lamination from the wall inwards, and it remains to be seen whether this would ensure permanent obliteration in large aneurisms.—*The Lancet.*

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#### SIR WILLIAM GULL.

As we once before intimated, a good deal of feeling was excited among the English profession by the testimony of Sir William Gull at the Bravo inquiry. The especial portion which led to the disagreement between Sir William and Dr. Johnson was the statement to the jury that "he (Sir William) was taken to a man believed to be dying of disease, and found him to be dying of poison ;" and thereupon, "on his own responsibility, and without consulting with his colleagues," told him he was dying of poison ; the truth being that Dr. Gull was called to the case as one of poisoning, although no doubt his assertion was due simply to defective memory. The testimony was uncalled for, and looked like a slur on the professional gentlemen previously in attendance. It is not surprising, therefore, that Dr. Johnson took the matter up with some warmth, and that the affair ended in an appeal to the London College of Physicians. The Censors of that body have reported that the perusal of Sir William Gull's evidence was calculated to lead ordinary readers to conclusions prejudicial to the position of Dr. Johnson and the other medical attendants of Mr. Bravo ; and that such portions of his evidence were, therefore, "very objectionable ;" although they entertain no doubt that there was no intention on his part to disparage the professional character of Dr. Johnson and his medical colleagues.

They also state that the infringement by Sir William Gull of at least the spirit of the by-law of the College in regard to consultations was "disastrous."

Since the report of the Censors it is stated that Sir William Gull has done the wisest thing he could under the circumstances, *i.e.*, he has addressed to Dr. Johnston a letter expressive of a desire to

resume mutually friendly sentiments and relations ; and to this Dr. Johnson has replied in the same spirit.—*Med. Times.*

**EUCALYPTUS IN DROPSIES.**—As I intend this paper to be the history of a few cases of general dropsy, in which Eucalyptus was employed, I will not speak of its botany other than to say that according to Professor Von Mueller, there are one hundred and thirty different species of this tree ; and of these I have chosen Eucalyptus Globulus, and the preparation the fluid extract, to be the subject of my paper. It is now nearly four years since I first prescribed Eucalyptus as a specific in gonorrhœa, and it was while treating the disease that I first noticed its remarkable diuretic properties, “the amount of urine passed by some patients while taking it being enormous.” I then thought since this causes such an abnormal activity of the renal organs, would it not be advisable to give it in cases of dropsy, and waited an opportunity to verify my suspicions.

The first case in which I tried it was a gentleman, Mr. R., a resident of Jersey City, who had been told that he had acute Bright’s Disease, and was given but a few weeks to live. I had but little hope of helping him until I saw him the following week, when his condition was so much improved I was led to continue its use ; and in seven weeks had the satisfaction of having him go about and assume his usual avocation (packing-box maker.) This patient, when first seen, was unable to lie in the recumbent posture, his limbs were swollen past the capacity of his pantalons, and he suffered considerable from dyspnœa. I gave him the fluid extract in doses of ten minims four times a day. I should state that, on examination, I found a small quantity of albumen in the urine, but found the liver enlarged and hobnailed, also cardiac insufficiency. First saw the patient December, 1874 ; up to date has no return of dropsy ; discontinued Eucalyptus six months ago.

**SECOND CASE.**—Mrs. McC., aged forty-nine, widow, occupation, housewife, first noticed she had dropsy in 1872 ; had been tapped three times before I saw her, December, 1874, and each time two gallons of water had been drawn off.

I was called, as I have said, December, 1874, and had to tap to relieve dyspnœa ; obtained about half pail of liquid. After tapping, placed her under Eucalyptus and digitalis, as her dropsy was due to cardiac hypertrophy with dilatation ; has never had any return of dropsy ; still continues taking the remedies first prescribed and enjoys very good health.

**THIRD CASE.**—Mr. Wm. D., aged thirty-six, occupation none. When first seen, February, 1875, had but been three months discharged from the army ; was then under treatment, and his physician,

homœopath, had given him up to die. I refused to give him anything, as I thought he had but a few hours to live ; but at his own urgent solicitation gave him something, I prescribed digitalis and left. The following day I found him easier, and added Eucalyptus to his digitalis. For four days he remained in “statu quo,” and on the fifth day he remarked his legs, which were very much swollen, did not hurt him, and he thought they were getting smaller. That day his left calf was 21 inches in diameter, his right 23, both his thighs measured 35 inches. Fourteen days after, his calves were 14 and 16 respectively, his thighs 26. They continued to diminish, until, five weeks after taking his first dose, his calves measured, left 10, right 11 ; he was able to get on his shoes, and was walking about. This patient gave a specific history. Advised him to stop Eucalyptus, but to continue digitalis, as he had slight murmurs. Five months after was called to see him again. His condition was not quite so bad, but his testicles were very much enlarged and painful ; did not tap him then, but again placed him under Eucalyptus, and he got well, and has continued taking it. Cause of dropsy is his cardiac disease.

**FOURTH CASE.**—Mr. J., when first seen, had general anasarca, but not to such a great extent as previous cases. Was placed under Eucalyptus for seven weeks, when he discontinued all medication, being in perfect health, with the exception of cardiac hypertrophy, which does not trouble him.

The fluid extract of Eucalyptus Globulus was given in these cases in doses of ten minims, and never increased, but in some diminished to eight minims, the system at no time tolerating it ; and in case three, it acts fully as well to-day as did the first dose. I have also given it in a great many cases of passive congestion of the kidneys, and always with benefit. In fact, whenever I need a diuretic I prescribe it, and have yet to see the case in which it failed, if the kidneys were not so far diseased as to be inert and loose their functions.

Patients, while taking this drug, would sometimes complain of a very severe congestive headache, accompanied with tinnitus aurium ; but their appetite was very much better, though no tonic was prescribed, showing a similarity to quinia, and in some cases, a laxative condition of the bowels was produced.

Some may try this remedy and be disappointed in the result, which I think will be owing to the preparation used, or rather by whom prepared. Some may wish to give it in combination with other diuretics, and will find most preparations to be incompatible, owing to the resin which it contains being precipitated. I have found that prepared by the firm of Lazell, Marsch & Gardner, of New York, to be the best, as it does not precipitate with acids or alkalis.—*Southern Med. Record.*

**TREATMENT OF NASAL CATARRH BY NITRATE OF BISMUTH.**—A letter from London to the *Phila. Med. Times* says that the newest thing there is in therapeutics is the plan of treating nasal catarrh by the insufflation of bismuth, advocated by Dr. Farrier. He first tried it in his own case, taking a pinch from time to time, and was speedily cured. His further experience decided in favour of an admixture of gum acacia in powder, and the addition of a little morphia. Another new thing is an ornamental bottle, containing a little piece of lint at one end and some nitrite of amyl in the other compartment, for the relief of palpitation of the heart, hysterical or gouty.—*Pacific Med. & Surg. Journal.*

**TREATMENT OF BURNS AND SCALDS.**—At the time of the accident, the main indications are to exclude the air from the burned surface, to allay pain by opiates, and to give stimulants in such quantities as may be necessary. The applications which are in use for burns are too numerous to mention, and the choice of one or other will depend in a great measure on the depth of the burn. A mere superficial scorch is best treated by some warm solution applied on a thick rag and kept constantly moist. Goulard-water with laudanum is perhaps as grateful as anything. Painting the surface with ink soon relieves the pain of a small superficial burn, or covering it with whitewash or some other similar substance, which will crust over it and completely exclude the air from it. Common flour thickly dredged on the part is a very good and handy application. But such crusts should not be applied over burned surfaces of the second degree, since their removal would soon become necessary, and this would drag off the epidermis. The bullæ should be pricked, the epidermis gently smoothed down, and some simple ointment put next the skin, or some oily substance which will not stick when it is necessary to change it. A very favorite application to these burns and to others of greater depth is the Carron oil, made by mixing lime-water and linseed-oil in equal parts, and deriving its name from its having come into extensive use at the great Carron Foundry in the numerous burns occurring there. Oil of turpentine is a very good application to burns in which the skin is quite destroyed. But for the first few days I doubt whether anything is better than simply swathing the part in thick layers of cotton-wool, which is prevented from sticking to the burned surface by some simple ointment (cerat. calaminæ is generally used) spread on thin, soft linen or cambric, and covering the whole burned surface. When, after a few days, the discharge becomes foul, this dressing should be changed for some deodorizing or antiseptic, oily application, or the latter may be used from the first; but all the antiseptics I have yet seen used have been stimulating

and for the first few days it is desirable, I think, to avoid any local stimulation. The carbolized oil answers every indication better than any other substance which I know of, but it should not be used too strong; for it may both prove too stimulating, and thus increase the discharge, and it may be absorbed, producing a black condition of the urine, and other symptoms of incipient poisoning.

It is well, then, to begin with a very weak solution (about 1 to 12), and if this does not correct the fetor, its strength may be gradually increased, or a stronger solution of carbolic acid may be placed over the dressings.—*Holmes' Surgery.*

**TREATMENT OF CHRONIC EPILEPSY.**—A. McLane Hamilton in *The Journal of Mental and Nervous Diseases*, says, the first indication of treatment is to remove the cause if it can be ascertained. To allay erethism and reduce susceptibility of the medulla, and to administer some general nerve sedative, are the leading secondary indications. In those cases where there is tendency to anæmia the bromides do harm. The doctor claims that no more than one drachm of either of the bromides should be administered during twenty-four hours. In those cases in which there is present a tendency to hyperæmia, ergot in large doses is recommended. Attacks of *petit mal* can be cut short by hypodermic injections of atropine. He regards digitalis as a most important adjuvant in the treatment. Nitrite of amyl is regarded as an agent which can afford temporary relief only, and is chiefly serviceable in those cases in which a succession of fits occurred. The doctor regards nitro-glycerine as an excellent prophylactic. He has used it in solution containing about one-quarter of a drop to five minims of alcohol, and has found it to produce almost an exact effect with nitrite of amyl, but the effects are more permanent.

**READY METHOD OF PREPARING SECTIONS FOR THE MICROSCOPE.**—A mixture of glycerine and tragacanth soon become stiff like jelly, and may be used to advantage in which to imbed tissues for the purpose of making slices for the microscope. It cuts like cheese after standing eight or nine hours, and by keeping it in methylated spirit twelve to twenty-four hours it parts with the glycerine and becomes more easily sliced by reason of its being harder. The material is dissolved off the section by means of cold water with a little glycerine added.

The proportion Dr. S. uses, is two drachms of glycerine to one and one-half drachms of powdered gum tragacanth—to be rubbed together on a slab or slate. Much less gum trag. than this proportion makes a material too soft. If not to be sliced within twelve hours from the time of its preparation the material should be preserved in methylated spirit.—*Med. Jour. & Ec. Chicago.*

# THE CANADA LANCET.

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TORONTO, DEC. 1, 1876.

## PROFESSIONAL CHARLATANISM.

Can we assert that the possession of a University degree is invariable evidence of honorable feeling, and of acquirements, belonging to the scientific, literary and polished orders of society—that it is a guarantee against stratagem and misrepresentation, and that love for *alma mater* would never permit the device "*populus vult decipi, et decipitur?*" We fear not. We have no reason, however, to consider that the meeting with unlicensed practitioners in consultation, visiting patients under another practitioner's care, and subsidizing editors to chronicle trifling accidents under charge of Dr. Blank, is confined to this Canada of ours. Among our exchanges we receive the "*Journal de la Société de Médecine du Caen et du Calvados.*" In the Feuilleton for the August number there is a notice of a pamphlet on Extra-professional and Professional Charlatanism, by a Dr. Notta, apparently written with a pen dipped in the inkstand of La Bruyère. As german to the subject, we translate, for the benefit of our readers, certain passages. "Charlatanism, from a medical point of view, presents itself under two aspects, extra-professional and professional. To believe ourselves capable of curing a particular disease or diseases from a purely humanitarian point of view is not quackery. To constitute quackery, it is necessary that the illegal practice of medicine should be entered upon in view of advantages to be obtained, either pecuniary or moral. I do not propose, however, to allude to this class, but to the second form of charlatanism, viz., professional charlatanism. As its name indicates, it is practised by physicians. It is legalized, patented charlatanism, consequently the most perfidious and dangerous. How are we to protect ourselves from it? Allow me to place

myself from the point of view of an intelligent public, but ignorant of medical details. I have been ill for a varying length of time; my physician, in whom I have every confidence, and who merits it, advises me to have a consultation in Paris, and indicates one or two professors of the School of Medicine, to either of which he recommends me; but on my arrival at the capital, my relatives and friends carry me off to another physician. He is a specialist, and a professor also. Titles and decorations are not wanting to him, besides he has cured a patient suffering from a complaint precisely similar to mine. At the end of a month I return home worse than when I left, and my physician informs me that I have been shamefully imposed upon. Nevertheless, I have been to Paris, where we are assured the highest developments of medical science are to be found. I consulted a physician who appeared to have imposing titles to popular favor. Such instances we witness every day. The scandal is disgraceful, should be exposed, and all the details investigated. But it may be said you appear to be passing under review professional charlatanism in Paris only, nevertheless, it exists also in the provinces. I acknowledge it; but it offers less danger. It is practised within a small range. He who repairs there is quickly judged by his merits, and ends in finding victims only among simpletons who deserve their fate. In the Capital, a great theatre, where the population is renewed day by day, seen through the prism of distance, taking advantage of the legitimate prestige of the masters of science, whose celebrity sheds a lustre even on them, with a long array of titles only scientific in appearance, these legalized, patented quacks draw to them our unfortunate patients who hope to find among the physicians of Paris a cure that they have sought with us in the provinces in vain, and dazzled by this fictitious glitter, they go, like the lark fascinated by the mirror of the fowler, easy victims to the carefully spread out nets. It is against this infamous proceeding that I protest, in the name of humanity and of professional dignity odiously outraged. Professional charlatanism, like uneducated quackery, has its touters and its advertisements. In the journals wonderful cures are announced, the names of these skilful physicians who are the authors are followed by a long list of titles and scientific distinctions which exceed even

those of members of the Institute. They call themselves members of the Academy, (they do not say of which, and they are in the right), professor of special surgery, medicine, &c., &c. We medical men know the value of these pseudo titles, and we know well that these office practitioners have nothing in common with our illustrious masters, who form the glory and pride of our faculty, but the public is incapable of appreciating these differences. In this state of affairs there is truly a deplorable state of confusion, which should not be tolerated any longer. The skilful are less blatant. They are afraid to tarnish a certain amount of veneer of honor, which they manage with care. They have another system of advertising; they employ the method of false diagnosis, a sure and infallible method, especially when it is applied with intelligence to the diseases of women, always so impressionable, and always enthusiasts. The notoriety, under whatever form it may have been produced, brings patients. That does not suffice; then appears the *mise en scene*, the end of which is to affect strongly the imagination. The means vary infinitely, sometimes details of novel treatment, for instance, in uterine diseases they will replace an iron cautery with one of gold, under the pretext that the last acts more energetically. Sometimes they will have recourse to exhibitions that may be called disgraceful, preparations of enormous ovarian tumors, the glass cases covered with velvet cloths, but which they take care to exhibit when it is necessary to decide a hesitating will. As soon as the patient is fascinated, the time for examination and pronouncing the diagnosis has arrived. The confidence, the credulity, the desire to be cured, and the show of scientific guarantees, render the mine inexhaustible. All the means in themselves are good, but they are universally applied even in cases where all treatment is useless, for instance, amputation of the neck and the application of powerful caustics to incurable cancers of the uterus, and daily dressings prolonged not without an object, the treatment necessitating a lengthened residence in Paris, and then crops up the financial question always treated from a sure point of view. Sometimes the amount of payment is fixed in advance, and partly paid in advance. Sometimes half before the commencement of the treatment, the balance after the cure, if they are satisfied, and

they persuade them that they have reason to be so. The most skilful, when they have to do with people with whom simplicity and credulity are the prominent traits of character, assume the nicest sense of honor, but in their case they have given such particular, such exceptional care, that they cannot reasonably dispute the amount of their account, and then again they make such good use of their fortunes. Are they not presidents of charitable societies, of the benefits of which they have often entertained their sympathising patients?" Have we not in Canada some practitioners who would be equally faithfully portrayed by this outline sketch?—Men who diagnose every case of sore throat as diphtheria, false croup as membranous croup, bronchial irritation as severe congestion of the lungs, and such a complication of other structural ailments, that the patient's recovery should be considered a monument more lasting than brass to the skill of the wonderful doctor.

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#### INFLUENCE OF THE MIND ON THE BODY.

It is a principle in nature that whatever strengthens our confidence in mankind, and inspires our hopes of future happiness, must energize the powers of life. The faculties of the mind, properly stimulated, exert an invigorating influence upon the organs of the body. A purposeless life is one of brevity and listlessness, and the vital functions become correspondingly feeble and sluggish. While energizing ideas, or hope and confidence stimulated, infuse new life into a languishing body, so conversely a state of *mental depression* acts with a destructive power on the system, truly amazing to one who has only awakened to the operation of this hitherto scarce noticed influence. Many examples of this may be observed in these times of commercial disaster. Disaster in business and bank failures have been the cause of premature death in more than one instance within the past nine months; while their name is legion who have suffered more or less illness and physical derangement from like causes. Comparatively few persons are likely to be sick, so long as the world smiles upon them, and they are successful. Shakespeare's characters were true portraits of their *mental condition*, for he makes

*Cæsar* say to *Antonius* :—

Let me have men about me that are fat,  
Sleek-headed men and such as sleep o' nights ;  
Yond, *Cassius* has a lean and hungry look,  
He thinks too much ; such men are dangerous.

*Falstaff* is rubicund and jolly, and aptly depicts the results upon the physique of mirthfulness indulged, and a tranquil mind. It is this state of mind and feeling in mirthful people that induces flesh, and not the flesh that determines the disposition, for agreeable emotions stimulate the functions of the nutritive system, and at the same time increase the powers of assimilation, the digestive function being usually strong in persons of large mirthfulness, and small in persons of morose or sour natures. Restless and unhappy persons are usually correspondingly lean and sickly ; the animal fluids become dissipated by the inward fires, the nerves morbidly impres- sible, and the mucous surfaces dry and feverish ; the acidity of the stomach is increased by the asperities of the disposition ; the face grows wan, and the furrows of care are seen gravely accented, and truly they become living pictures of *Long-fellow's* idea of those whose hearts,

“ Like muffled drums, are beating  
Funeral marches to the grave.”

On the contrary, the man of aspiring hopes, of sunshine and congeniality, and one who—

“ In the world's broad field of battle,  
Is a hero in the strife,”

will seldom suffer from disease.

The power of mental influence is further seen in imagination as a cause of disease, which is too frequently illustrated in the experience of every physician to require proof of its existence. A case illustrative of this occurred a few years ago. A youth, not over-fond of hard work, was apparently taken suddenly ill while mowing hay with his father and brothers, with a pain in his back, causing him to drop the scythe, and depriving him of the power to move his legs. In this condition he was taken home and put to bed, and although the best physicians far and near were consulted, various diagnoses given, and every remedy, even to electricity, tried without avail, he remained unable to move his limbs for three months, although apparently in good health, until visited by a physician, since dead, who suggested the true nature of the case, began by encouraging him to

move first his toes, then his feet, and, finally, to draw up the knees—although continually protesting his inability to do so—then on a second visit causing him to sit up, then to turn out of bed, and, by continued persistence, causing him to walk a few steps with assistance. When left alone, standing in the middle of the room, he was able to walk to his bed, and did so without difficulty, thus dispelling the delusion. Another case of supposed paraplegia, of six months' duration, was cured by the application of the actual cautery in the case of a lazy soldier, but a second application was not necessary to insure locomotion ; the approaching cautery insured the removal of the threatened part quite out of danger, much to the discomfiture of the attendant, who honestly supposed it to be a genuine case of paralysis. A case of hysteritis has lately come under our notice, simulating a case of peritonitis in point of tenderness and pain complained of, although the necessary fever, high pulse, exalted temperature, &c., were absent. Fearing lest there might be some subacute inflammation lurking within, leeches, hot poultices, and antiphlogistic remedies were ordered, with *Dovers' powder* and *calomel*, every six hours. Great excitement and apprehension had existed in the minds of the friends, from an unfavourable prognosis previously given by a former attendant. The absence of certain symptoms and the sudden subsidence of others, led to the suspicion of the true nature of the case. An attempted vaginal examination disclosed the hypersexual excitement of the parts, and revealed the true nature of the case ; all medicines were stopped, and a little sound advice, with ten grain doses of bromide of potassium, three times a day, closed the treatment. The diagnosis and prognosis were confirmed by finding the patient on next and following days entirely free from all symptoms, and going about her household duties as formerly, although complaining of weakness and nervousness. A medical man relates the case of a lady who had been the subject of severe neuralgia, and had been enjoined by her attendant to keep perfectly still, lest it should recur. Her fright at the approach of impending death was so great, that she readily obeyed the injunction, and although young in general appearance and robustness, could not be induced on any pretext whatever to attempt locomotion for over eighteen months ; finally Swedish movements

were suggested and adopted, and in two weeks she was able to walk two streets distant and back, and was soon relieved entirely of the mental delusion which had rendered powerless every faculty of self-assistance for so long a period. It is beyond question that the mind's action, when misdirected or greatly intensified, is capable of producing physical effects of the most startling and fatal character, and that disease in its most aggravated forms may be induced by mental as well as physical causes. It will also be rendered obvious from an investigation of the laws of vital motion and psychology that death itself, which often approaches suddenly and closely, as surely retires from our presence at the mandate of the imperious will. It is hazarding little to affirm that many forms of disease may be far more efficiently treated by an appeal to the mental forces, than by the use of physical agents, for no mere physical agent can so powerfully influence the distribution of the vital currents and physical forces as can the mind itself, and through it the life and health of the organism. For it will be apparent that if the mind, when misdirected, occasions an irregular organic motion and diseased condition of the body, it can only be necessary to reverse or change the action, at the same time preserving the strength and intensity of the mental function to arrest or remove the disease.

The power of the "will" as a therapeutic means is beginning to attract more attention than formerly, and only recently the attention of the Paris Academy of Sciences has been drawn to this subject in an able paper by M. Jolly. We subjoin a short extract from this paper, as it bears directly upon the subject in hand, and with it we leave this matter to the thoughtful attention of our readers:—

"Speaking of the power of the will in preventing attacks of cold, M. Jolly said that it is possible to struggle quite successfully against fits of coughing, a fact not only to be noted as a result of the power of the will, but as a remedy which in many cases cannot be without importance. It is often seen that when children suffering from whooping-cough are thoroughly preoccupied with their play, they remain for hours without feeling the necessity of coughing, while they have constant paroxysms in a state of repose, or are incessantly awakened out of their sleep by the same cause; and M.

Jolly states that he has not been surprised to learn that English medical men have been able to cure whooping-cough by distracting the attention, and in some cases by placing the patients near the noise of manufactories.

Asthma, properly so called, has likewise undergone the salutary influence of a wisely-applied will, whether in surmounting, by forced respiration, the spasm of the bronchial tubes which have become inaccessible to the air, or by diverting, by pre-occupation, the morbid exercise of the innervation appropriated to their exercise. It is to attain this double end that Laennec recommended certain invalids to read aloud, so as to prolong expiration, and to make inspiration more complete. As a means of distraction, he also recommended the exercise of the senses, even in the course of the night, when the fits seemed, as is frequently observed, to follow the ephemeral revolution. On this subject M. Jolly relates a curious history of a patient who relieved his paroxysms at will by lighting a candle and distracting his mind by inspecting the furniture of his bed-room.

VENTILATION.—The following simple method for ventilating ordinary sleeping and dwelling rooms is recommended by Mr. Hinton, in his "Physiology for Practical Use."—A piece of wood, three inches high and exactly as long as the breadth of the window is to be prepared. Let the sash be now raised, the piece of wood placed on the sill, and the sash drawn closely down upon it. If the slip of wood has been well fitted, there will be no draught in consequence of this displacement of the sash at the lower part; but the top of the lower sash will overlap the bottom of the upper one, and between the two bars perpendicular currents of air, not felt as a draught, will enter and leave the room."

A NEW DISEASE OF THE BRAIN.—A curious psychological phenomenon has been reported by a medical man in Bordeaux. A woman, Felida X., has for sixteen years been undergoing an alteration of memory, which has all the appearance of a doubling of life. There is amnesia, or loss of memory, with regard to periods of variable duration, which have gradually been enlarging. The memory, passing over these second states, connects together all the periods of the normal state, so that



she has, as it were, two existences—the one ordinary, composed of all the periods of the normal state connected by memory; the other secondary, comprising all the periods of the two states—that is, the whole life. The forgetfulness is complete and absolute, but refers only to what has happened during the second condition; it affects neither anterior notions, nor general ideas. Besides amnesia, she manifests, in periods of attack of the malady, changes in character and sentiments. The alteration of memory and accompanying phenomena have for cause (the author says) a diminution in the quantity of blood conveyed to the part of the brain, still unknown, where memory is localized. The momentary contraction of vessels, which is the instrument of this diminution, is caused by the state of hysteria.

**DOUBLE FOCUSED SPECTACLES.**—H. Grant Esq., of Montreal, has patented a new idea in spectacles, which consists in filling the opening with two halves of lenses of different degrees of power, the weaker being uppermost. Or they may be made long and short sighted, so that for walking out, one pair, the upper is in use, and for reading, the lower. They are certain to prove a great convenience to people who require to use glasses.

**RECEIPTS FOR RHEUMATISM.**—An exchange has been collecting all the receipts for rheumatism a few of which we give below;—

“Rochelle salts. Guaiacum. Nux vomica. Nitrate of potash. Nitrate of sodium. Fowler’s solution of arsenic. Galvanism. Bromide of ammonium. Fly blisters. Bromide of potassium. Iodide of potassium. Lemon juice. Colchicum Morphine. Turkish Baths. Acetate of potash. Burdock seed. Catnip tea, &c., &c. To which may be added the Irishman’s remedy, oatmeal and whiskey, taken *ab libitum*, which means eat the oatmeal and drink the whiskey, and last the extract of willow bark, salicin and salicylic acid, the latter, in the words of Dr. Leake, is the remedy for acute rheumatism. And as the *Medical Record* says, “May we not indulge the hope (which may prove yet another delusion) that in this opinion our patient is correct, and that, as Stricker has intimated, “a real remedy for rheumatism has at last been found.” If one remedy is not sufficient, all may be taken together; if the patient is not re-

lieved let him study the philosophy of Rush, who held that “diseases are necessary to human happiness,” and be thankful.

**NEW TEST FOR ACIDS AND ALKALIES.**—The flowers of the violet and iris have recently been found to yield a very fine blue color, which is a more delicate test for acids and alkalies than the solution of litmus commonly employed. The name of the new color is phyllocyanin. It will probably before long find its way into all chemical laboratories.

**TREATMENT OF PSORIASIS.**—A solution of India rubber in chloroform ( $\frac{1}{2}$  of the former to  $11\frac{1}{2}$  of the latter) is highly recommended as a local application in psoriasis by Dr. Cuttle (surgeon to the Hospital for Skin Diseases, London). Solutions in ether were not found so suitable as those in chloroform. When applied, the skin becomes supple, and the crusts show little or no disposition to re-form. The usual constitutional treatment should be pursued at the same time. He also recommends its use in chronic eczema.

**HYGIENIC CANDLES.**—Candles prepared with various disinfectant substances have been manufactured in France, and are found very useful in disinfecting the air of sick chambers and rooms in which there is defective ventilation. Carbolic acid, chloralum, creasote, potassa permang., and other substances are used for the purpose, with very good effect.

**LEAD-POISONING TREATED BY GALVANISM.**—Several cases of lead poisoning have been successfully treated of late by means of the galvanic bath. Traces of lead have been found in the water after the patient has been immersed, although the water was known to be free from lead, before the patient was placed in the bath. It is believed that the elimination of other metallic substances, such as mercury or arsenic may be accomplished by similar means.

**ANNUAL DINNER.**—The annual dinner of the Toronto School of Medicine, was held in the Walker House on Friday the 10th ult., and was attended chiefly by the students and professors, and a few of their medical friends. The chair was occupied Mr. H. S. Griffin, B. A. After dinner the usual loyal and patriotic toasts were duly honored,

The Chairman in proposing the toast of the "University of Toronto and University College," commented on the unfair position which the University of Toronto held in relation to English Universities, owing to the fact that its degrees were not recognized by these bodies. This grievance he hoped would soon be remedied, especially as the degrees of similar institutions in New Zealand, South Africa, and India, received recognition from the English Universities. Dr. Nellis president of Victoria College, was present, and made a speech in reply to the toast of "Our Educational Institutions."

**NEW TREATMENT OF DIPHTHERIA.**—A correspondent recommends the following treatment of diphtheria. Avoid the use of caustics and all stimulants, or destructive or astringent local applications to the throat, using hot water gargles only, every half hour or hour. Use embrocations externally, of a weak liniment of turpentine and animal oil (as goose grease,) and the internal administration of liquor potassæ in doses to suit the age, twenty drops every three hours to a child six years of age, until the membranous deposit has disappeared, and the inflammation subsided. Support the strength by liberal supplies of beef-tea, milk and raw eggs with brandy, also internal administration of ammoniacal mixtures containing ammonia citrate of iron. This plan has been followed by decreased mortality rate.

**PUBLIC PROSECUTOR.**—The public prosecutor appointed by the Council at the last sitting, (Detective Smith), is at work in the western part of the Province. Several prosecutions have been instituted by him, and successfully carried out, so that he has become a terror to all quacks and unregistered practitioners in this part of the country. As soon as he gets through in the West, he will turn his attention to the eastern part of the Province, and make a scattering among the offending bipeds.

### Toronto Hospital Reports.

#### VESICO-VAGINAL FISTULA.

(Reported by A. Davidson, Clin. Clerk.)

C. McD. æt 22, was admitted into the Toronto General Hospital, May 3rd, 1876, complaining of

incontinence of urine, the result of a protracted labor. She was confined in the Burnside lying-in hospital, Toronto, in the month of January, 1876, after a tedious labor lasting from Friday the 17th until the following Wednesday. Uterine motor stimulants were given in order to strengthen labor, but they had little effect. The patient attempted to void urine every hour or two, but was unable to pass much. The catheter was not used.

On Tuesday the forceps were applied by the physician in attendance, merely to correct some malposition of the head, but delivery was not then completed, the child being born in the natural way on Wednesday. After delivery no inconvenience was experienced by the patient from incontinence of urine until about eight days had elapsed; during this time the patient was in bed, but on getting up incontinence of urine with bearing down pains ensued.

The patient remained in the lying-in hospital for about six weeks. She was believed to be suffering from paralysis of the bladder, and the following was prescribed:—

R.—Tr. Cantharides, ʒiiss.  
Tr. Nuc. vom., ʒij.  
Ext. Ergot. fld., ʒijj.  
Tr. Ferri Mur., ʒss.  
Aquæ., ad ʒviiij.—M.  
Sig.—ʒss. ter in die.

On her admission to the Toronto General Hospital, the same treatment was ordered and continued until about the beginning of July, without any improvement. About this date she came under the care of Dr. Fulton, who at once suspected some other cause of the trouble, but on examination nothing unusual was discovered. The following, so highly recommended by Mr. Bulkeley in incontinence, was prescribed:—

R.—Tr. Ergot., ʒijj.  
Tr. Ferri mur., ʒiss.  
Sp. chloroform. ʒiss.  
Inf. quassia ad. ʒviiij.—M.  
Sig.—ʒss. ter in die.

After trial of this for some time, turpentine and belladonna were added to the prescription, and electricity was ordered to be applied directly to the sphincter vesicæ. This failing to be of any service, forcible dilatation of the urethra and sphincter vesicæ was had recourse to, but was equally unsuccessful. The Dr. was now fully assured that it must be a case of vesico-vaginal or

vesico-uterine fistula, and upon instituting a most searching examination, by means of the speculum and the injection of warm milk into the bladder, he discovered an opening half an inch in diameter, high up in the anterior *cul de sac* of the vagina through which the milk flowed freely from the bladder. The diagnosis being now fully cleared up, further medical treatment was discontinued, and the patient was put in preparation for an operation. This was successfully performed by Dr. Fulton in the early part of October, in the presence of several members of the hospital staff, the acting house-surgeon, assistants and a few senior students. The patient was brought under the influence of chloroform, placed on a table on her left side, and a Sim's speculum introduced and held firmly in situ by an assistant. The margin of the opening was pared by a long-handled knife, to the extent of half an inch or more all round. This was done with great care and occupied considerable time. After all hemorrhage had subsided, silver wire stitches were introduced, by means of long curved needles having the eye situated at the point. The sutures were drawn together by twisting the wire with an instrument for the purpose, and the ends cut off short. A Sim's self-retaining silver catheter was then introduced into the bladder to allow the urine to drain away and the patient put to bed. The case progressed most favorably, complete union taking place. The patient was moving about in three weeks from the date of the operation, and was discharged cured on the 29th ult.

**ENCHONDROMA.**—J. M., under the care of Dr. De la Haye, was admitted into the General Hospital on the 26th of October. The patient is about 20 years of age and of healthy parentage. About one year ago he received a blow on the external and posterior surface of the ilium; swelling and pain followed, but nothing serious was thought of it. About eight months ago a lump began to grow, and has since increased very rapidly, involving the whole surface of the ilium. It is firmly adherent to the bone, and appears to be ossified in parts; near the surface, fluctuation can be detected. There is also considerable swelling of the leg and groin about Poupert's ligament. On consultation of the staff it was decided not to interfere, as there were no doubt

secondary enchondromata on the inner surface of the ilium as well. No treatment seems to be of any service. The patient is kept quiet in bed, and medicines are given to relieve pain, from which he suffers a good deal.

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## Reports of Societies.

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### OHIO STATE BOARD OF HEALTH.

The regular monthly meeting of the Board of Health for November was held in Toledo, Ohio. We publish the following extracts from the report of the Medical Health Officer, Dr. Fisher.

**MORTALITY REPORTS FOR OCTOBER.**—The mortality for the month of October was 56, or at the rate of 13.44 per 1,000 per annum. Only 12 deaths are charged to zymotic diseases. Four were caused by typho-malarial fever, one by typhoid fever. To class second, or constitutional diseases, eight deaths are charged. Consumption caused four. Twenty-eight deaths are charged to local diseases. Pneumonia and bronchitis caused 13. Six deaths are charged to developmental diseases, including premature and still-births. Annual ratio per 1,000 inhabitants, 13.44; estimated population, 50,000. [This will be found exceedingly low when compared with other cities of the United States and foreign countries.] Ed.

**PREVAILING DISEASES.**—With the exception of epidemic influenza, there is very little sickness in the city. As previously stated there were four deaths from typhoid and typho-malarial fevers. The disease is not prevailing to any extent. In the surrounding county diphtheria has been very prevalent and fatal. In Oregon Township 13 deaths were caused by this disease in three weeks. The eldest was 10 years of age and the remainder were under four years. Three deaths occurred at Cedar Point, and the radius of one and one-fourth miles. Population of the district about 250 inhabitants. The locality is low, wet and badly drained, and with the recent sudden changes of temperature may be cited as the exciting causes of this disease. In the region of Vienna, Mich., diphtheria and typhoid fever are prevailing; the diseases not being very fatal.

**AN ABATTOIR.**—Notwithstanding the ordinances of this city prohibiting the slaughtering of calves, sheep, &c., in the limits of the city, quite a number of complaints are made at this office by persons residing near meat markets, that this law is daily violated. We are unable to prosecute the parties because we cannot obtain the necessary evidence. These animals are slaughtered in the cellars and stables of butchers, with closed doors. That such **offal is detrimental to public health, will not be**

questioned. Animals that have not reached the age required by the ordinances of the city are slaughtered and sold. By establishing a public slaughter-house, all animals would be inspected before they were killed. No diseased, overheated, feverish or injured animal would be slaughtered. Calves and other animals that have not reached the age directed by the ordinances, would be inspected and would not be sold for food, as is practiced too frequently by many butchees in this city. Better and more wholesome meats would be furnished for food; and the pernicious effects of slaughtering in the city and in the suburbs, would be obviated.

From estimates furnished by butchers it would require about \$40,000 to erect and furnish these buildings, with the modern appliances. From five to ten acres of ground would be necessary for each place. In selecting the localities, attention should be paid to water facilities, railroad communication, and so far from the city that no injurious effects should be caused to the public health. A careful estimate of the number of animals daily required to supply this city with food, gives the following results: Sixty head of cattle, 250 head of small animals, calves, hogs, sheep, and lambs. The amount of offal in the slaughtering of the cattle and smaller animals, including the water used, &c., is about three tons.

This matter should not be drained into the river or into any stream that is situated in the limits of the city. It is important that these facts should be borne in mind in the selection of a suitable locality.

#### MICHIGAN STATE BOARD OF HEALTH.

The regular meeting of the above Board of Health was held at Lansing, on the 10th Sept.

Members present:—Dr. H. O. Hitchcock, *President*; Dr. R. C. Kedzie, Dr. A. Hazlewood, Rev. C. H. Brigham, and Henry B. Baker, *Secretary*.

Dr. Kedzie presented two drawings, illustrating his paper on "Ventilation of Railroad Cars."

A paper on the "Water Supply in Michigan" was presented by Dr. Kedzie. The paper treated of the geological formation of the State, as affecting the water supply; the mechanical and chemical effects of the different kinds of soil upon the water filtered through them; of the impurities usually found in water supplies; of graveyards and other sources from which these impurities frequently arise; and of methods of improving the quality of waters now used. It stated that the only *sure* way to detect impurities in water is by a careful chemical analysis, yet there are tests which can be applied by any one, which give strong *probable* evidence, such as smell before and during boiling, taste, and especially Heisch's test, which consists

in the addition of half a teaspoonful of pure sugar to a pint of the water in a bottle partly filled, set in a warm, well lighted place for forty-eight hours. The presence of cloudy matter indicates impurities.

Dr. Baker presented additional material for a paper on the "Death-Rate as Influenced by Age, Climate, etc.," consisting of tables, charts, maps, diagrams, etc., and mentioned that he had found a way by which a comparison of the death-rates of different States could be made, without the necessity of computing a life table for each locality.

Dr. Hitchcock read a paper on "Criminal Abortion," showing that the present laws in this State have been derived from views held in past ages, and are not in conformity with our present knowledge of physiology.

Dr. Hazlewood read a paper upon "Water," based largely upon the replies of correspondents to a circular sent out by the Board. He stated the chemical composition of water; the impurities usually found; the amount needed by each person daily for all purposes, which he placed at one hundred gallons at least; the healthfulness of different kinds of water; the sources of the water supply of this State; the way to obtain the best cistern water; and the danger of using water which had been in contact with lead pipe.

Dr. Baker read a paper on the "Cause of Cholera," reviewing the evidence lately published by Dr. George T. Stevens, of Albany, N. Y., and some others not heretofore published.

Dr. Hitchcock reported the proceedings of the International Medical Congress at Philadelphia, September 4, which he attended as a member, and for the purpose of securing whatever might promise to be of use in his labors in this Board for public health in Michigan.

Dr. Baker reported the proceedings of the Health Department of the American Social Science Association, at Saratoga, September 8. He gave abstracts of each of the papers read, most of which related to the improvement of the sanitary condition of schools and school children.

Dr. Baker also read a report on "Methods of Collecting Vital Statistics," in which he urged an amendment to the present law, which he held would increase the value of the statistics, and not materially increase the cost of collection.

A proposed circular of instruction, relative to the restriction and prevention of scarlet fever, was discussed at length, and is to be revised and issued for the benefit of the public health in Michigan.

A circular to correspondents, asking for statements of cases and of facts concerning scarlet fever, was also discussed, and is to be issued when perfected.

A communication from J. H. Beech, M.D., was read, giving the details of the drowning of nine

persons at B— lake, and containing suggestions for the prevention of similar occurrences. It was received with thanks. Dr. Beech also reported the unusual prevalence of diphtheria at Union City, and suggested that it afforded an opportunity for studying its causes.

The annual report of property, expenditures, etc., was also made. The property on hand consists of stationery, meteorological and other instruments, and more particularly the library, which is continually increasing in value.

The replies of correspondents relative to prevailing diseases in Michigan in 1875, and also some results of the weekly reports of prevailing diseases up to September 30th, are to be published in the Annual Report.

#### NORTH ONTARIO MEDICAL ASSOCIATION.

A meeting of the above Association was held in Uxbridge on the 10th of October. Present:— Drs. Bascome (President), Hillary (Secretary), Nation, Black, Freel, Forrest, Rear and B. Workman. Also Drs. Joseph Workman, Riddell and Strange of Toronto, and Dr. Hillary of Aurora. The minutes of last meeting were read and confirmed. The Secretary read letters of apology from invited guests, but stated that he had received none such from absent members.

Dr. Workman read an instructive and very interesting paper on "Insanity."

Dr. Riddell read a paper on "The duties of a Coroner."

Dr. Strange read a paper on "Flexions and Versions of the Uterus," illustrating by diagrams the different positions of the uterus, and explaining the advantages of the many kinds of pessaries in use in retaining that organ in its proper position.

A discussion followed the reading of each paper, and a vote of thanks was tendered to the readers, after which the meeting adjourned for supper.

The next meeting will be held in Uxbridge in January, 1877.

### Books and Pamphlets.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, by Robert Bartholow, M.A., M.D., Ohio Medical College. New York: D. Appleton & Co. Toronto: Willing & Williamson.

The work before us is an entirely new one on the subject of Materia Medica, and is written by one who has had upwards of 20 years' clinical experience. This, together with his system of classification, and practical character of the information given, are the authors' claims put forward on behalf of his work. He divides remedies into *five* classes:

1. Those that promote constructive metamorphosis.
2. Those that promote destructive metamorphosis.
3. Those that modify the functions of the nervous system.
4. Those that cause some evacuation from the body.
5. Topical remedies.

In the discussion of these subjects a large amount of space is devoted to the the rapeutical action of remedies. In regard to bleeding, the author says:—"Although it is undeniable that important results may be obtained from general bleeding, it is equally certain that as good results in most of the conditions may be had by other methods."

He speaks highly of cupping and leeching, although he believes the principal benefit is derived from the derivative counter-irritant effect produced. He places, *Hydrastis, Canadensis* next to quinine in the treatment of intermittents and considers, *eucalyptus*, so much extolled of late, as far inferior to quinine, as an anti-malarial, but of great value in chronic catarrh of the bladder. Alimentation is treated elaborately. Conium is recommended in acute mania. All new remedies have received due attention, and altogether the work is one of value.

A PRACTICAL TREATISE ON DISEASE OF THE EYE. By Robert Brudenell Carter, F.R.C.S., St. George's Hospital. With one hundred and twenty-four illustrations. Edited, with additions and test-types, by John Green, M.D. Philadelphia: Henry C. Lea. Toronto: Willing & Williamson.

Dr. Carter's work has been for some time before the profession in England and has met with a very favourable reception. It is a plain, practical work upon diseases of the eye, and one which will materially assist the general practitioner to treat ordinary cases, and qualify him in determining when cases are beyond his reach, and necessary to be sent to a specialist. The American edition is a very creditable work. We have no hesitation in recommending it to our readers.

A MANUAL OF MIDWIFERY. By Alfred Meadows, M.D., F.R.C.P. King's College, London. Second American, from the third London edition, revised and enlarged, with one hundred and forty-five illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

Dr. Meadows' excellent manual has been received with much favor by the profession, and a new

edition has been called for. The author has taken the opportunity of enlarging and making some important improvements, so that the present edition is a much more valuable book than its predecessor. The author is a very safe and cautious teacher, and one could not place a better manual in the hands of students than this.

UTERINE VERSIONS AND FLEXIONS, by Ephraim Cutter, A.M., M.D., of Boston, second edition Boston: James Campbell & Co.

LECTURES ON FEVERS. By Wm. Stokes, M.D., F.R.S., Professor of Physic in the University of Dublin. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

The above mentioned author is not a stranger to the professional reader, as a clinical lecturer and writer. The work before us consists of a series of clinical lectures delivered from time to time by the author in the Meath Hospital, edited by Dr. J. W. Moore, assistant physician Fever Hospital, Dublin. The author condemns the anti-pyretic treatment of fevers; adopts the doctrine of change of type in disease from sthenic to asthenic, which, he says, occurred at the time of the first epidemic of Asiatic cholera, and he now predicts another change in the reverse direction already almost perceptible. In regard to the causation of fever, he says: "the same exciting cause, at least as far as we can see of it, is capable of producing different kinds of fever in different persons." This is contrary to the teaching of most authors of the present day. The symptoms of fever are fully described, except that no allusion is made to tissue changes, the result of high bodily temperature. The treatment is equally defective on this point, little attention being paid to means for the reduction of temperature.

A MANUAL OF PERCUSSION AND AUSCULTATION; or the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, Sr., M.D., New York. Philadelphia: H. C. Lea. Toronto: Willing & Williams. Price \$1 75.

Prof. Flint is so well known that no words of commendation are necessary in announcing a new work from his pen. This work should be in the hands of all who conscientiously desire to be skillful practitioners of medicine, yet in the study of auscultation and percussion, a living teacher is almost indispensable, the living subject *sine qua non*.

APPOINTMENTS.—A. T. Dunn, M.D., of North Augusta, to be an Associate Coroner for the united counties of Leeds and Granville. W. Hanover, M.D., of Almonte, to be an Associate Coroner for the county of Lanark.

J. E. Kennedy, M.D., &c., Prof. of Materia Medica in Trinity College Medical School, has been appointed on the acting staff of the Toronto General Hospital.

Dr. D. Blackadder, has been appointed Resident Clinical Assistant to the Brompton Consumption Hospital.

Dr. T. Millman, of Woodstock, Ontario, and at present Resident Accoucheur to St. Thomas' Hospital, has been elected a Fellow of the Obstetrical Society of London.

Drs. W. L. Ward and R. L. Macdonnell, of Toronto, have passed their primary examination at the Royal College of Surgeons, England.

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### Births, Marriages, and Deaths.

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In Toronto, on the 13th ult., the wife of W. H. Ellis, M.B., of a daughter.

In Toronto, on the 20th ult., the wife of Dr. White of a son.

At St. James' Church, Dundas, on the 10th October, by the Rev. Rural Dean Osler, CHARLES O'REILLY, Esq., M.D., son of the late Dr. O'Reilly, of Hamilton, to SOPHIA ELIZABETH, youngest daughter of the late GEO. ROLPH, Esq., of Dundas.

In Clarke, Ont., on the 15th, by Rev. Wm. Donald, ALEX HAMILTON, M.A., M.D., of New York city, late of Millbrook, Ont., to KATE, eldest daughter of the late WILLIAM RENWICK, Esq.

At Brantford, on Thursday, Nov. 2nd, REGINALD DIGBY, second son of DR. HENWOOD, aged 19 years.

On the 10th of October, at Linstead, Jamaica, of yellow fever, Dr. GEORGE F. BROWN, Government Medical Officer, late of Toronto, aged 28 years.

In Toronto, on the 13th ult., S. L. BATES, M.D., in the 26th year of his age.

# THE CANADA LANCET.

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## Original Communications.

### NOTES ON TWO CASES OF LEUCOCYTHÆMIA.

BY JAMES STEWART, M.D., L.R.C.P., ED.; AND R. W. HURLBURT, M.D., BRUCEFIELD.

Our object in drawing the attention of the profession to the subjoined cases is to show (I) that phosphorous, as first pointed out by Dr. Broadbent, has a certain influence over the course of the splenic form of leucocythæmia; and (II) to give the clinical details of a rare and very important disease—a disease that so far as we know has not been reported in any of the medical journals of Ontario, and with the exception of a case reported by Dr. Bell, of Montreal, in the April number of the *Canada Med. and Surg. Fr.*, in the Dominion.

There are three distinct forms of this disease. We have (I) the *splenic* variety, and (II) *lymphatic* leucocythæmia, and (III) *medullary* or *myelogenic* leucocythæmia. A fourth form may be added—where the disease arises from an affection of parts which are anatomically analogous to the spleen and lymphatic glands—as the tonsils, follicles of the throat and intestines.

The two following cases are examples of the first and second varieties:

#### LEUCOCYTHÆMIA SPLENICA.

W. F., aged 43, married, farmer; first consulted us in December, '74, when he complained of a sprain in the left side under the false ribs.

He has always been a healthy man, never had intermittent fever, nor did he ever reside in a malarious district. He is a powerfully built man, 5 feet 11 inches in height, and weighs 177 pounds. The family history is unexceptionable. The pain that he complained of at this time was only of a few days duration. He was also troubled at this time with symptoms of atonic dyspepsia.

During the winter of '74 and '75 he was in fair health, the pains had left him, but towards spring they returned again and were accompanied by flatulence and acid eructations. In the month of May he paid a visit to the Highlands of Scotland; while there slight œdema of the lower extremities made its appearance, he commenced to loose flesh, and about the middle of August he first noticed that there was a "lump" in his left side. He returned to this country about the middle of October. He did not come under our observation again until the 14th of December, when we found him in the following state:—

He complained of headache, diarrhœa, sleeplessness, and œdema of the lower extremities, especially of the left. There was marked anæmia with considerable emaciation. His appetite was bad; tongue denuded of its epithelium; troubled with flatulence and acid eructations; bowels moved about three times daily; the stools presented no special abnormal appearance. His pulse and temperature were normal. The apex of the heart was found between the fourth and fifth ribs, half an inch to the inside of the nipple. No murmurs heard over any of the cardiac areas. With the exception of occasional shortness of breath, which is due to the pressure of the enlarged spleen, there is nothing abnormal in connection with the lungs. The urine is high colored, acid, sp. gr.; 1,020, and contains a large quantity of amorphous urates with numerous crystals of uric acid. It is free from albumen, sugar, pus and blood.

On examining the abdomen, there is at once discovered a large, smooth and firm tumor. It is frequently the seat of pain and is painful on percussion and deep pressure. The severest pain is caused by grasping the tumor at its posterior and inferior angle and dragging it upwards and forwards. It is freely movable on pressure and on deep inspiration. Its margins are clearly defined. It extends from the splenic region forwards and passes fully two inches to the right of the median line above the umbilicus, it then recedes and again passes to the right of the median line an inch and a half below the umbilicus, thus presenting a deep notch on this border. Posteriorly it extends to the vertebral column, at least no clear note can be made out in this situation. In the mamillary line it extends from the upper border of the sixth rib to the anterior superior spine of the ilium. There is

slight enlargement of the liver, its vertical diameter in the mamillary line being five and a half inches, it also extends slightly to the left.

The true nature of the disease not being suspected at this time no microscopical examination of the blood was made, neither was there any search made for any other enlarged lymphatic glands. The red oxide of mercury ointment was given to be applied over the tumor. Quinine and iron were given internally.

He was seen again on the 29th of December; there was no noticeable change to be detected in the size of the splenic tumor. His appetite continued poor and the diarrhoea troublesome. January 16th. He is gradually losing flesh and strength. There is no difference in the size of the tumor, the lower extremities are still slightly œdematous, the left being most affected. The tongue is raw, with very prominent papillæ. The liver has increased slightly in size since the last examination; this enlargement is principally confined to the left lobe. The bowels move about four times daily, although he is taking powders composed of bismuth and Dovers' powder. The urine is high colored, acid, sp. gr. 1,022; it contains great quantities of amorphous urates, numerous crystals of uric acid and a few oxalate of lime octahedra. A most careful examination failed to detect any enlarged lymphatic glands. There is a good deal of tenderness over the right side of the abdomen, which is slightly tympanitic.

*Examination of the Blood.*—The blood to-day was examined for the first time. It was drawn from the pulp of the middle finger, received into capillary tubes which were immediately sealed. It looked paler than natural and had a soapy feel. Under the microscope (Hart. oc. 4, obj. 7) the white corpuscles were found to be greatly increased—from 150 to 200 could be counted in a field. In some specimens which were largely diluted with Dr. Keyes' artificial urine,\* the proportion was two red to one white. Many of the white cells were very large. An occasional one was seen which had two nuclei. The red cor-

puscles appeared to be diminished in number, and had no tendency to form into rouleaux.

On January the 17th he commenced taking 1-25 of a grain of phosphorus twice daily.

Feb. 13th. He has been taking 1-50 of a grain of phosphorus steadily for the last three weeks. He says he feels greatly improved. His bowels continue to move three to four times daily, the stools are natural in color. His pulse is 108. Temp. 100.° There are no enlarged lymphatic glands. There is acute inflammation of the lymphatics of the left thigh; this was first noticed by the patient two days ago; the inguinal glands are enlarged and very tender. There is a distinct diminution in the size of the spleen; its anterior border above the umbilicus does not extend over one inch to the right of the median line; below the umbilicus there is not a diminution to the same extent, although it is quite appreciable. The liver has not diminished any in size. The white blood corpuscles appear about as numerous as before.

Feb. 20, P. 90, Temp. normal. The diarrhoea is still troublesome; the stools are of a brownish color. The tongue is still denuded of its epithelium. He sleeps well; headache has disappeared. The œdema of the lower extremities is still considerable. He complains of pain over both spleen and liver, on deep pressure it is more marked over the liver. The inflammation of the lymphatics of the left thigh has subsided, the inguinal glands are no longer tender and swollen. Examination of the blood shows a distinct diminution in the number of white corpuscles; they are more markedly of two kinds—large and small; little masses of molecules and free nuclei are to be seen in every field. The spleen has slightly diminished in size since last report, at no part now does it pass to the right of the median line, its vertical diameter is also less. There is no difference to be detected in the size of the liver.

Feb. 26. The stomach is at times slightly irritable, but this is not apparently due to the phosphorus, of which he is taking 1-50 of a grain three times daily. The bowels have been confined during the last few days, and to-day he suffers from a pain which he refers to them.

The following measurements of the splenic tumor were taken. In the axillary line it extends from the upper border of the 6th rib, to within two inches of the crest of the ilium—a distance of 8 ½

\* Dr. Keyes (A.M. Jr. Med. Sec.) gives the following method for preparing artificial urine. Take a quantity of neutral filtered urine and to each ounce add five grains of corrosive sublimate. This has the effect of throwing down the amorphous urates. After standing the urates fall to the bottom, the clear fluid is then decanted, and its sp. gr. reduced to 1,020 with water. The blood corpuscles retain their shape in this fluid.

We found the fluid from a pleural effusion a very good medium for the examination of the blood corpuscles. It can be preserved by keeping a piece of camphor in the bottle in which it is kept.



inches. In the mamillary line the dulness extends from the upper border of the 6th rib to three inches below the ribs—a distance of  $7\frac{3}{4}$  inches.

The transverse dulness taken on a line with the centre of the 8th rib extends from the vertebral column to within two inches of the median line—a distance of fifteen inches. The vertical dulness of the liver in the mamillary line is  $5\frac{1}{2}$  inches. The white blood cells are steadily decreasing in numbers, but still they are very much more numerous than they should be—from seventy to ninety can be counted in the field. The red corpuscles have a greater tendency to run into rouleaux than on former examinations.

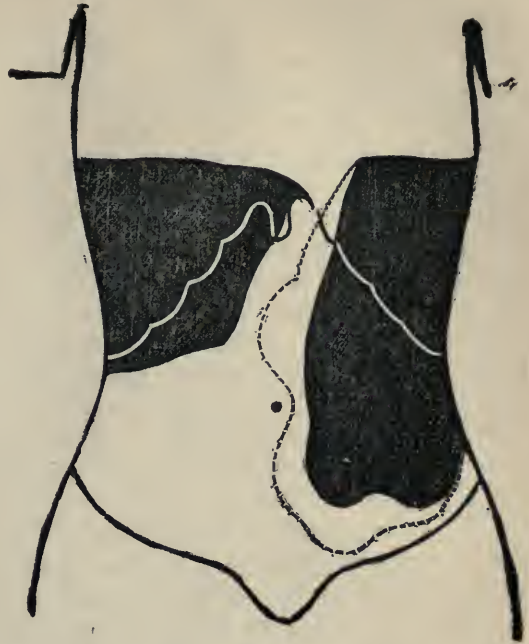
March 6th. The bowels have been moving much more frequently during the last few days—eight to ten stools daily. He is very much emaciated, and anæmic. P. is 100, temp. normal. He has been steadily taking 1.50 of a grain of phosphorus three times a day, it does not cause him the slightest inconvenience now.

March 10th. The diarrhœa in spite of the most active treatment continues to be very severe—about twelve motions in the twenty-four hours; the stools are offensive and of a dark brown color. There is no noticeable change in the number of white corpuscles. He takes nourishment freely. Had a sharp attack of epistaxis yesterday.

March 12th. Diarrhœa profuse. The patient is evidently sinking.

March 14th. Died at 12.30 p.m. to-day, from exhaustion. The mind remained clear to the last. No *post mortem* permitted.

REMARKS.—The accompanying figure will give an idea to what extent the spleen diminished in this case. The dotted line represents the original size of the tumor. The shaded portion is intended to illustrate the size of spleen from measurements taken about a week previous to the patient's death. There was no diminution whatever in the size of the liver from first to last; on the contrary it was slightly increased in size at the time that the above measurements were taken. At no time was there any discoverable enlargement of the lymphatic glands. When the blood was first examined (two months previous to death) 150 white cells could be easily counted in a field; a week before death the number was not more than 70.



Until recently leucocythæmia was looked upon as an absolutely fatal disease. We can only find a report of eight cases, where a cure was effected, Four of these are reported by Mosler, where quinine was the agent employed; all the cases were in the early stage of the disease, and one at least was of a distinctly malarious origin. In speaking of the effects of quinine in this disease, Dr. Wilson Fox says: "that even in very large doses, of ten to twenty grains, daily, continued during a long period, quinine has failed in my hands to exercise the slightest influence, either on the fatal progress of the disease or on the pyrexia."

Dr. Da Costa reports the case \* of a man, aged 32, where there was considerable enlargement of the spleen, with a slight increase in the number of white corpuscles. The disease was diagnosed as commencing leucocythæmia. The hypodermic injection on alternate days, of five grains of ergotine, was followed by almost complete restoration to health, after the eighth injection.

It is to Dr. Broadbent that we are indebted for showing us the beneficial influence of phosphorus in the disease. He gives the details of two cases † both of which were cured by the use of this drug.

Dr. Wilson Fox describes a case ‡ that was under

\* Am. Jr. of Med. Sciences for Jan'y. 1875.

† Practitioner for January 1875.

‡ Lancet, July 10, 1875.

his care in University College Hospital, where the use of phosphorus was followed by almost complete restoration to health, the white corpuscles had diminished to the normal amount, the spleen did not however regain its normal size, but this appeared to have no deleterious influence. It does seem from recent observations that people may live and enjoy fair health, even after the removal of the spleen. M. Pean \* has removed the spleen in two instances with success, and it appears that no injurious effects have followed, both patients being in good health. What influence an enlarged spleen may have on the health remains yet to be seen.

In the present case although phosphorus failed to save the patient's life, it cannot be denied but it had a remarkable influence not only in reducing the size of the enlarged spleen, but also in diminishing the number of white corpuscles, and we are strongly of the opinion that had we recognized the disease sooner, and given the phosphorus earlier the result would have been different. The phosphorus (except during the first week) was well borne, during the last few weeks he was steadily taking 1-50 of a grain three times daily, without its causing him any inconvenience.

Dr. Moxon of Guys' Hospital lately read a paper † before the Clinical Society, on two cases of leucocythæmia. In both cases the treatment by phosphorus was employed, but with an unsuccessful result. One of the cases however was complicated with a malignant tumor, which compressed and obstructed the bile duct at its entrance into the duodenum. This case is certainly not a fair test for the treatment by phosphorus. In the discussion which followed the reading of this paper Sir Wm. Jenner said he had a case of leucocythæmia lately under his care, where the treatment by phosphorus failed to do any good whatever.

In our patient the diarrhœa from the first was obstinate, and no doubt it was the immediate cause in bringing about the exhaustion from which he died. For sometime previous to his coming under our care, diarrhœa alternated with constipation, but from the time that the disease was recognized, with the exception of three days during which the bowels were confined, diarrhœa was always present. At first it was not severe, but during the last four weeks of his life, it was profuse and little at all influenced by the most active treatment.

\* *Lancet*, August 26, 1876.

† *British Medical Journal*, March 11, 1876.

Whether the inflammation of the lymphatics in the left thigh was a merely accidental complication, or *not*, we are unable to say. In this connexion it may perhaps be worth mentioning that the patients' father, a man aged 77, died 24 hours before his son, from idiopathic erysipelas of the right leg and thigh. Both lived in the same house. In concluding these remarks, we would state, that after the treatment by phosphorus was commenced, no other drugs were employed, with the exception that the red oxide of mercury ointment was continued for about a week.

#### (II). LEUCOCYTHÆMIA LYMPHATICA.

We have unfortunately only very imperfect notes of this case. The patient resided a long distance from us, and it was only at considerable intervals that we saw her. We did not see her for sometime previous to her death.

Miss I—, aged 20, first consulted us on the 19th of October, complaining of swellings on her neck and shortness of breath. The disease is of a little more than two years duration, and first showed itself as a swelling on the right side of the neck, a little below and in front of the lobe of the ear. This swelling gradually increased and extended. About fifteen months ago the other side of the neck commenced to enlarge and has been gradually increasing in size ever since. Up to the commencement of the present trouble she enjoyed excellent health. The family history presents nothing of importance. She is medium-sized, weighs 130 lbs., muscles well developed although flabby. There is no emaciation but she has an anæmic appearance. The face has an anxious expression with a cyanotic hue. She has had no menstrual discharge for four months, but previous to this she was quite regular.

PRESENT CONDITION.—The cervical glands on both sides of the neck are enormously enlarged. The hypertrophied condition of each separate gland can be distinctly recognized, differing in this respect greatly from scrofulous glands. The skin over the most prominent parts of the right neck has a bluish tinge, and in two or three places there are red cicatrices, caused by the application of an escharotic. The following measurements were taken:—

(I.) From the lobe of one ear passing over the

upper lip to the lobe of the opposite ear is  $10\frac{1}{2}$  inches.

(II.) Distance apart of most prominent points on opposite sides (measured by calipers) is  $7\frac{1}{4}$  inches.

The glands along the sterno-mastoid and clavicle are also enlarged. The axillary glands are also affected, but it is only lately that the inguinal glands have become involved in the morbid process. The thyroid body is also enlarged, both lobes being about equally affected. The most careful physical examination failed to detect any enlargement of either the spleen or liver.

A drop of blood examined under the microscope presented a great increase in the number of white blood corpuscles—from 60 to 80 could be easily counted in a field; their size was not much if any larger than normal white cells, being in marked contrast in this respect to the white cells of the preceding case. We could not decide that the red cells were less in number than they should be, though from the investigations made on this point by those who have paid special attention to this subject it is probable that there is always a positive decrease in their number in this disease. They appeared natural in form, but formed imperfect ruleaux. She is troubled with an asthmatic cough and dyspnoea. These two symptoms although always present, are much aggravated when she takes a "cold." Hissing, sibilant rales are heard all over the chest, they are loudest in the interscapular region. There is no change in the resonance in the latter situation, but a slight degree of dulness can be detected over the first bone of the sternum. There is no venous hum \* heard over the manubrium. The pulse is 80 and regular. There is nothing abnormal found in connection with the circulation, except that there is distension of the cervical veins. The following treatment was ordered. The red oxide of mercury ointment is to

be applied to the cervical glands—over a very small space at a time. She is to take four minims of Fowler's solution three times daily.

November 4th. There is no noticeable difference to be detected in the size of the enlarged glands. Examination of the blood shows about the same proportion of white corpuscles as on her former visit. The spleen and liver were again carefully examined, but no enlargement of either can be detected. She is troubled as formally with a spasmodic cough, but says she breathes easier.

November 30th. Patient reports herself better in general health. Breathing is not much interfered with. The enlarged glands have diminished a little in size, the following measurements were taken to-day.

(I.) From the lobe of one ear passing over the upper lip to the lobe of the opposite ear is one inch less than it was when first measured.

(II.) Distance apart of most prominent points on opposite sides is three-quarters of an inch less than it was formerly.

January 4th. Breathing is very free. No appreciable difference in the measurements.

February 1st. Patient says she has taken a cold. The breathing is very difficult, and is attended by a "TRACHEAL STRIDOR" heard several feet from her. Measurements are increased—being greater now than they were at first. The axillary glands have also increased in size since her last visit. She says the glands in her neck commenced to swell a few hours after her return home from her former visit to us, and in forty-eight hours had attained their present dimensions.

There is no difference to be detected in the number of white blood cells. The face has a cyanotic hue. The cervical veins are considerably swollen. The voice is whispering. This was the last visit she paid to us. She died shortly afterwards—asphyxiated.

REMARKS—It is well known that glandular enlargement is not always attended by leucocythæmia, and that there is a condition which can be distinguished from this disease only by the absence of an excess of white corpuscles in the blood. This condition is called Hodgkin's disease by Wilks, adénie by Trousseau. Hodgkin who was the first to describe it, named it *lymphatic anæmia*. It resembles the lymphatic form of leucocythæmia in its slow and insidious outset; in the organs attacked

\* Dr. Eustace Smith describes (Lancet, August 14th, 1875) a *venous hum* which is produced in children with enlarged bronchial glands. It is heard by placing the stethoscope over the manubrium, and at the same time making the patient turn back the head so that his face becomes almost horizontal. "The explanation of this phenomenon I believe to be that the bending backwards of the head throws forward the lower end of the trachea, which carries with it the glands lying in its bifurcation, and the left innominate vein, as it passes transversely behind the first bone of the sternum, is compressed between the enlarged glands and the bone."—(Smith). The absence of the hum in the present case is likely owing to the adherence of the glands to the bone, so that the trachea in its ascent could not carry them up. Dr. Smith saw a case where this occurred, it was a boy who had lymphadenoma. There was dulness over the manubrium, but no venous hum. After death, the enlarged glands were adherent to each other and to the sternum. The alteration in the position of the trachea when the head was bent back, had no effect on the position of the glands.

—lymphatic glands, spleen, liver, and occasionally the intestinal glands; in the gradually increasing weakness and emaciation which marks its progress. They also resemble each other in their invariably fatal termination. As before stated there is a great difference in the character and composition of the blood in the two diseases. M. Jacoud thinks that the two diseases are identical. Dr. Southey \* expresses the opinion that the leucocythæmia simply indicates a stage in the disease, a view which is also held by Dr. H. C. Wood, Jr. †

To explain the increase of white corpuscles M. Jacoud thinks it not improbable that some alterations in the osseous medulla, which according to the re-researches of Neumann and Bizzozero, contains colourless corpuscles like the white blood cells, as well as cells with coloured nuclei; has the effect in bringing about the leucocythæmia. He also suggests another explanation, viz:—That the increase of connective tissue which takes place in the glands in Hodgkin's disease, by its contraction will obliterate the efferent vessels, and prevent the passage of the white globules into the blood. "So that if the white corpuscles do not find their way into the blood it is simply because the way is closed against them."—(Jacoud). There are strong reasons however, for believing that the two diseases are not identical, as M. Jacoud tries to maintain. If leucocythæmia is a disease primarily of the solid elements of the blood, then this view cannot be maintained. The following points are in favour of leucocythæmia being a disease of the white cells of the blood primarily, and the changes in the spleen, lymphatic glands, &c., being secondary to this change in the blood.

(I.) We often find that there is a marked change in the proportion of the white cells, before any decided enlargement takes place in the lymphatic glands, and further leucocythæmia may run its course to a fatal termination, where there is only a very slight increase in the size of the spleen, and no enlargement whatever of the lymphatic glands. ‡

(II.) After the extirpation of the spleen in animals, neither the blood nor any organ exhibits important alterations.

(III.) The parenchyma of the spleen or liver in

leucocythæmia, is not only not hypertrophied, but on the contrary is in a state of atrophy. †

(IV.) The white cells are not only increased in number in leucocythæmia, but they are also larger, this, according to Biesiadecki, is due to a form of colloid degeneration of their protoplasm.

(V.) These degenerated cells, according to the above authority, are deposited in the same organs and parts of organs as those in which blood cells containing pigment or vermilion collect.

The fatal issue in the present case, was brought about by the gradually increasing respiratory embarrassment induced by the pressure of the enlarged intra-thoracic glands.

The treatment pursued was the internal administration of arsenic, with the local application of the red oxide of mercury. This was continued up to the time of her last visit to us, when we prescribed phosphorus. Whether she took any of the latter drug or not we did not learn. The arsenic at first appeared to be of some benefit, but this is often the case with the most indifferent treatment, no stress can be laid on it; again the enlarged glands diminish perceptibly in size during the course of the disease when no treatment whatever is employed. Iron, iodine, mercury, quinine, and cod-liver oil have been tried, but all of them have proved equally powerless in preventing a fatal issue. Whether phosphorus has such a beneficial effect in this form as it has in the splenic variety of the disease remains to be seen.

#### NOTES ON DIPHTHERIA.

BY W. R. CLUNESS, M.D. SACRAMENTO, CA.

Although the daily occurrences of interest over all the civilized world are almost instantaneously made public throughout the length and breath of the land, yet it may not prove uninteresting to your readers to learn somewhat more in detail, something regarding matters medical upon this coast. This, in reponse to your kind invitation, I will endeavour to furnish however imperfectly. Let me then say, that from time to time we have our endemics and our epidemics. Local influences here as well as elsewhere produce their characteristic effects. Climatic influences, likewise, produce

\* St. Bartholomew's Hospital Reports, 9th Vol.

† American Jr. of Med. Sciences, October, 1871.

‡ One of the cases brought by Dr. Moxon before the Clinical Society is an example of this. (Brit. Med. Jr., March 11, 1876.)

† Biesiadecki. (Med. Times and Gaz., Nov. 13, 1875.)

their peculiar phenomena observable in all countries during atmospheric disturbances. Nevertheless, it has occurred to my mind, that when an epidemic influence exists here, the special disease then prevailing assumes a more malignant form than with you. This, however, is simply an impression, for I have no means of satisfactorily determining so important a question.

At present that scourge of *the innocents*, diphtheria, is prevailing to an unusual extent, and in many districts of California is more than ordinarily malignant. Commencing last spring in the southern portion of the State, it slowly but surely spread northward, here more severely, there less so, until it made its appearance about four months ago in San Francisco, where it is now prevailing in an epidemic form. A record of over two hundred deaths from this disease in that city, since the latter part of September, (besides the number of cases unascertained, attended by quacks) will indicate the fatality attending this most distressing of all diseases. From San Francisco it soon reached Vallejo, a city of about 10,000 inhabitants, across the Bay, and about 25 miles distant. The cities of Napa and Stockton, also near the Bay, one lying westerly and the other easterly, also felt its fatal influences. Still further northward is the town of Dixon, containing about 1000 inhabitants, where no less than thirteen children died in ten days during the early part of last month. There, also, eight adults who were in attendance upon children ill of the disease, were attacked, and although all recovered, yet the malignancy of that form of diphtheria now prevailing and its consequences were well demonstrated. About six weeks ago it made its appearance in this city, and has exacted tribute from the homes of several of our citizens, my own having to contribute on the fourteenth of last month to its death-dealing influence. And still "the stern tyrant on his heartless round" is striking down the innocents of our lovely California with its more than Italian clime. At present we hear of its march in various directions towards the interior of the State, and there is little doubt that it will ere long be remembered in sorrow over all parts of the coast.

I will not, in a running communication like this, dwell upon the etiology or pathology of the disease under consideration, nor do I propose endeavouring to determine whether it is a local or

constitutional affection, or sometimes one and oftentimes the other, but will briefly outline the general principles which govern the treatment by the best informed physicians of this city and the Pacific Coast. Acting upon the well established fact that it very soon at least becomes a constitutional disease, and that the blood becomes early contaminated, such remedies as are known to oppose septic influences are usually given. A general tonic and supporting course of treatment is always prescribed. Quinine and iron in the form of a tincture of the chloride are early administered and persisted in throughout. Egg-nog, cream, milk, beef tea and such other concentrated articles of diet as are easily swallowed and known to be nutritious, are liberally given. One of my medical friends in this city, thinks favourably of the free use of the bisulphites, especially the bisulphite of soda, given to the saturation of the system. The principle which underlies this system of treatment will, of course, be readily comprehended, and is worthy of the fullest investigation. Being myself much inclined to the belief that the disease is frequently local in its very inception, and can be prevented from becoming constitutional, such applications as have been determined by experience to be destructive of the diphtheritic germ, or what ever you may choose to call it, are made as early as possible. The first case in a family, or institution, manufactory, school, or whatnot, is of course rarely seen in its incipiency, and absorption has taken place before local remedies have been resorted to; but when such remedies have been applied to cases that have very recently been, or are likely to be exposed, and persisted in until local influences are removed, and the epidemic condition of the atmosphere has passed, I am well convinced that the disease can thereby be in a great measure prevented.

The following is my favourite application, varied in strength according to age and circumstances:

℞ Liquor, ferri, subsulph..... ℥ ij.

Acid, carbohc..... gr. x.

Glycerine ..... ℥ vi. M.

SIG.—Apply with a large sized camel's hair brush to all parts of the throat every three hours.

By the application of the above mixture together with the administration of the remedies already mentioned, the development of the disease is frequently prevented—the exudation having

taken place is so charred and disintegrated by it as to cause its exfoliation—further deposition is better prevented by it than anything else known to me at least. It is easily applied and with as little discomfort to the patient as any of the remedies usually prescribed for this purpose. When considerable pain exists, or when the glands of the throat and neck are swollen, the application of the tincture of iodine gives manifest relief. Of course a host of other applications and remedies are frequently resorted to with signal benefit and with just as signal failure in malignant cases.

But let me say a word regarding the quarantining of houses and localities into which the disease has gained entrance. That it is contagious no one will, I presume, attempt to disprove. If, however, any of your readers still doubt, let me refer them to the discussion and decision of the Suffolk District Medical Society, published in a recent number of the London *Lancet*. But above all, let such doubting ones read and carefully digest the lecture of Professor Tyndall, on "Fermentation and its bearing upon the phenomena of disease," recently delivered before the Science Lecture Association of Glasgow. Here is food for reflection, pregnant with some of the greatest benefits which has ever been conferred on man. But to return, if, as affirmed, diphtheria be contagious, why not quarantine houses infected with this disease as well as those in which small-pox is known to exist. You have recently had your epidemic of small-pox, more notably in Montreal, and you quarantined infected houses, and we do so likewise—even this day a yellow flag in a certain locality upon one of our streets indicates the existence there of the latter disease and the propriety of giving it a wide berth.

Where scarlatina exists you isolate as far as practicable those who are unprotected by a previous attack of the disease. With measles, or other infectious or contagious disease the same rule prevails; and who that has practiced medicine for many years has not become conscious, directly or indirectly of the communicability of puerperal fever? Why not then quarantine a house infected of diphtheria as well as one in which either of the diseases enumerated exists. It is surely as fatal when epidemic, as either of them. It is said that there are different forms of the disease, each form depending upon its own peculiar germ

for development. My own observation and experience tend to disprove this assertion—the variations being wholly dependent upon the peculiar epidemic constitution of the atmosphere existing at the date of the attack. Like produces like. Scarlatina will no more produce measles than small-pox will originate diphtheria; neither can an acorn any more be made to grow or produce a peach than an orange a tree; its produce must be an oak. As every kind of fermentation has its peculiar fungus and each fungus its own peculiar germ, so each disease must be generated by its own peculiar germ. Those germs live and float in the atmosphere for a longer or shorter period of time according to its normal or abnormal condition. Quarantine early and effectually, and much may thus be done in preventing the dissemination of the seeds of disease until the epidemic influence has passed. Remove all causes tending to render the surrounding atmosphere impure; above all, let us remember that "Cleanliness is next to godliness."

#### THE ABUSE OF HYPODERMIC INJECTIONS OF MORPHIA (MORPHIOMANIA).

Dr. EDWARD LEVINSTEIN, in "Bulletin General de Therapeutique," April 30th.

(Translated by J. Williams).

Allow me to draw your attention to an affection for which I can find no more suitable name than "Morphiomania." It has not yet found a place in our books, and only a few observations on it have been collected (see Fiedler and Hirschfeld in Kunze's *Zeitschrift für Praktische Medizin*, 1875).

The history of this affection is short; it dates from the time when subcutaneous injections by the process of Pravaz became popular, and in spite of the shortness of time it has reached dangerous proportions. Morphiomania arises from the abuse of injections of morphia, and the results of this abuse are disorder of the entire nervous system. The producers and propagators of the disease are those physicians who, in affections more or less painful and of great length, have allowed their patients to inject themselves with morphia under the skin; and it has been propagated more still, by those who know the relief produced, but not the dangers.

The symptoms of morphiomania are almost the same as those of dipsomania; the analogy of these two diseases extends even to the delirium. In the delirium tremens of alcohol and in the delirium tremens of morphia, the trembling and the hallucination are pathognomonic; in the two affections the inflammation of the lungs, of the intestine, etc., follow a course equally serious. They differ essentially in the following particulars: in morphiomania, the mania does not supervene as a psychic form of the disease, and in opposition to what is observed in dipsomania, the victims are almost exclusively from the higher and more cultivated classes. To those who use injections of morphia frequently, they become indispensable in removing every mental or physical uneasiness, and they addict themselves to morphia as the drunkard does to his liquor. They lull to sleep their mental pains, their domestic troubles and their social annoyances; as the alcoholic drinker does with his morning glass, so they strengthen their unsteady limbs with morphia; and when this has been excreted, and the sensation of depression and of torture (as after the excretion of alcohol), places before them their miserable position and their shattered intellectual and corporal life, a new dose of the poison enables them to forget their misery, which is only in part of spontaneous origin. But the intervals during which they can lead a supportable life without the use of morphia become shorter and shorter; the craving for morphia increases constantly; the fearful chain which surrounds them confines them more and more, until they become incapable of resistance and are completely destroyed.

I will relate the history of three cases, remarkable at once for the large doses and the long time they were continued:—A woman and her husband, confided to my care by Dr. Gunther of Dresden, and Professor Westphal of Berlin, were admitted to the Schoenberg Asylum (Berlin) on the 19th July, 1875. The husband was 38 years old, had been an officer and was solidly built. Ten years previously he had learned to use morphia for rheumatic pains, and during the last five years he had injected daily one gramme of morphia acetate. His wife had suffered for some time from hepatic colic, against which she had used injections of morphia. The war of 1870-71 taught her another indication of its use. She addicted herself to

morphia to lull her grief, and to forget the anxiety caused by the dangers to which the members of her family were exposed. During the last five years, she had injected eight decigrammes of morphia daily. The patients had reached the following condition:—the husband had lost sleep, his reflex excitability was increased, his sensibility was exalted and perverted, he had neuralgia, muscular spasms and dryness of the tongue. There was no constipation, and the pupil of the eye, instead of being contracted, was dilated. The face had a remarkably deep red color; he perspired at the slightest exertion, and even when in repose, and to such an extent that he was obliged to change his linen several times a day. The patient, although intelligent and well informed on many points, had no taste for anything; he was stupid and exhausted, and felt himself ill. His wife, aged 23, had a leaden-grey complexion; her pupils were scarcely larger than the head of a pin. Menstruation had ceased four years before. She had hyperæsthesia and neuralgia as well as violent shiverings of the tertian type. Her appetite was feeble; she had a special repugnance to animal food. The memory and judgment were well preserved in both.

At once I denied the morphia completely to the husband. As for the woman, I diminished the quantity daily, so that the use of it had ceased entirely at the fourteenth day. The first day after the suppression, the man presented a very great degree of irritability; he twisted and wrenched himself beyond expression if one only felt his pulse; he had shiverings and painful coughing fits. The second day he was very much depressed and so feeble that it was necessary to carry him to the bath, and to clothe and unclothe him. In the night he had diarrhœa, which continued afterwards for fourteen days; with the diarrhœa, during the first days, there were symptoms of congestion in the head, and vomiting from time to time. He bore himself as one without hope; he begged for morphia, he knocked on the doors and windows, etc. Doses of three grammes of chloral produced no sleep during the first three nights. During the three following days, the sensibility was yet increased, and there was hyperæsthesia of the scalp, and vertigo. On the last of these days, however, the patient commenced to eat and feel more at ease. Four days after the treatment commenced,

the patient slept without chloral, but with interruptions; during the hours of sleeplessness in the night he was agitated, and during the day depressed. At the end of the second week there was cessation of the psychic and somatic effect of the suspension of the morphia, with the exception of an increase of sensibility. The temperature did not undergo abnormal variation during the treatment. The patient gained 2,500 grammes in weight during the four weeks.

With the woman, the successive reduction of the injected morphia was accompanied by an increase of reflex irritability, and extreme feeling of uneasiness and loss of strength. She did not sleep, and when she was in bed it seemed to her that she was constantly falling. There were convulsive movements of the members, and neuralgia of the genitals and of the bladder. She avoided her bed, because in lying there she was seized with painful contractions of the arms. After the daily dose of morphia had been reduced to five centigrammes, a moderate diarrhoea supervened, which lasted eight days; it was accompanied with anxiety, vertigo, palpitations of the heart and redness of the face. The patient, an intelligent and well informed woman, mourned and wept like a child, was much excited and demanded morphia incessantly. At the end of three days the redness of the face disappeared; the patient was very feeble in standing, and complained of suffering from pain in the region of the stomach and liver. Ten days after the complete suspension of the morphia the menses appeared and followed a normal course. Having remained four weeks under treatment, she left the establishment happy and satisfied, having gained 2,000 grammes in weight.

The third patient was a man of 32, strongly built, with pale yellowish skin and hollow eyes. The pupils were dilated; there was no constipation; and no power of venery for the last six months. Three months previously he injected more than a gramme of morphia daily. On the 9th of October, he entered the Asylum to be cured of his habit of using morphia, for he had lost his appetite and sleep, and was troubled with abundant vomiting every morning. The use of morphia was suspended at once. Twelve hours afterwards, there was depression, feebleness, melancholy and clonic convulsions. The next day there was diarrhoea, which lasted nine days, and violent

vomiting which continued eight days. During the first five days, he was entirely deprived of sleep, and had illusions of the vision. The fourth day there was trembling of the muscles of the face, of the tongue and members; speech was difficult, and he had convulsive spasms. The fifth day, speech became more difficult, the uneasiness and hallucinations of vision increased and weakened the patient. His voice was hoarse, discordant and hesitating, and his appearance was that of weakness or depression. During the fifth night, the patient, in sitting down on his bed, fell suddenly backwards on the pillow; respiration slackened and became difficult and panting. He had the *facies hippocraticue*. At the end of half an hour, the pulse and respiration returned, but he remained one remove from a collapse. The sixth day he slept half an hour, and the seventh, after a bath by affusion, an hour and a half. Until the eighth day he vomited all his food; then his appetite returned and the vomiting ceased. The ninth day the patient felt more at ease, said that he had no desire for morphia, and only felt the want of sleep. There was, on the fourth night, an elevation of the temperature to 38°5c. An almost daily examination of the urine in the two first cases, showed, the first two days after the suppression of the morphia, a deviation of the plane of polarization to the left. Also, Trommer's test, applied during the four weeks of observation, gave, in the two cases, a reduction of the hydrated oxide of copper. In the third case, there was no change in the polarization, but Trommer's test gave the same result as in the other cases. The reduction could not be due to the chloral, because the woman had taken it very seldom, and the last patient not at all.

The symptoms of morphiomania are so distinctly defined in these cases, that it is not necessary to describe them specially. It is worthy of remark, that the abuse of morphia produces almost the same pathological phenomena as those against which it is employed as a remedy. Hyperæsthesia, neuralgia, sleeplessness, anxiety, depression and irritability are at once conquered and produced by morphia. Again, when morphia is suddenly, or, little by little, suspended, there is, during the first days, a considerable aggravation of the complaint, especially of the cerebro-spinal nervous system and the vaso-motor (feebleness of gait, trembling, shivering, deep redness of the face, and



perspiration on all the body). As to the prognostications of morphiomania, I will say, that out of a great number of patients, I have only seen 25 per cent. of cures; in a great number of cases there was a relapse. In two cases, I have seen the abuse of morphia followed by marasmus and death; two others committed suicide. Five were drinkers; among these was the wife of a colleague, who had read in a work on *materia medica* that alcohol was an antidote against morphia; she used it as a remedy and perished from it.

The treatment of morphiomania consists principally in the suspension of morphia; sudden cessation is preferable to the gradual process. The organism supports a sudden and decided intervention better than that which acts slowly, as we see in surgical and obstetrical operations. The treatment requires the personal attention of the physician to the patients, and it is a difficult and thankless task. To wean inveterate morphiomaniacs from their drug is impossible, unless they are treated as prisoners. While the morphia is forbidden, it is necessary to isolate them and have them watched by intelligent persons, inaccessible by all corruption. It is difficult to find these persons, because some bring morphia secretly to the patients, in the hope of recompense, and others cannot resist the pathetic supplications and cruel sufferings of the patients. The doors and windows should be closed against all communication with the outside world. The dress of the patients, the sofas and the closets of their chambers, should be examined from time to time, because it is characteristic of all who come willingly or unwillingly to such an establishment, that they carry a large dose with them, as well as one or more syringes for injection. The physician should not rely on the promises, or the most solemn assurances, or the word of honor of the patients. Morphiomania, as other passions, forms part of the character of the individual; the best educated, and intelligent men do not avoid any means or ruse to deceive the physician and preserve the morphia they have brought with them, or procured from another. If the physician is energetic, watches constantly his patient; if he has influence over his assistants and these are honest, the most difficult part of the treatment is accomplished in eight days.

Twelve hours after the suspension of the morphia, a collapse habitually occurs, conse-

quently it is necessary to keep the patient in bed, and, during the first eight days, to employ some stimulating wine; it is even necessary for women to take large doses of alcoholic liquors at that period. As we have seen in the case of the third patient, the collapse may become grave enough to endanger life. The danger is combatted by subcutaneous injection of *liq. ammoniæ anisatas\**, followed immediately by an injection of 15 milligrammes of morphia. If during the first forty-eight hours after the suspension of the morphia the patient neither moans nor laments, if he is capable of eating during the first days, and if his countenance is animated, it is certain, in spite of his denials, that he has used morphia; the smallness of the pupils and absence of diarrhoea will very soon confirm this belief.

The distress, the sleeplessness, the despair which affect the patients during the first three days, are so grave, that it is necessary the physician should be profoundly penetrated by the duty he has imposed on himself to regard calmly those sufferings, and have neither ear nor heart for despair, lamentations and tears. The attempts at suicide on the part of the patients, as their unfortuante mental disposition urges them, should be watched and prevented. Prolonged baths should be given, at once as a remedy against neuralgia which appears during the period of abstinence, and to provoke sleep during the night, and if the collapse is not too great, they may be combined with cold affusions. Diarrhoea, which, in all the cases observed by me, supervened almost always immediately after the suppression of the morphia, is not an obstacle to the treatment except when it becomes fatiguing. Injection of the rectum, two or three times a day, using from one to three litres of water at blood heat, helps to calm the symptom. Vomiting, which in certain cases appears during the first days of abstinence, and which does not yield to any remedy, for it is necessary to exclude narcotics from the treatment, demands that nourishment be administered by the rectum. The nutritive injections of Leube are very useful in these circumstances.

As morphiomania has affinities with dipsomania, the use of wine and alcoholic liquors should not be entirely forbidden, but ought to be allowed

* Px, Alcohol sp. gr. 0.833,	12 oz. by weight.
Oil of Aniseed,	3 drams. "
Liq. Ammon. sp. gr. 0.960,	3 oz. "

only from time to time when the patients begin to take regular food. The subsequent treatment must be regulated by the general state of the patient. Fresh air, nourishing food, and iron preparations, will soon renew the shattered system. Nevertheless above all, it is necessary, even before the end of the third week of treatment, to provide some physical and especially some mental occupation for the patients. Experience teaches that the use of morphia, internally or by subcutaneous injections, as long as it is administered by the physician himself, does not conduce to morphiomania, and that that affection develops itself when the physician prescribes injections of morphia, and confides the administration of it to those who attend the sick. The reason we have often heard given for this fact, (that the physician is prevented from making the injection himself,) is not valid; he can then content himself with the internal administration of morphia, because, although the effect may be delayed a little if it is given by the rectum, or on an empty stomach, it relieves the pain and produces sleep as much as does the injection under the skin. The use of morphia internally is not accompanied by that sensation of happiness, altogether useless, which makes that substance a source of pleasure to the patients, and encourages them to continue the use of it.

The suggestions and objections made when I read a memoir on this subject to the Congress of Naturalists at Gratz, were principally the following:—On the one hand, there can be no reason for confiding the injection to persons who attend the patients; there may be exceptions to this, but as a rule, we are convinced of the disadvantages which follow the practice. On the other hand, we suggest that a law be enacted, forbidding druggists and apothecaries, under penalty of severe punishment, from selling morphia to unauthorized persons. An analogous law exists already, and nevertheless a great number of apothecaries sell morphia to whoever demands it. Besides, it is often impossible to render them responsible, because they are often themselves deceived by false prescriptions. Considering the danger which menaces society by the extension of the disease, it was regarded as the duty of every physician to make the injections of morphia personally. The busy practitioner can limit himself to the internal use of morphia, if he cannot comply with this. In the

hands of a physician, the method of subcutaneous injections is a benefit to the human race; in the hands of the ignorant, it is a calamity. I conclude, gentlemen, by requesting you to consider this new form of disease. If you use your influence in your teaching and your writings, then, and only then, will its development be arrested.

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### Correspondence.

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#### THE LONDON HOSPITALS.

To the Editor of the CANADA LANCET.

SIR.—As many Canadian students probably have in view a visit to Great Britain, an account of what is to be seen in the London Hospitals may be of interest to some of your readers. The first question to be thought of is the passage over, and the student will find a great many lines of ocean steamships to choose from, the cabin fares ranging from \$50 to \$80. Having experienced a more or less pleasant voyage, we will suppose he has arrived in the metropolis of the world, and has set up at some hotel for a day or two, either Armfields in Finsbury Circus, or in any of those near Westminster. His next task will be to find apartments, and preference should be had for the vicinity of the hospital he proposes to attend. He may arrange to have all his meals at the apartments, or partly there and dinner at a restaurant, and if he can secure a roommate so much the better. Board can be thus obtained for from \$4 to \$6 per week. It is advisable, though not absolutely necessary, to attach himself to some one hospital, and Canadians usually prefer St. Thomas'. This hospital contains 572 beds, and consists of six blocks appropriated to the reception of patients, one for the administrative and other offices, and a separate one for the medical school. These blocks, though connected by corridors, stand apart so as to afford free exposure in every direction. St. Thomas' Hospital is really the first in appearance, though it does not contain as many patients as some of the older hospitals, but there are fewer students, and therefore greater opportunities for obtaining appointments, etc. At this institution Canadian graduates are admitted to all the lectures, hospital practice, use of library, and the privilege of becoming dressers, obstetric clerks, etc. for \$50, receiving a *perpetual* ticket. For the same advantage at Guys' he would have to pay \$200. We will

suppose then that he has taken out a ticket for St. Thomas' and is ready to begin work. On Monday morning at 8.30 or 9 he will find a number of students waiting in the grand hall for the medical officer, and he may choose to go round the wards with either the physician Dr. Peacock, or the surgeon Mr. McCormac. We will suppose that he is interested in surgery, and follows Mr. McCormac, to whom a certain number of patients are allotted, and who are visited every Monday and Thursday. Magdalen ward, devoted to female venereal diseases is first visited, cases examined, and prescribed for, and remarks are made on every special case. Then the other wards are gone through, questions on diagnosis and treatment being asked of students, points on surgical anatomy referred to, or the latter may be made to mark out with pen and ink on some patient the incisions and ligations, cutting of tendons, amputations, etc., This occupies his time until 11 o'clock when the library may be visited, and there he will find a very large collection of medical-works, text-books, and periodicals.

At 1 P. M. the out patients are seen, and Mr. Francis Mason, assistant surgeon attends on Monday and Thursday; while Dr. Ord assistant physician attends to the medical department. A great many patients receive advice and medicine gratuitously in this way, and plenty of interesting material for study is afforded. The pathology of ulcers, tumors, hernia, etc. is explained, and students are questioned on points of diagnosis and treatment. Excellent opportunities are afforded in the wards under Dr. Peacock, and in the out patient department under Dr. Ord for examining affections of the heart and lungs, and the microscopical and chemical examination of the urine. His time will thus be occupied until about 4 P.M., when a visit to the post-mortem department may reveal some interesting study in pathology, or verify the diagnosis of some case previously seen in the wards. There are from one to three post-mortems daily, and the pathologist goes most minutely into each case.

On Wednesday morning there are usually a great number of students waiting at the entrance for Dr. Murchison, well-known for his classical work "Fevers of Great Britain," and "Functional diseases of the Liver." He has a list of students whom he always "grinds," and anyone can have their name added by speaking to the house-surgeon. Having

arrived at the bedside he calls some name on his list, and asks the student to come forward and examine the case. The primary questions "how long have you been ill," and "what do you complain of" are asked, and he is directed in his examination of the case until all the symptoms are elicited, a diagnosis is then asked, and its defence required, and finally the prognosis and treatment. One or two cases are gone through every Wednesday and Saturday in this way, after which the other patients are seen and the result of previous treatment noted. A large stock of valuable information and experience is thus elicited, and no Canadian should neglect a regular attendance on Murchison's clinics during his stay in London. In the afternoons of Wednesday and Saturday, operations are performed at St. Thomas', usually from two to six cases presenting for operation; and among the surgeons perhaps Mr. Sidney Jones is the most brilliant operator. Two afternoons in the week Mr. Liebrich attends to ophthalmic out-patients and afterwards operates. Great facilities for using the ophthalmoscope are afforded; pathological appearances in each case being explained by means of plates and drawings on the blackboard; and frequently the patient is adjusted to a fixed ophthalmoscope, so that the student can be sure of not mistaking the appearance in disease. Every day Drs. Jervis and Cory, alternately attend the out-patients suffering from diseases peculiar to women. Here the student has every facility offered for digital examination; introduction of speculum; passing of uterine sound; and application of pessaries. On two mornings Dr. Jervis visits the obstetric wards and operates. Here the student has opportunities of seeing the galvanic cautery used in removing tumors from the cervix; vesico-vaginal fistulæ closed, etc.

Every morning a surgeon and a physician goes round the wards; and every afternoon out-patients are attended to by the assistant-surgeons and physicians, and the cards of new patients are often distributed among the students, who examine the cases, write down the symptoms, and give a diagnosis to be afterwards criticized seriatim by the surgeon when he examines the case and prescribes. It will be well for the graduate at the time he takes out his ticket, to put down his name for the first vacancy which occurs as dresser and obstetric clerk, students undertaking the duties of these

offices in succession. We will suppose his time to act as obstetric clerk has arrived. He takes up his quarters in the hospital and occupies a room in the upper story of the main building, in which is attached a gong worked by electricity from the porter's lodge. The first week he acts as assistant obstetric clerk, the second week as obstetric clerk, getting every case which comes to the hospital, while his assistant gets those which come during his absence. Stray cases coming when both are out are sent to students boarding near by, who have left their names with the porter. A stray "bob," (shilling) occasionally to the porter will secure plenty of these. No lying-in cases are admitted into the wards, but cards which have been previously given are brought to the hospital when the woman takes sick, and they are attended to by the obstetric clerks for a mile around in every direction. If any difficulty occurs the resident accoucheur is sent for, who is a graduate of some British college, and takes the responsibility of applying forceps, turning, etc., and often allows the student to operate himself. The resident accoucheur at the present time is a Canadian, (Dr. Millman.) During the two weeks of his obstetric clerkship, the student is boarded free of charge, and has great facilities for acquiring a practical knowledge of obstetrics, over 40 cases being known to have been attended during the above time. A certificate, like a diploma, may be obtained when 50 cases have been attended.

When his turn for out-door dresser arrives, he attends the assistant-surgeon, whom he has chosen, for three months, on two days of the week. Here he finds plenty to do in the way of bandaging, strapping, opening abscesses, ligating *nævi* etc. On certain days he takes his turn in the casualty department where the house surgeon receives accidents and casualties, and here the student is busy stitching and dressing wounds, applying splints, bandaging and strapping. If he is fortunate enough to secure an indoor dressership, he is appointed for three months to take charge of cases in the wards under the surgeon to whom he is attached. During this time he acts as no. 1 dresser for one week, when he is boarded in the Hospital, and gets the first call to all accidents and casualties. If the case is serious the house-surgeon is called, and the case may be admitted into the wards, to be under the dresser's care for the

time he acts as such. He will in this capacity have opportunities for performing many operations in minor surgery and become familiar with bandaging and the application of every variety of splints. Another advantage in living close to the hospital is that he can be sent for at night to see operations for strangulated hernia, and accidents requiring immediate surgical interference.

A clinical clerkship to the physicians is more easily obtained, and as such he keeps the history of each important case in a book furnished him for that purpose, takes temperatures, examines urine etc. The student, if he has time, will derive much benefit from an ophthalmoscopic clerkship, clerk to the physician for diseases of women, or a pathological clerkship, in which capacity he assists the pathologist in making post-mortem examinations. A great deal about skin diseases may be learned from Dr. Payne on Thursday afternoon.

As to the lectures, he will find that they are as a rule not superior to those of his Canadian professor, and as he is already, we suppose, stocked with the principles of his profession, he will find more advantage in spending his time in the hospital at practical work. However, Dr. Murchisons' lectures on the "Practice of Medicine," are well worth attending, and he should take full notes. These lectures are very clear, concise, and systematic.

In London each Medical School is attached to an hospital—theory and practice are combined—and the lectures are divided into a winter and a summer session. Thus in summer, materia medica, midwifery, botany, medical jurisprudence, and practical chemistry are taught; while in winter the remaining subjects are taught. The student has thus more time to attend to practical work, and, indeed, if he is attentive he may obtain a knowledge of every subject of medical study in the wards and out patient department.

At certain intervals, Mr. Stewart, curator, goes round the museum explaining the specimens and giving a course on pathology which is excellent. Students of St. Thomas' have also the privilege on certain days of attending "Bedlam" where Dr. Williams lectures on Insanity, and then visits the wards where the different varieties, stages, and treatment of insanity are referred to. The Canadian student will thus at once see the advantage of attaching himself to some particular hospital,

and as St. Thomas' offers the greatest advantages for the smallest amount, and as he will be sure to find other Canadians here, it will be more agreeable.

Some Canadians prefer the London hospital as it perhaps affords more surgical cases, being situated in a densely populated neighbourhood, and near the docks where a great many accidents happen. [The fee is also the same as at St. Thomas's.] ED.

On the other hand he will find enough experience at St. Thomas', and as Canadians are clannish, and he a stranger in a foreign land, he will find it pleasanter to be where he has friends. The English students are reticent and slow to make acquaintances, but the Canadian at once makes friends with his countrymen though they may never have met before.

K. N. F.

Kingston, December 18th, 1876.

To the Editor of the CANADA LANCET.

SIR,—About eighteen months ago one of your correspondents called attention to the deplorable fact that *free trade* in medicine existed in New Brunswick. Permit me to ask one or two questions, which may furnish food for thought to those who *care to think*.

In or about the year 1860 the Legislature of this Province passed an Act requiring all persons, legally qualified to practice, to "Register" their names in the books of a "Society" organized by this Act in St. John. The fee for registration was twelve dollars. Two hundred and fifty practitioners registered. In a very short time this "Society" became defunct, and the Act practically worthless. As I cannot learn of one instance in which the fee was refunded, I beg to ask:—Into whose pockets did the *three thousand dollars* collected, fall?

Is the probable difficulty of organizing another registration *affair* the cause of the apathy?

Many Nova Scotians, instead of patiently availing themselves of the *thorough* training afforded by their own, and other Dominion Medical Schools, continue to graduate in the United States. Since the recent Act of the Nova Scotia Legislature, to "*Regulate the Practice of Medicine and Surgery*,"

Nova Scotian United States' graduates are swarmed into the Province of New Brunswick. Why is this thus?

These questions *may* be easily and satisfactorily answered—but I should like to see them answered.

A NEW BRUNSWICKER.

November 23rd, 1876.

### Selected Articles.

#### SIGNS OF THE FIRST STAGE. OF PHTHISIS.

It is so important to recognize phthisis at its inception, that we quote the following summary from a lecture in the *Lancet*, by Dr. James Edward Pollock :

The *first stage*, which consists of a filling up of the alveoli by inflammatory or tubercular products, is recognizable by the signs which indicate altered physical conditions of a portion of the lung. In health we hear the gentle vesicular murmur caused by the entering air, followed by an equally gentle expiration-sound as the air is expelled, and the percussion-note is even on both sides. The voice scarcely resounds through the elastic air-tubes but communicates a gentle purr or fremitus to the hand when applied to the chest-walls. But if a portion of lung be solidified surrounding a pervious air-tube, all this is altered. There is a dull note on percussion, because less air is under the finger. The entering air-sound may be *feeble*, *harsh*, or *jerky* and interrupted; the expiration sound is prolonged unduly; while the voice sounds are propagated to the ear as through a tube, and the heart's sounds are also conducted. Now these are common to the first stage of phthisis, but why? All that auscultation can tell you, is that a portion of the lung has several of its physical conditions altered, but of the nature of the product which so alters them it can tell you nothing. That knowledge can only come to you by a study of the other relations of your case. Let us try these alterations by their meaning.

*Feeble respiration* may be due to obstruction in one or more bronchioles, by pressure on their walls or narrowing of their calibre; by any obstacle to air entering, as a tumor or a foreign body in the bronchus; by anything which increases the distance of the lung from the ear, as effusion into the pleura or by a thickened pleura; and by emphysema which impairs the elasticity of the lung.

*Harsh* breath-sounds may be due to thickening of the walls of the air-cells, whereby their elasticity is impaired, by induration causing pressure on the

alveoli, and by dryness of the mucous membrane of the bronchi.

*Prolonged respiration* depends on a difference in the density and an alteration in the elasticity of the lung, whereby a sound naturally feeble is developed and rendered more audible.

The *bronchial or tubular* character of the breath-sounds and voice is caused by the increased conducting power of the solidified lung, and excessive audibility of the heart-sounds means the same.

The *wavy or interrupted* inspiration sound is only valuable when permanent and conjoined with other sounds which indicate solidification, as a whiffy or tubular character of breathing. It is probably caused by alterations in the elasticity of the alveoli and their irregular expansions.

Now, if you can group several of these signs in any one case, and if dulness co-exists, and the space presenting this phenomenon be limited in extent and one-sided, you may be sure that some solidifying alteration has taken place in and around the alveoli of that part of the lung. But if this condition be preceded by a slight loss of flesh, sub-febrile symptoms, and with dry cough or a scanty flocculent expectoration, you may be pretty sure that you are dealing with the early stage of phthisis. But you only know your patient's present state; the future is masked, or may be altered by various other agents than those now evident to you. Physical evidence is always true, but the inference may not always be correct. I have pointed out to you that even from this state of things there may be recovery; the alveoli may collapse, the chest-walls fall in, the morbid product of the lung undergo degenerative change, dry up, and be expectorated, and a little flatness and dulness alone betray the nature of the attack.—  
*Medical Reporter.*

### IODINE INJECTIONS IN HYPERTROPHIED PROSTATE.

The reported success of Heine of Prague, backed up by his six published cases of alleged cure of hypertrophied prostate, seems alike so brilliant and encouraging, many a surgeon has doubtless waited with some impatience for fitting opportunities to show his triumph.

It may be scarcely necessary to state that the method of treatment recommended by Heine consists in the use of iodine, not simply in the manner so long ago proposed, but by injections into the body of the hypertrophied prostate. Heine claims for this treatment: 1st, that it does not cause suppuration nor undue irritation; 2nd, that it induces diminution of the hypertrophy, and of course the bladder trouble consequent upon it. The little

operation proposed for the cure of this grave disorder is so simple, the success to be anticipated seems so probable and so complete, that I think it important to show that in the hands of others than the author of the method, the results may be less brilliant, that in the most accomplished hands, indeed, this treatment may cause undue irritation, suppuration, and death.

Prof. Dittel, of the general hospital here, whose experience in diseases of the urethra, and particularly of the prostate, is probably unsurpassed, has not been slow to try the method of Heine, and as the following case has been under my own daily observation during the greater part of its history, I have been perhaps the more impressed with its warning.

The patient entered Prof. Dittel's wards the 21st of last November, with simple hypertrophy of the prostate, was easily relieved by the catheter, and was otherwise in good condition. The case was thought to be a good one for the method in question. Accordingly the solution as recommended by Heine, containing pot. iod.  $\zeta$  ij., tinct. iodine  $\zeta$  ij., aqua dest.  $\bar{\zeta}$  ij., was prepared, and four drops of it at two different times, and a few days apart, were injected into the body of the prostate. No irritation or reaction followed immediately; but before the time for the third injection, inflammatory symptoms showed themselves. Fluctuation was afterwards detected in the prostate and the abscess opened. The inflammation continued to increase and spread; peri-prostatitis, peri-urethritis, and peri-urethritic abscess supervened; peri-prostatitis bringing up the rear of this long, unpleasant train. On the 13th of January it became necessary to perform supra-pubic puncture of the bladder, which afforded not only temporary relief, but induced considerable general improvement, never enough, however, to allow the supra-pubic route to be dispensed with. The battle was fought with bravery and great patience by both surgeon and patient; there was certainly not another case in all the wards the management of which was so troublesome and tedious. The patient gradually sunk under his many complications, however, and on the 10th of July died.

On examining the prostate, I found the seat of two old abscesses corresponding to the points where the injections had been made. The other lesions were recorded as "suppurative prostatitis, peri-prostatitis, pyelitis, and nephritis."

I am informed that in the other instances also in which Prof. Dittel has tried this method, abscesses have resulted. My friend, Prof. Dittel, certainly is more than satisfied not to try the method again, but to leave it to others with a different experience.

Having seen in the NEW YORK MEDICAL RECORD (which, by the by, is distinguished for its regular appearance on the files here) an account of

the success of this method, as well as its freedom from danger, it is not unlikely that some of its readers may be tempted to incur unwittingly risks almost as disastrous to themselves as to the patient. And while I do not presume to condemn the treatment upon the limited evidence in hand, I think it important to add, and that without delay, the facts as above given, which without comment serve exceeding well to illustrate the other side of the question and to teach a caution which cannot be too carefully observed.—*Dr. Howard in Mid. Record.*

### ON DILATATION OF THE UTERUS.

Dr. Lombe Atthill, in his address on obstetric medicine before the British Medical Association, says :—

I am well aware that by some practitioners the dilatation of the uterus is still looked on with dread, and the attempt, if made at all, is undertaken with the greatest hesitation. I can only say that I believe these fears to be groundless, and that, if due care be taken to select suitable cases, and proper methods of carrying out the process be adopted, the treatment is a safe as well as justifiable one. My own experience of the dilatation of the uterus has been great. I have practised it very frequently, indeed, during the last ten years, and as yet, in no single instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent on the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practice the treatment, or an unwise method adopted for carrying it out. On examining the records of the cases in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practiced—

1st. Either for the relief of dysmenorrhœa depending on the existence of a narrow cervical canal;

2nd. When the cervical canal is encroached on by a fibroid of large size and unyielding structure,

3d. When the process has been attempted to be carried out rapidly by means of metallic dilators,

4th. When it has been protracted over several days.

I have, therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others :—

1. Never to dilate the cervix uteri for the cure of dysmenorrhœa or sterility depending on a narrow cervical canal or conical cervix.

2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

3. Never to use metallic dilators of any kind, but to choose for the purpose either sponge or sea-tangle tents, which expand slowly and gradually.

4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which, after the lapse of that time, the cervix was not sufficiently opened to suit the purpose I had in view, to postpone all operative interference for some weeks, rather than risk the result by prolonging the dilating process.

With respect to the first of these rules, I look upon the treatment of what is termed "mechanical dysmenorrhœa" by dilatation as altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, have, to my knowledge, followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to this conclusion that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid of dense structure, giving rise to menorrhagia, and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases dilatation is doubly objectionable, because the process is useless as well as dangerous; useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that, too, in patients in the worst possible condition for resisting the attack.—*Med. Reporter.*

DEEP INJECTIONS OF CHLOROFORM IN THE TREATMENT OF INVETERATE SCIATICA. — This method of treatment, first practised by Collins and Bartholow, consists of an introduction of an hypodermic syringe-needle to as great a depth as possible into the buttock or thigh, and the injection of from thirty to fifty drops of pure chloroform. Collins (Schmid's *Fahrbuch*, 1875) reported rapid and definite cures of inveterate sciatica, which had re-

sisted the majority of the usual remedies. Among others, he reports the following cases: sciatica, obstinate pain in the internal plantar nerve, duration six weeks, cure after injection of thirty drops; sciatica, six weeks' duration, cure by the first injection. A third case, of three years' duration, disappeared completely after an injection of forty drops. Dr. Cerenville has repeatedly tried this treatment with the best results in old cases of sciatica, which had been treated with blisters, iodine, all kinds of revulsives, even the actual cautery. The injections were made into the buttock, thigh, and ham; cures were obtained as rapid as those reported by Collins; in other cases, however, the pain returned. Cerenville noted two phenomena incidental to these chloroform-injections. In two instances complete anæsthesia of the leg was observed, which lasted two days, and its disappearance was as sudden as its onset. The puncture had been made into the middle posterior portion of the thigh, and the injection had probably penetrated the nerve-sheath or near it. There was also very intense pain at the moment the liquid penetrated. In another case, an injection into the upper part of the ham was followed by a very painful swelling, which yielded to applications of mercurial ointment and emollient poultices. No general effects from the chloroform were observed, nor *malaise*. The average quantity injected each time was about fifty drops.—*Bull. de la Soc. Med. de la Suisse; N. Y. Med. Journal.*

### LISTER'S ANTISEPTIC METHOD IN OVARIOTOMY.

BY J. MARION SIMS, M.D., NEW YORK.

Professor Lister's late visit to this country seems to have given a new impulse to antiseptic surgery. Van Buren has adopted it with success, and is lecturing on it to his class at Bellevue with great enthusiasm. Stephen Smith has also adopted it with the same success, and is teaching it most earnestly to his class at the University, and other surgeons must take it up. I have often wondered why it had not been used in ovariectomy. Lister told me it had not been done in Great Britain. He advocated it strongly, but Spencer Wells, and Keith have had such wonderful success in their operations, that they did not feel justified in trying any new method.

I would have used it long ago if I could have found a convenient and ample spray-producer.

A fortnight ago I heard that Dr. Sass had perfected an apparatus, and had tested it in operations by Van Buren, Stephen Smith, and others. I saw Dr. Sass, and he kindly consented to bring

his apparatus, and apply the carbolic spray for me in a case of ovariectomy.

The patient, forty-seven years of age, noticed a tumor the size of an orange in the right iliac region last April. She consulted her family physician, who pronounced it ovarian. On the 5th July she went Philadelphia to see Dr. Atlee, who gave her the same good advice. I saw her on the 20th September. I have never seen anyone so anxious for an operation. I dissuaded her from it, advising her to return home, and wait at least till next spring. I told her the tumor did not weigh more than ten pounds, and that an operation was not justifiable till she vomited her food, and began to emaciate. I saw her a month later. She declared she had not the strength to make the journey home, and that she threw up every time she took food. I still refused to operate. She wrote to Dr. Atlee, and he replied on the 6th November: "I can scarcely think a tumor so small can affect your general health so seriously. But if your emaciation and debility are the result of the presence of the tumor, then by all means it should be removed." I believe her vomiting and consequent emaciation were mainly the result of mental and moral causes. Whatever the cause, her declining strength and a recent fugitive attack of peritonitis warned me not to procrastinate the operation any longer.

The operation was done on Thursday, the 23rd November last. I am particular in fixing the date, because I believe it inaugurates a new departure in ovariectomy.

Dr. Sass directed the spray, which covered the seat of operation with a delicate carbolic mist. The hands, sponges, and instruments were all dipped in carbolic water. The operation and dressing lasted forty minutes, the spray being kept up all the time. It could have been continued two hours, if necessary. There were no adhesions. The peritoneal cavity contained six or eight ounces of a reddish serum. The peritoneal membrane was everywhere deeply congested. This fact explains the presence of reddish serum, and the previous attack of peritonitis.

The pedicle was very short, and at least three inches broad! It was tied in three sections with strong twine, and drawn out and fixed in the lower angle of the wound, clamp-fashion.

The external incision was closed by sutures, and a carbolic dressing applied.

The pulse never rose above 90, nor the temperature over 101.

Convalescence was fully assured in forty-eight hours, and the patient is now quite well. The tumor was polycystic, on right side, and weighed fifteen pounds.

I hasten to lay this case before the profession merely to urge the adoption of Lister's antiseptic method in ovariectomy, which, I am sure, will prove



as valuable in this operation as it has in general surgery.

Dr. Sass's apparatus answered its purpose admirably, and I think he has rendered us a great service in bringing it before the profession at this time.—*N. Y. Med. Record.*

#### SPENCER WELLS' METHOD OF OVARIO- TOMY.

A correspondent of the Boston Journal describes the Spencer Wells' method of ovariectomy. The one witnessed was the seven hundred and ninety fifth operation :

"1. Those invited to attend were requested to sign a certificate that they had not been present within seven days at a post-mortem examination, visited a dissecting-room, or treated a case of contagious disease.

"2. They were then, punctually to the moment appointed, taken to an upper chamber, with bright open exposure to the southwest, where Mr. Wells stood in readiness for his patient, who was already anesthetized.

"3. Bichloride of methylene was the agent administered ; or rather air charged with methylene by means of a caoutchouc pump.

"4. The lower extremities were confined by a band across them ; the upper ones by a strap to each wrist, the arm being brought down beneath the table and fastened to one of its supports.

"5. The abdomen was covered by a thin rubber sheet, with a circular opening adapted to the possible length of the incision. Beneath the table, to catch the fluid contents of the cyst, or any thing which might drip, was an ordinary metallic hip-bath tub. Under the edge of the table, fastened so as to be within immediate reach of the operator, hung Mr. Wells' large spring-trocar, with a long curved arm, to which was attached a rubber tube of great caliber communicating with the tub beneath.

"6. None of the bystanders were permitted to examine or otherwise touch the patient.

"7. The incision was short, low down, occupying but a portion of the umbilico-pubic interval, and was completed on a director of peculiar form, broad towards its rounded extremity. There were extensive adhesions, which were broken down by the hand with tolerable ease. Moderate hemorrhage occurred from their site, and from vessels in the line of incision. The cyst was multilocular, one of its cells containing a large amount of turbid fluid. Through the trocar-opening, sufficiently enlarged, Mr. Wells passed his hand and broke down such of the adjoining septa as would thus yield. The mass having thus been readily delivered, a stout, slightly curved steel clamp was

attached to the pedicle, and on severing this the first stage of the operation was completed in ten minutes from the first stroke of the knife.

"8. The other ovary, though still small, proving cystic, was also removed, the base being transfixed by a double silk thread tied on each side.

"9. All coagula having been carefully removed from the peritoneal surface and pelvic cavity, the clamp was adjusted crosswise externally, and the wound was closed by seven stitches, the pedicle emerging between the last and the last but one. These sutures, like the ligature already described, were of Chinese silk, uncarbonized. They were passed through both the integument and the peritoneum, without, however, taking up the whole thickness of the abdominal wall, and during their tying, the loose pouch of the abdomen was bunched up, as it were, by the hand of an assistant. The threads were provided with a needle at each extremity, the second of which was held by the operator's lips while the first was being passed, thus preventing twisting and other entanglement, and permitting greater speed.

"10. The wound having been closed, bits of lint were carefully placed under the clamp and between the sutures ; the extremity of the pedicle outside the clamp was touched with solid perchloride of iron ; the abdomen was covered with cotton-wool, over which were strapped broad bands of adhesive plaster ; a binder of flannel was placed outside this, and the entire operation was completed in just half an hour from its commencement.—*Louisville Med. News.*

**SUBCUTANEOUS OSTEOTOMY.**—On Saturday, July 15, we were attracted to the London Hospital by a notice that Mr. Maunder would perform subcutaneous section of the femur with the chisel and mallet, to correct angular deformity resulting from ankylosis after hip-joint disease. Like many of our readers, we had made ourselves acquainted with what had passed at a recent meeting of the Clinical Society (May 12, 1876), when Mr. Maunder read a paper on this subject, and exhibited patients who had been operated upon in this way ; but we wished to see the operation done, and the instruments employed for the purpose. These we will now describe as we witnessed them, for the information of those surgeons who are interested in the subject. Two patients were submitted to this treatment on Saturday—one was a young girl who for about seven years had been unable to put her foot on the ground. Disease of the hip-joint had ended in fibrous ankylosis, with the thigh fixed at an angle of 118° with the trunk. Thomas's splint had been tried for several weeks with the view of gradually straightening the limb, but no improvement whatever had resulted. The other patient was a young man of fine proportions and well nourished, who had been sent up from Ply-

mouth with the express object of undergoing the operation. Disease of the left hip-joint had supervened upon fever, and had ended in fibrous ankylosis with the leg at right angles with the trunk. Before commencing the operation, an assistant standing in front of the patient drew forwards the soft parts. Mr. Maunder then measured the distance from the top of the trochanter major to the shaft at a level immediately below the small trochanter—this spot being selected because it is highest beyond the attachment of the numerous muscles which are inserted into the upper end of the femur. At this spot (and while the soft tissues are well drawn forwards) he inserted a double-edged knife down to and at right angles with the bone on the outer side of the limb, cuts through the periosteum, and then, before removing the knife, introduces the chisel, which is also kept at right angles to the axis of the shaft of the femur. With a light wooden mallet the chisel is driven well into the bone, then partially withdrawn, to be again driven onwards, inclined somewhat obliquely forwards, and then backwards so as to divide the bone in the rest of its thickness. While doing this the hand of another assistant is pressed upwards against the inner surface of the thigh, so as to make counter force to the direction of the penetrating chisel. Finally the limb is gradually and carefully extended, any small portion of bone which may happen to have escaped the chisel being at the same time broken down; lastly, a straight interrupted outside splint is applied.

The chisel—a sperate one for each case—used by Mr. Maunder is three-eighths of an inch in width at the cutting edge, where it is wider than elsewhere; and three inches and a half long in the shaft. The operation is attended with next to no hemorrhage, and the small wound in the soft tissues through which the chisel has been worked, becomes valvular and air-tight as soon as the tissues themselves are allowed to fall backwards into their natural position. A minute or two was the time required to complete the division of the bone in the case of the girl; in that of the man the process was longer, owing to the greater thickness and toughness of the bone. We are happy to state that up to the present time both patients are doing perfectly well.

Mr. Maunder showed to several visitors who had assembled to see the operation three cases in which it had been performed some weeks previously. All these three patients walked into the theatre—one man without the aid of stick or crutch—with limbs in nearly perpendicular position, and with little or no lordosis. There necessarily, however, remains some deformity about and around the hip-joint. This is easily understood when it is remembered that there is ankylosis at an angle, and in some cases it has followed so-called dislocation from disease: while, as the division of the femur is made

below the small trochanter, there is no attempt to correct the abnormal position of the upper extremity of the bone.

Mr. Maunder stated that in most of his cases there has been no suppuration whatever after the operation, and that it was very limited indeed in the case in which it occurred. This entirely coincides with the experience of Professor Volkman, who also has employed the chisel instead of the saw. Professor Volkman, however, used three chisels of different thicknesses to prevent the jamming and sticking fast in the deeper parts of the incision into the bone. The superficial part was divided with the stoutest, the deeper with a thinner, and the deepest with the thinnest instrument of all so that the cleft was slightly wedge-shaped. Mr. Maunder, by a modification of the form of the chisel, finds it unnecessary to use more than one instrument.—*Med. Times and Gaz.*

#### COLLES' FRACTURE AND DR. CARR'S SPLINT.—

Dr. H. Martin says that he has in six years treated about forty-five cases of fracture of the lower two inches of the radius with Dr. Carr's splint, and that in none of these could any deformity be recognized at the time the apparatus was removed. Many of these cases were seen years after the injury, and in not one was he able to detect, by any deformity, which arm had been injured. Dr. Carr, a physician practising in New Hampshire, invented the splint in 1843. It consists of a strip of light wood, one-sixth of an inch thick, eleven and one-half inches long, and two inches wide, on which is laid a carved wooden bed, the irregular convex surface of which is exactly adapted to the concavity of the anterior surface of the radius. An oblique cross-piece, round, four inches long, and one inch in diameter, is attached to its distal end. The inventor's idea was that, the radius being a much curved bone, treatment of its fractures on a perfectly flat splint could only result in more or less impairment of the symmetry and usefulness of the wrist. In a splint recently invented by Prof. Gordon, of Dublin, the concavity of the radius is recognized as an indication for treatment, but the convex bed is applied to the *side* of the bone, and not *under* it. In preparing the splint for use, four thicknesses of cotton sheeting are laid on its upper surface, and the lower surface of the forearm is then laid on this and secured by a few turns of bandage. If the patient now grasps the cross bar as strongly as possible, the action of the hand itself will, in a large proportion of cases, reduce the fracture; a light splint, eight or nine inches long and two inches wide, is then applied to the back of the arm as low down as the metacarpal junction, and a bandage applied from the middle of the metacarpus to the proximal end of the splint. Of course the fracture may, if desired, be reduced before applying the palmar splint. After a week

the bandage need not extend below the carpus; but this joint should then be firmly bound to the palma: splint by a strip of plaster. The cross bar keeps the hand inclined to the ulnar side, while at the same time the patient has free use of the fingers, and later of the entire hand. It is not necessary to remove the bandage at all during the course of treatment, except it may be necessary to tighten it. When properly applied, the pain is entirely relieved very soon after the arm is "put up." The great advantages of this splint are that it relieves the patient of much discomfort and disability and leaves the hand ready for use and free from stiffness when the fracture is sufficiently consolidated for its removal. It is also admirably adapted to secure perfect rest of the joint in cases of sprains of the wrist.—*Boston Med. and Surg. Journal*, August 17th. *Medical Record*.

**PRESCRIBING DRUGGISTS.**—Another instance of the evils of prescribing by druggists is undergoing investigation. It is referred to in the daily papers as follows:—"At an inquest on the body of Henry Martin, an infant, aged seven months, held before Mr. Humphreys, coroner, at Limehouse, it was alleged that death was occasioned by the administration of an improper mixture prescribed and prepared by a woman, supposed to be the wife of a chemist. Dr. Harris, who was called in, said the deceased was dangerously ill, and ordered a warm bath. The same evening the infant went into convulsions and expired. Dr. Carpenter, who was also called in, said he had examined the mixture, which contained rhubarb, the administration of which in such a case as that under consideration would accelerate death. The inquiry was adjourned for the attendance of Dr. Harris." The practice of prescribing by druggists is prohibited under a penalty by the Apothecaries' Act. Recent experience has proved that this Act is much more easily enforced than the Medical Act, and we should like to see a Medical Defence Committee established in every large district of the kingdom in connection with the Branches of the Association, supplied by a subscription with the funds necessary, and charged with the duty of prosecuting those concerned in this illegal, pernicious, and unlawful practice. The cost of the prosecutions would not be great, as the fines received usually suffice to pay the balance of costs incurred, not covered by the taxed costs. This subject is, we think, worthy of the serious consideration of the Branches.—*Brit. Med. Journal*.

**AMERICAN MEDICAL COLLEGES.**—The Association of American Medical Editors met at Philadelphia, June 5th. The president, Dr. A. N. Bell, delivered an elaborate address upon "The Relation of Medical Editors to the Medical Profession of the United States." Its drift may be gathered

from its closing sentences: "Our medical colleges must be made to feel that their period of unexampled prosperity under existing regulations shall no longer continue to be a period of peace. And, if I may be permitted, in conclusion, to apply one of the wholesomest axioms of sanitary science to the most important of all subjects which now concerns the medical profession in the United States—the low standard of professional education—my proposition is, from this time forth until it is reformed, to treat it as an intolerable nuisance. By universal assent, *the fittest time for the removal of a nuisance is the very earliest day practicable after its existence has been made known.* Whoever opposes the removal of it on that day will be sure to oppose it, if he dare, on every other day." At the close of the address, a short discussion upon the question of reform in medical schools was continued at considerable length. Dr. Parvin offered a resolution expressive of approval of a preliminary examination and three years' graded course, which was adopted. As officers for the ensuing year, Dr. H. C. Wood was elected president, Dr. Byford, vice-president; permanent secretary, Dr. F. H. Davis.—*Detroit Med. Review*.

**CHRONIC OTORRHOEA.**—Strong solutions of nitrate of silver (one drachm to one ounce of distilled water) have perhaps been more efficient in curing a chronic suppuration in the middle ear than any other remedy; and especially in those cases where the mucous membrane has not yet been greatly disorganized or covered with granulations, the caustic treatment yields very nice results. But still, even in such cases, it sometimes fails to remove the suppuration completely, though it may diminish it to a certain degree. In such cases where the (eight to ten times) repeated cauterization of the mucous membrane of the middle ear did not arrest the suppuration, a very rapid decrease and an entire cessation of the otorrhœa follow the insufflation of powdered alum into the external auditory meatus. The alum may be blown into the ear through any short tube, with a piece of rubber tubing attached to it, or by means of an "insufflator," used in laryngeal surgery. After a successful insufflation the mucous membrane and the drum-head must look snow-white. Unless the purulent discharge is profuse, the alum remains in the ear at least two days. If on the third day the powder is still dry, it ought to be let alone, because any interference by syringing or otherwise will start the secretion anew. But if at that time the insufflated powder is moist, it should be removed by injecting warm water; and if the purulent secretion has not ceased within the next twenty-four hours, another application of alum shall be made.—*Chicago Med. Journal*.

**TREATMENT OF RHEUMATIC FEVER.**—In St. Bartholomew's Hospital, London, an English con-

temporary states that, in ordinary cases, Dr. Southey has had the best results from a mixture containing two grains of quinine and five grains of iodide of potassium, with a few minims of hydrochloric acid. Carefully prepared, this is clear, and agrees well. At the very commencement, if the tongue be coated and dry, a purgative and Carls-water, or citrate of potash, are advisable, but should soon be replaced by the iodized quinine mixture, which benefits under most complications as well as in simple attacks, relieves pain and sweating, and especially brings about a convalescence less protracted than the alkaline treatment. Taking seven days as an average duration of severe symptoms in very favorable cases, and twenty-one or twenty-seven days in other cases, three weeks have been found the average total duration in one hundred cases treated by this plan. They are not blanketed; it is considered that this only bathes them in morbid perspiration. Perchloride of iron has not given satisfactory results; and blistering is often done to excess, and without any permanent relief. Tincture of iodine is, however, a useful local adjunct.—*Med. & Surg. Reporter, Phila.*

### Medical Items and News.

**TINCTURE OF CANTHARIDES AND CHLORAL IN ENURESIS.**—Dr. George N. Nonette, of New Orleans, writes to the *American Practitioner*, stating that he has found a combination of tincture of cantharides and chloral extremely useful in the treatment of enuresis, as it re-establishes the tonicity of the vesical sphincter, and modifies the excessive sensibility of the muscular coat of the bladder. Cantharides in appropriate doses will relieve the strangury often present in cystitis. The chloral considerably modifies the action of the cantharides.

**CONVULSIONS ARRESTED BY THE SINISTRO-LATERAL POSTURE.**—Dr. F. J. Brown has seen two cases of convulsions arrested by turning the patient over upon the left side. One patient, a man with Bright's disease, had uræmic convulsions, which ceased instantly after he had been turned upon the left side. Another man, who had been seized with unilateral convulsions, was relieved in fifteen seconds after turning upon the left side. Dr. Brown's theory is that this posture is in some way beneficial by favoring the heart's action.—*Practitioner.*

**THE NITRITE OF AMYL** has been tried in *chorea* and *intermittent fever*. In three cases of chorea, inhalations of three to six drops were ordered three times daily, during two weeks, at the end of which time the convulsions had been arrested. In intermittent fever amyl has aborted the chill, but only shortens the latter stages; it may be given even after the algid stage has fairly set in. Some bold ex-

hibitions have been tried, even to the extent of thirty drops, with good rather than bad effects, in this form of fever. The ordinary dose has been six drops.—*Dublin Journal.*

**THE GLYCONINE EMULSION OF COD-LIVER OIL**, first made public by Mr. G. C. Close, of this city, in the *Druggists' Circular* of October, 1874, is again commended by that journal as probably equal to the best method of administering cod oil. His formula is: "Cod-liver oil, four ounces; glyconine, nine drachms; aromatic spirit of ammonia, one drachm; Sherry wine or brandy, sixteen drachms; dilute phosphoric acid, four drachms; essence of bitter almonds, two drachms." Glyconine is made by adding five parts in weight of concentrated glycerine with four parts of yolks of eggs, previously well beaten.

**SEDATIVE SOLUTION IN HOOPING-COUGH.**—Gue-neau de Mussey, in *Four de Med et de Chirurgie Pratiques*, gives the following:

℞ Musk..... gr. iij;  
Potassic bromide..... ʒ ss-ʒ ij;  
Cherry laurel water ..... ʒ iss;  
Syrup of ether ..... ʒ ss;  
Syrup of belladonna..... ʒ i;  
Syrup of codeine ..... ʒ i;  
Syrup of orange flower... ʒ iss. M.

To a child eight or ten years of age give a teaspoonful between meals, morning, evening, and night. During the day it is not to be used, lest the narcotic recommended disturb digestion. The musk, if unsupportable, may be omitted.—*New Remedies.*

**CORROSIVE SUBLIMATE IN GONORRHEA.**—Founding his trials on a case which he published in 1873, Dr. Bruck, of Buda-Pesth, now recommends this treatment as producing the following results:

1. In the course of six weeks, without any of the complications contingent on the use of injections, the gonorrhœa may be cured, and the means may be resorted to in the hyperæmic stage of the affection. The discharge during the first ten days is remarkably profuse, and then becomes less and less and more serous, the urethral burning being supportable and the chordee moderate.

2. During the treatment alcoholic drink, strong coffee, and highly seasoned foods must be abstained from.

3. Purgatives are also to be avoided, being unnecessary during the use of the sublimate.

4. When much griping pain is produced in the stomach or intestines, the sublimate must be suspended for some days.

5. It is not to be employed where there is heart or lung disease. It is given in the form of pills, one centigramme divided into twenty pills being taken in the course of the first ten days. The next twenty pills contain two centigrammes, and are consumed in half that time, and so on.—*Centrab. f. Med. Wiss. (Med. News, Louisville.)*

# THE CANADA LANCET.

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TORONTO, JAN. 1, 1877.

## THE PAST YEAR.

In reviewing the events of the past year in the medical world, one cannot but be struck with the rapid and striking changes which have occurred in one short year. The year just now brought to a close has been an eventful one in the history of medicine, not so much from the discovery of new remedies and appliances as in the general advancement of scientific medicine and in the social relationship of the professional body politic. Medical men from all parts of the habitable globe have met together, and have discussed the great medical questions of the day and although possibly we may not see at present any practical benefit from all this, yet we cannot but look upon such meetings as hopeful signs of the time when the profession shall have frequent international and friendly meetings to discuss matters concerning the welfare of the whole human race. Every year the profession of medicine is enlarging its scope, and aiming at higher and more philanthropic means of extending its usefulness, and the day is not far distant when the united voice of the entire profession of the world will make itself heard among the councils of the nations. The meeting of the International Medical Congress, at Philadelphia, in September, was one of the events of the year, and was successful beyond anticipation. Here were gathered together in one scientific body the foremost medical men of every civilized country. The session of Congress lasted four days, and many subjects of interest to the profession and the public were discussed. Both the scientific and social aspects of the Congress were most satisfactory and encouraging. Besides this there was the regular meeting of the American medical association, in June, which was also very well attended, and at which

more than the usual amount of work was done. At this meeting resolutions were passed, having for their object the establishment of an International medical association, or a union of the American and Canadian medical associations. This was followed by a meeting of a joint committee of the above-mentioned bodies in Philadelphia, at the same time as the meeting of the Medical Congress. It was there recommended that the Presidents of the American and Canadian Medical Associations should introduce the subject of a conjoint association into their annual addresses next year. The Canadian Medical Association also held its annual meeting in Toronto, in August, and was largely attended, and many interesting papers were read and discussed, some of which have found a place in our columns. The social element was brought prominently out, and many will remember with pleasure the meeting of the Association, the pleasant "at home" at Mr. Bickford's, the excursion to Lake Couchiching, and the annual dinner there.

In the field of medicine much improvement has been made. Venesection, which had almost passed into oblivion, has had attention directed to it as a remedy in acute diseases, and a few physicians have been found bold enough to oppose the tide of anti-venesection, and re-introduce this method of treatment in acute affections. Under the guidance of sound medical intelligence, and a more correct knowledge of physiology and pathology, venesection is not likely ever again to fall into the same disrepute which has attended it in the past. The use of the clinical thermometer has done much to aid in the correct diagnosis of many affections, and in some few cases very high degrees of temperature have been observed. In a case of meningitis, in the Mount Sinai Hospital, N. Y., the thermometer indicated 120° F. at different intervals—a temperature much higher than is generally supposed compatible with life.

In reference to hypodermic medication, it continues to be extensively used and nearly every soluble alkaloid has been administered in this way. During the past year many trials have been made with hypodermic injections of ergotin in fibroid tumors, and in some cases with much benefit, if not entire success. Cases of sun-stroke have also been successfully treated by the hypodermic use of quinine, the remedy so used having remarkable efficacy in reducing the temperature. The hypo-

dermic use of milk and other aliments have also been resorted to in extreme cases, and with marked benefit. During the previous year, propylamine was introduced as *the* remedy for acute rheumatism, but it was very soon displaced by salicin and salicylic acid. The latter have been extensively used both at home and abroad, and in some instances with apparently marked success, while in other hands they have proved utterly useless. It is much to be feared that the sole remedy for acute rheumatism has not yet been discovered.

Treatment by aspiration has been more fully tested, and many important successes have been recorded. It has been used with perfect safety and success in several cases of hydro-pericardium, and also for the relief of tympanitis. A case is recorded by Dr. Armstrong, of Arnprior, Ont., in which he aspirated a case of hydrocephalus with relief to the patient, although the child did not recover. Such successes, however, and freedom from danger by its use give promise of its great utility in many grave cases.

In surgery, the torsioning of arteries still holds its ground as the best means of arresting hemorrhage, especially of the smaller vessels. Lister's antiseptic treatment has been still more prominently brought under the notice of the profession, both here and in Great Britain, also on the Continent. Prof. Lister was at the International Congress, and took a very prominent part in the debate on this subject; but failed to impress his ideas on the surgical section in such a way as to secure their adoption by the Medical Congress. The practice has its friends and its enemies, its advantages and its disadvantages. Of one fact, however, there can be no difference of opinion, viz.,—that cleanliness is the great desideratum in the treatment of all surgical affections. A new treatment has originated during the past year in the management of tetanus. It consists in cutting down upon the nerve at some distance from the wound and stretching it. This has been tried on a case of tetanus in the Montreal General Hospital; but in that particular instance was not successful. The successful removal of the spleen in two or three cases has been recorded during the past year. Although a formidable operation, recovery has taken place in at least one of the cases. Gastrotomy has been performed in three cases; one by M. Labbe, for the removal of a fork from the stomach, which was perfectly successful;

one for stricture of the œsophagus, by Prof. Lucke, in which the patient died; and one quite recently, by M. Verneuil, which was attended with the most satisfactory results. Esmarch's bandage has been applied to new uses; as for example, in the treatment of aneurisms and old ulcers. In the latter case, it is applied for a few minutes to the ulcerated leg twice a day, and with most beneficial effects. It removes fluids by pressure, unfit for the healing process, and when removed the vessels fill with more nutritious fluids. The subcutaneous section of bone is also a new departure in surgery, and has been successfully put in operation several times by Dr. Adams, of London, and other surgeons.

An operation in obstetrical surgery proposed and carried out by Dr. Battey of Georgia, and called "normal ovariectomy," has been several times performed by him. It consists in the removal of the healthy ovary for the relief of some abnormal condition. The operation was first suggested by the case of a young woman who had no uterus, and whose system was impaired by an active menstrual molimen unrelieved from month to month, and of which she died. Another case of extirpation of the uterus and ovaries for ovarian disease is reported during the past year by Dr. Kimball of Lowell, Mass.—the patient recovering in very short time after the operation. In therapeutics several new remedies have come into use and some of the old ones have been revived and reintroduced. The actual cautery which had nearly disappeared from the armamentarium of the physician has again been called into requisition, and Brown Sequard recommends its use highly in neuralgia, congestion of the spinal cord, brain and membranes, diseases of joints, epilepsy, chorea, &c. It should be used at a white heat and applied rapidly and lightly so as not to cause unnecessary pain. The use of croton-chloral has also had a more extended trial. As a nerve sedative it has been found to fill the indications for which the hydrate of chloral and bromide of potassium are so frequently given. It is especially indicated where large doses of chloral hydrate are necessary to produce sleep, or in cases of heart disease where the latter would be unsafe. Gelsemium has been much used within the past year in the treatment of neuralgias. It has also been recommended in certain dropsical affections, and its use has been

attended with favorable results. The injection into the rectum of liquor bismuthi in internal hæmorrhoids and the success which has attended it, seem worthy of special mention. It was tried in several instances in the Toronto Gen. Hospital, and was found very efficacious. Half an ounce to an ounce is injected night and morning. A new substance named coca, has come in for a share of attention. It is the leaves of a plant which grows in Peru. The taste is slightly bitter and aromatic, and the leaves are much used by the natives. It has been observed that those who use it require less food, and when used in considerable quantities they are able to undergo great fatigue without taking scarcely anything else. Its moderate use is therefore considered wholesome, but in excess its effects are similar to opium or alcohol. It has been used in paraplegia, and as a substitute for quinine in intermittents. The dose is from three to four drachms of the infusion.

A remarkable address, delivered by Dr. Richardson, of London, at the Social Science Congress, on "Hygeia, or a Model City of Health," attracted the attention of scientists in many parts of the world. The greater portion of the address was taken up with an elaborate and detailed description of the manner in which a healthy city ought to be built, with a view of ensuring the health of its inhabitants, and their perfect freedom from all but a few diseases. In some of the late exchanges we observe, that efforts have been made in some parts to carry out a few of his suggestions.

Although during some portions of the summer season we had what we might call tropical weather in Canada, it does not seem to have had any decidedly injurious effect on the health of the community. A large number of sun-strokes occurred in New York and other places, but in Canada such occurrences were rare. Later in the season scarlet fever and diphtheria were more than usually prevalent in some parts of the country, but no serious epidemic prevailed at any time. In Montreal, as usual, small-pox was the prevailing epidemic. An outbreak of this loathsome disease has lately occurred in the Red River country, Manitoba, but is now rapidly abating. In the Southern States, especially in Savannah and Brunswick, Ga., yellow fever was very prevalent during the months of September, October and November. The mortality from the disease was very great in

Savannah, and the suffering was intense, but with the approach of cool weather the disease abated.

The profession in Quebec has again been agitated over a proposed amendment to the present Medical Act. The different rival promoters have met together and effected a compromise, but the fate of most arrangements of this kind is likely to be realized. The outside profession is clamoring for an Examining Bureau for the license to practice, and those in the schools would seem to prefer matters as they are, or they would agree to the appointment of inspectors, but this is not satisfactory to the profession, and there is likely to be more legislation on the matter yet.

The following new medical books have been issued during the past year. Ziemssen, Practice of Medicine; Hospital Construction and Organization (Johns Hopkin's Hospital); Wagner's Pathology; Holmes' System of Surgery; Pifford, on Diseases of the Skin; Browne's Medical Jurisprudence of Insanity; Carter, on Diseases of the Eye; Bartholow's Materia Medica; Bristowe's Practice of Medicine; Playfair's Midwifery, &c., &c.

Among the deaths which have occurred in our ranks may be mentioned, Prof. Lorain and Andral of Paris; Drs. Anstie, Gibbs, Headland, Letheby, Donovan, and Laycock; Dr. Begbie of Edinburgh; Stromeyer of Germany and many others. Among our brethren in Canada we may mention Drs. McArthur, Toronto; Scott, Gananoque; Brown, Wolfville, N. S.; Hamilton, Melbourne, Que.; McIntosh, Hamilton; Muir, Truro, N. S.; Johnston, Sarnia; Wafer, Kingston; Bergeron, Granby, Que.; Fry, Dunnville; Holden, Belleville; Shirley, Watford; Erskine, Dunham, Que.; Galbraith, Newcastle; Grenier, Editor *L'Union Medicale*, Montreal; Ryall, Hamilton; Lovekin, Newcastle; Bates, Toronto, &c., &c.

In conclusion we extend a hearty greeting to each one of our readers, wishing all a full share of health, prosperity and happiness in the year on which we have entered.

COLORLESS TINCTURE OF IODINE.—The most simple and effectual mode of decolorizing tincture of iodine is to rub up a crystal of hyposulphite of sodium in the tincture. This has also the effect of increasing rather than diminishing its properties. The addition of a small quantity of carbolic acid to the tincture will also decolorize it.

## SUPPRESSION OF INTEMPERANCE.

It is a common mistake of well-meaning but narrow minded persons, that every sin is a crime, that every violation of the law of religion and morality should be punishable by the criminal laws of the land. Upon this principle, every persecution has been and may be justifiable. There are some, however, who would be shocked at being supposed capable of applying the principle to modes of faith, who venture, nevertheless, fearlessly to apply it to the constraint of the passions and appetites. We have lately had a striking instance of this moral fervour of legislation worthy of the palmy days of the blue laws of Connecticut. It has been seriously recommended that Government should introduce a general and comprehensive measure for the prevention of all manner of drunkenness! It is unnecessary to say a word upon so preposterous a proposal, until we see the plan of an Act of Parliament likely to accomplish the purpose better than the Royal proclamation against all profaneness. Amongst other matters there is a recommendation that medical vendors alone, should be licensed to sell ardent spirits, and that foreign spirits should be admitted only for medical purposes or sold in the bulk. The showy shop of a druggist might be turned into a saloon with little concealment, and at a trifling outlay. And as to the effect of this alteration upon the profits of their trade, we apprehend our friends the druggists would have no objection to the transfer. We have frequently received pamphlets and voluminous documents from temperance organizations, and if we have not noticed them in our pages, the omission has not arisen from hostility to their object. On the contrary, we are friendly to every attempt at a voluntary reformation of the habit of drinking to excess, and if our testimony to the mischievous effects of the practice were wanted, we are willing to give it. We believe these societies have done infinite service all over the world. In the upper and middle ranks of society, the habit of excess in drinking has for years past been reformed by civilization and refinement. In the lower classes, poverty and distress often drive their unfortunate victims to stimulants, but notwithstanding the temptations of saloons, we doubt whether drunkenness is at present more prevalent than in former times. Gov-

ernment is, of course, warranted in imposing the highest license it can, consistent with the prevention of illicit sale. Everything else must be left to the gradual improvement of national manners. In Burke's Works, Vol. IV, page 284, the following observations are to be found: "As to what is said in a physical and moral view against the home consumption of spirits, experience has long since taught me very little to respect the declamations on the subject. Whether the thunder of the laws, or the thunder of eloquence 'is hurled on gin' always I am thunder proof. The alembic, in my mind, has furnished to the world a far greater benefit and blessing than if the *opus maximum* had been really found by chemistry, and like Midas, we could turn everything into gold. Ardent spirits is often a great medium to remove distempers. It is not nutritive in any great degree. But, if not food, it greatly alleviates the want of it, it invigorates the stomach for the digestion of poor meagre diet, not easily alliable to the human constitution. Wine the poor cannot touch; beer, as applied to many occasions, as among seamen and fishermen, for instance, will by no means do the business. Let me add, what wits inspired with champagne and claret, will turn into ridicule—it is a medicine for the mind. Under the pressure of the cares and sorrows of our mortal condition, men have at all times, and in all countries, called in some physical aid to their moral consolations—wine, beer, opium, brandy, or tobacco."

## THE QUEBEC MEDICAL BILL.

A good deal of feeling and interest has been excited among the profession of our sister Province by renewed attempts at medical legislation. The profession in that Province has for many years been under the rule of the College of Physicians and Surgeons, by virtue of powers granted and rights vested in it as a corporate body under an Act of the United Parliament of Canada, chap. 26, 10 and 11 Vic., taking effect, Sept. 15th, 1847. The College was made up of members elected from among the licentiates, and from among these was chosen a body of governors. Without going into detail, it may be sufficient to remark that the members, governors, and foremost members of the profession in that Province have been well pleased



with the working of the hitherto existing Medical Act, but, in order to secure certain advantages, sought legislative interference to secure certain modifications of the existing Medical Act.

This was rendered necessary by the introduction of a rival medical bill to the legislature, under the charge of the Hon. Mr. Chapleau as *chaperon*, the Bill of amendments being introduced by the Hon. Mr. Loranger. We have not been able to procure a copy of the Bill introduced by the Hon. Mr. Chapleau, but its objects are said to have been of a revolutionary character, placing—by virtue of numbers—the rule of the profession in the hands of men, not chosen for their superior merits and eminence necessarily, but from their ability to command a large partizan following in any given district or college entitled to representation. The various steps need not be detailed by which this educational matter has developed into its present stage. It is sufficient to state that a committee from the profession in Montreal proceeded to Quebec on the 13th ult., and appeared before the Private Bills, Committee with a view of opposing the rival bills (for there proved to be a third bill before the House) and promoting the Bill of amendments. This committee comprised Drs. Howard, Fenwick, Rottot, Campbell, Dagenais, and others. They appeared before the Committee and took part in the discussion, when three different bills were submitted, and a sub-committee named to look into them and report on the following day, when it was expected a compromise would be effected and the three Bills be blended into one. This modified Bill is regarded by members of the profession outside the schools as a *fiasco*. It does not resemble in any important feature the Bill of modifications asked for by the College of Physicians and Surgeons, and will be unsatisfactory to the profession generally outside the teaching bodies in the Province.

The French members sought to introduce all the members of the profession in the Province as members of the College of Physicians and Surgeons—legislating after the manner of Ontario,—and in this they succeeded. It was sought by the Bill of amendments to establish a Central Bureau for Examinations, which had been and is considered an essential feature by all men outside the schools, and we believe by many within. The representatives of the medical schools have succeeded, how-

ever, in retaining the power of examination for the license to practice. Instead of a Central Bureau of Examiners, two Examining Inspectors are to be appointed for each school, who shall witness and exercise surveillance over all examinations. The Montreal deputation was unquestionably very influential, and it is believed, had it so desired, could have carried a Central Examining Bureau, but conflicting college interests are not always lost sight of in pursuance of the general weal. No one expects that the appointment of Inspectors will result in any practical good, or will, indeed, be practicable at all. The old Bill is changed so as to make young graduates members at once by paying an annual fee of \$2.00 instead of being obliged to wait four years for admission to membership as heretofore.

The profession of the Province is not likely to accept as satisfactory the proposed Bill, and further efforts at legislation are in all probability to be looked for.

#### THE TORONTO UNIVERSITY AND ITS AFFILIATED MEDICAL SCHOOLS.

In the May number of the LANCET we alluded to the fact that a movement was on foot in the senate of the Toronto University, having for its object the cancelling of the affiliation of all existing medical schools with a view to their re-affiliation on a different basis. We also pointed out that this arrangement would have the effect of closing the doors to all candidates for medical degrees and honors at the Toronto University, except those who were educated in the Toronto School of Medicine, thus creating a monopoly in favor of one teaching body and narrowing instead of widening the basis of the Provincial University. We regret to say that this report has proved only too true, that all existing affiliations have been cancelled, and that hereafter the students of medical schools connected with other universities shall not be allowed to present themselves for degrees and honors at the Provincial University.

In 1854 all the medical schools in Ontario became affiliated with the Toronto University, but all of them becoming sooner or later, more or less closely connected with other universities, the students did not avail themselves to any great extent

of the rights and privileges thus accorded them. One school, "the Toronto School of Medicine," is, in the Senate's report, excepted from those becoming closely related to other degree-conferring institutions. But from the year 1854, the very year of its affiliation, to 1856, that school by special arrangement acted as the Medical Department of Victoria college, and only ceased to do so because of difficulties having occurred with the Victoria College Board. In 1856 the school was re-opened under its present name and management. For many years the Victoria Medical School was prosperous under the late Dr. Rolph—and granted its own medical degrees—although from time to time even from it, gentlemen presented themselves for examination, and took their degrees at the Provincial University. During these years Trinity School was not open, it having been reorganized in 1871, and hence, most of those graduating in the Toronto University were educated in the Toronto School.

But of late years, owing to the growing popularity of the Toronto University, and the desire of many young men to become possessed of the degrees and honors of the Provincial University, several candidates presented themselves from time to time before the University examiners and prominent among them were students of Trinity College. The students of the latter school having received a very good training, went up to the Toronto University and were successful in carrying off many of its honors. The teachers of the Toronto School of medicine, accustomed, for some years, to have all the honors carried off by their own students, without competition from any other quarter felt this to be a great injustice, forsooth! and fearing wholesome competition, immediately set to work to prevent its occurrence, and having managed to secure a large number of representatives (no less than five or six) on the Senate, they endeavoured in a hole and corner manner to manipulate the meagrely attended meetings of that body, and only too easily succeeded in the object they had in view. This course, no doubt, seemed to them a master stroke of policy, as every year matters were becoming worse on account of competition becoming stronger. The students of Trinity College were coming up in annually increasing numbers—last year 19 Trinity students presented themselves, and this year upwards of 40 have expressed a desire to go up to

the University for examination. Here the Senate might have thought was a fine opportunity to give the University a Provincial character, and to enlarge its number of graduates. But such a thing must not be permitted any longer, by the interested ring of would-be medical monopolists. These *pseudo*-friends of the University say, "these students take honors in another university also, and this must be made the pretext for cutting them off altogether, and the national character of the University must be made subservient to the special interests of our own school." (We may say to these self-styled friends of the University, that such a thing will not be tolerated, that no such narrow policy will ever be sanctioned by the Government and the country. The day of monopoly is forever past and gone.

The Faculty of Trinity College, without admitting the justice of the action of the Senate, and in order to remove every possible pretext for withholding its rights from the school, have applied for An act of incorporation as a separate and distinct teaching body. This, if granted, will enable the newly incorporated Medical School to become affiliated at once with the Toronto University on complying with the terms of the curriculum laid down for all medical students.

The most peculiar thing of all, and that which shows the moral obliquity of the whole proceeding in its full light, is the fact that at the very time this scheme of theirs was being urged on the senate, the Toronto School of Medicine itself, occupied the most intimate relation to Victoria University, Cobourg. In the calendar of Victoria College for the past two years, 1875 and 1876, the Faculty of the Toronto school of medicine is advertised as the MEDICAL DEPARTMENT of Victoria college, in Ontario. Dr. Aikins, president of the Toronto school of medicine is chairman of the board of examiners for Victoria University, and for some time past, students of the Toronto School have been examined by it, and medical degrees conferred by the University at Cobourg. It is no argument in favor of a narrow anti-Provincial University policy to enlarge upon the number of students sent up to the University of Toronto from any particular school in past years for their degrees, for the benefit was quite as great to the school, as to the university which conferred its honors. Now that, with the progress of medical

education other and larger streams are setting in towards the Provincial University, the idea of adopting such a narrow policy as this which would virtually de-Provincialize it as regards medicine, is not to be thought of.

Trinity Medical School wishes no favors, but asks the same rights and privileges as other medical schools in Ontario. Neither are its professors afraid of competition, but are desirous that the honors and scholarships of the Provincial University shall be open to all medical students alike, no matter where they may receive their medical education.

**TREATMENT OF OTORRHOEA.**—In many cases of Otorrhœa the treatment usually employed (namely, careful cleansing of the running ear with tepid water, inflation of the tympanum, and the application of various astringents), proves inefficient. If in such cases the ear is carefully cleansed and thoroughly examined, we shall generally discover more or less extensive growths as the source and cause of the purulent process; there may be simple soft granulations or densely organized polypi. These growths arise either from the mucous membrane, the bone being unaffected, or they cover a portion of carious bone. The means hitherto employed for the removal or destruction of these formations have been the cauterization with silver, the wire snare, and the galvano-cautery. Now Dr. Wolf recommends the removal of those fungous growths by means of sharp spoons, with which also the surface of the carious bone may be scraped. These small spoons have a cutting edge and a malleable shank of untempered steel mounted on a small wooden handle. The instrument can be bent at any angle, to suit the location of the point to be operated upon. "After the ear has been well syringed and is illuminated by the mirror fastened by the forehead-band, we should try to obtain a view of the diseased spot by carefully removing the epidermic scales covering the parts, employing for this purpose a fine probe, and we seek at the same time for the pedicle and attachment of the polypus or the granulations. The instrument is then bent according to indications, and the cutting edge of the spoon is pressed against the root of the granulations with a slight digging movement. If in the operation, we do not detect any distinct grating, as if the instrument came in con-

tact with dead bone, we are satisfied with the removal of the granulation or polypus. If on the other hand we feel a rough surface of the bone, we proceed to apply the spoon once more, and continue to scrape the carious surface until no more little particles of bone appear in the spoon." The operation is so quickly done, and attended by so little pain, that it appears scarcely necessary to anæsthetize an intelligent patient. No material reaction ever follows the operation. After the operation the meatus should be closed with clean lint, which should be changed frequently, and the patient should be kept quietly at home.

**SUCCESSFUL GASTROTOMY.**—M. Verneuil has lately exhibited before the Paris Academy a patient on whom he successfully performed the operation of gastrotomy for intractable stricture of the œsophagus. The patient, a lad of 17 years of age had swallowed caustic potash by mistake, and stricture of the œsophagus followed. Treatment by the introduction of bougies was attempted but without success. The stricture was too low for œsophagotomy, and nothing was left but death from starvation or gastrotomy. The operation was performed on the 26th of last July. The patient is now fed through a fistulous opening; at last accounts he was doing well.

**PARASITIC FUNGI, THE CAUSE OF COUGHS:—**An Italian investigator has been studying the cause of coughs, and has come to the conclusion that they are the result of the presence of a parasitic fungus in the air passages. In severe cases the parasite multiplies and takes possession of the lung cells. Quinine is said to possess the power of stopping the microscopic fungi, and is therefore recommended as a remedy. The Italian doctor has successfully used a powder composed of the chlorhydrate of quinine, one part; bicarbonate of soda, one part; gum arabic, twenty parts. The soda is intended to dissolve the mucus, the gum arabic to increase the adherence of the powder on the bronchial passages. The blowing in of the powder should take place during a deep inspiration of the patient, so that it may penetrate the wind-pipe, the chief seat of the microscopic fungus. Inhalation of the fumes of sulphur or of sulphurous acid, cures catarrhal and other affections of the air passages on the same principle, and has proved of signal service in the epizootic and distemper of horses and other animals.

**GALVANO-PUNCTURE IN OVARIAN CYSTS.**—Three cases of ovarian cysts cured by galvano-puncture are recorded in the *Weiner Med. Presse* by Dr. Semeloder. The cures were accomplished in from two to six weeks, and no unpleasant consequences ensued; none of the cysts refilled. The action of the battery causes coagulation of the albuminous matter at the positive pole, followed by atrophy and diminution of the cyst cavities.

**ERGOT IN ENLARGEMENT OF THE SPLEEN.**—Hypodermic injections of ergot or ergotin have been highly spoken of, in enlargement of the spleen. A case is reported in the *Med. Record*, N. Y., of greatly enlarged spleen, which was cured in a very short time by hypodermic injection of ergot.

**HYDRASTIN IN GONORRHOEA.**—A solution of hydrastin in glycerine injected into the urethra is highly recommended in the treatment of gonorrhoea. Warm water is first injected into the urethra, followed by a weak solution of persulphate of iron, In six hours afterwards the solution of hydrastin is injected. This is repeated twice a day until a cure is effected, which takes place usually in a few days.

**ERGOT IN PURPURA HEMORRHAGICA.**—In an article in the *Practitioner* for November, Dr. Bulkley recommends the use of ergot in purpura hemorrhagica and in hemorrhages generally. He says it possesses decided powers in contracting involuntary muscular fibre, causes arteries to contract, and is a valuable hemostatic. The most effectual way of administering it is by hypodermic injections. One or two grains of ergotine in solution, or ten to fifteen minims of fluid extract of ergot once or twice a day are sufficient.

**TRINITY COLLEGE MEDICAL SCHOOL.**—The Medical Faculty of the above named Medical School has applied to the Local Legislature of the Province of Ontario for an Act of Incorporation under the name of the "Trinity Medical School." The reason of this step is explained in another column.

There is a very large number of students at this school during the present session. No less than one hundred and twenty students are in attendance, of these fifty are fresh men.

We are happy to be able announce that we have made arrangements with our paper manufacturer for a larger sized sheet for the *Lancet*, which will enable us in the future to trim the edges. This is an improvement which both readers and advertisers will, no doubt, fully appreciate.

**TO SUBSCRIBERS.**—We take this opportunity of thanking our many subscribers for their kindness and promptness in remitting the amount due as subscription for the past year, and would most respectfully remind those who have neglected to do so of the omission. This is a most suitable time to square accounts. Let us commence the new year with a clean sheet.

**SMALL-POX.**—A very serious outbreak of small-pox has occurred in Manitoba among the Mennonites and Indians. The Government is sending doctors to the relief of the settlers. The fur trade has been stopped by order of the authorities.

**HYDROBROMIC ACID ASA PREVENTIVE OF CINCHONISM.**—Mr. Fothergill of London, speaks highly of hydrobromic acid as a solvent for quinine, and a preventive of the head symptoms frequently experienced from its use. The following formula may be used.

R—Quiniæ sulph.	ʒ j.
Acid Hydrobrom.	
Aquæ aa	ʒ iss—M.

**SIG.**—A teaspoonful in a little water three or four times a day. Hydrobromic acid may be formed as follows:—Dissolve ʒ x of potassium bromide in Oiv of water, and add ʒ xiii of acid tartaric. The acid remains in solution, and potassium bitartrate is precipitated.

**APPOINTMENTS.**—James Bedford, M.D., of Emerson, to be Coroner for the Province of Manitoba.

J. T. Munro, M.D., of Notfield, to be an associate Coroner for the United Counties of Stormont, Dundas, and Glengarry.

R. Brett, M.D., of Arkona, to be an associate Coroner for the county of Lambton.

J. McBain, M.D., of Martintown, to be an associate Coroner for the United Counties of Stormont, Dundas, and Glengarry.

## Books and Pamphlets.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, by Dr. H. von Ziemssen. Vol. VI. On Diseases of the Circulatory System, including Whooping-cough, Diseases of the Lips, Mouth, and Palate. New York: Wm. Wood & Co.

Eight different authors have given us the benefit of their writings in this volume; E. G. Rosenstein, Schroetter and Liebert, on diseases of the heart; Quincke on diseases of the arteries, veins, and lymphatics; Bauer on diseases of the pericardium; Steffen on whooping-cough; Vogel on diseases of the lips and mouth; and Wagner on diseases of the soft palate.

THEORY AND PRACTICE OF MEDICINE, by J. S. Bristowe, M.D., F.R.C.P., St. Thomas' Hospital, London, Eng. Edited by J. H. Hutchinson, M.D. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

The above is an entirely new work on the practice of medicine. From the widely known and well earned reputation of the author, this work is entitled to the highest consideration. It is eminently practical, and contains the most recent views on the pathology and treatment of diseased conditions. We cannot commend it too highly.

ATLAS OF SKIN DISEASES, by Louis A. Duhring, M.D. Philadelphia: J. B. Lippincott & Co., publishers. Part I.

The ATLAS will consist of a series of original life-size chromo-lithographs, representing the most important skin diseases met with on this continent. Part I, contains four lithographs, viz.—Eczema, Psoriasis, Lupus and Syphiloderma. They are executed in the best style of art and are a credit to the publishers; we prize them highly. The literary part of the work is highly interesting and valuable, and we gladly welcome it to our library. The work will be issued quarterly, in parts, each containing four plates with explanatory text giving the general features of the disease, its diagnosis and treatment. It will be complete in eight or ten parts. Price, \$2.50 each.

THE SCIENCE AND PRACTICE OF MIDWIFERY, by W. S. Playfair, M.D., F.R.C.P., London, with two plates and 166 illustrations on wood. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This is an entirely new work on obstetrics,

and contains an epitome of the science and practice of midwifery, which embodies all recent advances. The author dwells especially on the practical part of the subject, and this work will be found a useful and reliable guide in this branch of the profession which, probably, more than any other requires a thorough knowledge and great experience. Many of the illustrations are copied from other authors, while others are original. The work is one that is certain to become popular among students, and general practitioners. We have no hesitation in endorsing it.

MEMOIR ON THE GALVANO-CAUTERY, by Dr. A. Amussat, jr. Also A MONOGRAPH ON THE TREATMENT OF STRICTURE OF THE URETHRA, by the same author.

We have received a very interesting "memoir on the galvano-cautery," by Dr. A. Amussat, jr., illustrated by fourteen admirably executed engravings. Also a monograph from the same pen on treatment of stricture by permanent bougies, with illustrations. Both are issued from the publishing house of Balliere Rue de L'Ecole de Medecine. The first twenty pages of the memoir are taken up with an historical account of the galvano-cautery, commencing with the first mention of it by Fourcroy in 1800. Recamier and Pravaz first conceived the idea of utilizing it in surgery, and in 1821 attempted the removal of a cancer of the uterus by this means. Twenty-two years passed before a second thought was given to this new agent of cauterization, when in the month of September, 1843, Professor Steinheil of Munich gave advice to Dr. Morily Herder of Vienna to employ a platinum wire brought to a white heat by electricity to cauterize a dental pulp. In 1844, a Belgian physician, M. Louyer, proposed the same method for a like purpose, at a meeting of the Belgian Medical Association. Other physicians followed. Dr. Crusell, a Russian physician, in 1848, recorded an operation for the removal by this means of a large fungus hæmatodes entirely covering the left eye. A fine platinum wire was placed behind the superior part of the fungus; this was connected with an electric battery and brought to a white heat. In a few seconds the wire reddened, the upper part of the fungus fell, and the eye perfectly unaffected became visible; only a slight discharge of blood followed. The same surgeon, in 1846, employed the same means for dividing a contrac-

tion of the urethral orifice. In 1849, Dr. Sedillot used it with success for the removal of an erectile tumor. This treatment conceived in France, first applied in Vienna and St. Petersburg, was first introduced in London, in 1850, by Dr. Marshall, Assistant Surgeon in London University College Hospital, who first employed it in a fistula of the cheek with success, and read, on the 22nd of April, 1851, before the Royal Society, a memoir "On the Employment of the Heat of Electricity in Practical Surgery." In 1854, Dr. Marshall made known the result of his subsequent investigations before the North London Medical Society, establishing three classes of indications for the employment of electric cauterization—

- 1st. For the destruction of soft parts.
- 2nd. For the cauterization of fistulas or sinuses.
- 3rd. For obtaining contraction of relaxed walls of passages.

In 1852, Nelaton made his opinion known in the *Gazette des Hospitiaux*. About this time Mr. Hilton, the Surgeon of Guy's Hospital removed a vascular tumor, of the size of a crown piece, situated behind the ear, in the case of an infant of two months. In 1853, Amussat made known to the Academy of Sciences of Paris the result of his researches, of which this memoir is an embodiment. To all of our brethren conversant with the French language, we would strongly recommend a perusal of the work, as also his *brochure* on Strictures.

A CENTURY OF AMERICAN MEDICINE, by Drs. Clark, Bigelow, Gross, Thomas and Billings. Philadelphia: H. L. Lea. Toronto: Willing & Williamson.

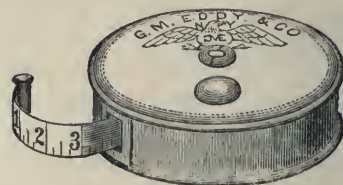
WALSH'S PHYSICIANS' CALL BOOK AND TABLET. —A copy of the above visiting list has just been received. It differs from other physicians' visiting lists in having space for the No. and street, in addition to the name of the patient; an erasable tablet; list and doses of important remedies &c., &c. The size is also very convenient for the pocket. It very much resembles the ordinary wallet. Price \$1 50. Address, Dr. Walsh, 227 Four-and-a-half Street, Washington, D.C.

THE PHYSICIAN'S VISITING LIST, Case Book, Obstetric Record, Vaccination List, Cash Book, Addresses, &c., with list of poisons and their antidotes. By Wm. Oldright, M.A., M.D. : Toronto : Wm. Warrick. Price \$1.25.

THE PHYSICIAN'S HAND-BOOK. New Improved Edition for 1876, containing all the New Remedial Agents. By William Elmer, M.D. 19th year of publication; bound in English morocco, red edges, pocket-book form. Price Reduced to \$1.75 with printed matter, and \$1.50 printed matter omitted. Postage Free. W. A. Townsend, 177, Broadway, New York.

### New Instruments.

We give below a cut of a new steel tape measure, manufactured by G. M. Eddy & Co., of Brooklyn, N.Y. We have seen and examined it for ourselves, and we feel quite certain it will be found not only exceedingly useful, but also very serviceable as a tape measure.



The measurements are marked in English inches on one side of the ribbon, and French metres on the other. This will be of advantage to those who wish to make themselves familiar with the decimal system. It is well constructed and not liable to get out of order. Price, 1 metre, \$1.50; 1½ metres, \$1.75; 2 metres, \$2.

### Births, Marriages, and Deaths.

On the 7th ult., the wife of Dr. BUCHAN, Toronto, of a daughter.

On the 20th ult., the wife of Dr. BARRICK, of a daughter.

On the 27th ult., J. H. CAMERON, M.B., son of the Hon. M. C. Cameron, Q.C., to ELIZABETH, eldest daughter of H. H. Wright, M.D., of Toronto.

On the 27th ult., Dr. O. T. HEARTWELL, of Dunnville, Ont., to BELLA, only daughter of James Murray, Esq., of Toronto.

On the 13th ult., Dr. JOSEPH MOORE, of Amherst, Nova Scotia.

On the 18th ult., Dr. PADFIELD, of Norwich, Ont.

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

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## ANNUAL ADDRESS DELIVERED BEFORE THE BATHURST & RIDEAU MEDICAL ASSOCIATION.

BY J. A. GRANT, M.D. F.R.C.S., EDINBURGH, &C.,  
&C.,—*President.*

GENTLEMEN :—

At the distribution of prizes, King's College, London, July last, Mr. Gladstone in his able address, remarked to the students, "to leave no stone unturned, to refuse the ignoble invitations of sloth and lassitude, to do their very best in all things and to be satisfied with nothing else." No better illustration could possibly be given of the spontaneous efforts of a great people, to do their best and be satisfied with nothing else, than the recent International Medical Congress, at Philadelphia, where between 6 and 700 from all parts of the habitable globe assembled, to deliberate upon the best means of promoting "the holiest and dearest interests of our noble profession and in placing their contributions, the result of years of patient study and observation, upon a common altar for the common good." Here the arterial pulses from Europe, the far east; from Japan and China; India and Australia acted synchronously and rhythmically, in one grand sympathetic centre of the North-American Continent. Here the accumulated facts of a century were carefully and cautiously reviewed, demonstrating beyond a doubt, the great scientific advance of the age in which we live. The master minds of the past century did their work nobly. Their observations are the seeds from which germinated the power now at our disposal in the mastery of disease medical and surgical. The profession of our day must acknowledge, that the common sense principles which prevail, have gained strength and

taken deep root, by gradually "broadening down from precedent to precedent."

In Great Britain and her Colonies, the past forty years, have brought about a great change, and a desirable advance in Medical science generally. Most of the great laborers who contributed so largely to the work, have passed away, and in departing have left behind them, "foot prints on the sands of time."

In Canada there are to-day eight Medical Schools, six English and two French, in all of which a Medical Education, in keeping with the spirit of the age, may be obtained. In an educational point of view, Canada has reason to feel gratified with the marked progress in her Educational Institutions, and of none more so, than her Medical Schools. At the International Medical Congress, the profession from Canada were most cordially received, and accorded some of the highest positions at that Great Medical Council of the world.

How gratifying it must be to all interested in the development and progress of the Educational institutions of so young a country, to observe, that labor in the most comprehensive sense of the term is gradually forming for Canada, a national character. A continuance of the health, life and vital activity, to be observed making its impress everywhere, is a guarantee, than which no better could possibly be required in behalf of a country seeking greatness, through the only true portals of success. The proceedings of the Medical Congress when published will convey an idea of the magnitude of the work accomplished in a single week, the greater portion of which was of an exceedingly practical character. The surgical section was rendered particularly interesting and attractive by the exhaustive lecture of Professor Lister, on Antiseptic Surgery, which occupied fully three hours, and was listened to throughout, with the most profound attention. So far American Surgeons have not adopted the views and treatment in the most comprehensive sense, but the cogency of argument, clearness of scientific deductions, and ease of application of this treatment, coupled with the marked success in British and European hospitals, cannot but encourage transatlantic surgeons to give "Listers System" a fair and unbiased trial. Experience in the aggregate will do much to place Antiseptic Surgery beyond doubt, and it is grati-

fyng to know that in Edinburgh, some who were the strongest opponents of the principle, are now amongst the warmest supporters. Great changes, like great bodies, move slowly, but under such circumstances, the practical results are all the more lasting. After Lister followed four Surgical magnates in quick succession, Sayre, Adams Vanburen, and Tufnell, embracing in their addresses, Coxalgia, Subcutaneous Division of the Neck of the Thigh Bone, and Aneurism. Of the various deductions set forth by Sayre, one especially, resulted in the most animated discussion, viz. "That Coxalgia is almost always of traumatic origin and not necessarily connected with a vitiated constitution." On this point there still exists considerable diversity of opinion. Professor Gross, almost the father of "American Surgery," considers the causes of coxalgia, the same as those which provoke strumous disease in other parts of the body, and divides it into three stages as Tuberculosis of the "Hip Joint." (Vol. II. p. 63.) Gross' Surgery. Again there are those, and at present the majority, who ignore the idea, that most cases of coxalgia are the result of constitutional disorder of which the articular affection is but the localized symptom. Bauer is decidedly opposed to the scrofulous origin of hip disease. Sayre states in his recent orthopedic Surgery (p. 233) "that in 365 cases, traumatic cause was assigned by the patient or parent in 257, while in 108 cases the cause was recorded as unknown."

To look upon hip joint disease, as purely a strumous condition, is not corroborated by clinical observation or pathological investigation. Bryant, of Guy's Hospital, in his recent surgery expresses this opinion. Holmes says, the disease occurs very frequently in strumous children, a circumstance which has led to its being considered strumous. Twenty years of hospital work in Ottawa city, have led me gradually, to the advanced pathological views of the present, as to the causation of coxalgia, not however without due respect to the master mind of Gross and those who still hold to his views. The paper of Mr. Adams of London, was well received by the section and his conclusions adopted unanimously.

The following is the most general, and embraces the pith of his subject. "That bones can be divided subcutaneously like tendons, and that the operation of completely dividing the neck of the

thigh bone, by a small saw, introduced through a small subcutaneous puncture, is a well established surgical operation attended *with very little risk.*" The treatment of bony ankylosis of the hip joint with malposition of the limb, by subcutaneous division of the neck of the thigh bone, was first performed by Mr. Adams, at the Great Northern Hospital, in December, 1869. Dr. Rhea Barton, of Philadelphia, first operated in ankylosis of the hip joint, for the removal of the deformity and the establishment of a false joint. A crucial incision was made over the great trochanter, seven inches in length and five in the horizontal direction. The bone was then transversely divided, between the two trochanters, by a fine saw. The limb was at once restored to the natural direction, and useful motion, gradually obtained. In June 1862, Dr. Sayre removed a transverse section of the femur of an elliptical form, just above the trochanter minor, by a chain saw, having first made an incision of about six inches in length, over the trochanter major in the axis of the limb. The application of subcutaneous osteotomy, within the capsular ligament, in bony ankylosis of the hip joint, was a master stroke on the part of Mr. Adams, and already attended by practical results of no ordinary character. Bryant has twice seen Adams operate thus, and in his admirable text book, adverts to the facility with which it can be performed. Adams thus describes it. "*I entered the tenotomy knife, a little above the top of the great trochanter, and carrying it straight down to the neck of the thigh bone, divided the muscles, and opened the capsular ligament freely. Withdrawing the knife, I carried the small saw along the track made, pursuing this by pressure of the fingers, straight down to the bone, and sawed through it from before backwards. No hemorrhage followed and a good recovery took place, with a stiff limb.*"

According to Adams, ankylosis of the "Hip Joint," may be true or false. The first only occurs after complete destruction of the joint and removal of the articular cartilages, and may result from strumous disease; traumatic inflammation; acute rheumatism gonorrhoeal, or otherwise; or pyæmic inflammatory action. Operation in such cases, not admissible unless the limb is distorted. False Ankylosis, is divided into two varieties, 1st. Union of the articular cartilage and partial or complete destruction of the joint. 2nd. Inflam-



matory thickening and retraction of the ligamentous and other fibrous structures, external to the joint, the joint itself remaining in a healthy or nearly healthy condition, without any destruction of the articular cartilages, but sometimes with intra-capsular adhesions. The first is usually the result of strumous disease and to be overcome by gradual mechanical extension, with or without tenotomy. The prospect of restoring the motion of the limb in such cases, is exceedingly limited. The second class of "False Anchylosis," is the result of acute rheumatism or gonorrhoeal complication. Such cases have been overcome by forcible extension under chloroform, opposing contracted tendons, having been carefully divided, a few days previously. In the incipient stage of these cases, very gradual mechanical extension, with passive motion, will occasionally succeed, but the degree of success so far, is by no means encouraging. It is of great importance to ascertain if the neck of the thigh bone, is *normal*; shortened; or obliterated, as operation is only admissible in the *first two*, providing the usual circumstances are *favorable*. The nature and character of the disease goes far, to establish the diagnosis.

There is usually no destruction of bone in rheumatic anchylosis; traumatic inflammation, in which the joint has escaped injury; or subacute pyæmic inflammation. In strumous disease attended with necrosis and bursting abscesses, destruction of the head and neck of the thigh bone, usually take place, the only exceptions to such being, arrest of the disease in the incipient stage of development. This whole subject is one of unusual interest, connected as it is, with arrested normal locomotion, and the recent advance made, as to a more accurate comprehension of *hip joint* pathology and treatment, is exceedingly satisfactory and encouraging as to the future benefits which may arise therefrom. It is exceedingly interesting to observe, how from time to time, the various ideas, in subcutaneous operations of bones, resulted in the development of Adams' operation. Guerin of Paris first divided bones subcutaneously in 1841. In the Schleswig-Holstein War, 1848, Langenbeck performed several resections subcutaneously, with a small straight pointed saw. According to Professor Gross, Dr. Pancoast, Sr., in 1859, perforated the femur subcutaneously,

several times through one opening, just above the knee joint and then fractured the bone. In 1860, I had the pleasure of hearing the late Dr. Brainard of Chicago, describe the operation he performed in anchylosis of the knee joint, similar in many respects to that of Pancoast, only that he used various sized long perforators, which answered admirably, the patient having recovered with a good limb.

Mr. Maunder of the London Hospital, now advocates the use of chisel and mallet in subcutaneous section of the femur, to correct angular deformity in hip joint anchylosis. So far the results of his operation have been very successful. Professor Volkman has also employed various sized chisels, instead of a saw, in this operation. Thus we observe how the usefulness of two such important joints as the hip and knee may in a great measure be restored, by a more accurate knowledge of pathological facts, and a decided advance in surgical science.

The next subject of special interest in the "Surgical Section" of the Congress, was the treatment of Aneurism, as ably reviewed by Dr. Van Buren, of New York, during which he eulogised the treatment recommended by Mr. Jolliffe Tuffnell, of Dublin, the result of *position, rest and restricted diet*. Mr. Tuffnell followed, and in an admirable address, explained most lucidly, the treatment of aneurism by compression, with which his name is so intimately associated. The Dublin method of treatment of aneurism has achieved considerable success, and taken firm hold in surgery, identified with which are the names of Hutten, Bellingham and Carte, as well as Tuffnell. The treatment of aneurism from remote times to the present, has been gradually progressive, but the outcome of Dublin genius carefully applied pressure on the cardiac side of the artery, cutting off the supply of blood from the aneurismal sac, or as Dr. Murray defines it, "the complete stagnation of a mass of blood in the aneurism until it coagulates," has a philosophy at its basis, with a fibrillated *blood clot*, as a *monument of greatness*. Dr. Vanburen considers that the value of Esmarch's bandage in the treatment of aneurism is not fully estimated. Mr. Favell in his address on Surgery at the British Medical Association, in August last, cited the case of Dr. Reed, successfully treated by Esmarch's apparatus, where ordinary appliance

had previously failed. The subject, a sailor, with popliteal aneurism. "The limb was enveloped in the bandage from the toes upwards, but the bandage was pressed very lightly over the knee, so as to exercise little pressure on the sac, and the thigh then enveloped, to the middle third." The elastic ligature was passed round the thigh and kept on for fifty minutes, when pain above the seat of its constriction, necessitated its removal, after which all pulsations ceased, the aneurismal tumour became quite hard, and the patient made a rapid recovery. The result in this single case, was certainly satisfactory, but it will require the extended observation and experience of the profession, to determine, how far the efforts of surgeons, since the days of John Hunter, to encourage the desposition of fibrine, by consecutive layers, or laminæ, (by a retarded current of blood,) are to be supplanted by a system of sudden coagulation, such as described. It does appear more reasonable, that firm fibrous obliteration should be preferable to rapidly arrested circulation, as specified, in which various parts are liable to suffer, as Mr. Pemberton remarked in his address, at the British Association, Birmingham (1872). He advances the idea that we require in those cases a deposition of fibrin, rather than a coagulation of blood. The reputation of Esmarch is known everywhere, and should his apparatus, in time prove productive of good results in the treatment of aneurism, one more will have been added, to the already numerous applications of his *ingenious elastic*.

An address on "Hygiene and Preventive Medicine" was delivered by Dr. Henry L. Bowditch, of Boston, President of the State Board of Health of Massachusetts, in which the progress of this department of medical science was ably reviewed. At present only twelve States, have State Boards of Health, and only in four of the States have County Boards of Health been established by law. Twenty-four States report that nothing has been done for the drainage of land, and about "two thirds" of the people of the United States, are living utterly regardless of whether they are drinking pure water, or water impregnated with filth. Such questions are applicable to our Dominion but thus far, the entire subject of Public Hygiene is comparatively in obedience, there being no regulated system, to carry such measures into active operation. The laws of health are of vast impor-

tance, as well to the citizen, as the physician, and cannot be overlooked or disregarded without serious consequences. In England and in Canada, our profession is gradually receiving more of the fostering care of Parliament. Lord Palmerston, in his day did much to forward all measures of public utility, connected with health. Lord Beaconsfield, when Prime Minister, placed Hygiene and its bloodless victories on a level with the sanguinary achievements of the greatest generals. Mr. Cross followed in the path of his old leader, and expressed forcibly and well, that "to rid the city of those plague spots, which have spread disease and misery throughout the whole metropolis, was worthy of the attention of city authorities, whose power if rightly employed, would be a means of conferring a great benefit, on the community at large." It is quite evident the importance of sanitary measures is gradually assuming its proper position.

In each of our Medical Schools, a knowledge of Sanitary Science, is required of every student, and in course of time it is anticipated, that a system (guided and directed by either the larger or smaller Parliaments of Canada,) will be introduced; then and not until then, need we expect anything like perfection, in carrying into operation Sanitary Science in the Dominion of Canada. As an initial step, a system of medical topography might be introduced, including general surface features of country, water supply, temperature, and general statistics of disease, in the various portions of each medical division. The data thus gathered would more than compensate for the time and trouble. Such a plan adopted in Ontario, and other Provinces as well, by resident physicians, would convey much valuable information. Forbes commenced his life, as a provincial physician and established his reputation by *Medical topography*. The public and profession as well, have been looking to Parliament, to bring about these results, by a *Bureau of Health and Statistics*. With our moderate resources, and the vast undertakings of the present, some time will doubtless elapse, prior to carrying out a general system in sanitary matters, however desirable and praiseworthy, so advanced an undertaking. Having passed in review a few topics of the many discussed at the Congress, there is evidence that the *solid fabric*, on which the success of such a magnificent undertaking rested, was developed by

genuine labor, of no ordinary character. We live, it is true in an age of modern essayists. The concentrations of mind are being evolved in various forms, moulding ideas for the intellectual life of the present. There are those who give to the age of Homer, Virgil, Cicero and such like, all that degree of greatness which could possibly be achieved.

In a literary point of view, their germs of poetic fire and oratorical flight, have produced doubtless great results, and left far more than ordinary after impressions. In our day it is true, times are too rapid; thought too practical; results too suddenly looked for, few being able to bide the time patiently for the ordinary current of events. Froude, Carlyle, Longfellow, and Tennyson, possess master minds, in their particular paths of thought. In our profession and our time, we observe with more than ordinary gratification, the powerful manner in which intellectual life, professionally considered has cropped out in such men as Gross, Flint, Sayre, Atlee, Sims, Vanburen, Pancoast, Dunlop, Bowditch, Davis, and many other celebrated Americans I might particularise. These men have made their mark, not alone in the neighboring republic, but in the wide world. As was said of the National Scottish Bard, Burns, the whole world is the theatre of their genius, and the kindly manner in which all outside of their own country, have been received, will be cherished as a lasting tribute of the innate power and spontaneous liberality of which a great nation may well feel proud. Such evidences of intellectual results, by constant work and well timed observation, should encourage the younger members of the profession, to renewed exertion. If we are thus actuated we cannot be drones, we must be workers, for thus as one body, we are required to stand up for the profession. Our profession is progressive, of which there is ample evidence, more the result of patient toil, than brilliant faculties or accidental fortune. Genius gave Hippocrates the power to place deep and sure the very foundation of rational medicine. Jenner to introduce vaccination. Harvey to discover the circulation of the blood. John Hunter to be stamped, as the most philosophical pathologist of any age; and Simpson to develop the anæsthetic power of Chloroform. These and such like discoveries, have given to the healing art no secondary position. Such magnificent achievements,

should stimulate to fresh enquiry, and encourage each member of our profession, to observe closely, note carefully and wait patiently the result, for as Sir Matthew Hale has well expressed it, "time is the wisest thing under heaven."

Ottawa, January, 1877.

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## TWO CASES OF ASCITES, SUCCESSFULLY TREATED WITH IODINE INJECTIONS.

BY S. P. FORD, M.D., NORWOOD, ONT.

CASE I.—On 18th July, 1870, was called to visit J. W., aged 66, a farmer residing in the township of Asphodel. On my arrival I gleaned the following facts. In the autumn of 1868, he had been severely injured by a fall from a straw stack, and for many weeks he suffered excruciating pain in the lumbar region, and painfully voided bloody urine. Slowly recovering from the effects of the injury he was prostrated by an attack of remittent fever. About six months from the date of the injury he began to enlarge and becoming alarmed called in a physician, who diagnosed ascites as the result of renal lesion, and prescribed for successive weeks without any favourable result. His distress becoming unbearable, resort was had to the operation of paracentesis abdominis early in the spring of 1869. From that time until I saw him, the operation had been repeated 60 times and from eighteen to twenty-four quarts of thin, amber colored liquid removed each time. During the ensuing two months I used the trocar every ten days with a like result, at the same time administering internally all conceivable combinations of diuretics with no benefit. The very picture of despair, the old man asked me just after tapping if nothing more could be done. I told him of the treatment by iodine injections as practiced in Paris; that I had no experience in the matter; of the very great possibility of my lighting up more inflammatory action than I might be able to control, and of the slight hopes of success I could hold out to him. He was at once eager to try the experiment, and his friends not objecting I acceded to his wishes. On the 20th September, having drawn off about half the usual quantity of fluid, through the canula, with a small glass syringe, I injected into the cavity of the peritoneum, two ounces of Tr. Iodin. Co. diluted

with an equal quantity of distilled water ; plugging the canula, for the space of ten minutes, I rolled the patient gently over and over on the bed, for the purpose of bringing the injected fluid into contact with the whole surface of the sac. At the expiration of half an hour, I removed the plug, and drew off the remainder of the liquid, about six quarts. After applying a bandage in the usual way and administering  $1\frac{1}{2}$  grains of Pulv. Opii. I started for home.

September 21st. He had a chill, followed by febrile excitement and great tenderness all over the abdomen. I continued the Pulv. Opii. in doses of gr. j every 4 hours, uniting with each alternate dose grs. iij. Hydrarg. Chlor. Mite. Under this treatment the symptoms of peritonitis rapidly subsided.

September 25th. Free from pain, pulse 82, had an evacuation of the bowels, following a mild purgative.

Result. Three small tapplings at intervals of three weeks, followed by complete recovery. He is still living, safely passed the grand climacteric of three-score years and ten. He was tapped sixty-nine times in a little over eighteen months.

CASE II.—June 2th, 1875, was asked to see S. A. M., a maiden lady aged forty-five, who had lately removed to this vicinity ; was told she had been tapped eight times in another locality. Ascites had followed the cessation of the catamenia two years before. The case seemed favourable for the iodine treatment, and after tapping, I at once recommended it to herself and friends.

July 13th. I injected the same quantity as before, diluting with the same proportion of water, taking the precaution of adding an extra scruple of the Potass. Iodid., as the fluid was loaded with albumen, and I wished to guard against coagulation. Even a more favourable result followed, at the end of a week the patient was freely perambulating the apartments, and has had no need of the trocar since.

I am not aware of any similar case being on record in this country, and at the request of several of my medical brethren, conversant with the facts, I have forwarded these notes for publication. In my treatment I followed exactly the rules laid down in the article on Iodine, in Waring's Practical Therapeutics, one of the very best works I know of, on that branch of medical science. I shall

certainly repeat the treatment on every favourable opportunity, having completely lost my dread of unduly exciting, that delicate structure, the peritoneum.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR,—

In the January number of the "Canada Lancet," there is an article headed "The Quebec Medical Bill," which upon the whole gives a fair and distinct account of the recent medical legislation in the Province. There is however, a sentence or two, which really does an injustice to an influential section of the profession, viz. the Medical Schools, which is not justified by the facts. The paragraph to which I allude is the following. "It was sought by the Bill of Amendments to establish a central bureau for examinations, which had been, and is considered an essential feature by all men outside the schools, and by many within ; the representatives of the Medical Schools have succeeded however, in retaining the power of examination for the licence to practice." The facts of the case are, that McGill University, Bishop's University, and the two English Universities of the Province of Quebec (whatever may be the opinion of individual members of their medical faculties,) supported the establishment of a central examining Board. The only condition they insisted upon, when conceding the rights, which their graduates had to obtain their licence without further examination, was that Licentiates should not be eligible as members of the College, (as they have not been,) till four years had elapsed, from the date of their license. The reason for this condition must be obvious to every one. Dr. R. Palmer Howard, from McGill University, and myself from Bishops University, went to Quebec to support this special feature of the Bill of Amendments, and we urged it before the Parliamentary committee, backed by all the arguments we could command. The French Medical School, affiliated to Victoria College, was willing to accept the central examining Board, but willing at the same time to constitute every one member of the College *at once*. The action which Laval University, Quebec, intended to take, could not be arrived at, and was not known to us till its representative addressed the committee.

When this University, the Catholic University of the Province, through its rector or principal, the Rev. Mr. Hamel, announced that it *would not* surrender the right which it held under its Royal Charter, for its graduates to demand the licence to practise without further examination, and that it denied the right of the Local Legislature to take it away, it was patent to every one in attendance, that the fate of the central examining Board was sealed. Nothing remained but to compromise matters, and endeavor to obtain a new Bill, which as far as possible should be an improvement over the previous one, and I think we have succeeded. A step in advance has been taken, and perhaps in time more conversions may be obtained.

Why one University should be able to thwart the wishes of all the others may seem singular to any one not fully acquainted with our Local Legislature. To those who are on the spot the reason is plain. Laval University, in my opinion, took a most unfair advantage by sending one of her Reverend Gentlemen to represent her, where a purely medical question was at issue, instead of one of her medical faculty. McGill University and Bishop's University did all they could to obtain a central examining board. That they failed is certainly not their fault. It is therefore not correct, nor is it fair to say "that the representatives of the Medical Schools, have succeeded in retaining the power of examination for the licence to practise; and that they could have carried the central examining board, if they had so desired it."

I may add that the gentlemen who went to Quebec, were not a Committee from the profession in Montreal, as stated by you, but represented the various interests concerned.

Yours, etc.,

FRANCIS W. CAMPBELL,  
M.D., L.R.C.P., LONDON.

Registrar, Medical Faculty, University of Bishop's College.

Montreal, Jan'y 17, 1877.

#### UNUSUAL DETENTION OF LIGATURE.

To the Editor of the CANADA LANCET.

SIR,—On the 16th of October last, together with Drs. Herriman and Philp, I tied the brachial artery, for a wound of the forearm. The patient was 44 years of age, muscular and healthy.

Before applying the ligature we individually examined the vessel, to satisfy ourselves that it was perfectly isolated. The wound healed rapidly. This afternoon, three (3) months since the operation, I made strong traction on the ligature, and found it apparently as firmly attached as at the time of its application.

Yours very truly,

A. W. J. DEGRASSI, M.D.,  
Lindsay, Jan. 16th, 1877.

#### THE LONDON HOSPITALS.

(Continued.)

To the Editor of the CANADA LANCET.

SIR,—Last month we left the Canadian graduate busily engaged at St. Thomas' Hospital, but some afternoon he may desire to see some of the other Institutions.

Suppose then he first visits Guy's Hospital, which is close to London Bridge. Here he will see Bryant, Birkett, Forster and Durham operate. Dr. Wilks' clinics are well worth attending, occasionally. There is here also, a beautiful collection of anatomical preparations in wax, and a museum of skin diseases worthy of close inspection. University Hospital, near Gower Street, always affords some interesting material. Operations are performed by Erichsen, Marshall, and Heath. On the medical side there are Dr. Reynolds, Sir Wm. Jenner and Dr. Fox.

St. Bartholomew's Hospital in Smithfield is one of the largest in London, and about the oldest. Here the surgeons are Holden, Savory, Callender and Thos. Smith. The student will always see some important operations at this Hospital. Savory performs Lithotomy with the left hand very rapidly and cleverly; while Thos. Smith's operations for cleft palate are very neatly done. At St. George's Hospital, Pollock, Lee and Holmes are the principal surgeons. It will be well to go round the wards with Mr. Pollock. His clinics are said to be very good.

Kings College Hospital, just back of the Royal College of Surgeons, is well worth a frequent visit. Here he will see Sir Wm. Ferguson, celebrated for his operations for cleft palate. Mr. Henry Smith is a good operator, and his clinics are worthy of attention; but the attraction is Mr. Wood, famous

for his operation for the radical cure of Hernia, and plastic surgery.

The London Hospital is some distance from St. Thomas' but an occasional visit will amply repay the trouble. Here Hutchinson and Maunder are the great lights in surgery. The clinical teaching in surgery of the former is said to equal Murchison in Medicine. Much also can be learned in the out-patient department, under Drs. Fenwick and S. Mackenzie. St. Mary's, Westminster, Middlesex, and Charing-Cross Hospitals are smaller institutions, but are each worthy of a visit if there is any spare time.

With regard to specialties, the first in importance is the Royal London Ophthalmic Hospital, near Finsbury Circus. Here he will see upwards of one hundred out-patients prescribed for every morning. Five surgeons attend each day, and on their several days may be seen Hutchinson, Critchett, Bowman, Lawson, Cowper, Hulke, and Streetfield. At 11:30 a.m., they retire to the operating theatre, in the upper story, and operate. Great facilities are afforded for the use of the ophthalmoscope, and the surgeons are exceedingly obliging, taking every trouble to answer fully all questions asked of them. Diseases of the ear may be studied under Purvis at Guys', on Tuesday and Friday afternoons. At the Orthopædic Hospital, 317 Oxford Street, every Thursday at 2 p.m., he may see Hill and Broadhurst operate for all manner of deformities.

Diseases of the chest may be studied at the Brompton Consumption Hospital any afternoon at 1 p.m., where the student is afforded every facility for practising percussio and auscultation, having his opinion and diagnosis confirmed or corrected by the attending physician.

He should see Spencer Wells perform Ovariectomy at the Samaritan Free Hospital, 13 Lower Seymour Street, Portman Square, on Wednesday, at 2.30 p.m. If interested in nervous diseases, he should go to see Hughlings Jackson, at the Hospital for the paralyzed and epileptic, Great Ormond St., every day at 2 p.m.

Diseases of children may be studied at the Children's Hospital, Great Ormond street. The physicians go round at 9 a.m., every day, and out-patients are seen at the same hour. Dr. West is consulting physician at this Hospital. It is well worth while attending operations at the Woman's

Hospital, Soho Square, on Thursday, at 2 p.m. Consultations are held every morning at 10 o'clock.

Diseases of the skin may be studied either at the Stamford Street Skin Hospital every day at 2 p.m., or under Dr. Fox, at University College Hospital, on the days upon which he sees out-patients. Last, but not least, the Throat Hospital, Golden Square, off Oxford street, should be frequently visited. Out-patients are seen every day at 3 p.m., and plenty of opportunities are afforded of using the Laryngoscope. Dr. Morell Mackenzie attends on Thursday, and will be found exceedingly obliging and affable. The following is a diary for the week, showing the days and hours for operations at the different Hospitals :

<i>Monday.</i> —Royal London Ophthalmic Hospital ; Operations every day at 10.30 a.m.			
	Royal Westminster Ophthalmic Hospital ; Operations every day at 1.30 p.m.		
	St. Mark's Hospital, for Stone ; Operations at 9 a.m., and 2 p.m.		
	St. Mark's Hospital, for Stone ; Operations at 2 p.m.		
<i>Tuesday.</i> —Guy's Hospital ; Operations 1.30 p.m., and on Friday at same hour.			
	Westminster Hospital ; Operations at 2 p.m.		
	National Orthopædic Hospital ; Operations at 2 p.m.		
	West London Hospital ; Operations at 3 p.m.		
<i>Wednesday.</i> —Middlesex Hospital ; Operations at 1 p.m.			
	St. Mary's " " " 1.15 "		
	St. Thomas' " " " 1.30 "		
	and Saturday. " " " 2 "		
	Kings' College " " " 2 "		
	and Saturday. " " " 2 "		
	Great Northern " " " 2 "		
	University Col. " " " 2 "		
	and Saturday. " " " 2 "		
	London " " " 2.30 "		
	Samaritan Free " " " 2.30 "		
<i>Thursday.</i> —St. George's Hospital ; Operations at 1 p.m.			
	Royal Orthopædic Hospital ; Operations at 2 p.m.		
	Central London Ophthalmic Hospital ; Operations at 2 p.m., and Friday.		
<i>Friday.</i> —Royal South London Ophthalmic Hospital ; Operations at 2 p.m.			
<i>Saturday.</i> —Royal Free Hospital ; Operations at 2 p.m.			
	Charing Cross " " " 2 "		

The majority of Canadians who visit Europe wish to take a degree of some kind, as a memento of their visit, and a brief account of some of these may be of interest. The M.R.C.S., England, and L.R.C.P., London, are the favorite English degrees, while some prefer to go to Edinburgh, and take the simple L.R.C.P., or the double L.R.C.S. and L.R.C.P. The subjects for the latter are Materia Medica, Medicine, Surgery and Midwifery ; for the simple L.R.C.P., the same, with the exception of surgery. The fee for the single is \$50, for the

double \$80. The fee for the L.R.C.P., London, is \$75, and the subjects of examination are the same as for the double, Edinburgh. Of all the degrees, however, Canadians usually prefer the M.R.C.S., England. The fee is \$110, and the examination is divided into two parts; the first, or Primary, on Anatomy and Physiology; the second, or Pass Examination, on Surgical Anatomy, Pathology, and the Principles and Practice of Surgery.

The primary examinations are held in the months of January, April, May, July, and November, and the pass examinations generally in the ensuing week respectively. Canadian graduates are exempt from examination in medicine. The following is a sketch of the examination, and the questions given at one of the sittings:

*Primary Examination—1 to 4 o'clock, P.M.*

Candidates must answer four (including one of the first two) out of the six questions. Answers to less than six questions will not be received before half-past 3 o'clock.

1. What evidence exists of the influence of the Nervous System on the functions of Secretion and Excretion? Explain how such influence may be exerted; and illustrate the subject by examples.

2. How much Oxygen is consumed by a healthy adult person, under ordinary circumstances, daily? What are its principal purposes in the system? and in what forms is it chiefly eliminated?

3. Describe the Diaphragm, its attachments, relations and action.

4. Describe the Thyroid and Cricoid Cartilages. Enumerate the muscles connected with them; and state the exact attachment of each.

5. Mention in order, from before, backwards, the several structures which are in contact with the first rib.

6. Mention the structures exposed on removal of the Palmar Fascia; and describe their relative position.

At the close of the written examination, intimation of the day and the hour for attending the "oral," is given, and it usually takes place two or three days subsequently to the former. In the room where the oral examination is held, four tables are arranged, and two examiners stand at each table. Four students are called in at a time, and are distributed one to each table. On each table are a series of recent dissections and anatomical preparations under spirit in flat glass receptacles, showing the regional and visceral anatomy of the body. The student is first required to look through a microscope, and tell what he sees, and perhaps give a description of the object. He is then asked to name various anatomical structures, as the examiner points them out, and sometimes to describe them. The structures shown are vertical and transverse sections of the

head; preparations of the ligaments; sections of the brain, chest, pelvis, heart, the triangles of the neck; upper extremity, &c. As each student has to appear at two tables, his examination lasts twenty minutes, but in that time a very considerable amount of anatomy may be gone over, as well as physiology.

*Pass Examination.—1 to 4 o'clock, P.M.*

1. Enumerate in their order, from the skin inwards, the parts which are divided in the operation of Lateral Lithotomy; point out any arterial anomalies which may give rise to unexpected or unavoidable hæmorrhage. State what vessels or vascular tissues may be wounded in the operation apart from any anomalies; and point out how best to avoid such hæmorrhage, and how to act when it occurs.

2. Describe the nature of the injury which the parts sustain in a Compound Dislocation of the foot outwards. State the occasional obstacles to the reduction, how they are to be overcome, and how the foot should be kept in position.

3. Describe the operation for the removal of the entire Superior Maxillary bone; and name the parts divided.

4. Describe the symptoms, diastosis, and treatment of complete subcutaneous rupture of the popliteal artery.

5. Describe the causes and kinds of Fistula in Ano, and the various modes of operation employed for their cure.

6. Describe the treatment of a penetrating wound of the cornea.

The character of the oral examination on surgery, like that on anatomy, is thoroughly practical. Here also there are four tables, and ten minutes are allowed to each. In both examinations, while one examiner puts the student through his exercises, the other makes notes of the questions with remarks, and at the end of ten minutes, announced by a gong, the student takes this paper to the second table, where the examiner can see what questions have been asked, and avoid repetition. The following questions illustrate the nature of the examination:—

On the first table, a man is lying nude. Mark out with red chalk the course of the deep epigastric artery. Place your finger on the internal abdominal ring. What structures would you divide in cutting down upon the inguinal region, from integument to peritoneum? What are the coverings of a bubonocoele? Apply Dupuytren's splint to fracture of the fibula. Lay hold of the foot and mark the line of incision for Chopart's amputation; between what lines of the tarsus do you disarticulate? Mark the course of the femoral artery; compass it with your finger; apply a tourniquet. Place the head as for tracheotomy; mark the incision; where should the trachea be opened, and how would you proceed? What structures would be in danger? Bandage the leg. Select the instruments for

lithotomy. The gong sounds and the student is next shown some cases sent from the hospitals. In the following cases the diagnosis, pathology and treatment are asked:—A boy with strumous glands and abscess of neck; syphilitic ulcer of leg; urticaria; old fracture and mal-union of head of radius with deformity, and partially ankylosed joint.

The student, after an hour or two, is taken to another room, where he has to appear at two more tables, for ten minutes each, and answer questions on pathology. What's this? A preparation of intra-capsular fracture of hip. How distinguish intra from extra-capsular fracture? Treatment? What are the symptoms of a wound of the lung? how treat? Abscess near knee joint, what are the dangers? What are the diseases of bursæ? A box of calculi: Pick out the vesical, renal and biliary, and the varieties of the former. In what cases would you prefer lithotomy to lithotripsy?

The result of the examination is made known the same evening, when an address is given to the successful candidates, by the President of the College.

K. N. F.

KINGSTON, Dec. 29th, 1876.

### Selected Articles.

#### SULPHO CARBOLATE OF SODIUM IN DIPHTHERIA.

The object of this paper is not to give the clinical history of diphtheria, but to call attention to a remedy which, in the hands of those who have had experience in its use, has proved of great benefit in the treatment of this disease. I refer to the sulpho-carbolate of sodium. My attention was first called to it by a paper, read before the Rhode Island Medical Society, by Dr. C. H. Fisher, in 1875, in which he detailed his experience in its use and the formula for its preparation. I had notes of eighteen cases of true diphtheria, occurring within the past three months, in which I have used the remedy with satisfactory results in all but one case. The fatal case occurred December 11th, and was a delicate child three years of age, the disease proving rapidly fatal in thirty-six hours from the time of invasion. While I do not consider the sulpho-carbolate a specific in this disease, I do think that its judicious and persistent use will in many cases be followed by an amelioration of its symptoms.

Just what its mode of action is I am not fully

prepared to say. It is possible that it acts as an antidote and eliminative to the peculiar blood poison which is the cause of the disease. It is a stable salt, parting with its acid only when brought in contact with the fluids of the body. In one case, where a large quantity had been used for several days, the odor of carbolic acid was plainly perceptible in the urine. The remedy may be used in every form and stage of the disease, in doses of from one to ten grains, repeated every one, two, three, or four hours, according to the necessities of the case. The proportion of acid in the salt is about one-fourth, which will determine the dose.

I have given as high as one hundred and twenty grains in twenty four hours, to a child seven years old. It may be combined with quinia sulph., tinct. ferri mur., carb. ammonia, or given in brandy, whiskey, wine, syrup, or any aromatic water.

A very good way to dispense it to children, is to mix it with sugar and let them eat it. For adults I sometimes use the "cachet de pain." My rule is to begin the administration of the remedy as soon as the disease is recognized, and to continue it in increasing doses until its effects upon the disease is manifest, then gradually to diminish the dose and increase the intervals between the doses.

In addition to the use of the sulpho-carbolate, I always use tonics and stimulants freely, and nourishment in a concentrated form, such as beef extract, cream, etc.

The local treatment is directed to the removal of the false membrane and the subduction of the local inflammation. This result is obtained, first by hastening the natural process of exfoliation; second, by the use of such remedies as will destroy the micrococci and dissolve the pseudo-membrane.

The exfoliation of the membrane is caused by a process of suppuration which commences beneath the deposit on the surface of the mucous membrane, and whatever will hasten that process is indicated; and here let me protest against the use of cold applications, either my means of cold lotions, or by ice applied externally or given internally. Suppuration is greatly retarded, if not wholly prevented thereby, and as it is hastened by the use of heat and moisture, such means should be used as will produce it. This is most effectively applied by means of a steam atomizer, or, when that cannot be procured, by the inhalation of steam from a coffee-pot partly filled with hot water, and inhaled through the spout, or conducted by means of a rubber tube to the mouth of the patient. The inhalations should be given as often as once an hour, and continued from ten to fifteen minutes at a time.

While we endeavor to hasten the natural process of suppuration, we may combine with our inhalation such remedies as will act chemically upon the membrane and dissolve it, or hasten its disintegration and destroy the micrococci. Experiment has



shown that a piece of membrane weighing five grains, immersed in four drachms of aqua calcis, was completely dissolved in thirty minutes, while in various other solutions it retains its continuity. Lime water, therefore, as an inhalant, is to be preferred to anything else. The micrococci are not so easily destroyed. Placed in test tubes, in solution of chlorate of potassium, of sulphate of quinia, or of alum, they not only retain their mobility, but increase in numbers. They retain their action when heated to the boiling point, or when frozen and then thawed.

Immersed in mixtures of alcohol one part, water three parts; of permanganate of potassium two grains to the ounce; of carbolic acid three grains to the ounce, they lose their vitality and power of multiplying. These solutions, when used medicinally, must be as gargles or washes to the throat. They can seldom be used as inhalants, on account of the irritation to the lungs, caused by such concentrated solutions. In the case of small children they are best applied by means of a syringe. Emetics are sometimes useful for their mechanical effects in the removal of the membrane.

The detachment of the membrane forcibly, by means of the forceps, is not advisable, except in exceptional cases, where there is danger of suffocation from the large amount of membrane deposited.

Finally, strict attention should be paid to the hygienic condition of the surroundings of the patient. It is better that the patient be removed to another room every day, while, his apartment is thoroughly aired and disinfected. This can easily be done with children, who form by far the greater proportion of cases. This is important as a means of prophylaxis, the disease being contagious in proportion to the severity of the case from whence it comes, and the neglect to renew the air of the sick room, which soon becomes impregnated with the emanations from the breath of the patient. The dejections should be removed as soon as voided, and no more personal contact had with the patient than is actually necessary.

But in spite of all treatment deaths will occur. Death may be by asphyxia, caused by the large amount of membrane deposit. By apnoea, when the lungs are involved. By coma, from uræmic poisoning, and in the adult there is a peculiar mode of dying that sometimes occurs. The patient will seem to be improving, when, without apparent cause, he will suddenly sink away so quickly and easily, that the attendants may suppose that he has only gone to sleep.—*Dr. Anthony, Medical and Surgical Reporter.*

#### THE MEDICAL LAW OF CALIFORNIA.

The following is the text of the medical law, which takes effect the first day of the present month, entitled "An Act to regulate the Practice of Medicine in the state of California :"

SECTION 1. Every person practising medicine, in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the Board of Examiners shall issue its certificate to that effect, signed by all of the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practising medicine in this State shall present himself before said Board, and submit himself to such examinations as the said Board shall require; and, if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SEC. 2. Each State Medical Society incorporated and in active existence on the tenth day of March, eighteen hundred and seventy-six, whose members are required to possess diplomas or license from some legally-chartered medical institution in good standing, shall appoint, annually, a Board of Examiners, consisting of seven members, who shall hold their offices for one year, until their successors shall be chosen. The examiners so appointed shall go before a County Judge and make oath that they are regular graduates, or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the society appointing it, by the selection of alternates, or otherwise.

SEC. 3. The Board of Examiners shall organize within three months after the passage of this act. They shall procure a seal, and shall receive, through their Secretary, applications for certificates and examinations. The President of each Board shall have authority to administer oaths, and the Board take testimony in all matters relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having received diplomas or license from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the Board. They shall furnish to the County Clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings, they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical society to which the Examining Board is attached.

SEC. 4. Said Board of Examiners shall examine diplomas as to their genuineness, and, if the diploma shall be found genuine as represented, the Secretary of the Board of Examiners shall receive a fee of one dollar from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorised to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits, as provided in this act, by letter or by proxy, and the Board of Examiners shall issue its certificate the same as though the owner of the diploma was present.

SEC. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Boards shall authorize the possessor to practice medicine and surgery in the State of California; but no examinations into the qualifications of persons not holding diplomas or licenses shall be made after the thirty-first day of December, eighteen hundred and seventy-six. After that date no certificates shall be granted by them, except to persons presenting diplomas or licenses from legally-chartered medical institutions in good standing.

SEC. 6. Every person holding a certificate from a Board of Examiners shall have it recorded in the office of the Clerk of the county in which he resides, and the record shall be indorsed thereon. Any person removing to another county to practise shall procure an indorsement to that effect on the certificate from the County Clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the County Clerk the usual fees for making the record.

SEC. 7. The County Clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue and the name of the medical society represented by the Board of Examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the County Clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical society by which the Board

shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualification of the candidate as a practitioner.

SEC. 10. The Board of Examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the Board.

SEC. 11. Any person shall be regarded as practising medicine, within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters "M.D." But nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons of the United States Army and Navy.

SEC. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, [or] who shall, by writing or printing, or any other method, publicly profess to cure or treat diseases, injury, or deformity, by any drug, nostrum, manipulation, or other expedient, shall pay a license of one hundred dollars a month, to be collected in the usual way.

SEC. 13. Any person practising medicine or surgery in this State without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500), or by imprisonment in the county jail for a period of not less than thirty days nor more than three hundred and sixty-five days, or by both such fine and imprisonment, for each and every offence; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and, upon conviction, shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery.—*N. Y. Med. Journal.*

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#### EMPHYEMA—TREATMENT BY DRAINAGE —RECOVERY.

William W., a laborer, of temperate habits, was always much exposed to weather, but never had a sick day in his life until twelve weeks before his entrance into the hospital, which was on the 26th of May, 1876, when after getting wet and chilled, febrile symptoms came on, with "catching pains" in the left side, cough, slight expectoration of

frothy matter, and some dyspnœa. He kept about his work for two weeks, and was then obliged to give up and take to his bed, to which he was confined until he entered the hospital. The cough increased for six weeks previous to his entrance, and the expectoration became profuse and mucopurulent. The dyspnœa also somewhat increased, and he lost flesh and strength rapidly. There was some swelling of the feet. Appetite good; sleep poor; bowels regular. Pulse 106; temperature 99°; respiration 40.

The impulse of the heart was felt below the xiphoid cartilage; sounds loudest an inch to the right of the sternum, at level of fourth rib. There was complete flatness on percussion, and absence of vocal fremitus, in every part of the left chest front, back, and side. No respiration was to be heard in any part of the left chest, except just below the clavicle, where there was distant bronchial respiration and abundant moist crepitation; also between the scapula and spine, on the left side, the respiration was tubular, with some crackling. The same side was somewhat dilated (to the eye), and the intercostal spaces were obliterated. No rales were heard anywhere on the right side. There was abundant expectoration of thick, greenish matter; considerable emaciation; fingers clubbed.

The chest was tapped May 27th, and two quarts of inodorous pus were withdrawn by means of Bowditch and Wymans's syringe. June 1st, an opening was made four inches below the angle of the left scapula, and a drainage tube was put in. The chest was washed out twice daily with a weak solution of carbolic acid. The cough immediately diminished, the pulse daily became slower, and the patient was up and dressed. The discharge having nearly ceased, the tube was removed June 20th, and the opening healed in two days, when the patient was able to go home, "much relieved," July 6th. There was only partial expansion of the lung at the time he left the hospital. The heart had returned to the left side, but there was dullness on percussion and absence of respiration in the lower half of that side. There was a decided curvature of the spine, with concavity to the left. His general condition was very satisfactory. A few weeks later he was heard from as "well," and at work.—*Boston Medical and Surgical Journal*.

TREATMENT OF SCARLATINA BY TINCTURE OF IRON.

Dr. Darrabee says: I am aware that in calling your attention to the treatment of scarlatina with iron throughout its entire course, I am not introducing anything new to the medical profession. The part which iron, and, possibly, other hematic

or permanent tonics, may play in the system, is known to every student of medicine. The power which they exert in all diseases concerning the blood, to preserve the integrity of the vital fluid, is demonstrated at the bedside every day. Few practitioners of experience in this country would be beguiled into the treatment of pneumonia, typhoid fever and scarlatina, laid down by German authors in "Ziemssen." Whatever in the future may be discovered in regard to the nature of the contagion of this disease, one thing remains, that something is introduced into the blood through the organs of respiration or deglutition. Its presence in the blood produces important changes in the corpuscles, which produces also a change in the liquor sanguinis scarcely less important. I have used tincture ferri-chlorodi in solution, with syrup and water and with chlorate of potassium, in the epidemic of 1868, as in the present prevalence, with results so satisfactory that I do not feel inclined to change the treatment for any other. I claim for this treatment the following advantages:

First. That by maintaining a healthy condition of the blood, it prevents, as much as medicine can, the consequences which follow upon a depraved condition of that fluid.

Second. That it maintains here, as it does in erysipelas, an appetite throughout the course of the disease, which enables suitable nourishment to be digested.

Third. That this preparation acts upon the kidneys, maintaining, by its diuretic and astringent properties, a free flow of urine.—*Trans. (Ky.) Med. Society*.

SALICYLATE OF SODA, IN RHEUMATISM.

Prof. Clarke has treated eleven cases of acute rheumatism—all that occurred in his ward of Bellevue—with this drug. In nine of the cases there was early improvement following the use of the medicine. In two cases the amelioration was more gradual. The influence of the medicine in "lowering the fever heat and diminishing the excited pulse were as marked as its power to relieve pain."

The formula used in all the cases is as follows:

R Acid salicylic .....	3 iij.
Sodæ bicarb.....	3 ij.
Glycerine .....	3 ij.
Aq.....	3 ij.

M. Sig. Tablespoonful every two hours for the first day, and afterwards the same dose, six times a day.

No unpleasant effect of any kind was noticed after the administration of the medicine.—*Med. Record*.

### HERNIA CEREBRI TREATED BY A PLASTIC OPERATION.

Believing the treatment adopted in the following case to be new, and eminently calculated to be of service in a certain class of cases, I venture to place on record a few details respecting it.

A little Hebrew girl, about seven years old, was admitted into the London Hospital, under my care, early in the present year, having fallen from a second storey window to the ground, and sustained a compound comminuted fracture of the skull in the right fronto-temporal region, the wound in the skin being just anterior to the edge of the hairy part of the scalp. The bone was extensively comminuted, the dura mater wounded, and brain-matter had escaped. Some of the loose pieces were removed and some depressed parts elevated, but the injury appeared to be so severe that little hope of the child's recovery was entertained. Contrary to expectation, however, the patient, after passing through a variety of interesting phases, at the end of three months appeared to be in perfect health, with a granulating pulsating mass, as big as half a hen's egg, projecting above the level of the skin of the forehead just in front of the anterior end of the temporal ridge, with the skin firmly adherent to the edges of the opening in the bone. Pressure with strapping only had the effect of flattening the mass without reducing its bulk, merely spreading it out. I now determined to try the effect of protecting this with the tissues of the scalp. The adherent skin was detached, and a piece of the scalp, exactly corresponding to the space to be covered, was transplanted to the required spot. Great attention to all the usual necessary details was given, but, as each plastic operation must of necessity differ from all others, it is useless to describe them here. Suffice it to say that the transplanted part united perfectly, and the gap in the scalp where the covering was taken from granulated slowly, being assisted in the process by numerous graftings.

The child is now running about the streets, presenting a rather remarkable appearance on account of the hair growing on the transplanted piece. The size of the projection is much diminished, and no pulsation can be felt through the skin.—Dr. Adams, *The Lancet*.

PROBING OF WOUNDS OF CAVITIES.—We are gratified to learn that in a recent case of gunshot wound of the abdomen, admitted to Bellevue Hospital, no attempt was made to search for the ball by probing. This is such an exception to the general rule in cases admitted to hospital, that it deserves special mention. In the present instance the patient will have the best chance for recovery; and, in case of death, which from pre-

sent indications is not improbable, there will be no question concerning the meddlesome interference on the part of the surgeon in attendance.—*Med. Record*.

### NEW METHOD OF TREATING FRACTURED CLAVICLE:

The difficulties connected with the treatment of fractured clavicle, and the frequently unsatisfactory results obtained, have led me lately to pay special attention to this subject. I have accordingly devised a mode of treatment which so far bids fair to be productive of much more satisfactory results than have hitherto been obtained.

The apparatus, which has been made for me by Messrs. Hooper and Co., of Pall-mall, consists of an india-rubber pad, which can be easily fixed in the axilla, and inflated with air.

To fix the apparatus, I make use of three handkerchiefs. Placing the air-pad (previously surrounded by cotton-wadding or lint) uninflated in the axilla of the affected side, one handkerchief is passed across the opposite shoulder, and its ends tied to the loops at the extremities of the pad, in order to keep it in position. A second handkerchief is then passed round the neck, forming a sling, in which the hand and forearm are suspended. A third handkerchief is folded like a shawl, and passed around the body in such a way as to compress the elbow against the side, and two of its ends tied tightly against the ribs of the opposite side. The remaining corner of the handkerchief is then brought right round the bend of the elbow and stitched to that part which is fixing the elbow to the side. This having been done, the air-pad is inflated as much as may be deemed necessary, the escape of air being prevented by one or two turns of the screw at the end of the tube. The tube may then be passed round the outside of the arm and fastened in the loop for it at the end of the pad.

The great advantages of this over other modes of treatment are that the pad, which may be inflated to any size requisite, thus exercising a constant and gentle leverage of the shoulder upwards and outwards, causes no injurious pressure upon the vessels and nerves, and consequently no discomfort to the patient.—Dr. Eddowes, *The Lancet*.

MEDICAL COLLEGES ADVERTISING IN SECULAR PRESS.—Until it is definitely settled that the professors of medical colleges have greater privileges of violating the Code than are accorded to ordinary members of the profession, we shall protest against the shameful system of medical advertising which shields itself behind college announcements in the secular papers. Why any body of men, because they may constitute themselves a faculty

of a medical college, have a right to parade their professorships, ostensibly for the good of the institution, but in reality for the good of themselves, we can never quite understand. As we had a right to expect better things of the Faculty of the Albany Medical College, we are the more surprised to find it stooping to the special method of advertising to which we have referred. We are well aware that any charge of using unfair means to advance the school, and through the school to advance themselves, will be met by the interested parties with innocent astonishment; but this will hardly receive its wished-for interpretation by the profession at large. There is in reality no middle ground to take in this matter. Either the Code has to be altered to suit the supposed requirements of the college, or the college made to conform with the requirements of the Code. The deliberation which has apparently dictated the policy of the school in the advertising affair, only adds to the gravity of the offence, and the sooner the faculty is subjected to discipline the better. It matters not who the members of the said faculty may be; the higher their position, the more effectual will be the example which may be made of them.—*Med. Record.*

LIFE INSURANCE TABLE.

The following is Dr. Theodore Parker's limit table of weights and measurements.

Height.	Chest.	Standard weight.	25 pr. ct. under weight.	45 pr. ct. over weight.
5 ft.....	32½ in.....	115 lbs.....	92 lbs.....	167 lbs.....
5 "	1 in 34 "	120 "	96 "	174 "
5 "	2 " 35 "	125 "	100 "	181½ "
5 "	3 " 36 "	130 "	104 "	188½ "
5 "	4 " 36½ "	135 "	108 "	195 "
5 "	5 " 37 "	140 "	112 "	203 "
5 "	6 " 37½ "	143 "	114 "	207 "
5 "	7 " 38 "	145 "	116 "	210 "
5 "	8 " 38½ "	148 "	119½ "	215 "
5 "	9 " 39 "	155 "	123 "	224⅓ "
5 "	10 " 39½ "	160 "	128 "	232 "
5 "	11 " 40½ "	165 "	132 "	239 "
6 "	41 " 41 "	170 "	136 "	246 "
6 "	1 " 41½ "	175 "	140 "	254 "

This table was constructed by Dr. Parker several years ago, as a guide in his company, the Globe Mutual Life, of New York, and experience has confirmed its value, as a rule that applicants 25 per cent. under standard weight, and 45 per cent. over, are not safe cases for insurance at regular rates.

As a limit, therefore, of under and over-weight, it will aid the examiner in forming an opinion of the safety of the risk for his company. Twenty-five per cent. *under-weight* is the loss of one-fourth of the man, and calls for the most searching investigation on the part of the examiner. These

light weight cases may be the result of chronic dyspepsia, diarrhoea or dysentery, marasmus, scrofula, hemorrhoids, (bleeding), hypertrophy of the heart, with excessive impulse, albuminuria, Bright's disease. In addition to these in the case of females, some chronic uterine disease may be suspected. The exceptions are few in which it is safe to disregard these limits, and in every such case of under-weight tests for Bright's disease and other obscure organic mischief are imperatively indicated. In this connection will be seen the importance of being accurate in stating the height and weight. Mistakes might cause the rejection by the Home Office of a good risk, or the acceptance of a bad one.

WOUNDS OF THE URETHRA.—At the last clinic at Bellevue Hospital, Professor Gouley presented a couple of very interesting cases. The first was a young man whose urethra had been completely severed at the junction of the bulbous and membranous portions by a fall. When first seen, forty-eight hours before, there was a very extensive extravasation of urine in the perineum and scrotum, and the patient's condition was one of imminent danger. Dr. Gouley at first endeavored to pass a catheter, but, all his efforts resulting in failure, aspiration was resorted to, and the bladder successfully evacuated. He incidentally warned the class against giving an anæsthetic before attempting to pass the catheter in such cases, on account of the great danger of the distended bladders being ruptured during the patient's struggles; considering it infinitely better that a little pain should be inflicted than to run the risk of such an accident. When the urine had been drawn off, the patient was etherized, and he then made a very free incision from the anterior border of the anus through the whole space of the perineum, and for a very considerable distance up into the scrotum. This had procured complete drainage, so that the parts were already beginning to assume their normal appearance, and the condition of the patient was excellent. Dr. Gouley now never permits a catheter to remain in the bladder; believing that such a practice is productive of great evil. The instrument soon becomes encrusted with urinary deposits, and ulceration and cystitis are almost invariably induced. In this case it was expected that the urethra (the membranous portion of which had been completely laid open by the operation) would heal by granulation. A large sound (No. 18, English scale) would be passed at first every other day, and afterwards once a week, and narrowing of its calibre thus prevented. It was possible that a urinary fistula might result here; but it was too soon to say what would be the final conditions of the parts.

The second case was a lad of about sixteen, who was suffering from injuries inflicted by a very extraordinary kind of enema, which was administered to him on the 4th of July last. On this occasion some maliciously disposed individual placed the muzzle of a large pistol charged with gravel stones at his anus, and deliberately pulled the trigger; occasioning, as may readily be imagined, a very confused and uncomfortable state of affairs in the vicinity of the boys' fundament. In the course of time, however, the injured parts all healed up, though ever since the accident he has voided the urine by the rectum. On examination, it was found that a sound would pass for six inches into the urethra, when it came to a sudden stop, and that there was a small fistulous orifice in the anterior wall of the rectum, about an inch above the anus. It was impossible, however, to pass even the smallest probe through the latter into the bladder; though this might be due to the great tortuousness of the canal. No other opening whatever could be discovered through which the urine might make its escape. This fistula had recently shown a tendency to heal up, and only a day or two before the patient had suffered from retention of urine, which it was necessary to relieve by means of the aspirator. By rectal exploration it was thought that the remains of the prostate could be detected, though this was not made out with certainty.

After consultation with Professors James Wood and A. B. Crosby, who were present, Dr. Gouley made a free incision in the median line of the perineum, and cut down upon a sound which had passed into the urethra by the meatus urinarius. Then, having passed the extremity of the sound out through the perineal wound, he inserted a silk suture through the remains of the urethral wall on each side, and, using these as guides, endeavored to find the continuation of the canal, if possible. Entirely failing in this, however, with a small, straight bistoury he cut upward through the firm cicatricial tissue lying just anterior to the rectum, and finally succeeded in getting into a pouch which he believed to be a portion of the bladder; though of this he could not be quite certain, as it seemed to contain no urine. He was of the opinion that before night urine would come out through the perineal wound. In case no urine was found to escape, however, there would probably be retention again, and then the distended condition of the bladder would be much contracted; yet at the time the aspiration was made, a pint and a half of urine was drawn off. At a second operation, Dr. Gouley said he would probably make a new urethra for the patient, if possible; though it was a very unusual and complicated case, and he would have to be guided by circumstances in its future management.—*Medical Times*.

REDUCTION OF STRANGULATED HERNIA.—*Nashville Journal of Medicine and Surgery*, September, 1876.—Dr. B. H. Washington says that for many years he has employed a painless, easy, and quick plan of reducing strangulated hernia, which he considers far superior to the ordinary tedious, painful and sometimes dangerous taxis. This plan consists in applying a dry cup to the abdominal wall, say over the umbilicus; then let an assistant stand between the legs of the patient and lift the hips as high as he can; then the operator, drawing on the dry cup, produces a vacuum, and, atmospheric pressure being superadded to the weight of the intestines gravitating towards the chest, a reduction is easily effected in less than a minute:

The operation is almost painless, and really seems so to the patient, for the relief from the preceding pain is so great that he never says a word about any suffering from the operation.

Dr. Washington adds that the Russian peasantry reduce hernia by dry-cupping on a grand scale; they take a small cooking-pot, and make the bottom as hot as they can without making the rim too hot, and then, applying it over the abdomen, cool the bottom with cold wet cloths, and thus suck up such a large portion of the intestines that they are able to make traction enough on the intestine to draw it back again into the abdominal cavity, though the patient has not the hips elevated.—*Medical Times*.

SEALING OF COMPOUND FRACTURES WITH THE COMPOUND TINCTURE OF BENZOIN.—Mr. Bryant of Guy's Hospital, has been treating fourteen consecutive cases of compound fracture by closing the wound as soon as possible after the accident, with lint saturated with the compound tincture of benzoin. The results obtained have been almost uniformly satisfactory. In one case where the injury was produced by the kick of a horse, the fracture was at the junction of the middle and lower third of the limb. A piece of bone projected through the lacerated wound, and there was much contusion. The dresser, Mr. Peacock, at once reduced the fracture, and closed the wound with several pieces of lint saturated with the compound tincture of benzoin, and then swung the limb upon suitable splints. No pain or constitutional disturbance followed. When the lint was removed on the 25th day, the wound had completely healed and the fracture was united. Three other consecutive cases are given, in which good results followed. In the second case, the dressing remained undisturbed for twenty-seven days, and on being removed the wound was healed and the bones were consolidated. About three weeks later he left the hospital with a good leg. The third and fourth cases are much of the same character, in the one instance the dressing remaining in place twenty-six days, and in the other sixteen.—*Lancet*, Nov. 25, 1876.—(*Medical Record*.)

## CÆSARIAN SECTION.

Of the graver operations which may any day and without previous warning present themselves before the general practitioner is that of *Cæsarian section*. A case has recently occurred in which mother and child were both saved; and as an equally successful case had some sixteen years ago fallen into the same hands, the details may be instructive as well as interesting to many of your readers, as Dr. Edmonds seems to have anticipated every difficulty and met successfully every complication. The patient was a lively bright Alsatian, who had come to England to be confined, so that her child, if a boy, could never be compelled to fight against the French in any future Franco-Teutonic struggle. She had always had excellent health, except a little catamenial derangement. She had married, and she and her husband had experienced some obstruction in coitus, but not sufficient to cause them to consult a medical man. She had been in labor three days when Dr. Edmonds was called in, and had borne the ordeal famously. It was found that the pelvis was occupied by a large rounded tumor which sprang from the right ischium at its base. It had grown upwards and inwards, so as to displace the vagina. A chink less than an inch in width was all that was left betwixt the tumor and the left edge of the pelvic brim. The tissues of the pelvic organs were healthy and in no way involved in the tumor. All hope of affecting delivery by the natural passages had to be abandoned, and Cæsarian section was decided upon. It being Sunday evening, and other arrangements being impracticable, the patient was put into a cab and driven to the Temperance Hospital, to which institution Dr. Edmonds is senior physician. Being aided by several friends, the operator proceeded as follows: 1st. A terebinthinate enema was administered, to clear out the bowels and with the hope that the turpentine would act as a hæmstatic. 2d. Carbolic acid spray was projected into the atmosphere of the operating-room until the chamber smelt distinctly of it, while the temperature was raised to 70° Fahr. 3d. The most scrupulous care was taken to have no septic matter on the instruments, the whole of the attendants and the operating body were carefully disinfected, the hands scrupulously cleansed, and lastly washed in iodine water. 4th. The patient was seated nearly upright upon the edge of the operating table, in order that the blood might flow out over the pubes instead of sinking down into the interstices of the intestines. Nurses held each lower limb steady, and a Windsor chair was placed behind the patient's back, so that she was firmly secured. Chloroform was then administered. The bladder was emptied by means of a long male catheter. The incision was commenced at the umbilicus and continued downwards in the median line to within three inches and a half from

the top of the symphysis pubis. It was then carried cautiously downwards for an inch or more, as the bladder was found to extend some four inches above the pelvic brim, and, filling with urine, prolapsed through the wound during the operation. It got so much in the way that a catheter was passed and kept it in situ. In consequence of the position of the bladder the incision was carried upwards beyond the umbilicus. The whole incision was six inches in length.

The uterus was seen lying diagonally across the abdomen, its fibres distinct through the peritoneum, and its walls tensely stretched upon its contents, the waters having escaped at an early period. The fibres retracted forcibly on being severed by the knife. The shoulder of the infant appeared in the cut, and the rest of the incision was completed on a director. The fetus was seized by the head and withdrawn, the uterus closing upon itself very promptly. The child being in a state of suspended animation, the placenta was extracted and laid beside it, while Dr. Routh proceeded to restore it. After the withdrawal of the placenta the uterus contracted and expelled a few ounces of blood, which flowed safely over the pubis. The fingers of the right hand were inserted to extract some fibrinous clot, after which the uterus was gently kneaded to induce it to contract firmly. Rounded fragments of ice were dropped into the uterus from time to time, and brought in contact with the whole surface. The uterus contracted perfectly, each contraction squeezing out a little fluid, which at first was pure blood, and afterwards only red serum. The wall of the contracted uterus was about three-eighths of an inch in thickness. Its internal surface became coated with fibrin, and the red serum which followed at each contraction left plugs of fibrin in the uterine sinuses. After three-quarters of an hour, it was thought safe to proceed to sew up the incision. Two silver-wire sutures were passed through the abdominal walls, closing the lower portion of the incision, after which the upper portion was closed by four similar sutures. These sutures were carried through the whole thickness of the abdominal wall. They included two-thirds of an inch of skin and one-third of an inch of peritoneum. Just before closing the abdomen an œsophageal tube was passed into the uterus and out through the vulva to make sure of a passage for the lochia.

Having tightened and fastened the sutures, the surface of the abdomen was sponged, and then tapes of adhesive plaster were fixed betwixt the sutures, and the edges of the wound brought into apposition. A thick sheet of carbolized wool was laid over the abdomen, and finally a five-inch flannel bandage was rolled around the body so as to take off any tension upon the tapes and sutures and the operation was complete. In its contractions the uterus seemed if about to turn itself inside out.

The loss of blood was about ten ounces. Very little chloroform was used, and after the removal of the child, the mother sank into a natural sleep, like *Damiens* in the intervals of the rack. In addition to the turpentine enema, the patient had internally one hundred drops of *secale cornutum* in divided doses, and sixty of oil of turpentine, shaken up in milk, in two doses. When the operators left, the patient was sleeping calmly, the pulse and respiration being almost normal. The patient was fed on milk and water and oatmeal gruel sweetened, and had neither physic nor alcohol prescribed; indeed, both were forbidden. A *hyoscyamus draught* was given on the third day for some flatulent pain, and a dose of castor-oil on the fifteenth day to open the bowels. The after-history of the case is entirely negative, the patient recovering without one single evil symptom, and the baby being equally fortunate. Mother and child were both shown to the medical society before the paper was read.

A long and adjourned discussion followed, in which the subject of suturing the uterus was thoroughly discussed. In both of his cases Dr. Edmunds left the uterus unsutured. The case is one of great interest, and exhibited in a high degree the good results of combined skill with an excellent patient. Dr. Edmunds was highly and deservedly complimented on his successful results. The case, of course, is a very fortunate one for the Temperance Hospital, and a great feather in its cap. But, after all, most of the merit lies in the fine physique and high courage of the patient, who slept through the greater portion of the operation without chloroform, and never needed a stimulant.

An equally successful case of *Cæsarean section* has occurred in the hands of Dr. Llewelyn Thomas also of London; but the details of this case have not yet been published.—*Med. Times*, London.

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#### THE TOPICAL USE OF CARBOLIC ACID AND CREASOTE TO THE THROAT.

In the London *Medical Times and Gazette*, November 14th, Dr. G. A. Imlay says:—

In cases of long-standing chronic bronchitis, with profuse yellow purulent expectoration, I have never known these remedies fail to diminish expectoration, and allay the troublesome cough in a remarkable degree. When we carefully examine the local action of carbolic acid, creasote and tar on external inflammations, ulcerations, etc., we can easily conceive the beneficial results to be derived from their local application in the form of spray to the mucous membrane of the bronchi. Carbolic acid is well known to prevent decomposition; and nowhere is this action better verified than in cases of bronchitis with offensive-smelling sputa, for after a few applications it will invariably remove the

fetid odor from the expectoration. I think, in this particular, carbolic acid is certainly superior to creasote. But, in my opinion, their beneficent action is mainly due to their astringent effect on the mucous membrane; and creasote has here a great superiority over carbolic acid, for it will frequently diminish the expectoration to one-half its former quantity in the course of three or four days. Their sedative properties are greatly inferior to those aforementioned, for I have frequently employed them in cases where a constant irritating cough, with slight mucoid expectoration, were the only symptoms complained of; but I cannot say that I have ever seen any benefit derived from their use. With regard to the manner of their application, the instrument I prefer is Siegle's inhaler, as I believe it possesses special properties when you aim at applying local medication to the bronchi. It consists essentially of a boiler containing water, a glass containing the solution of carbolic acid, creasote, or tar, as the case may be, and two glass tubes drawn to a fine point, like an ordinary spray producer. The steam from the tube in connection with the boiler draws, by capillary attraction, the medicated solution up the second tube, and by this means a very fine spray is produced, capable of permeating to the most minute ramifications of the bronchial tubes; and, moreover, when it reaches the lungs, it approaches as nearly as possible the temperature of the body. I generally commence with a weak solution of creasote, two minims to the ounce of water, and gradually increase it to twice that strength. A sufficient quantity of spirit should be added to dissolve the creasote. I direct the patient to take one deep inspiration, so as to entice the spray well into the lungs, and again to renew it in the course of a few seconds. After one or two applications it gives rise to no irritation or cough, and it is extremely agreeable to the patient.

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#### INJURY OF THE EYE BY LIME.

This form of injury, which is beautifully depicted by the late Mr. Wardrop in his work on the eye, is common amongst bricklayer's laborers, in consequence of the ebullitions which take place in the hasty slacking of lime, and which are sometimes strong enough to splash the lime into the eye. However happening, the injury is very dangerous, and the more so because the effect of the caustic alkali is rapid, and the patient is seldom seen until much mischief is done. The first effect of pure lime is to disintegrate or burn the entire conjunctiva wherever it lodges, and even to destroy the corneal surface in the same way. If the lime only lodges in spots, those parts of the conjunctiva will suffer and the remainder escape, because the lime being insoluble does not spread to any serious extent, and, moreover, the process of slack-



ing absorbs all the tear-water, and the deposit is, therefore, not washed away. Commonly, even when the lime is in the form of mortar, the conjunctiva is removed from the entire cornea, which then appears as a dull opal-colored surface surrounded by the chemosed conjunctiva, and appearing as if buried in a pit in the surrounding vascular tissues. Vision is almost *nil*, the pain violent, but of a smarting rather than an aching character, and the flow of tears excessive. If the conjunctiva be burned off only in patches, these places will appear as shallow depressions, usually with the cake of lime adherent to their bottoms.

*Treatment.*—The first indication is to remove the lime very thoroughly, which, in consequence of the closeness of its adhesion, is a troublesome and painful proceeding. The eye-lids should be fully everted, all that can be removed by a camel's hair brush taken off, and all that cannot, picked away by forceps or even dug out if necessary with the needle or Walton's gouge. The deepest part of the conjunctival fold often contains a quantity of the lime, which may be overlooked if not searched for. When the large portions are removed, the surface should be syringed with weak vinegar and water, which will form with the remaining small particles an innocuous acetate of lime. The removal of the lime having been completely effected, a drop of atropine should be instilled, and then a couple of drops of fine oil or sweet glycerine and the lids closed. Astringents, such as weak nitrate of silver solution and sulphate of zinc are sometimes recommended, but I have found them very irritating in such cases and worse than useless. Acetate of lead lotions must be specially avoided, as they will deposit a coating of insoluble-chloride-carbonate and albuminate of lead in the ulcerated surface, which will heal in and remain as a permanent stain. According to the extent of the injury, the subsequent treatment must be directed to allay inflammation. Cooling lotions externally will be suitable in slight cases, those more severe will require leeching to the temple and poulticing.—*Med. Press and Circular.*

sharper the better. The piece of meat should be pretty thick, and of lozenge shape; the rasping can be done on all the facings, in the natural direction of the muscular fibre. The piece should rest, held by one end, on a resistant and slightly inclined plane. The meat is generally reduced to the form of a pill or bolus, which is rolled in powdered sugar or crumbs of bread. If it cannot be taken thus, it may be given under the mask of bouillon, which should be cold. One of the best methods is to prepare a thin porridge of tapioca; let it cool till it cannot cook the meat in the least. Then the meat, finely rasped, is introduced into a small quantity of cold soup till the mixture is complete. This mixture has the aspect and consistence of a fine soup of tomatoes. Next the tapioca porridge is gradually poured on this soup, the mixture being constantly stirred. Thus a homogeneous porridge is obtained, in which the meat is so well concealed that no one would detect it unless previously advised of its presence.—*Med. Press and Circular.*

**PURPERAL ECLAMPSIA.**—Dr. O. B. Withers, Ky., in a paper read before the Southwestern Kentucky Medical Association, states that "out of thirty-four cases [of puerperal eclampsia] that have come under my observation, there has been only one death, and that was before labor came on." He reports several cases, and thinks the uterus should be relieved, with or without instruments, with as little delay as practicable. "Do not delay, for you may possibly save both mother and child. But if there is turgescence, or even hardness of the pulse, bleed; no remedy is equal to opening the temporal artery; do not neglect it on any account. Fear not the censure of anybody, but be bold, energetic and prompt, for the woman's life is in your hands." Delivery and bleeding are his great points—cathartics and other usual remedies are good adjuvants.—*Richmond and Louisville Med. Journal.*

**A NOVEL DANGER.**—Mr. James Greenwood calls attention to the very common and dangerous practice of obtaining novels from the circulating library for the use of invalids recovering from infectious diseases, and returning them without their being properly disinfected. We do not know whether the full extent of this danger has ever occurred to Mr. Mudie, but it is no doubt a rather serious one. It might be obviated by establishing "an invalid's library." Meantime, it may be well to warn the good natured friends of such invalids, that the practice of returning such novels into circulation in this unguarded way exposes them to a penalty of £5, and that proprietors of a library are not, we imagine, altogether free from legal responsibility, if it can be shown that they are the conscious accomplices of the act.—*Brit. Medical Journal.*

**RAW MEAT IN THERAPEUTICS.**—Raw meat is now used to a considerable extent as an agent of hygiene and therapeutics. The following directions with regard to it, from the *Journal de Pharmacie*, may not be without interest. Beef is preferable to mutton. The fat should be removed (one reason being that it may contain cysticercus). The best part is the *room steak (sic)*. The fibres are here best suited for rasping (*rapage*) in longitudinal direction. This is the best mode of division. Chopping removes from the meat most of its juice, and does not give such good division. The rasping is done with a sharp knife-blade—the

REMEDIES FOR CHRONIC DIARRHŒA.—In Autumn, medical men are often troubled with cases in which a painless diarrhœa is the leading symptom. It may come and go with the changes of temperature (being specially influenced by dampness of air and decaying vegetation), or it may be the sequel of an acute form of the malady which was never properly cured during the summer. Assuming that most of the common remedies within reach have been tried and have only partially succeeded, I venture to recommend, firstly, a systematic use of the more powerful vegetable astringents, somewhat as follows: (a.) A teaspoonful of tincture of galls in an ounce of distilled water, is extremely effective, and should be continued at least daily for some weeks. (b.) The liquid extract of bahel has many merits, and may be given in the same way. (c.) Salicin should be administered in a dose of five or six grains, perhaps combined with a grain of ipecacuanha. Let them be mixed into a couple of pills, and taken three or four times a day. This plan seldom fails to appease an obstinate diarrhœa. But, secondly, opium is now and then absolutely necessary, and I contend that it should always be prescribed in comparatively small and frequent doses, so as to obtain the least physiological with the most medicinal effect. Let the wine of opium be given to an adult in the quantity of three or four minims (with an ounce of chloroform water) five or six times in the twenty-four hours, and the remedy ought, invariably, to be left off by degrees. Speedy and permanent results may follow this method. One point in diet is important. Sometimes bread in any form disagrees, and, in the place of it, the patient ought exclusively, to eat biscuits.—*Dr. Spencer, Brit. Med. Journal.*

THE OPEN TREATMENT OF WOUNDS.—Dr. Burow, of Königsberg, reports the results of 123 operations performed by his father and himself during a period of nineteen years, and treated by the open method. The following are the figures given. There were 123 cases, with nine deaths, *i.e.* 7½ per cent., comprising thirty-three amputations of the thigh with six deaths, or 18 per cent.; twenty-four amputations of the leg with three deaths, or 12 per cent.; and twenty-five amputations of the arm, twenty-nine of the forearm, nine of the foot, and two of the hand without any fatal case. These figures furnish a most interesting comparison with those compiled by Paul, Malgaigne, Ashhurst, and others, more especially Kronlein, Volkmann, and Thiersch. Dr. B supports with sound arguments the character of his statistics, while acknowledging that the figures are small. He gives in brief the following as the essentials of the system he follows. In a case of amputation of the breast, he carefully checks the bleeding by the use of silk ligatures which he cuts off short. The

wound is then left absolutely open, being protected from dust and flies by a single oiled cloth. No sutures or plasters are used. When granulations spring up luxuriantly, the cloth is wet with a solution of acetate of alumina. This is the whole treatment. After amputations of limbs, he first ligates the larger vessels before loosening the Esmarch's tube, completing the ligations after removing it. The wound is then left open for half an hour with the double object of guarding against secondary hemorrhage and of allowing the surface of the wound to ooze with a serous fluid. Then he puts in three sutures, securing them with a loop and not a knot, so as to allow for swelling of the tissues. Two or three strips of plaster are placed between the sutures, and the lower angle of the wound is left wide open for the free escape of discharges. Then by position of the limb and by careful watching, it is made sure that the secretions can escape freely. He does a flap operation, insists on the greatest cleanliness on all hands, and never uses sponges a second time.—*Archiv f. klin. Chirurg, XX. 1, 1876. Medical Record.*

INCONTINENCE OF URINE.—Dr. William A. Hammond publishes in *The Ohio Medical and Surgical Journal* for October, 1876, notes relative to nocturnal incontinence of urine and its treatment. He says that he has found the following plan of treatment so efficacious that, though there are others which are at times followed by success, he has for several years past adopted it exclusively:—

(1.) Supposing the patient, as is generally the case, to be a child, the bladder should be emptied on going to bed, and then two or three times afterwards the patient should be taken up and again made to urinate.

(2.) Sleeping on the back should be prevented. The supine position is one which, of all others, increases the amount of blood in the cord, and hence augments its irritability.

(3.) The following prescriptions should be given for several months, three or four at least; if stopped sooner the affection is liable to return.

R̄ Zinci bromidi ʒ ss.  
Ergotæ ext. fl. ʒ iv. M.  
Ft. sol.

Dose, ten drops three times a day, increased five drops every month. Thus for the first month ten drops are taken three times a day; for the second month, fifteen drops three times a day; for the third, twenty drops and so on. It is preferably administered after meals, being less apt then to excite nausea or vomiting. Should either of those symptoms prove troublesome, the ensuing two or three doses may be somewhat smaller.

Children of from four to twelve years of age can

take the foregoing quantity without disturbance of the general health, and even for adults it is not often necessary to increase them except in the way of augmenting the doses by five drops every two weeks instead of every month.

In cases, however, where the bromide of zinc is not well borne, the bromide of iron may be substituted. It should be given in the form of a syrup, in doses beginning with five grains three times a day, gradually increased to fifteen or twenty.

℞ Ferri bromidi ℥ i.  
Syrupi simplicis ℥ vi.

A teaspoonful of the syrup, made according to the above formula, contains about ten grains of the bromide of iron. The dose, therefore, to start with, is half a teaspoonful three times a day, increased gradually, till at the end of three or four months the patient is taking a teaspoonful and a half or two teaspoonfuls of the medicine. With each dose of the bromide of iron the fluid extract of ergot should be given separately, and like it should gradually be increased from ten drops three times a day to a drachm as often. The two medicines cannot be kept mixed together for any length of time without the bromide of iron being decomposed and the ergot also injured.—*Boston Med. Journal.*

SMOKING BELLADONNA IN ASTHMA.—Dr. Reeves, in the *Melbourne Medical Record*, states that smoke from the leaves of belladonna possesses much more power in cutting short an attack of asthma than that from stramonium. A long pipe is the best means of smoking them, the patient being instructed to draw the smoke deep into the chest. If when the attack is at its height he has not the power of doing this, the leaves may be placed in a saucer containing lighted charcoal or wood-ashes, which should be placed on a chair in front of the patient, this chair, as well as his own, being covered with a large sheet, so as to confine the fumes, before the leaves are put on the hot charcoal. From two and a half to five grains of the leaves are sufficient when smoked, and from five to twenty grains when burned. If the smoke be drawn deeply into the chest, the relief is immediate, expectoration of phlegm taking place. It is in the spasmodic form of asthma, where there is little or no expectoration, that the greatest relief is obtained; for, when the tubes are loaded with mucus, the smoke cannot get access to their muscular tissue. The relief is most marked when the remedy is used soon after the paroxysm has commenced, before the spasm prevents access of air to the smaller tubes and air-cells. Tobacco-smokers do not receive the same amount of relief as others. Temporary headache of a throbbing character may be produced if the leaves are used too freely.—*Boston Journal of Chemistry.*

MONOBROMIDE OF CAMPHOR.—The monobromide of camphor consists of one equivalent of camphor and one of bromine united ( $C_{10}, N_{16}, O, Br.$ ). It is a white crystalline salt, having the odor of camphor and slightly that of bromine. The atmosphere decomposes it at a temperature of  $100^{\circ} F.$  W. A. Hammond has used it successfully in infantile convulsions from teething, dose one gr. each hour; hysteria, four gr. each hour; headache in females from nervous excitement or over study, one dose of four grains being sufficient for cure. Dr. G. says in chordee, in doses of one or two grains each hour, it is a very positive remedy, one or two doses generally giving relief. In nymphomania there is no remedy equal to this compound salt of camphor and bromine. It is also a positive remedy in spermatorrhoea, nocturnal emissions with amorous dreams, in doses of three or four grains, at bedtime.

In cases of cerebral anæmia, from excessive venery, it calms nervous excitement; in debility, with cold extremities from feeble heart, it equalizes circulation—impressing the cerebro-spinal system. Dose, three or four grains three times a day. In nocturnal incontinence of urine it is efficacious in doses of from one to six grains at bedtime. (Best given dissolved in alcohol and glycerine, or suspended in mucilage and syrup as it irritates the stomach.)—*Chicago Med. Journal.*

REDUCTION OF DISLOCATED FEMUR BY READ'S METHOD.—Touching this method, as applied in a case of dislocation, in the dorsum illi, Dr. Hamilton remarked: "In reduction, the thigh was only moved in those directions in which it could be easily moved. It could not, at first, be abducted or adducted, or extended. In all these directions it was nearly or quite immovable. It could, however, be flexed easily to a right angle with the body; and this was the first thing done. Dr. Read declared that the thigh must be flexed until the knee touched the belly; but I have never found this degree of flexion necessary, except in old dislocations. Nor is it proper, in recent cases, to make this extreme flexion, unless moderate (right-angled) flexion has failed, since it increases the laceration of the capsule, renders liable a displacement of the head of the bone into the foramen thyroideum, and endangers a fracture of the neck of the femur.—*Med. News.*

CHLOROFORM VS. ETHER IN REDUCTION OF DISLOCATIONS.—Prof. Frank Hamilton says: "In nearly all my surgical operations I prefer ether to chloroform, as being equally efficient and more safe; but in the reduction of dislocations we need complete muscular paralysis, and this is much more quickly and certainly attained by chloroform than by ether, and I am in the habit of using chloroform in the reduction of dislocations."—*Med. News.*

**Medical Items and News.**

**FORCED FLEXION IN THE TREATMENT OF ANEURISM.**—Dr. Ambrosio Aniello reports (*Movimento Medico-Chirurgico di Napoli*) several cases of aneurism treated by this method. They were cases of aneurism situated at the level of the articulations, and principally of popliteal aneurisms. The rules laid down by Earnest Hart in his papers in the *Medico-Chirurgical Transactions* have been followed, and are summed up as essential to success. The flexion was neither complete nor permanent from the outset, but was only arrived at gradually and in measuring the tolerance of the patients. The conditions which the author concurs with E. Hart in recognising as favorable to the success of this method are, the small size of the tumour, the absence of complicating lesions, the situation of the sac at the posterior part of the artery, and, finally, the power of obtaining complete cessation of the aneurismal pulsation under the influence of flexion.—*Brit. Med. Journal.*

**ITINERANT PILE SURGEONS.—THEIR SECRET.** Dr. E. Andrews (*Chicago Med. Journal and Examiner*, Oct. 1876) has investigated the secret of certain itinerants who infest Illinois. The secret has been sold to various persons at prices varying from fifty to twelve hundred dollars. The plan of operation is briefly, to procure a good hypodermic syringe and the following solution :

R Crystallized carbolic acid..... ʒ iij.  
 Pure Oil..... fl. ʒ i.  
 Mix.

Some use equal parts of oil and carbolic acid—some substitute glycerine for the oil—some use ergot. When the piles are internal and not readily brought down, a Sim's speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the carbolized oil. The injection turns the pile white and causes it to shrink away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business. When the irritation of the first injection has measureably subsided another pile is attacked in the same way. Thus far no actual deaths are known to have resulted, although some of the operators have been so alarmed at the effects as to seek for advice from qualified surgeons. If it should prove practically that there is no fear of embolism the operation may prove a valuable addition to our resources.—(*Detroit Review.*)

**DRESSING FOR BURNS.**—Mix subnitrate of bismuth with pure honey until it forms a thick paste, spread the mixture plentifully over the burned surface and parts near adjoining, as soon as possible

after the burn occurs. Then cover the parts thickly with cotton wool batting and bind closely. In the majority of cases, the dressing should not be removed for three or four days, when the parts should be immersed in water until the dressing is very soft and easily removed. The same dressing should be immediately renewed.—*Pacific Med. and Surg. Jour.*

**CALABAR BEAN AS A GALACTAGOGUE.**—In the *Bristol Medical Journal* of Oct. 28th, Dr. W. Munro remarks that he had already brought before the profession various uses to which Calabar bean might be put, from its power of dilating the peripheral blood vessels. Wishing, recently, to restore the secretion of milk after it had disappeared from the breast about three days, he had prepared an ointment of the strength of 20 grains of the bean to the ounce, and ordered it to be applied and washed off carefully before the baby was allowed to suck. After two applications, the baby not having been put to the breast in the meanwhile, the milk returned in full flow.—*Chicago M.d. Jour.*

**NEW METHOD OF REDUCING DISLOCATION OF THE SHOULDER.**—M. Maisonneuve (*L'Union medicale*, November 28th) being called quite late one afternoon to reduce a dislocation of the shoulder, and unable to obtain assistance, seized the patient by the elbow, drew him over his own shoulder, making the patient's weight the counter-extension, and thus, manipulating the parts with his fingers, succeeded in reducing the dislocation. He has now resorted to this method three times. In one case, also, where the luxation had existed fifteen days, his success was complete.—*Boston Med. & Surg. Journal.*

**OBSTINATE VOMITING IN PREGNANCY.**—Several writers recommend oxalate of cerium. Another, the employment of suppositories containing one-fourth of a grain of morphia, one ninety-sixth of a grain of atropia, and fifteen grains of ol. theobrome, the result of the use of which is most satisfactory. Another mentions one-minim doses of vin. ipecacuanhæ every hour as having proved successful after cerium, nitro-hydrochloric acid, and creosote had been successively tried.—*British Medical Journal.*

**EXPECTORANT MIXTURE.**—The following is given by the *Medical Record*, as one of the standard formulæ used at Bellevue Hospital, New York city :

R Ammon carb. . . . . gr. 32  
 Ext. fl. senegæ, . . . . .  
 Ext. fl. scillæ. . . . . aa fl. ʒ j.  
 Tr. opii. camph. . . . . fl. ʒ vi.  
 Aquæ . . . . . fl. ʒ ss.  
 Syrup. tolu. . . . . q. s. ad. fl. ʒ iv.  
 Sig. Teaspoonful.

**HYSTERICAL CHARGES.**—Attention is again directed, by a painful case, to the ever-present peril of charges brought by hysterical and erotic women against those who are thrown into personal relation with them. It is needless to amplify the argument that a prudent man will entrench himself in a strong position by punctilious reserve when dealing with young females. The existence of a real danger cannot be doubted. When a morbid thought takes possession of a mind debilitated by hysteria it is impossible to predict the issue. A complete coherent delusion may be rapidly built up, and there is wonderful method in madness, so that the recognition of insanity may not occur until too late to prevent the ruin of a, perhaps, unsullied reputation by some unfounded charge. The cases on record in which even experienced physicians have been deceived are so well-defined that no question can arise as to the peril that hysterical charges may be accredited by courts of justice. It is impossible to suggest a safeguard except that to which common caution points so obviously. Accusations made by women, especially young and unmarried, should always be rigorously investigated; and while it is indispensable that every inquiry of this nature should be pushed to the last extreme, the precaution should be commensurate with the danger.—*Lancet*.

**FIRES AT THEATRES.**—We noticed last week some of the suggestions for diminishing the risk of fires in theatres which the accident in the Brooklyn theatre has called forth. It is high time that some stringent precautions should be enforced in this country, for, apart from the risk of being burnt or crushed to death oneself, it is shocking to think of having to witness the agonies of some unfortunate actress or ballet girl. Fires in theatres, about the most terrible of accidents, almost always begin on the stage, and are caused by the extremely inflammable nature of the scenery, hangings, and dresses, and their necessarily close proximity to gas-burners. Now we have repeatedly drawn attention to the fact that all such inflammable materials may, without injury and at small cost, be rendered uninflamable. Tungstate of soda is the substance which appears to have given the most satisfactory results, and we cannot but wonder that its use has not hitherto been enforced.—*Lancet*.

**THE ANTIZYMOTIC TREATMENT OF DIPHTHERIA.**—Dr. Pavesi describes, in the *Annali di Chemiche Applic, alla Medicina*, 1876 (abstract in *Annali Universali Medicina*, August), a formula which he recommends in the treatment of diphtheria. It is founded on the antizymotic properties of chloral, salicylic acid, and the sulphites. It is as follows: R Chloral hydrate, salicylic acid, glycerine, sulphite of soda, each  $1\frac{1}{2}$  parts; distilled water,  $3\frac{1}{2}$  parts; spirits of wine, 1 part.

The whole is put into a strong glass vessel, which is closed, and exposed to a heat of  $100^{\circ}$  to  $150^{\circ}$  Fahr. for a few minutes, until the sulphite, salicylic acid, and chloral are completely dissolved. A homogeneous solution is produced, which is filtered through bibulous paper, and preserved in a well-closed vessel. It is an oily, limpid, colourless liquid, having the odour of its constituent parts. It is insoluble with water. On the application of proper tests, the chloral, salicylic acid, sulphite of soda, and glycerine are found to be unchanged.

Used both internally and externally, it is an energetic antiseptic, antifermentive, disinfectant, hæmostatic, and preservative, as well as a destroyer of parasitic organisms. Dr. Pavesi says that it may be used as an antiseptic, and also as a sedative, in a large number of diseases.—*London Med. Record* Nov. 15, 1876. *Monthly Abstract of Medical Science*.

**AN ALTERNATIVE OPERATION FOR VESICO-VAGINAL FISTULA.**—In the *Lancet* for June 17, 1876, Mr. Maunder discusses the method of closing the vagina in cases of vesico-vaginal fistula in which it is impossible to close the fistula. He suggests that, in order to avoid the accumulation of urine in the vagina, tending either to irritate or burst asunder the pared surfaces, a plan should be adopted similar to that of puncture of the bladder per rectum in the male. This is to pass a trocar obliquely through the recto-vaginal septum to pass a tube through the canula, and leave it *in situ* projecting at the anus.

A case is related in which this method was carried out. The patient was forty-one years of age, the mother of eleven children. The fistula dated from a delivery by forceps, twelve months previously. A large opening in the floor of the bladder, the size of a five-shilling piece, existed, while the surrounding structures were dense and cicatricial. Operative interference with the fistula was declined by three surgeons who saw the patient. The operation for closing the vaginal outlet was performed on May 4, 1876. A thin layer of mucous membrane, at least an inch and a half in depth, was dissected off at the outlet of the vagina, a large catheter being retained in the urethra while the under surface of this was being pared. Quill sutures were used, as in the operation for ruptured perineum. The recto-vaginal septum having been perforated obliquely just behind the pared surface by a trocar introduced per rectum, a winged catheter was passed through the canula, and the end left in the vagina. On the fifth day, the catheter having become accidentally plugged, the patient sat on the pot de chambre, and strained to make water, with the effect of forcing apart the feebly united surfaces. After a few days' rest sutures were reintroduced, with the view of obtaining healing by granulation. On this

occasion a silver tube was left in the rectum (No. 14 catheter size), and this was found to answer better, and never to become plugged. On the eleventh day, May 26, the sutures were removed, and on the fifteenth the tube; and the bowels were freely relieved by an aperient and enema. The urine was to be drawn off periodically per rectum, and the patient taught to use the catheter herself, if necessary. On June 3, the patient found that her water again dripped from her. The nurse had passed the catheter as usual, and a small opening into the vagina was found, just below the meatus, which appeared to be due to an improper use of the catheter.—*Obstetrical Journal of Great Britain*, Nov. 1976.

**THE COLD BATH IN TYPHOID.**—Professor See, of Paris, condemns the use of the cold bath so much in vogue in the treatment of typhoid fever. According to his own experience, and that of many other physicians, it is not only a useless remedy, but absolutely dangerous in the treatment of this affection. Though the use of the cold bath in fevers is not a new remedy, but an old one revived, many physicians, out of despair for something better, gladly availed themselves of it; but soon found, to their cost, or rather to their patients', that it was a most treacherous remedy, at least in the treatment of typhoid fever. It is true that it reduces the high temperature of fevers; but this effect is only temporary, and often the reaction is so great as to raise the temperature higher than it was before the bath. In addition to this, the cold bath in typhoid fever not only increases the tendency to intestinal hemorrhage, but it has been found to produce hæmoptysis and metrorrhagia. M. See suggests that there are other means by which the temperature of the body may be reduced; sponging the body with vinegar and water, cold or tepid, is equally efficacious, and attended with less danger and inconvenience; but quinine, according to him, is *the* remedy, and ought to be more extensively employed than it generally is, as he knows of no agent, except, perhaps, alcohol, that more effectually lowers the abnormal temperature of the body, whether of man or of the lower animals.—*Med. & Surg. Reporter*.

**A NOTEWORTHY OPERATION.**—Last week, at the Pennsylvania, Hospital, Dr. Levis performed extirpation of the rectum for epithelial cancer. Three inches of the entire diameter of the rectum was removed, including the sphincter and anus. One straight incision was made from the coccyx along the raphe of the perineum, the rectum was dissected from the urethra, prostate and base of the bladder, drawn down and excised. Less than an ounce of blood was lost, and the patient, at last accounts, was doing well.

This is, we believe, the third time this operation

has been performed in America, although Billroth of Vienna, has familiarized it to the German profession. We shall endeavor to present a full history of the case before many weeks.—*Med. & Surg. Reporter*.

**TRANSFUSION AT THE LONDON HOSPITAL.**—Every one will admire the courage and humanity which Mr. James Adams recently showed in allowing himself to be bled for the transfusion of blood into a patient he was himself attending. The boy under Mr. Adam's care was suffering from hip disease in an advanced stage, with evidence of amyloid degeneration in the viscera, and œdema of the affected limb. It was thought advisable to perform amputation at the hip-joint. Although the boy lost no blood during the operation, he was very prostrate and anæmic, and the pulse became extremely weak and small. As Dr. Roussel happened to be present, demonstrating the action of his new apparatus for transfusion, it was resolved to take advantage of the opportunity thus presented, and to perform transfusion at once. Accordingly, and without completing the operation, Mr. Adams supplied six ounces of blood from his own arm, after which, with his own arm bandaged, he proceeded to finish the operation. The boy was, for a time, much improved by the transfusion, but unfortunately died two days after. The generosity and kindness of Mr. Adams were the more remarkable considering the cool manner and the readiness with which he submitted to be bled, and considering, moreover, that the boy was not at the time dying from loss of blood, and that therefore the incentive was not so strong as it might have been.—*Med. Press & Circular*.

**"IMPORTANT IF TRUE."**—An Englishman of some note sends to a Liverpool paper the remarkable statement, that the worst case of small-pox can be cured in three days, simply by the use of cream of tartar. One ounce of cream of tartar dissolved in a pint of water, drank at intervals, when cold, he says, is a certain remedy; it has cured thousands, never leaves a mark, never causes blindness, and avoids tedious lingering. *Ibid.*

**A GOOD TONIC:—**

R—Quinæ Sulph., grs. xvj.  
Tr. Ferri Mur., ʒij.  
Spts. Chloroformi, ʒiiss.  
Glycerinæ, ʒi.  
Aquæ, ad ʒviij.—M.

Sig.—A tablespoonful three times a day.

**RICORD'S INJECTION FOR GONORRHEA:—**

R—Zinci sulphatis, grs. viij.  
Plumbi acetatis, grs. xvi.  
Tinct. opii.  
Tinct. cathedu, aa ʒss.  
Aquæ destillat, ʒiv.—M.

Sig.—Three injections daily.

# THE CANADA LANCET.

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TORONTO, FEB. 1, 1877.

## THE EFFECT OF SMOKING.

The smoking custom of the day and its influence upon the health and longevity of the race, is a matter worthy of the most careful consideration of every thoughtful and intelligent friend of humanity. It has always seemed a little remarkable, with what indifference the medical profession, as a whole regard the smoking and drinking customs of the day, sometimes joining in them themselves—whereas the smallest amount of consideration, or investigation of the effects of tobacco on the human system, must have convinced them of its seriously detrimental character. It is high time that the attention of the profession should be called to the baneful, and disease producing effects of tobacco. In every city, town, village, and hamlet in Canada, and the United States, tobacco smokers are found, and the most alarming part of the vice is the fact, that in fashionable circles, especially among the *beau monde*, the habit of smoking cigarettes, highly flavoured, is becoming exceedingly common among females. This matter is the more serious when it effects the future fathers and mothers of our race, in the face of its direful effects upon the offspring.

In this connection, while nearly every eminent physician, or surgeon from Abernethy and Sir Astley Cooper down, have uttered strong language against its use, from the fact that it has been productive of some of the most serious and fatal diseases of the system, Dr. Paddock, in the *London Lancet*, thus speaks of its disastrous influence upon posterity. "In no instance is the sin of the father more strikingly visited upon the children, than in the sin of tobacco smoking. The enervation, the hypochondriasis, the hysteria, the insanity, the dwarfish deformity, the consumption, the

suffering lives, and early deaths of the children of inveterate smokers, bear ample testimony to the feebleness and unsoundness of the constitution, transmitted by this pernicious habit. Dr. Munroe includes dyspepsia, disease of the liver, congestion of the brain, paralysis of the motor nerves, blindness, nervousness, and insanity in the category; while cancerous sores of the lips, mouth, and tongue, syphilitic affections of the throat and lips, insanity and idiocy, loss of mental vigor, general feebleness of mind and body, are results only met with but too frequently.

Dr. Kilbride, of the Pennsylvania Hospital, reports four cases of insanity from its use; and eight cases were reported in the Mass. State Hospital, for 1845—whereas the extreme nervousness, restlessness, the confirmed dyspepsia, the paralysis, the defective vision, and even amaurosis resulting from its use, and which have been directly traced to its cause, are truly appalling.

On this matter Mr. Solly, surgeon to St. Thomas' Hospital, London, wrote:—"I know of no single vice, which does so much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at first to render it more irritable and feeble in the end. I believe the cases of general paralysis in England to be more frequent than formerly, and I suspect smoking tobacco to be one of the causes of that increase." The essay on the use and abuse of tobacco, by John Lizars, Edinburgh, should be read by every medical man who does not wish to be behind the age of medical thought.

Its depressing effects upon the recuperative power of nature, are seen to so great an extent in hospital practice, that it has come to be a proverb, that "it is scarcely possible to cure either syphilis, or gonorrhœa, if the patient continue to indulge in smoking tobacco." Among the constitutional effects following the use of tobacco may be enumerated the following, to which we refer *en passant* merely to show the unthinking and the *debauchee*, that the use of tobacco cannot be indulged in, without risk of fearful evil consequences.

Among the numerous and varied effects, are giddiness, nausea, vomiting, dyspepsia, heartburn, vitiated taste of the mouth, loose bowels, diseased liver, distorted vision, headache, diseased brain and spinal cord, congestion of the brain, apoplexy, palsy, mania, loss of memory, amaurosis, deafness,

nervousness, emasculation, timidity, and cowardice. The mere mention of the ill effects of this vice should be sufficient to enlist the sympathies of the profession against it. The abandonment of smoking has frequently cured cases of amaurosis.

We hope and trust that the daily evidence of its ill effects, even changing the smoker in both bodily and mental faculties, will not be disregarded any longer; but that the influence of the profession will be given against the use of tobacco, and thus another important duty to society will have been performed, and another step will have been gained in the onward march of social and sanitary improvement.

Dr. Lizars on page 19, gives the following as his conclusions:—"It is evident that had mankind never indulged in stimulants, or narcotics, they would have been earlier advanced in civilization, humanity and morality—would have had stronger physical, and higher mental powers. He who smokes and drinks has his mind stupified, like the opium eater, or the wine-bibber, or the brandy, whisky, or ale drinker;" all of which we heartily endorse. A study of the history of such men as Franklin, the Duke of Wellington, the Great Napoleon, &c., would do much to dispel the delusion of using tobacco from the minds of the rising generation.

#### FREE DISPENSARIES.

We would not for a moment attempt to depreciate the charitable principle, of disinterestedly bestowing medicine and advice to the sick poor, in our cities in the Dominion, more particularly at the present time of universal business stagnation, and consequent difficulty in obtaining employment. We desire only to offer a word of caution, to prevent the abuse of such institutions in the future, otherwise the profession may have reason to complain of the degree to which their practice may in this manner be curtailed. The present hospital and dispensary system, is an injustice to medical men, and injurious to a spirit of independence in the sick. To ascertain the best means of contributing to the recovery of the sick poor, is the duty of every medical man, and if it can be done without any sacrifice of their self-dependence, the means of doing so become highly interesting to the phil-

anthropist, for these difficulties frequently recurring, paralyze all the efforts of the best disposed labourer, or mechanic, to provide for his family, and produce habits of carelessness, and dependency continually operating to his disadvantage. Experience proves that the debasement of the honest and industrious poor, frequently begins with sickness. To guard, as far as possible against this we would advocate self-supporting dispensaries, to be provided for by two funds; honorary and ordinary; the first derived from the subscriptions of the benevolent, the second from a weekly payment of a small sum from each adult, and a still smaller from each child, when there are more than two in the family. These funds would,—when the aim and object of the institution were understood—suffice for defraying all expenses of house rent, medicine, &c., &c. A committee should investigate the condition of each person, or head of a family, desirous of becoming an *ordinary subscriber*, and exclude all persons who are able to procure medicine and medical attendance. Now suppose an industrious mechanic, or labourer, who has a wife and five children, pays for his family, a quarter-dollar a week, he can obtain the best medical advice and medicine for seven of a family for thirteen dollars a year, and would not need to incur a large doctor's bill, which he might not be able to pay after a long illness. He would also be freed from the necessity of applying to druggists and quacks, who being ignorant of medical knowledge must often seriously injure his constitution, perhaps render him weak and infirm for life, and sometime cause his death. If a large number entered themselves on the books, the sum might be reduced to a yolk-shilling a week. Thus by the payment of a trifling sum, that at the time he would never miss, he secures for his family the best medical advice, and by his own provision and foresight, a laudable and honourable independence. There would in this way be some check upon the indiscriminate medical charity so frequently misplaced. The profession also would be benefitted, as there is little doubt, that the present hospital and dispensary system is often injurious to them, by the indiscriminate treatment of patients who are not objects of charity.

DR. GRAINGER STEWART has been elected to the Chair of Medicine in the University of Edinburgh, formerly held by the late Prof. Hughes Bennett.



## UNIVERSITY AFFILIATION.

The cancelling of the existing affiliations of the different medical schools in Ontario with the Toronto University, is a matter of the deepest interest to the friends of education in the Province. The reason given for this step, as set forth in the report of the Senate, is that since 1854 the medical schools then affiliated with the Toronto University, with one exception have become connected with other Universities. This however so far as the medical colleges in Ontario are concerned is not true. Of these medical schools, three were at the time of their affiliation, and have been ever since in connection with other Universities, and until now no objection has been urged against them on that ground. So far as Trinity College Medical School is concerned, no change whatever has taken place, since its affiliation in 1854 with the Toronto University. On the other hand the Toronto School of Medicine, whose members have been instrumental in securing the dis-affiliation of the schools, chameleon-like, has changed its relation several times. In its early history it was connected with Victoria University, afterwards it sent many of its students to the old Government Board for the license; next it granted certificates of qualification to practice to certain of its students who never went to any University for degrees, nor even to the Board. Lately it has returned to its first love, and for the past two years has been advertised in the calendar of Victoria University as its Medical Department—yet, notwithstanding all this, the Toronto School of Medicine claims to have been the great feeder of the Toronto University, and therefore entitled to special privileges. Great pains are also taken to show how many students from this school have taken degrees in the Toronto University, and how few from the other schools. No reference is made however to the numbers who passed the old Government Board, of which this staff constituted the principal members, nor is it stated how many received certificates of qualification to practice medicine at its own hands, nor how many of its students graduated at Victoria College during the past two years.

It is quite true as has been stated, that until within the past two or three years, only a few students, from the affiliated medical schools connected with other Universities, presented themselves at the Toronto University. But the reason for this

is not far to seek. For years, the examining board of the Toronto University was largely constituted from the staff of the Toronto School of Medicine, and in consequence, students from rival schools, felt, to say the least, that they would be placed at a great disadvantage in competing against those who were being examined by their own teachers, and that their chances of winning honors or medals would be small indeed. Under such circumstances is it to be wondered at, that only a few students had the temerity to offer themselves against such odds? Happily of late years, from the force of public opinion, the complexion of the examining board has been materially altered, although still open to improvement, and the consequence is, that partly owing to this much improved state of matters, and partly to the growing popularity of the Provincial University, students from rival schools, principally from Trinity, are flocking in, much to the discomfiture of those who would like to have all the *honors* of the University to themselves. Hence these tears, and the piteous appeal to the government to cancel the affiliations, stop the influx of rival students to the University, and prevent all competition. It is useless however in this enlightened age to hope for any degree of success in such a line of policy. The honors and scholarships of the Toronto University are Provincial in their character and must not be monopolized by any one school or class, but open alike to all, without respect to name or relation, so long as the curriculum laid down by the University is complied with. In 1860, Vice-chancellor Langton stated before a select committee of the Parliament of Canada, appointed to enquire into the position and management of the Toronto University, "that he entirely concurred in the general principle of the University of London, *that students, wherever educated, should have the same facilities for obtaining scholastic honors*,—the principle on which our University was constituted, and which has been fully acted on by the senate." He also said he should wish to see the smaller colleges, and did not yet despair of seeing them, sending their fair quota to the examinations of the Provincial University, and sharing in the honors and scholarships which it has provided: yet, in 1875 and 76, when these hopes were about to be realized, by the Trinity college medical students going up to the University in yearly increasing numbers, it was, under an entirely opposite and illiberal policy, most

unwarrantably resolved to dis-affiliate all colleges, and make the conditions of re-affiliation as narrow and exclusive as possible. The Hon. Justice Morrison, then chancellor of the Toronto University, in the course of his address at the convocation held in June, 1874, said, "that this was a National Institution, open to all upon equal terms, and that the authorities of Toronto University desired young men from every University and from all the colleges in every part of the Dominion to enter it. He was glad, he said, to have had presented to him on that occasion, a gentleman from the Maritime Provinces, and also one from Manitoba. He was also glad to have a gentleman from Trinity College taking a gold medal." What a contrast between this broad and liberal policy, and the narrow exclusive one of the Senate of to-day. We have no fear, however, for the result; the press, the legislature and the people of the country will never permit any such illiberal policy to be carried into effect.

#### AMENDMENTS TO THE ONTARIO MEDICAL ACT.

A Bill to amend the Ontario Medical Act has been introduced into the Local Legislature, by Mr. Wills, member for Hastings. The amendment reads as follows:—"Any person holding a Medical or Surgical diploma, granted by any school of medicine now organized, or which may be hereafter organized, in connection with any recognized Canadian University or College which is empowered by law to grant Medical or Surgical diplomas, and who is also registered in the Medical Register of Great Britain, or who (holding such diploma as aforesaid), is also otherwise authorized to practice physic, surgery, or midwifery in the United Kingdom of Great Britain and Ireland, shall, upon payment of the like fee as is payable by other persons seeking registration under this act, and upon such proof of his said qualifications as the said council may require, be entitled to registration under this act."

It is almost unnecessary for us to say that our sympathies are entirely with the promoters of this Bill, and we shall give them our warmest support in carrying it through. When the Ontario Medical Act was before the private bills committee of the Legislature in 1874, we succeeded in securing the

insertion of a permissive clause in it to the same effect, but it has remained a dead letter ever since, the council having again and again refused to exercise the option. The matter will now come before the house in a definite shape, and if passed—which we do not doubt for one moment—the council will be compelled to register without further examination every Canadian graduate in medicine who, subsequent to his graduation, becomes qualified to practice in Great Britain.

Several petitions have been presented from Municipal Councils, with regard to some modification of the clause regarding the admission of women to the practice of midwifery, but no Bill has been introduced. Mr. Wills' Bill is the only one before the House.

#### A GRATUITOUS INSULT TO THE MEDICAL PROFESSION IN CANADA.

We are informed that Sir Hugh Allan has been notified through the English agents of the "Allan Line of Steamers," by the Imperial Board of Trade, that in future the Company's vessels will not be allowed to clear at the Custom House, unless the surgeons on board are graduates of some of the colleges of Great Britain. In other words Colonial degrees in medicine will not be recognized by the London Board of Trade. What has led to this gross injustice, we are unable to say. Sir Hugh Allan states in his letter to the Government and to certain of the Medical Colleges in Canada, "that he has employed Canadian surgeons on his vessels as well as English ones, and the result of his experience has been that the Canadian surgeons are quite equal, both in professional acquirements and gentlemanly bearing, to those they receive from the colleges of England, and that he does not feel disposed to submit to this requirement." Individual cases of incompetency may occasionally be found, but that is no reason why a charge should be brought against a class of educated men, either here or in England. We are not willing to admit however, that the average Canadian student is open to any charge of this kind. Those students who have gone to London and Edinburgh to pass their examinations, have distinguished themselves in a special manner, and have shown that their medical education in Canada

has been sufficiently thorough to stand the test of a most severe and searching examination, not only in the theoretical, but also in the practical branches of their profession. This is shown in the small number of Canadians that are rejected at the examinations, compared with the number of students rejected from the British colleges and teaching bodies. A late issue of the *British Med. Journal*, contains a statement of the number of rejected candidates from the different schools, British and Colonial, from which we take the following;—St. Bartholomew's 1 in 3.94; Guy's 1 in 3.18; University College 1 in 2.34; St. Thomas' 1 in 2.61; King's College 1 in 3.26; London College 1 in 1.70; Canadians, *only* 1 in 8.50.

Thus it will be seen, that the teaching in Canada will compare favourably with that of Great Britain. The functionaries of the Board of Trade cannot have enquired fully into this matter, but appear to have acted on the statements of certain jealous, disappointed, or interested parties, and so have allowed themselves to be drawn into passing a regulation, which is at once an insult and an injustice to the medical profession in Canada. Sir Hugh Allan prefers Canadians, and we are not at all surprised that this should be the case. The British surgeons who take this position on board vessels, are not generally speaking, recruited from the best class of students, while those who go from Canada on the other hand, are in many instances, those who are about to proceed to further honors in the British colleges, and are from among the most industrious and meritorious students. Sir Hugh has brought this matter under the notice of the Dominion Government, and we trust that such action will be taken, as will remove all color for the implication that Canadian medical men are not fit for the position of medical officers on board ocean steamers.

#### TORONTO EYE AND EAR INFIRMARY.

The 9th Annual Report of the Toronto Eye and Ear Infirmary is before us. In the report the Directors call attention again to the fact, that the Infirmary is Provincial in character, and as such has claims upon the Government for aid. Out of a total of 436 intern patients treated in the infirmary, since its opening in 1870, only 76 were from

Toronto, the remaining 360 being either immigrants, or persons from different parts of the Province, and that for every dollar spent on a Toronto patient, over five dollars are spent on patients from the country. The surgeon's report states that the total number of cases treated during the year were 442,—96 intern, and 346 extern; of these, 354 were eye cases and 88 ear cases. The following shows the result of treatment. Eye cases cured, 128; improved 120; relieved 17; incurable 3; result not known 13; left 53; attending 20. Ear cases cured, 10; improved 36; relieved 3; result not known 8; incurable 8; left 15; attending 8.

Patients from any part of the Province can be admitted into the Infirmary on payment of \$3 per week. There is no charge for medicine or medical treatment. Municipalities sending patients, are required to guarantee \$15, or the price of 5 weeks board, and should the whole amount not be required, a proportionate sum will be returned.

#### TORONTO GENERAL HOSPITAL.

We have just received a report of the Toronto General Hospital, for the past year, ending Sept., 1876. It shows a most satisfactory state of affairs. The total receipts for the year were \$53,287.06, and the expenditure \$51,949.58, leaving a balance at credit of \$1,237.46. This, with improved revenue, will enable the trustees to make reductions, and to extend the number of free beds—at present only 25. After the 1st inst., the charges for maintenance will be reduced from 50 to 40cts per diem, and the number of free beds increased to 50. The number of patients in the Hospital, Jan. 1st, 1876, 162; admitted during the year 811; total 973; discharged, or died 818; number remaining in Hospital Jan. 1st, 1877, 155. The trustees are to be congratulated on the present position of the hospital. They are out of debt for the first time in many years. This is due in great measure to the exertions of the late Mr. Ross, together with the valuable aid and assistance of the resident physician Dr. O'Reilly, the lady superintendent and other officers, who have all been very active and zealous in the discharge of their respective duties.

THE QUEBEC MEDICAL BILL.—In another column will be found a letter from Dr. Campbell, of Montreal, in reference to an article on this subject in our last issue. We may say that our information was obtained from the most reliable sources, some of it from the scene of action—the ancient Capital itself—and expressed fairly the opinion of the profession outside the schools. Many members of the profession and even the members of the Legislature were amused at the readiness with which every essential point was yielded. It was said, that there was no apparent evidence of very great earnestness on the part of the school men for the establishment of a Central Examining Board from the beginning to the end of the controversy. So much so did this appear, that when a compromise was proposed striking at the root of the changes sought, no great surprise nor disappointment was felt, “Not that they loved the profession less, but that they loved their schools more.” We are not unwilling to accord to Dr. Campbell and his co-delegates all credit due for good intentions, but, at the same time, to the outside profession it does appear somewhat strange that the representatives of *three schools*, should have been overpowered by the representative of *one*. It is evident that either the representative of the single school possessed three times the influence of the others, or three times their earnestness, or both. It is a serious state of matters, if any one institution in a free country like this, can so obstruct legislation as to interfere with the onward progress of scientific education, and it is high time such an institution should be made to feel that it stands in a false position, and that its efforts to place obstacles in the way will end only in ignominious failure.

THE LACTOMETER AS A TEST OF THE QUALITY OF MILK.—Considerable interest has been manifested in a trial which took place in New York lately, in which a milkman named Schrumph was indicted for selling adulterated milk. Prof. Doramus was one of the witnesses for the defence. His evidence went to show that the lactometer was not a proper indicator of the value of milk, because it registered a higher quality when applied to skim milk than when immersed in milk that was rich and creamy. He said there were two substances which diminished the sp. gr. of

milk, cream and water; it was impossible to discover with the lactometer which of the two lightened the milk. He also cited various authorities in support of his opinion that the lactometer was not a reliable test. It is generally stated that any milk that is below 1.029 may be regarded as containing excessive water. It was shown however by two witnesses that pure milk was frequently obtained from cows below 1.029, and that it might vary from .94 to 1.09. The substances which would increase the specific gravity of the milk were the presence of casein, sugar and salt. It appears, therefore, that the only correct way of testing milk is by making a thorough analysis of it.

TRINITY MEDICAL COLLEGE.—The Bill for the incorporation of the above medical school, has passed the Private Bills Committee, and will come up for the third reading in a few days. An effort was made by certain members of the Senate of Toronto University, interested in the Toronto School of Medicine, to modify one of the clauses, so as to prevent the school from becoming affiliated with more than one University, but it failed. The Committee took the broad and liberal view that the school should be so affiliated as to enable its students to go before any University or Universities in the Province for their degrees in medicine.

TREATMENT OF UMBILICAL HERNIA IN CHILDREN.—In order to avoid the inconveniences of bandages with buttons etc., so difficult to retain *in situ*, the following plan may be adopted. A strong piece of adhesive plaster, four inches square (the common strengthening plaster spread on chamois will answer very well) is warmed and applied over the seat of hernia; some solid substance as a cent piece, or circular piece of zinc or wood of the size and shape of the hernia is then placed directly over it, and retained by a second piece of plaster; the solid substance may be made convex like an ordinary hernia pad if necessary. This appliance will remain adherent, and may be worn for several weeks.

TR. IODINE INJECTION IN ASCITES.—In another column will be found an article on this plan of treating ascites. It is not altogether new to the profession, but the success which attended these two cases would seem to justify further trial of this method. It is occasionally successful in the treatment of ovarian cysts.

**DEATH IN THE POT.**—A paper lately read before the Society of Public Analysts in Glasgow, cites experiments which go to show that the enamelled lining of iron pots is sometimes acted on by acids, acid fruits, salt, and other substances used in cooking, in such a way that large quantities of arsenic are dissolved and mingled with the food. Enamel taken from these pots made by as many different manufacturers showed that all contained arsenic, two contained lead, and in the case of the third pot, a one per cent solution of citric acid—a weak fruit acid—which was boiled in it, roughened and destroyed the enamel at once, dissolving enough lead to give a dense black precipitate with hydrosulphuric acid. The fact that all the enamels are highly basic, or in other words, have a great affinity for acids, render them peculiarly susceptible to the action of even feebly acid solutions, and consequently wholly unfit for use in cooking food.

**FORMATION OF EPIDERMIS BY THE TRANSPLANTING OF HAIRS.**—Dr. Schweininger reports (*Boston Medical and Surgical Journal*, June 1st, 1876,) successful results in inducing cicatrization by transplanting to granulating surfaces, hair pulled out by the roots. Placed upon ulcers, they formed as many centres of new epithelial growth, which spread outwards, coalesced, and produced rapid and complete cicatrization.

**SCHOOL HYGIENE.**—The Medico-Legal Society of New York, adopted recommendations of their Committee on School Hygiene as follows:—That the minimum age of admission to public schools be six years, instead of four; that the maximum attendance at school for children under eight years of age be made three hours per day, with suitable intermission; that provision be made by law for medical inspection and supervision of schools, to secure the enforcement of sanitary laws; that large play-grounds should be furnished for the children; and that the schools should be built where adequate space is to be had to ensure light, ventilation, and play ground.

**PRESENTATION.**—Dr. Payne was on the 8th ult., presented with a gold watch, by the Medical Society of London, Ont., of which he has been secretary for the past three years. This was a well merited compliment to the faithful and indefatigable secretary.

**WHO FIRST USED ANÆSTHETICS?**—As many suppose that Sir James Y. Simpson, Bart., who discovered chloroform almost simultaneously with another, and who gave it to the profession, was the first to use anæsthetics, we give the following from an Exchange, which, with much more that might be said upon the subject, will tend to dispel that delusion.

“A valuable manuscript by Denis Papin, the French Physician, who first applied steam to raise a piston, has been acquired by the Paris National Library. The M.S. is dated 1681; it treats of painless surgical operations, and discusses the different anæsthetics in use two centuries since. It was given by Papin, to a German Doctor, and from him descended to a clergyman, whose heirs have sold it to the Library.”

**SOLUTION OF SALT IN BURNS.**—The use of a solution of salt in cold water to burnt surfaces, has recently found favor with some members of the profession. A case is reported in which the effects were, immediate relief of suffering and rapid recovery.

**SCARLATINAL DROPSY.**—Dr. S. D. Bell (*Trans. Med. Soc. Penn.*) claims great success in the treatment of this complication, by the use of a decoction of scoparius, prepared by boiling half an ounce of the tops in a pint and half of water down to one pint. Dose, a tablespoonful to a wineglassful every four or six hours.

**HOW THEY PULL CHILDREN'S TEETH IN PARIS.**—In the children's hospital in Paris the nurse goes round at eight A.M. and gives each child under sentence from thirty to fifty grains chloral hydrate. The dentist follows in an hour, and the child wakes up an hour or two afterwards and wonders what has become of its tooth.

**TRANSACTIONS OF THE INTERNATIONAL MEDICAL CONGRESS.**—Subscriptions for the forthcoming volume of Transactions of the International Medical Congress are now being received. As but a limited edition will be printed, gentlemen who wish to obtain copies are requested to forward their names, with the amount of subscription (\$6 per copy in advance), to the Treasurer, Dr. Caspar Wister, 1303 Arch St., Philadelphia. The price of the volume will be raised upon the day of publication.

## Books and Pamphlets.

PRINCIPLES OF HUMAN PHYSIOLOGY, by W. B. Carpenter, M.D., F.R.S., University of London. Edited by H. Power, M.D., F.R.C.S. New American from the 8th English edition, with notes and additions by F. G. Smith, M.D., University of Pennsylvania. Philadelphia: H. C. Lea. Toronto: Willing and Williamson.

The present volume is a new and improved edition of this old and once popular work on Physiology, and contains the principal result of modern physiological investigations. Many new illustrations have been added, and old ones omitted, there being now about four hundred. It will be found an excellent standard work of reference for the advanced student, and of great value to the general practitioner. Great pains have been bestowed on the work, in order to make it a complete guide in the study of this interesting science, and as a whole it will occupy an important place among physiological text books. It is supplied with a copious index which will greatly facilitate its use as a work of reference.

CONTRIBUTIONS TO REPARATIVE SURGERY, by Gordon Buck, M.D.; New York: D. Appleton & Co. Toronto: Hart and Rawlinson.

In this work we have the author's experience in the treatment of deformities, accidental and congenital. It is well illustrated by engravings from photographs of the patients before and after operation. The author gives the details of twenty-nine cases, in which plastic operations of different kinds were performed, chiefly about the neck and face, in all of which the results have been very satisfactory. In the transplantation of skin three methods are described, viz.: by approximation, by sliding, and by transfer from one part to another. The work will be especially interesting to surgeons.

THE "ANATOMIST."—We have received a well-executed copper plate engraving called "The Anatomist," published by R. Berendsohn, 48 and 50 Nassau St., New York. The engraving is possessed of a good deal of merit. It is from a painting on exhibition in the Art Gallery at the Centennial exhibition which attracted considerable attention. It is a very suitable picture for a Doctor's office. Price on white paper, \$1.00 on tinted paper, \$1.25.

CANADA LANCET AND BRAITHWAITE.—Any one remitting \$5 will receive *credit* for one year's subscription for the CANADA LANCET, and Braithwaite's Retrospect for the current year, January and July.

APPOINTMENTS.—James P. Rutherford, M.D., of Harwich, to be an Associate Coroner for the County of Kent.

William Watson, of Weston, and Hiram R. Spooner, M.D., of Sutton, to be Associate Coroners in and for the county of York.

Dr. Bucke, formerly of the Hamilton Asylum, has been appointed medical superintendent of the London Lunatic Asylum, in the room of Dr. Lander, deceased, and Dr. Wallace of the Orillia Asylum, has been transferred to Hamilton. Dr. Beaton, of Stayner, has been appointed to the Orillia Asylum.

G. E. Richardson, M.D., of Blenheim, to be an Associate Coroner, for the county of Kent.

H. G. Lackner, M.D., of Berlin, to be an Associate Coroner, for the county of Waterloo.

## Births, Marriages, and Deaths.

On the 13th ult., at Waterdown, the wife of Wm. Philp, M.D., of a son.

In Montreal, on the 15th ult., the wife of W. H. Hingston, Esq., M.D., of a son.

On the 11th ult., W. J. Lewis, M.D., to Miss Melissa, only daughter of R. E. Steeves, Esq., of Hillsborough, N.B.

At London, on the 16th ult., Henry Lander, M.D., &c., Medical Superintendent of the London Lunatic Asylum, in the 62nd year of his age.

Dr. Lander was formerly Medical Superintendent of the Malden Asylum, having been appointed to that position about 8 years ago. His management of affairs was very successful. His health had been failing for some time past, and he felt that he would not survive the winter.

In Montreal, on the 3rd ult., Edward K. Patton, M.D., &c., suddenly of pneumonia.

On the 17th ult., Dr. George M. Johnston, of Pictou, N.S.

In Toronto, on the 25th ult., DR. HORNBY, in the 68th year of his age.

# THE CANADA LANCET.

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## Original Communications.

### GANGRENE FOLLOWING THE EXTERNAL USE OF CARBOLIC ACID.

BY J. D. KELLOCK, M.D., PERTH, ONT.

Having been called upon to amputate two fingers on account of their complete destruction, following the use of carbolic acid as a lotion, I propose to call attention to the subject, more especially as the acid was, in each case, used under the directions of a physician, somewhat loosely given. It will often be noticed, that when any agent, especially some new remedy attains a celebrity and forms the subject of much commendation and discussion in the medical world, that the newspapers copy reports of its wonderful properties, and no matter how potent the agent may be, ere long it is duly installed into the domestic medicamenta. In this way bromide of potassium, chloral hydrate, carbolic acid, and other new remedies have come to be popularly prescribed by every wise old woman and amateur doctor, male or female. The patent medicine men also, who are ever on the lookout for something new, seize on these potent remedies, and stealing some physician's prescription, set to work at once to compound and give to the world, the wonderful cure—all calling it some high sounding name, and be its active principle arsenic, strychnia, phosphorus, or bromine, it matters not, the thing takes for a time and is swallowed wholesale.

Since carbolic acid has attained such a notoriety chiefly under Prof. Lister's antiseptic treatment, it has come to be looked upon as a remedy for all solutions of continuity in skin muscle and bone, and for disinfectant purposes may be found in many houses.

My object however is to give some illustrations

of its destructive powers when incautiously used. About six years ago a gentleman brought his daughter aged nine years, some twenty miles, to consult me about an injury which she had sustained in one of her fingers. Whilst playing with a straw-cutter along with other children, the finger had passed between two cog-wheels, bruising the soft parts and bone down to the first joint. The medical man who was called in to dress the wound, applied to it some strong carbolic acid, and wrapped up the injured part in a rag. On removing the dressing in a day or two the whole finger was completely blackened and withered, in fact dead. Annoyed at such an unlooked for result, the child was brought to me and under the rhigolene spray the finger was removed.

A lady who undertook to decapitate a chicken preparatory to making some fowl soup for an invalid husband, unfortunately missed her aim and very nearly severed the top of her left middle finger. The doctor who was in attendance on her husband, directed carbolic acid lotion to be applied. A quantity of the acid having by the "rule of thumb" been poured into half a teacupful of water formed the wash saturated with which a rag was bound round the injured finger. Next day on removing this dressing the parts which it had enveloped presented a bleached appearance, they were also numb and painless. This was very soon followed by a blackening of the skin and a shrivelling of the whole finger. When I saw the finger five weeks afterwards, the line of demarcation was complete, nature's process of amputation slowly going on near the base of the finger. I accordingly anticipated this process by the knife and forceps, removing the mortified portion. No doubt similar cases have been met with by others in practice. They certainly ought to serve as a lesson to guard against the incautious use of a valuable agent, for apart from the disfigurement, especially in the case of a lady, the pain and annoyance, the loss of even a finger is by no means a slight one.

The caustic and local anæsthetic properties of carbolic acid, may however be turned to practical account in the practice of surgery, such as in operations about the rectum, the skin, opening whitlows, abscesses, and probably for the destruction of nævi and small tumors.

## ON THE TREATMENT OF DIPHTHERIA.

BY J. S. BENSON, M. R. C. S., ENG., CHATHAM, N. B.

Having seen Dr. Cluness's remarks respecting the treatment of diphtheria at Sacramento, I was reminded of two cases which came under my notice in October last, and the memorandum having been kept by me, of both cases, they being the most severe I have seen for thirteen years, I considered a description well worthy of publication, if only to show the value of the chlorine water treatment.

The following is as brief as I can make it:—I. S. æt. 8 was seized on the 28th or 29th September with headache, lassitude, feverishness, and pains in his limbs and back. An aperient was administered which did not relieve these symptoms, and on the 2nd of October he complained *first* of his throat.

I was summoned on the 5th and found him lying in bed with his mouth partially open and inability to close it, apparently, from some internal mechanical obstruction. His countenance was anxious, skin around his eyes and mouth of a dusky hue, pulse 166 small and feeble, submaxillary glands very hard and swollen, and so œdematous was his neck that the surface of the skin was completely level from the lower edge of lower jaw to a point corresponding to the junction of the middle with the lower third of the sternum and transversely extending to the outer end of each clavicle. He was unable to swallow food without the greatest difficulty. The skin was hot; not having any thermometer in my pocket I cannot give the exact temperature. On opening his mouth the smell was very unpleasant; tongue much coated, brown, and very dry. A large mass of adventitious membrane, of a yellowish gray color occupied the whole space between the tongue, and hard palate, and extending to the gums all round. This mass was quite movable, and the handle of a teaspoon could be easily passed between the mass itself and the palate and all around in every direction as far back as the soft palate, showing that this membrane must have originated at the palatine arch and extended forward, forming no new attachment in its progress. After examining the case carefully I gave the parents no hopes whatever of recovery, thinking that of course *impossible*.

I ordered him to take as much beef tea, milk, and cream as possible, and one tablespoonful of port wine every two hours. The windows were raised to afford a free current of air through the apartment. A cold towel was then applied to his neck, and three teaspoonfuls of chlorine water administered every two hours. From this time immediate improvement commenced, and on the 15th, mark, in ten days from the time treatment was commenced, the throat and mouth were entirely free from deposit, and presented a natural appearance, the tongue was quite clean, the external œdema had completely subsided and appetite returned, in fact complete convalescence was established.

About this time the disease attacked his brother—two years younger, with nearly equal severity. He was treated precisely in a similar manner, as well as a third case in an *adult* in the same house, and all recovered with remarkable rapidity.

I have had a great number of cases under my care lately, all treated in a similar way with equal success, but none so severe as these. I use no local application any further than instructing my patients to retain each dose of medicine in contact with the diseased surface a moment or two before swallowing.

I have not exaggerated these cases in the least, and have merely asked publication to show what chlorine will do alone. Dr. Kitchen stated in a former issue of your paper, that the only case he lost out of fifty, was treated by chlorine. This I cannot understand, if the mixture is made in the same manner as we do here.

I saw a letter from a medical gentleman living on the other side of this Province, addressed to my brother Dr. J. B. Benson, in which he said that the majority of his diphtheria patients died until he commenced using the chlorine water in accordance with his advice, after which he had ten cases of which only one died, and that was the only one which did not take the medicine.

My friend Dr. Baxter, of this town, told me the other day he had treated two cases lately with chlorine water and the recovery was very rapid indeed. How is it then that the medicine will not produce like results in the hands of others? I will not go further to discuss the pathology than merely state as my opinion that the day will come when all will agree that diphtheria is a purely constitu-



tional disease, manifesting itself locally, just as much as small-pox, measles, and scarlet fever are, characterizing themselves on the cutaneous surface.

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### Correspondence.

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#### THE EFFECT OF SMOKING.

To the Editor of the CANADA LANCET.

SIR,—

Your valuable Journal for February has just reached me, and I have pleasure in complimenting you on its improved appearance. In glancing over its "contents," I was attracted by your article on the "effect of smoking," and having been a smoker and chewer of the "weed" for the past thirty-five years, I felt personally as well as professionally interested. I do not wish in any way to advocate its general use, as it is, at *least*, an unpleasant habit, and its excessive use, or rather abuse, I believe to be very injurious, and am prepared to admit that the abuse is as widespread as civilization, but I think many use it in moderation without any evil result, either mentally, morally, or physically. I have tried its effects on myself, by quitting it entirely for intervals of a year and longer, at three different times, with an effect so slight, if any, that I have not been able to notice any difference in my feelings. My limited experience, however, is not the point I wish to bring out prominently, but the fact that, in my opinion, writers who oppose the use of tobacco (if it have any), generally assail the habit too strongly, often dwarfing greater evils by unjust comparisons with it, and while your article does not directly do so, pardon me for saying I think it does by implication, from the quotations you use so approvingly. Having for some time wielded an editorial quill, I am quite aware of the disadvantage of discussing any subject with an editor in his own paper; but as my object is not discussion, being simply a desire to contribute my mite to assist in placing the subject in the grade to which it properly belongs, I thought you might possibly give me space for an article, written on the unpopular side of an unpopular subject.

You quote from Dr. Paddock, "In no instance is the sin of the father more strikingly visited upon the children, than the sin of tobacco smoking." Now is not this begging the question? because it

would be highly proper first to prove that smoking *per se*, is a *sin* at all. In an excellent compend of theology I find sin to be defined as "Any want of conformity to, or violation of the law of God." Taking this definition then as a standard of judgment, and I cannot think of a better, I must emphatically deny that smoking *is* a sin, and I certainly do not see any evidence of moral obliquity, in the smoke from my cigar, which occasionally obscures the page on which I am writing, nor do I think the quotation any nearer to the truth, physiologically than morally, as I purpose showing in another part of this paper. Mr. Solly says, "I know of no single vice which does so much harm as smoking. I *suspect* smoking tobacco to be one of the causes of that increase," (of paralysis). The first part is similar to that which I have just criticised; the latter part can scarcely be said to be a model of strong reasoning or proof, as his only conclusion is, "*I suspect*" it to be "one of the causes." Dr. Munroe says, "Cancerous sores of the lips, syphilitic affections of the throat and lips, ————— are results only met with but too frequently," from the use of tobacco; I presume by its connection. I find I am quite behind the age, as I was of opinion, until a few minutes ago, that the disease cancer was an aggregation, or deposit, and development of a certain cell, known as cancer cell, origin of which is unknown, except as hereditary, and that syphilis was a specific poison in the system obtained either hereditarily, or by actual contact with a person infected. Am I now to believe that the use or abuse of tobacco will create either or both of these specific causes? If such faith shall be required of me, I shall need more proof than the *ipse dixit* of Dr. Munroe, else I fear I will still retain the old theories.

Your allusion to John Lizar's work I entirely endorse, and regard as excellent many of his statements, and admire his style of writing; yet I think the work was intended to be a *popular* treatise, not *sufficiently exact* to be considered a strictly scientific work, as a careful perusal will, I think, convince anyone that many of his conclusions must be taken *cum grano salis*, as a few excerpts will prove. (I use Lindsay & Blakiston's reprint from the 8th Edinburgh edition, 1873). On page 17 he says, "We have thus in tobacco two poisons, rather a remarkable fact in organic chemistry, when we find, generally, only one." Did he forget opium,

with its morphia, codeia, narcotine, &c. : nux vomica, with its strychnia and brucia, &c., &c. I think any chemist will consider the most "remarkable" part of the quotation to consist in the statement that the presence of *two* alkaloids in a vegetable is remarkable, and on page 25 we are treated to some more of the remarkable. "A remarkable change occurs to the excessive smoker when he labours under influenza or fever, as he then not only loses all relish for the pipe or cigar, but even actually loathes them——" It is remarkable since, from the same causes, roast beef, and honey are often held in equal dis-relish. On pages 41 and 42, "Excessive smoking has had no small share in the degeneration of Spain, and never were men sunk in such idleness, ignorance and apathy. I am sorry to add that the Portuguese were in the same degraded condition. Germany is said to be as immersed in tobacco as Spain." Unfortunately for the author, the late Franco-German war fails to demonstrate the deplorable "idleness, indolence and apathy" of the Germans. Probably had that war occurred before the book was written, the reference to Germany would not have appeared, which, however, does not affect the "logic of events," but that can hardly be said of the "logic" of the work under review. On page 61, "A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking form thereof, nearest resembling the horrible stygian smoke of the pit that is bottomless." I have never been near enough to that pit to be able to judge accurately as to the justice of the comparison—a very fine rhetorical flourish—not quite so commendable as a specimen of logic. As I find my paper much longer already than I intended, I will give you but one more quotation, although I have in mind more than I have used, equally unsatisfactory, if regarded as proofs, or conclusive reasonings. On page 56, "The circumstance which induced Amaurath the Fourth to be so strict in punishing tobacco smokers, was the dread which he entertained of the population being thereby diminished, from the antiphrodisiac property which he supposed tobacco to possess." There are perhaps in the world no more inveterate smokers than the Irish peasantry of both sexes, and yet their children cannot be said to be "few and far between." The few quotations I have given from Lizars' work, I have taken at random

from my marginal notes, written there years ago, when I read the book; sufficient, I think, however, to show that the brochure (as the author styles it) is not sufficiently accurate to be considered a scientific authority; but as a popular treatise it "should be read by every medical man." I intended to offer arguments proving that as "sins" and "evils," drunkenness, opium smoking and eating (the latter a terribly growing evil, even now, of vast dimensions in this country) and debauchery with syphilis, were "sins" and "evils," far greater than smoking and chewing tobacco, in any and every sense, morally, mentally and physically. But I find my paper already so long that, for the present, I will content myself with having named those evils, but will be happy to furnish evidence at some future time, should it be required; meanwhile, assuming that the "sins" and "vices" actually occupy relatively the positions I have named, are not those terrible vices I have mentioned, by such statements and implied comparisons as those of Drs. Paddock and Solly, shorn of their gigantic proportions, and made to appear much less enormous than they really are, and as a legitimate conclusion, if the use of tobacco is the worse "sin" and "evil," then debauchery, drunkenness, and opium eating must be lesser evils, and, to be consistent, Drs. Paddock and Solly would advise a young man to indulge in any of them, rather than that he should smoke a pipe or cigar, which appears to me a *reductio ad absurdum*.

Yours very truly,

T. R. BUCKHAM.

Flint, Mich., Feb. 4th, 1877.

#### REMOVAL OF URINARY CALCULI.

(To the Editor of the CANADA LANCET)

SIR,—I was called about three months ago to see a man suffering intense pain, the effect of retention of urine, from blocking up of the neck of the bladder by urinary calculi. He had an attack of "gravel" some ten years ago; the cause, he informed me, was ascertained by the then attending surgeon, to be owing to a "stone" passing to within an inch of the end of the penis and obstructing the flow of urine, necessitating relief in some way.

The surgeon made an opening into the urethra

under the penis nearly two inches from the meatus of the urethra; this having remained open since that operation, an exit for the urine.

At the time I was called to attend this man he had within the previous twelve hours passed fifteen small calculi. I attempted to extract one through the small opening but only succeeded in removing some small fragments. I then took a silver catheter, entered the opening, forced back the calculus, and drew off a large quantity of urine, to the great relief of the patient.

I now took a grooved director, passed it into the urethra, and cut down on the calculi that had again been forced into the urethra by the contraction of the bladder in expelling the urine, and with an ordinary dressing forceps extracted some ten or twelve calculi, varying in size from that of a large grain of wheat to that of a "horse bean." The man felt very much relieved, progressed favorably, and in a few days attended to his usual avocation, a farm servant. I wanted him to allow me to close the artificial opening and open the passage nature intended for him, which he agreed to have performed at some future date "when time and means would permit."

Yours, &c.,

A. ARMSTRONG, M.D.

Amprrior, Jan. 27th, 1877.

## THE QUEBEC MEDICAL BILL.

To the Editor of the CANADA LANCET.

SIR,—I have always read the CANADA LANCET with pleasure, and must confess that I have, on more occasions than one, derived instruction from it; but now I have to take exception to your editorial on Campbell's letter anent "The Quebec Medical Bill."

You may recollect the reason the proposed Medical Bill for the Dominion which occupied the time and attention of the Canadian Medical Society for three years had to be dropped—was because it contained a clause for the establishment of a General Board of Examiners for the Dominion. Now, after years of hard work we have persuaded the French school to accede to our views to have our degrees only honorary, and not entitled to the *ad practicandum*—and we were led to believe that the University

of Laval had agreed to the same until the Committee of our Local House met, and Laval—not through or by a medical man, but by its Rector, the Rev. Mr. Hamel, decidedly refused to give up its rights, so we were floored, and although to you "it may appear somewhat singular that the representatives of *three* schools should have been overpowered by *one*," it is nevertheless the fact—and for this reason—that in this Province of Quebec we are completely under Priest-craft and we English cannot do anything. The Priests are all-powerful and carry what they wish.

How much longer this will last it is impossible to say. I only hope the day is not far distant when the English portion of the Province will rise in its might and put an end to this oppression which you in Ontario do not feel; but in the mean time we are impotent. This will explain to you why we *accepted* the changes to our old Bill of Incorporation. We took all we could get. Whether we will be able to obtain more in a few years remains to be seen.

Yours truly,

M. D.

Montreal, 5th Feb., 1877.

## Selected Articles.

### A NEW REMEDY, CALLED DIGESTINE.

This is obtained from the gizzard of the domestic fowl (chicken) and is a specific for vomiting in pregnancy. I have used this remedy for twenty-five years, and it has never failed. It is also the most powerful and reliable remedy for the cure of dyspepsia and sick stomach caused by debility of that organ. It is useful in all cases where the pepsin and pancreatin are used, but with much more certainty of its good results, for it puts all those preparations in the background.

In complicated affections of the stomach, such as inflammation, gastralgia, pyrosis, etc., it may be combined with subnitrate of bismuth and opiates; and in diarrhoea and cholera infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Professor E. Wallace, of the Jefferson Medical College; he gives me the result of seventeen cases as follows:—

In vomiting of pregnancy, out of nine cases he cured six, and palliated two, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used in seven cases of sick stomach caused

by chronic inflammation of the uterus ; cured five, and two remained doubtful. He also used it in a case of very obstinate sick stomach, caused by an irreducible hernia, and says this was the only remedy that gave any relief,

We, who have some experience, all know that vomiting of pregnancy is a sore affliction, and in some cases almost unendurable, nay, indeed, putting life in jeopardy ; but in digestine we have a remedy which will prove to be a great blessing to mothers, who, as yet, think vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, it may be strewn on a piece of bread and covered over with a little butter ; is is, however, nearly tasteless. In dyspepsia and in vomiting of pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the stomach and bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

Messrs. Wm. R. Warner & Co., of Philadelphia, have prepared a form, designated digestine ; the purity and good effects of which I can vouch for.—*Dr. Scully, in Med. & Surg. Reporter, Phila.*

## MEDICAL EVIDENCE IN COURTS OF JUSTICE.

We are reminded by an article in the *World* of the 10th inst., and by the evidence adduced in a case of manslaughter tried at the Central Criminal Court on the same day, of the very grave responsibilities incurred by medical men who give evidence in a court of Justice, whether in civil or criminal cases. Our facetious contemporary deals with the former class only, and inveighs powerfully against the practice that has for a long time obtained of pitting medical men against each other in railway compensation cases. We do not care to discuss the assertion that "specialists in evidence-giving" and "habitual medical witnesses" exist, that it has become a distinct branch of professional work, and that "men of honor and reputation feel a natural repugnance to engage in any kind of contest with such adversaries, and protect themselves by declining to go into court." We have frequently had occasion to allude to this subject, and it is unhappily too true that the public belief in medicine and surgery as a science has been seriously weakened

by hearing or reading the "witness-box" evidence of two or more eminent men called to testify to the degree and permanency of a railway injury. The *World* suggests a remedy which is undoubtedly worthy of consideration. It proposes in such cases that a report upon the case should be prepared by independent medical assessors, to be nominated by the judge. It must be remembered that, under present circumstances, the plaintiff or defendant, (as the case may be) now and then defeats his own cause by forcing into the witness-box a medical man who has declared that his evidence would be unfavorable to the side for which he was subpoenaed. Anyhow, it is discreditable to the profession that these occasional scientific tournaments should ever occur in a court of Justice.

The evidence to be given in a criminal case is, however, of a far more responsible character, and in this class of cases the giving evidence is not a matter of choice. It cannot, therefore, be too emphatically impressed on the mind of a medical witness not to go into court with a half or incomplete knowledge of the scientific facts of the case. The importance of this was very clearly instanced in the case above referred to. Mr. J. S. M'Andrew, of Limehouse, gave evidence to the effect that a bloodvessel had been ruptured, and that there was a small fracture at the base of the skull. "If he had not seen the head, and had only examined the heart, he should have believed the man had died from heart disease." Mr. Justice Hawkins, before whom the case was tried, dwelt particularly, in his summing-up, on the medical evidence, and said that when a medical man is summoned to a case where death is supposed to have occurred from violence, it is his duty to insist upon, or to make, an exhaustive examination of all the organs before giving evidence either at an inquest or a trial. We believe, however, that in all such cases this work, as a sort of specialty, would be more practically performed by a medical assessor attached to the coroner's staff.—*The Lancet.*

## A NEW FEVER COT.

Dr. G. W. Kibbee, of this city, has devised a cot for the purpose of treating patients by cold water. It is constructed with two side pieces, eight inches wide and six feet ten inches long, allowing room for head and foot boards, and leaving six feet six inches in the clear. To the upper edges of these side pieces is fastened a strong open-work cotton blanket stuff, which permits the water that is poured over the sheet or bandage that encircles the trunk to pass readily through and fall upon a rubber cloth attached to the under edges of the side-pieces, and sloping towards the foot, so as to

carry the water off into a receptacle. To the outer side of the wide pieces, or rails, are screwed malleable iron castings that receive the ends of the legs which cross each other below, and are so bolted together as to be moveable, allowing the bed to be closed up and set away when not in use. It is so constructed that it can be taken apart and closely packed for transportation.

Dr. K. writes: "This Fever Cot was invented in the summer of 1875, during a scourging epidemic of typhoid fever in the Willamette Valley, Oregon, to facilitate the use of tepid or cool water. For many years I have been in the habit of regulating the heat of fever patients with water, and found that the best effects were produced by pouring tepid or moderately cool water over the trunk through a folded sheet, or bandage of several thicknesses. That method being inconvenient, on account of soiling the bedding, I at last reached the idea of this Fever Cot, which obviates the whole difficulty. Water, at any desired temperature, can be poured or otherwise used without wetting anything but those articles used about the patient. It is wholly unnecessary to descant on the value of the *cooling process* in fever, as the recent extensive use of water in the hospitals and private practice of Europe is well known through our medical journals and newspapers.

"The philosophy of COLD in all fevers is fast coming to light through the experiments by scientists on *fermentation*, it being found that the vitalized germs require a certain high range of temperature for such development and reproduction as render them dangerous or fatal to life in the higher forms of being. This Fever Cot is therefore offered to the attention of the medical profession, and the world at large, as the most feasible apparatus yet discovered for regulating the heat of fever patients, and keeping it at the normal standard, thus preventing all danger from infectious poisons, which, as has been proved by recent practice, can do no harm while the temperature of the blood is held at 98°."—*Med. Record*.

#### SUBCUTANEOUS DIVISION OF THE NECK OF THE HUMERUS.

Subcutaneous osteotomy has of late received so much attention by surgeons in this country, that I feel assured the accompanying letter, which has been sent to me by Dr. Mears, of Philadelphia, recording an operation successfully performed by him for the first time, will be read with interest.

"Walnut Street, Philadelphia, Dec. 1st, 1876.

"My dear Sir,—Knowing the deep interest you feel in subcutaneous osteotomy, I beg leave to report to you an operation which I performed six

weeks since, for the relief of the pain and immobility consequent upon an old subcoracoid luxation of the shoulder-joint, in a patient thirty-eight years of age. The nature of the injury was not recognized at the time of its receipt, and the condition had existed for two years and four months before the section of the bone was made. In performing the operation, I used the saw devised by you, having made the puncture with a long-handled tenotome. "I endeavoured to divide the bone just below the tuberosities. I believe the section was made about the middle of the surgical neck. Not more than a drachm of blood was lost, and the wound was closed in three days.

"From the day of the operation the patient has been free from pain, and he is gradually acquiring good motion in the new articulation. The result is, in every way, most satisfactory; and it gives me pleasure to present it to you as accomplished by your method of operation.

"So far as I know, it is the first time an operation of this kind has been performed for the relief of old dislocations; and I am encouraged to believe that it can be employed with benefit in such cases.—Very respectfully and truly yours,

"W. Adams, F.R.C.S." "J. EWING MEARS.

Professor Joseph Pancoast has also written to me in reference to the above case, which he carefully examined six weeks after the operation, and observes:

"This morning, I was shown another case in which your operation was applied to the surgical neck of the humerus, near the tuberosities. It was done six weeks ago; the wound healed without suppuration. The case was one of unreduced subcoracoid dislocation, in a man thirty-eight years old. The arms hung by his side, capable of little motion. Now, he has a good deal of motion at the place of section, can move his arms readily across his chest, and bring his hand up to the top of the ear at the other side of the head."

The testimony thus borne by Professor Pancoast, as to the range of motion existing in the above case, adds greatly to its interest. When the section through the bone is made with a saw, without any breaking or splintering of the bone, and extension and passive motion are employed soon afterwards, and steadily persevered in, free motion may be obtained. In several of the cases of subcutaneous division of the neck of the thigh-bone, free motion has been preserved for some years, and will no doubt be permanently maintained.—WM. ADAMS, F.R.C.S.—*British Med. Journal*.

ADHESIONS IN OVARIOTOMY.—Dr. Atlee, of Philadelphia, says that cases of ovariectomy where pelvic adhesions are very firm, the proper course to pursue would be not to stitch the cyst to the abdominal wound, but to pull the cyst as far as possible out of the abdomen, and apply a clamp, cut

it off, and close the wound beneath the clamp with the greatest care. We may trust that there will be union between the opposing peritoneal surfaces; and, whether the sides of the sac adhere immediately, or, the process is more gradual, the ultimate result will be entirely satisfactory.

#### ON BELLADONNA IN TYPHOID FEVER.

In the last volume of the *St. Thomas' Hospital Reports*, Dr. Harley states that in enteric fever he finds that ℥xv. of the succus (B.P.), given every four or six hours, is quite sufficient to sustain that moderate atropism which is beneficial. When delirium has been present, he has never found this dose increase it, but rather the reverse. In enteric, as in scarlet fever, severe congestion of the kidneys, and attendant albuminuria, are not uncommon events. For the prevention or relief of this condition, belladonna is the appropriate remedy, for the whole of the atropia admitted into the body is eliminated unchanged by the kidneys. If, therefore, the quantity of atropia be not excessive, it follows that an active circulation is maintained in these organs during the time they are engaged in its elimination.

An analysis of the cases recorded by Dr. Harley shows the following results:—1. As to the pyrexia it appears that the rate of the pulse and the degree of temperature were never, as a rule, increased, but, on the contrary, both these symptoms uniformly declined under the use of belladonna. The daily averages of the pulse above given are, considering the severity of the cases, certainly low. Dr. Harley thinks that the stimulant action of belladonna on the heart is converted, in the pyrexial state, into a tonic, and, if not pushed too far, even a sedative influence on the heart and blood-vessels generally; in other words, that it is a tonic and sedative to the sympathetic nervous system generally. By this action the capillary circulation is accelerated, the contraction of the vessels promoted, and thus the arterial tension which attends congestion of the parenchymatous organs is relieved, and a load at once removed from the heart. Diminution of temperature is the direct consequence of these changes. As the result of the prolonged use of belladonna after the cessation of the pyrexial state, Dr. Harley noted an irritable debility of the heart, as if it had been exhausted by over-stimulation, and the nervous system had also shown a participation in this effect. The beneficial use of belladonna, therefore, lies within narrow limits as to dosage, and vigilance must be exercised lest these limits be exceeded. As to delirium, Dr. Harley has observed that, except in a very small proportion of cases, this symptom in enteric fever is not increased by belladonna, and he has never

withheld the drug on account of delirium. Speaking generally, the effect of the belladonna was to diminish the insomnia so frequently present. One of the most noticeable effects of belladonna in the pyrexial condition, is moistening of the tongue. No particular effect on the skin was noted. As far as could be determined, the diarrhoea was not directly influenced either way, but in those cases in which the belladonna was given from an early stage of the disease, it appeared to be of shorter duration. The tendency to hemorrhage is not influenced.—*Med. & Surg. Reporter.*

#### TREATMENT OF FRACTURES AT THE PENNSYLVANIA HOSPITAL.

Dr. John B. Roberts, Resident Surgeon at the Hospital, gives (*Archives of Clinical Surgery*, Dec. 1876) the following account of the method of treating fractures employed at this institution:—

Fractures of the lower end of the radius, whether Colles', above the articulation, or Barton's, extending into the joint, are almost invariably adjusted by forcible extension, and then placed in a Bond's splint, with appropriate compresses to correct deformity. Bond's splint, as you know, consists of a box-like splint, in which the pronated forearm is laid, while the hand is deflected to the ulnar side, and the palm closed over a cylindrical block at the end. By this means the tendency to dragging up of the lower fragment is overcome, and the fingers are allowed considerable motion during the progress of the treatment.

When the humerus is broken, through or just above the condyles, an anterior right-angled splint is generally employed, but when the fracture is situated in the shaft, an internal angular splint, with possibly an external pasteboard one, is applied. If the seat of fracture, however, is near the anatomical neck, it is usual to use the thorax as a splint, and merely bind the arm firmly against the chest; should the upper fragment tend to fall into the axilla, it is kept in proper position by a pad placed in that locality.

The treatment that seems to give best results in fracture of the clavicle is the horizontal position in bed, with the head thrown a little forward to relax the sterno-mastoid muscle. When this line of treatment cannot be followed, the injury is dressed with a roller-bandage or adhesive strips, so arranged as to meet the indications.

Taking up fractures of the lower extremity, I speak of fractures of the fibula. This comparatively unimportant injury is placed in a fracture-box until swelling subsides, and then a fixed dressing of silicate of soda, or glue and oxide of zinc is adjusted to the limb.

Fractures of the tibia, or tibia and fibula, are

placed immediately in the old-fashioned fracture-box with foot-board and hinged sides, which, in many instances, is then suspended, in order that the patient may move about in bed without disarranging the broken bones. Compound fractures, with abundant discharge, are kept covered with bran. In two such cases, recently admitted, there was so much overlapping and displacement of the fragments that Dr. Morton resected the ends, and, in one case, wired the bones together.

Although the fracture-box is generally employed, its use is not absolute. If the bones be broken at the ankle-joint, with lateral displacement, Dupuytren's splint and pad for fracture of the fibula are used. In a recent instance, where the line of fracture split off the external portion of the tibia, without involving the internal malleolus, and the fibula also was broken, there was a great displacement backwards and outwards, which necessitated tenotomy of the tendon of Achilles and the application of Dupuytren's splint on the inner side of the leg.

Fracture of the patella has usually been treated by flexing the whole limb on the pelvis, and drawing down the upper fragment by adhesive strips and bandages. Recently, however, Dr. Morton has tried Malgaigne's hooks, without producing any inflammatory trouble, and has obtained far more perfect apposition under their application.

Many cases of fracture of the femur are admitted, and are treated generally by extension, though one of the surgeons prefers Smith's anterior wire splint. The extension apparatus is applied by means of longitudinal and transverse strips of adhesive plaster, to which is attached an iron crib, or framework, containing any number of one pound weights. In some cases, instead of the plaster, a more expensive arrangement of leather straps and buckles is applied in a similar manner, and the weights attached to the foot-pieces. The injured limb is then steadied by sandbags or Levis's weighted splints, which consist of long narrow boxes, containing a row of bricks. Fractures through the neck of the femur, owing to the difficulty of making an absolute diagnosis of extra or intra-capsular lesion, are treated by extension for several weeks; until it is determined whether or not union is about to occur. In a case treated not long ago, the diagnosis of intra-capsular fracture was proved, not only by the treatment, but by the post-mortem examination made two or three months after the receipt of injury. There was not the least attempt at union, and the end of the head had been partially absorbed. The anterior wire splint is used by Dr. Hewson for fractures of the thigh, and sometimes of the leg, and, while controlling the proximal joints, gives the patient greater freedom of motion during treatment.

In regard to shortening after fracture of the femur, it may be said that but little importance is

attached to the amount, and measuring is rather at a discount. By a series of measurements of normal limbs, made by Dr. W. C. Cox a few years ago, it was found that there was a considerable difference in many cases where no injury had ever occurred. In fifty-four cases accurately measured only six showed the same length in both limbs, while fifteen cases showed a difference of half an inch or more between the two legs. The smallest amount of variation was one-eighth of an inch, while the greatest reached seven-eighths of an inch. (*American Journal of the Medical Sciences*, April, 1875.) As this has been well established, it seems useless to become agitated over shortening of one-sixteenth of an inch after fracture of the femur, which, by the way, may make the limbs more uniform than they were previous to the occurrence of the fracture.

The plaster of Paris dressing is seldom used except in cases of delirium tremens, when a rapid setting and solidifying is required to keep the bones steady, and preclude the possibility of the injury being made compound. Solution of silicate of soda is always ready, is so clean, and is applied with such facility that it is generally preferred, notwithstanding the fact that it takes several hours to become firm. The glue and oxide of zinc dressing of Dr. Levis is employed quite frequently also, the latter ingredient being added in the proportion of one part to eight or ten of glue, in order to increase the rapidity of hardening. None of these forms of fixed dressing, however, are applied immediately, as done in New York, but the patient is confined to bed for a series of days until pain and tumefaction have subsided, and often until considerable union has occurred.—*Med. News & Library*.

#### A READY METHOD OF TESTING URINE FOR ALBUMEN.

Mr. W. Henry Kesteven recommends (*Med. Times and Gaz.*, Dec. 23, 1876) the following method. Take a piece of thin glass, such as is ordinarily used for microscopical covers; about one inch square is the best size. On the surface of this, slightly to one side of the centre, place about two drops of the urine to be tested; on the other side of the centre place one drop of nitric acid. By gently inclining the glass the two fluids will mix, and any precipitate that is formed will be readily seen when the acid fumes have passed off. The precipitate may be rendered more apparent by covering the reverse side of the glass with Brunswick black or some other such pigment. Another method of using the thin glass cover is one which will be found particularly handy for use at the bedside. The urine should be placed on the cover as above and then, with an ordinary pair

of dresser's forceps, the slip of glass should be held over the flame of a candle. By so doing the albumen, if present, will be precipitated, and rendered plainly visible by the blackening of the glass with the smoke of the candle. This last method should be practised with care, as, if the glass is held too close to the flame, violent ebullition of the urine takes place, with rapid evaporation. The value of the use of these thin glass covers for this purpose consists mainly in the ready way in which the urine can be tested by means of them. It is very easy to carry a few of them in the pocket-case for use by those who prefer the warm method of testing; the urine cold with the acid, a box could easily be contrived which would carry one or two blackened covers and some nitric acid.—*Med. News.*

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#### TETANUS—FREE USE OF CHLORAL AND BROMIDE—RECOVERY.

C. G., aged eleven years, entered the Massachusetts Gen. hospital with an injury to the right arm, received half an hour previously. The wound made by a carding-machine, was a superficial tear in front of the elbow-joint. A flap of skin of the size of the palm of the hand had been completely wrenched away from the inner angle of the arm, exposing the superficial muscles and nerves, one or two of the latter lying torn and bare in the wound. No vessel of any size was wounded, and the elbow-joint was uninjured. The arm was placed on an external angular splint, and the wound dressed with simple water dressing. All went well till the fifth day, when the wound and parts adjacent became swollen and inflamed. A poultice was applied. In two days the inflammation and swelling had subsided, but the wound looked dirty and was covered with tough, adherent sloughs. A dressing of "acid-wash" was substituted for the poultice. The look of things now speedily improved, and in two days the wound was clean and healthy. The first sign of tetanus was noticed August 27th, thirteen days after entrance. Complaint was first made of stiffness in the jaws, pain in the back of the neck, and much difficulty in chewing and swallowing food. There was no marked febrile disturbance. A blister was applied to the inner side of the arm above the wound over the course of the nerves, and enemata of ten grains of bromide of potassium and seven grains of chloral hydrate in one ounce of water were given every three hours. The next day there was no improvement, the patient not being able to open his jaws more than an inch, and having cramp-like pains in the calves of his legs. Another blister was applied to the arm, and also to the neck over the course of the brachial plexus of nerves. The chloral and bromide were increased

to fifteen grains of the former and twenty grains of the latter, given in enema as before, and the wound was dressed with a solution of chloral hydrate, ten grains to the ounce of water. For several days the condition of the boy gradually grew worse; a marked but intermittent tendency to opisthotonos soon showed itself, and his tongue was several times badly bitten by spasmodic closure of the jaws. He was given stimulants, but in the way of food could take nothing but liquids and semi-solids. The enemata of chloral and bromide were given as occasion required, sometimes oftener than once in three hours, so as to keep the boy completely under their influence, in fact almost narcotized. As long as he was thus kept the spasmodic contractions of the muscles were controlled, the patient being drowsy most of the time. Any source of irritation, however, such as the endeavor to take food or being moved or handled, was almost sure to bring on an attack of muscular contraction, more especially in the muscles of the jaws and of the back of the neck. The tendency to opisthotonos became more constant, the boy lying in bed with his back slightly arched. After the first few days he showed the erythematous blush of the skin due to the influence of the chloral, and at times his pulse became very rapid and his pupils contracted. On September 6th, ten days after the appearance of the disease, there began to be some diminution in the violence and frequency of the spasms, and some improvement in the general subjective feelings of the patient. On the next day, however, his mother, contrary to the most strongly expressed advice, insisted on taking the boy home. About a month afterward she reappeared with him. He had entirely recovered, after having had several attacks of muscular spasm since leaving the hospital. Throughout the whole of the disease the wound looked well, and was almost entirely healed when the boy came back.

In ten days this boy, aged eleven years, had of chloral hydrate eight hundred and five grains, and of bromide of potassium one thousand one hundred and fifty grains, being an average of eighty grains of the former and one hundred and fifteen grains of the latter every twenty-four hours.—*Boston Med. Jour.*

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#### EXCISION OF THE HEAD OF THE HUMERUS.

The following clinic by Prof. Gross, we copy from the *Philadelphia Med. Times*:

"The patient now before you is a medical gentleman, 26 years of age, who, three years ago, was thrown from his buggy on his right shoulder, receiving a severe contusion, followed by the usual symptoms of inflammation. You observe a cicatrix situated about the middle of the arm, at which, as



we are informed, there was a continuous discharge for a year and a half, beginning soon after the accident. After the part healed the joint was ankylosed. About six months ago the same shoulder received a similar injury. You now notice two fistulous openings upon the anterior surface of the injured shoulder, from which there is a constant discharge of a fetid character. On introducing the probe, I find that one of these fistulous tracts leads directly into the articulation, while the other inclines upward towards the coracoid process. By firmly grasping the scapula, and at the same time moving the arm, you observe the joint has lost its functions. The deltoid muscle is wasted from the joint effect of disease and want of exercise.

"The patient's general health is good. He tells us he never had disease of any kind, and knows of no hereditary taint.

"Anchylolysis is generally produced by inflammation of synovial membrane, with plastic deposits upon its surface. It may arise from all kinds of injuries. In this patient there was a contusion giving rise to synovitis, and an effusion of plastic matter. This matter became organized, bands of effusion formed, and the joint became fixed and immovable. The inflammation extended to the periosteum, and necrosis and absorption of the articular cartilages took place. The glenoid cavity was effaced, and the tissues within and around the joint became roughened and bound down by organized plasma.

"When the anchylolysis is of recent standing, when the adhesions are weak and of limited extent, and when the joint is not too complicated in its structure, a reasonable hope of breaking up the morbid adhesions and re-establishing the functions of the joint may be entertained; but under opposite circumstances it is useless to resort to any thing short of excision as likely to be of any permanent benefit. Necrosis and caries of the head of the humerus and contiguous surface of scapula are the most common reason for resection, and render the operation necessary in this case. The mortality from excision of the shoulder and elbow joints, even in traumatic cases, is comparatively insignificant, while excision of the wrist and hip very frequently prove fatal. It is more dangerous in the knee than in the hip, and from excision of the ankle joint very few recover. Excision of the head of the humerus was performed successfully by Prof. Warren, formerly of Baltimore, to relieve the pain caused by pressure of the head of that bone upon the axillary plexus of nerves, in an unreduced dislocation. The late Prof. Blackman, of Cincinnati performed a similar operation with equally happy results, on account of rheumatic arthritis.

"There are several methods of exposing the bone. Some prefer the V-shaped incision, others

the flap operation. The elder Prof. Pancoast makes a curvilinear incision. These methods afford the surgeon ready access to the joint, and enable him to effect excision with the greatest facility; but they all have the disadvantage of inflicting severe injury upon the deltoid muscle in consequence of the division of its fibres. The simple vertical incision that I am in the habit of using is free from this objection. The incision is begun just below the acromion process, and is carried down through the belly of the deltoid muscle to within a short distance of its inferior attachment. After the parts are exposed it is of primary importance to detach the periosteum, which is indispensable to the formation of a new bone. We must avoid cutting the long head of the biceps muscle. You notice, as I cut down upon the parts, that there is considerable hemorrhage, due to the indurated condition of the tissues from plastic deposits, which prevents retraction of the vessels. You will observe in this case the use of acupressure in controlling hemorrhage. After the tissues are all separated by rotating the arm, there is little difficulty in protruding and removing the head of the humerus. Other things being equal, the smaller the portion of bone removed, the less impairment of function will there be liable to follow. I find the glenoid cavity effaced, the articular cartilage on the head of the humerus destroyed, and some softening of the osseous tissue. A cold compress will be applied to the wound for a couple of hours. The parts will then be brought together and retained by a few interrupted sutures, an oil-tent being placed in the most dependent part to facilitate drainage. The limb will be firmly secured to the body by adhesive strips assisted by the roller, and suffering relieved by a hypodermic injection of morphia.

"[The patient was again before the class, six weeks subsequent to the operation, and on the eve of his departure for his home in California. The parts were in good condition, the patient having suffered no untoward symptoms. The wound was closed, with the exception of a small point at the most dependent part, from which there was still a slight discharge of a healthy character.—W. A. J.]"

#### MAMMARY ABSCESS DURING PREGNANCY.

Mrs. W., sixteen years of age, primipara. During her pregnancy her general condition had been apparently remarkably good. No cause could be assigned for the local trouble in the breast. When about seven and a half months pregnant she began to complain of slight occasional pains in the right breast. She paid no special attention to it for a week or two, when she noticed a slight enlarge-

ment in the size of the breast as compared with the left one. Both breasts were naturally large. On examining one day she discovered a slight local tenderness just within the circle of the areola. The breast very gradually increased in size, the pain became more constant and more severe in character, and the tenderness over the spot alluded to, very marked. About eight days before her confinement I saw her for the first time, the pain having been so severe as to prevent her from sleeping the two previous nights. On examination the breast appeared nearly a third larger than the left one, and was decidedly firm and tender to the touch. There were no signs of any inflammatory action about it. Just within the areola was a soft, bulging point, at which fluctuation could be detected. The glands in the axilla were enlarged and tender. A free incision was made and half a tumblerful of healthy pus was evacuated. A linseed-meal poultice was ordered. Immediate relief followed the operation. Two days later a fluctuating point was detected about two inches below the seat of the incision. A second opening was made, and a seton was introduced, connecting the two openings. The case did remarkably well, and the seton removed in six days after her confinement, which occurred the seventh day after I made the first opening.

The point of interest in the case was as to what should be the proper course to pursue as to nursing the child. In this case, as it turned out, the question as to the best method of procedure did not arise, the patient having no milk in either breast. I had made up my mind that it would be best not to attempt nursing even with the unaffected breast, lest the act of nursing should, owing to sympathy, create additional disturbance in the breast which had been the seat of the abscess.—*Boston Medical and Surgical Journal*.—*Ibid*.

#### RUPTURE OF THE UTERUS—ESCAPE OF CHILD INTO THE RECTUM—DELIVERY BY FORCEPS PER ANUM.

Dr. Fitzek, of Lispitz, relates the following case (*V. Med. Chirurg. Central-Blatt*, Ap. 14, 1876, and *Allgem. Wein. Med. Zeit.*, No. 17). The patient, a small, weakly person, was delivered of the first child at 24, by perforation and forceps, owing to contracted pelvis. After 1½ years, her accouchment again came round. Dr. Fitzek was summoned, and informed that on Nov. 9 the pains began, that they increased in intensity up to the 11th, and disappeared on the 15th. The waters escaped on the 15th; from that day the bowels did not act, in spite of enemas, and the urine only passed dropwise. The patient exhibited all the symptoms of being in a most critical condition.

The vaginal examination was difficult, as the finger could only pass about two inches, the space being occupied by a large round substance in the posterior. Careful examination enabled the suture of the head to be felt, and when the finger was passed about four inches up the rectum it ascertained that the head lay in it, and was colder than the surrounding parts; the face being directed forwards. After drawing off a large quantity of urine, an endeavor was made to push the head back into the uterus, but as it was fast, this was impossible. Ultimately the forceps were applied, and the child extracted per anum, a serious rupture occurring during the operation. The placenta was expelled after an hour by the same way. The wound was united by suture, and after twelve days seemed healed, during which time the patient improved. The lochia flowed both by vagina and anus; after an injection of arg. nitr. they lost the unhealthy color they had assumed. In six weeks the patient was convalescent. The child was at full term, but had evidently been dead some time. Dr. Fitzek considered the case undoubtedly one of rupture of the uterus, at the place where the uterus is connected with the rectum by the peritoneum (ligt. rectouterin), a very rare occurrence. [It is not stated that the seat of rupture was actually ascertained, or that it did not occur through the vaginal wall into the rectum, at a high point.]—*Nashville Journal of Medicine*.

#### NATURE AND TREATMENT OF PERNICIOUS ANÆMIA.

The translation of a lecture on this subject, by Professor Quincke, has lately appeared in the *Medical Times and Gazette*, No. 1,372 and Dr. Bradbury, of Cambridge, gives a clinical lecture on the subject in the *British Med. Journal*, No. 835. Professor Quincke remarks that the disease occurs with relative frequency in pregnancy, and that it is not unfrequently produced by other influences, such as habitual alcoholism, repeated epistaxis, typhoid fever, and protracted catarrh of the stomach and intestines. When the disease has reached a certain stage it leads to dyspepsia, vomiting, and diarrhoea. There is always a diminution in the total quantity of blood. The red corpuscles in several of Quincke's cases were egg-shaped, ovoid, crescentic, and sometimes drawn out into a pointed process, and amongst them were a number of tiny yellowish particles. The white corpuscles were abundant—there was relative leucocytosis. There is some reason for believing that the red corpuscles may be destroyed in excess in the liver, as this organ was found to contain a remarkably large proportion of iron. Defective formation of new corpuscles (anæmatisis) and increased destruc-

tion of the elements of the blood (hæmophthisis) represent the two chief to which the disease conforms. Treatment, according to Quincke, as in other anæmiæ, must be directed against the cause of the disease. The hygienic surroundings and food must be attended to. Next to a well-selected diet, hydrochloric acid, rhubarb, and gentian gave him the best results; preparations of iron were only used when the functions of the stomach were completely restored. In cases in which fever was present quinine was given, and during convalescence lukewarm baths were ordered. Transfusion of human blood was not followed by success. Dr. Bradbury's case which occurred in a man æt. forty, was typical. The disease had lasted eighteen months, and commenced with jaundice, giddiness, and nausea. Examination of the blood showed that the red corpuscles were few, but the relative number of the white corpuscles was not increased. The diminutive red corpuscles, considered by Eichhorst to be pathognomonic of the disease, were not present. Phosphorus, perchloride of iron, and careful dieting were unsuccessfully tried, and the patient ultimately died. Post-mortem examination showed that both the liver and the spleen were soft and swollen.—*Practitioner.*

#### OPIUM IN THE TREATMENT OF RIGID OS UTERI.

It often happens that when new remedies come into vogue some of our elder and most reputed agents are apt to be neglected. Opium in the treatment of tedious labours, depending upon a rigid or contracted state of the os uteri, is not so frequently resorted to now as it formerly was, chloral or chloroform being often used in its place. In the *Virginia Medical Monthly* for November, Dr. Z. Collins McElroy calls the attention of the profession to the subject by a clinical illustration of his views and practice. In reference to his case he asks—Why is this woman's os uteri in this state of rigidity or constant tension? Is it a pathological condition, to be changed by lancet, hip-baths, chloroform, &c.? "Undoubtedly the os in this case had the physiological function of contraction to contain the contents of the womb, in all respects analogous to that of the sphincter of the bowel and bladder, whose physiological design is contraction. A rigid os uteri, therefore, is a natural process out of time, rather than a pathological one." "It is simply a misapplication of a natural force intended to accomplish an important end—delivery." To restrain this misapplication of force, and obtain a co-operation of all available force for the completion of labour, the profession has had recourse to various measures, but the one remedy which will almost certainly effect this purpose is

opium, and it is upon this agent that Dr. McElroy relies in the management of such cases.

*A propos* of this subject, and of the remark just made about our partiality for new remedies, Dr. Agnew, has in the same journal, a paper on the use of gelseminum for dilatation of the cervix uteri in the non-puerperal state. He says he has found it successful in two or three cases where even very small instruments could not be introduced, and it appears from a note to this paper that Dr. R. S. Payne, U.S., had nearly two years ago found it to be of value in two cases of rigid os uteri and sphincter perinei. Whether, however, this opinion will be endorsed by the experience of other practitioners has still to be proved. (*Medical Press and Circular*, December 20, 1876.)

#### SURGERY IN EGYPT.

The following is a brief abstract of the diary of an English surgeon travelling on the Nile:—

"It soon got noised abroad that a hakim (doctor) was aboard, and the halt and the blind literally flocked for help, the very poor coming empty-handed, those better off bringing sheep, meat, bread, fruit, vegetables, trinkets, whilst the well-to-do brought money, gold finger rings and nose rings, all of the unalloyed metal, for these are the gold coin of the Soudan. One woman, a widow-farmer, owning many slaves—though it is commonly supposed that slavery is non-existent in Egypt—applied (just in time for amputation) with a fractured fore-arm, the bones protruding, and gangrene creeping beyond the elbow. Two men with stone were lithotomized, and Dr. Lowe performed three operations for cataract. He found excellent assistants in two engineers of the expedition, one of whom chloroformed the patients, and the other, having lived in a doctorless district in India, where he conducted an extensive amateur practice, held the staff in the lithotomy operations, and otherwise rendered efficient assistance. Dr. Lowe was constrained to depart the day after these operations, leaving them to chance, though confident they would do well, owing to the surprising power of recovery from surgical injury manifested by the Arab constitution. Three months afterward he learnt that, excepting one case of cataract with rotten cornea, all these patients made good recoveries.

"As the expedition could stay only a few hours at each town, Dr. Lowe found it impossible to attend to half the cases, and he was obliged reluctantly to deny assistance to a large number of miserable sufferers. It was piteous to be forced to turn a deaf ear to their supplications. Some pursued Dr. Lowe in boats, others chased him on camels along the river-side for two days; and one poor old man was carried for three days on camel-back in the vain hope of obtaining surgical help."

The statement made by a writer in the *British Medical Journal* that a young surgeon travelling for his health in Egypt could earn sufficient money to pay for his trip is undoubtedly correct, as any traveller on the Nile could testify.—*Boston Med. and Surg. Journal*.

#### ABORTION IN ENTERIC FEVER.

Speaking of the complications and sequelaë of enteric fever, Murchison remarks (p. 580, Ed. II.) that "According to Rokitansky and Niemeyer, pregnancy confers almost entire immunity from enteric fever; but the correctness of this opinion has been denied by Forget, Jenner, Griesinger, &c., and I have met with many instances of pregnant females attacked by the disease. Pregnancy is a less formidable complication than is commonly imagined, or than it was stated to be in the first edition of this work, nor does abortion or miscarriage necessarily take place."

The following case, which came under my care, illustrates the truth of Murchison's experience, and as it aids in disproving the general German belief, it may not be uninteresting:—

Mrs. D., æt. 27, was admitted on the 18th July, 1876, with well-marked enteric fever. It could not be accurately ascertained when the attack actually commenced, but the patient had been in bed about three weeks.

On admission, her pulse was 120. The typical rosy, lenticular spots were visible on the abdomen, and her tongue was dry, deeply seamed and covered with a pale yellow fur. Before admission, she had had profuse diarrhoea. This had ceased, but, in other respects, her stools were of the enteric type. Pain, on pressure over abdomen (not localized at any particular point), was removed by a poultice. She had also a troublesome cough and rusty sputa. Auscultation of the chest discovered sibilant and sonorous râles at both apices.

According to the patient's own statement she was between three and four months pregnant.

On the day after admission, she was rather delirious, and her temperature being high, she was sponged frequently with cold water. On the 24th (that is, six days after admission) when patient was mending somewhat, my attention was directed to a small quantity of blood stated to have been discharged from the vagina during the night. My first thought was that the hæmorrhage was from the bowel, but this was found not to be the case. There was no pain. An examination, both by the finger and by the speculum, revealed nothing abnormal, and the os uteri was firmly closed. On account of the state of the lungs it was deemed inadvisable to give an opiate, but cold wet cloths were applied to the abdomen and vulva. The

discharge, though diminished in quantity, continued on the three following nights.

On the 1st of August (the discharge having in the interval been completely arrested) I found patient complaining of pains in her abdomen and of hæmorrhage from vagina—both having continued for about an hour. On the patient getting up to stool, a large clot of blood came away. On making a digital examination *per vaginam*, I found the os uteri dilated sufficiently to admit the tips of three fingers; two fingers could be inserted with ease. The membranes and a part of the placenta were presenting. A drachm of ext. ergotæ liq. (B.P.) was given. The pains were coming at regular intervals, and I endeavored to dilate the os with my fingers. This causing the patient pain, chloroform was administered; but the attempt to dilate the os further failed. I ruptured the membranes and speedily brought away the fœtus, which was dead. Some difficulty was experienced in the extraction of the placenta, but ultimately this, too, was brought away with the exception of a very small portion.

After the operation, cold water was injected into uterus and vagina, a cold compress applied above the pubis, and cold cloths every half-hour to the vulva. Patient also got half-a-drachm ext. ergotæ liq. and a little brandy.

She slept well during the night, and there was very little discharge. The treatment that followed was expectant. For the two days following the operation there was slight tenderness over the uterus, and on each of these days a turpentine stupe was applied. She received three grains of calomel and half-a-grain of opium every three hours. A weak solution of carbolic acid (about 1 in 60) was injected into the vagina every four hours. She was not permitted to get up to stool; and her diet consisted of milk, chicken soup, a morsel of toast, and 8 oz. port wine.

The discharge that followed was quite natural. She immediately began to recover; and on the eighth day after the abortion was permitted to get out of bed. Two days later, she was in the open air; and on the 26th of August was dismissed perfectly well, after having been in the Hospital for five weeks.

It may be remarked that this patient had had three children and no previous miscarriage. On removing the fœtus, it was seen to be about the fourth month, and seemed to have been dead for several days. Whether the destruction of the fœtus was due to the hæmorrhage or to the specific poison of enteric fever, it is hard to say. It appears to me, however, to be most probable that death, resulting from the poisonous influence of the maternal blood, caused the body of the fœtus to act as a foreign body and thus excite reflex action. The severity of the hæmorrhage was no doubt due to the partial placenta prævia that existed.

Since writing the above, I have been informed by Dr. J. M. Barbour, my predecessor, that of three cases of abortion in enteric fever which came under his notice, there were two recoveries.—(*Dr. Service, in Glasgow Med. Journal.*)

### TREATMENT OF PHOSPHORUS POISONING.

The treatment of cases of phosphorus-poisoning is not very satisfactory. The stomach should be thoroughly evacuated. The best emetic appears to be sulphate of copper, inasmuch as Eulenberg, Guttmann, and Bamberger have shown that phosphorus quickly combines with the copper to form the less active phosphides. The minute particles of phosphorus adhere very closely to the mucous membrane, and can only be dislodged by chemical means. Hydrated magnesia, lime-water, liquor chlori, and chloride of lime have been recommended as oxidizers, but their action is too slow to be of any use. Turpentine appears to be the best antidote. It unites with the phosphorus to form a spermaceti-like, crystalline mass, which is soluble in ether, alcohol, and alkaline solutions, and can be eliminated unchanged by the kidneys, without injuring them. Perhaps it also promotes the oxidation of a portion. Our late lamented fellow-worker (Dr. Letheby) was the first to observe that the vapour of turpentine prevented the action of the phosphorus fumes on the artisans exposed to them. MM. Andant and Personne soon afterwards published cases showing the power of turpentine to arrest phosphorus-poisoning, and numerous cases have since been recorded showing its value.

It seems that the common commercial turpentine is the most effective, probably because it is the richest in ozone from having been exposed to the air. Turpentine appears also to prevent fatty degeneration of the tissues. To repair the damage to the blood Jurgensen has employed with success transfusion, and Dr. Roussel's improved apparatus makes this operation more available than before. Schouschard and Dybkowsky attribute the poisonous effects of phosphorus to its depriving the tissues of oxygen by being converted into phosphor-etted hydrogen, and this into phosphoric acid at the expense of the blood, and then the tissues it feeds. The readiness with which phosphorus combines with all fatty matters renders it imperative that animal fats should be wholly excluded from the food of patients recovering from poisoning by solid phosphorus.—*The Doctor.*

BELLADONNA AS A CEREBRAL STIMULANT.—Dr. Theo. H. Jewett, in a paper before the Maine Medical Association, maintains that belladonna is not a simple narcotic only, as has been generally

supposed, but a brain stimulant and tonic of the first order. It is the special and appropriate remedy for congestion and inflammation of the brain, or for the debility of which they are the results. It is also the remedy for many affections, congestions, inflammations, and perverted action of many organs whose integrity is dependent upon a normal condition of the brain.—*Med. Brief.*

### FORMULÆ.

[Communicated by various practitioners.]

℞ Ammonia hydrochloratis..... ʒss;  
Spiritus ætheris comp..... ʒss;  
Elixir glycyrrhizæ ..... ʒiijss.

Sig. Dessertspoonful to tablespoonful every four hours in Asthmatic Cough.

℞ Fluid extract ergot..... ʒss;  
Tinct. cantharides..... ʒss;  
Tinct. ferri muriat..... ʒss.

Sig. Twenty to thirty drops in water three times a day. For Gleet.

Take of bichloride of mercury, 1 part; alum, 20 parts; starch, 100 parts; water, 2,500 parts. Mix. Apply freely to parts in Pruritus Vulvæ.

### CHLORAL PLASTER.

“Dr. Solari, of Marsailles,” says the *Medical Examiner*, “recommends the chloral plaster as an excellent application in cases of neuralgia, and of pains resulting from exposure to cold. The plaster is easily prepared by powdering the chloral over a common pitch plaster, one or two scruples of the chloral for every four square inches of plaster, care being taken not to incorporate the chloral with the pitch.”

### PHOSPHORUS PILLS.

In the *British Medical Journal* Mr. Wm. Martindale gives the following directions for making pills of phosphorus with the oil of theobroma, which he recommends to be used when patients cannot be got to take phosphorized almond oil. One per cent of phosphorus may be obtained in the following way: Having melted the oil contained in a wide-mouthed bottle placed in a water-bath, add the phosphorus, and partly closing the mouth of the bottle heat till this too melts and the temperature of the mixture becomes about 180°

Fahr.; then cork it tightly, and with a little brisk agitation the phosphorus will dissolve almost immediately. Allow the fluid to cool and solidify; and having in this condition divided it into suitable lots for rolling, beat each in a mortar before applying it to the machine, and work off quickly. A three-grain pill will contain one-thirty-third of a grain of phosphorus. They may be coated with a solution of sandarac in absolute alcohol in the following manner: place the pills in a covered pot and pour upon them a few drops of the solution; agitate well, and turn them out upon a slab; separate them from each other, and allow them to dry in the air.

#### HYDROBROMIC-ACID COUGH MIXTURE.

Dr. J. Milner Fothergill says the following is a really charming cough mixture, efficient as well as palatable:

R Sp. chloroformi..... *mxx*;  
 Acid. hydrobromic..... *fl.ʒss*;  
 Syr. scillæ..... *fl.ʒi*;  
 Aquæ..... *ad fl.ʒi*.

Ter in die. Any other acid is, he says, very agreeable; but the hydrobromic, from the effect of bromine upon reflex mechanism, allays the cough often so troublesome. It possesses much the same action as opium, without the ill effects upon the digestive organs or the bronchial secretion.—*Lou. Med. News.*

#### TAPPING IN OVARIAN DISEASE.

"Tapping an ovarian tumor is always attended with danger, and ought not to be resorted to without important reasons. This operation is especially hazardous in the polycystic variety.

"It is allowable in monocysts, when the diagnosis is doubtful, for the purpose of deciding the nature of the fluctuating mass.

"When the collection of fluid is very great and the patient in an exhausted condition, by evacuating it the patient will generally recruit under proper treatment. She will then bear ovariectomy better.

"If for any reason ovariectomy is impracticable, we may often palliate the suffering and prolong the life of the patient by tapping one or more times, as the case may require.

"Again, there is another condition, not very rare, in which tapping may be relied on as curative, *i.e.*, when the vitality of the tumor is decreasing. This condition is more frequently observed in patients somewhat advanced in years, and is recognizable by what I would denominate tenta-

tive tapping, or the history of the case connected with this operation. If after several evacuations the length of time in which the tumor fills up is increasing, we may expect by repetition of the operations the vitality of the growth will be exhausted and eventually will not fill again. I have seen two remarkable instances of this kind, in which the patients recovered after they had been tapped a number of times."—*Chicago Med. Journal.*

#### INDICATIONS FOR OVARIOTOMY.

"We are justified in the performance of ovariectomy only when the patient's health is becoming impaired in consequence of the presence of the tumor. This will occur when it is large enough to press mischievously upon the vital organs. Of course other indications, under special circumstances, may determine the propriety of the operation, but it would not be expedient here to enter upon the consideration of them, as it would require too much space.

"Ovariectomy should not be thought of until the diagnosis is so clearly demonstrated as to leave no doubt in the mind of the operator.

Mr. Bryant, surgeon to Guy's hospital, thinks that tapping should be omitted in the majority of cases, unless needed for the purpose of diagnosis. Spencer Wells, however, whose vast experience gives weight to his opinion, thinks that previous tapping does not materially affect the safety of a subsequent ovariectomy.

My Bryant thinks that ovariectomy should be performed in almost all cases of benign polycystic ovarian tumor, except when the patient's health is so broken down as to render it nearly certain that she will not endure the operation. As to the time to be selected he thinks ovariectomy should not be thought of until the health of the patient begins to suffer seriously from the growth of the tumor.

Jonathan Hutchinson discourages mere tapping, but speaks favorably of injections of iodine in the few unilocular cases. He favors ovariectomy strongly in proper cases, and reckons the risk at about 33 per cent.

Spencer Wells, and all the other great ovariectomists, of course favor the operation in proper cases, and it is scarcely worth while to quote against their decisive authority, the crude objections of less experienced men in the earlier years of the discussion of this subject.—*Chicago Med. Journal.*

NITRIC ACID INJECTIONS AFTER LITHOTRITY.—The following case came under the observation of R. Harrison at the Liverpool Infirmary. Examination of the patient having revealed the existence of a rounded stone two and a quarter inches in diameter in the bladder, this was crushed a num-

ber of times, but the phosphatic deposit repeatedly formed again. Analysis of the urine, two days after crushing, on one occasion showed a very large proportion of phosphates. One day later, half a pint of tepid water containing two drachms of dilute nitric acid was injected into the bladder. The urine collected the day following contained nearly twice as much phosphatic matter, showing a marked solution of the stone to have taken place. The injections were repeated nine times after operating with the lithotrite. Under this treatment the patient made a good recovery, and left the infirmary quite well. Mr. Harrison says, "The use of the acid appeared to me at once to stop any further deposition of phosphates, and to facilitate the removal of the pieces as they were broken up by the lithotrite."—*British Medical Journal*.

#### ON THE USE OF THE BALSAM OF PERU.

Dr. Wiss, in a paper read before the Berlin Medical Society, (*Deutsche Med. Wochenschr.*, 1876, No. 48.) summed up his experience with the Peruvian balsam as follows:

The balsam, at first moment when applied to the wound, causes a slight burning, but afterward all pain ceases, even in the most severe and painful wounds.

Fresh wounds never inflamed under the treatment; and in inflamed wounds the inflammation quickly subsided.

The balsam prevented suppuration, and putrid decomposition was not observed in a single case, notwithstanding the most unfavorable local and climatic condition under which the patient had to live.

Even lacerated wounds showed a great tendency toward healing by first union. One night the doctor was summoned to attend a young man whose scalp had, by some blunt instrument, been torn into three flaps, so that the skull was laid bare to great extent. The bleeding arrested and the wound cleaned, Peruvian balsam was freely applied on the raw surfaces, which were then dressed with a simple compress. The next day the wounds were healed except a small spot in their centre which also closed up in a few days, without the discharge of a drop of pus.

The anti-purulent property of the balsam induced Dr. W. to test its efficiency in cases of chronic pulmonary catarrh with a copious mucopurulent secretion. He gave the balsam in an emulsion of the yolk of eggs (3j ad ʒiv, a table-spoonful every two hours.) Two elderly persons afflicted with chronic blennorrhœal bronchitis for several years, were completely and permanently restored, the one within ten days and the other within three weeks.—*Chicago Med. Journal*.

#### DEATH OF SIR WILLIAM FERGUSSON, BART.

Sir William Fergusson, President of the Royal College of Surgeons and Sergeant-Surgeon to the Queen, died Feb. 10, in London, at the age of 69. He was born at Prestonpans, East Lothian; Scotland, March 20, 1808. He received his early education at Lochmaben Grammar School, and continued his studies in the High School and University of Edinburgh. He began his professional studies at the age of eighteen, under the noted anatomists Drs. Knox and Turner, the latter of whom occupied the chair of Surgery in the Royal College of Surgeons, Edinburgh. His progress was so rapid that in less than a year he became the confidential assistant of his learned and skilful preceptors in the preparation of their "subjects." He continued his intimate professional relations with Dr. Knox for nine years, and thus enjoyed opportunities for pursuing his favorite study— anatomy—rarely presented to the medical student of his day. He became a licentiate of the Royal College of Surgeons in 1828, and a Fellow of that corporation the year following, and in 1831 he began to lecture on the principles and practice of surgery. In 1836 he was appointed Assistant Surgeon to the Royal Infirmary, and was chosen a Fellow of the Royal Society of Edinburgh in 1839. A year later he removed to London, where he was Professor of Surgery in King's College and Surgeon to King's College Hospital. He was chosen a member of the Council of the Royal College of Surgeons, London, and for some time was Professor of Surgery and Human Anatomy in that institution. For five years he was Examiner in Surgery at the University of London, and was chosen member of most of the medical and scientific societies of Great Britain, being a Fellow of the Royal Society of Great Britain, Vice-President of the Royal Medico-Chirurgical Society, a Fellow of the Obstetrical Society, and President of the Pathological Society. At the time of his death he was President of the Royal College of Surgeons. He was also Consulting Surgeon to the Hospital for Consumption and Diseases of the Chest, to the British Home for Incurables, to the Hospital for Diseases of the Throat, to the Scottish Hospital, to the Caledonian Asylum, and Honorary Surgeon to the St. George's Hospital. He was also Surgeon Extraordinary to the Queen. Among his works he has left *A System of Practical Surgery*, and *Progress of Anatomy and Surgery in the Nineteenth Century*, which was published in 1867; besides special papers on Cleft Palate, Lithotomy, Lithotripsy, Excision of Joints, Aneurism, and other subjects.

THE EFFECT OF ERGOT ON THE CHILD.—Dr. Hugh Miller, physician accoucheur to the Matern-

ity Hospital, Glasgow, remarks, in a letter to the *Lancet*:—I think it is a well-established fact that the employment of ergot, either as a uterine tonic or as a direct excitant in parturition, has an injurious effect upon the offspring, unless a speedy delivery is accomplished after its administration. At the onset of general exhaustion of the patient, I find it safer, both for mother and child, to apply the forceps, and effect the delivery by their aid. In April, 1874, I explained my reasons for adopting this treatment, and with increased experience I have seen no cause since then to alter my views. *Med. and Surg. Reporter.*

### TAXING THE DOCTORS.

An Ordinance is under consideration by the Board of Supervisors of San Francisco, proposing to tax various professions and trades, physicians included. The tax on physicians is placed at \$10 quarterly on all who will not take oath that their income is less than \$250 per month.

A committee has been appointed by the San Francisco Medical Society, at a late meeting, for the purpose of presenting their protest against the proposition to impose a license on the physicians of this city. They object to the tax because physicians are already required to bear a much larger proportion of the public burden than any other class of citizens. San Francisco is probably the only large city in the civilized world where no provision is made by the public authorities for the medical care of the indigent out-door sick. There are no physicians employed as in other cities to attend to the poor, nor is the slightest provision made to supply them with medicines. It follows that they are dependent altogether on the gratuitous services of medical practitioners. These services humanity constrains them to render. It may be safely said that the physicians of San Francisco devote more time and labour to the service of the poor than the aggregate of all other professions and occupations. A considerable estimate of the value of these services, at the ordinary rate of charging, will show that they average at least \$100 a month, and possibly twice that sum, for each 300 or 350 physicians—making an aggregate of nearly or quite \$40,000 per annum. Besides this nearly all the public and private charities are served by them without compensation. Of the eight physicians on daily duty at the County Hospital, only four receive any pay, and each of these four receives but \$100 per month for his long daily journey and his time spent in the wards. The only dispensaries for the poor are not only attended by physicians gratuitously, but some of these physicians actually supply the medicines at their own cost. In the exercise of these unpaid labours they

are called out in the night and required to expose themselves to danger from violence as well as contagious and malignant diseases.

These statements are not made in the way of boast or complaint, but are extorted in self-defence by what they regard as a measure of injustice and ingratitude. It is not so much the amount of money involved in the tax, of which they complain, but it is that a wealthy city, whilst making not the smallest provision for its out-door indigent sick, and whilst thus throwing them entirely on the charity of the medical profession, should, by imposing a tax, declare to the world that these arduous and unpaid services of the profession are not appreciated or acknowledged.

Another point to which the committee calls attention, is the heavy tax on the time of medical men imposed by their compulsory attendance in courts as witnesses and experts in criminal cases. A large proportion of criminal trials involve the testimony of physicians, numbers of whom are often taken from their proper business in a single case day after day. In fact the circumstances of society and the nature of the practice of medicine and surgery, create a necessity for the performance of a much larger share of service to the public than falls to the lot of any other class of citizens. And for this reason they may consistently claim exemption from such a tax as is contemplated.—*Pacific Med. Journal.*

### SUGAR IN HEALTHY URINE.

DR. PAVY, in his article *On the Recognition of Sugar in Healthy Urine. (Guy's Hospital Report)* gives us the details of a process by which he has succeeded in demonstrating the existence of sugar in normal urine. Two or three quarts of healthy urine are first treated with the neutral plumbic acetate, until a precipitate is no longer produced, for the purpose of ridding it of urea, and other ingredients. Sugar is not carried down by lead in an acid solution, but if the supernatant liquid is now siphoned and treated with ammonia and plumbic acetate, it falls with the lead as a definite compound, consisting of two atoms of sugar and three of oxide of lead. After thoroughly washing the precipitate to free it of the ammonia, it is treated with sulphuretted hydrogen, which displaces the lead. The product is then subjected to filtration, and after washing the filtrate, the lead washings, which will contain any sugar that may have been present, are brought to a small bulk by evaporation over a water bath. Decoloration is next effected by animal charcoal, which has been thoroughly purified from lime. Reduced to a concentrated form, the product is now ready for the application of the various tests.

With a specimen of the product obtained by the



above process, Dr. Pavy obtained, with Moore's test, a dark-brown coloration. The bismuth (Bottger's) test became black. The copper solution gave a copious precipitate of orange-yellow reduced oxide. As long as the solution has an acid reaction, fermentation cannot be excited in it; but it is readily produced if it be brought to the neutral state before the addition of yeast. As the result of his experiments, Dr. Pavy has reached the conclusion that healthy urine contains about half a grain (.565 grain) of sugar to the pint.

In conclusion, the author says:—

"I regard the fact that sugar is susceptible of recognition in healthy urine as of the highest importance with reference to the glycogenic theory. It tells strongly against the validity of this doctrine. I strenuously contend that there is no active destruction of sugar carried on in any part of the circulatory system. If sugar reach the general circulation, whether from the liver or by artificial introduction from without, it is to be discovered in the blood of all parts of the system. Under natural circumstances, the blood contains only a minute proportion of sugar; and still, from this minute proportion, the urine acquires a recognizable saccharine impregnation. Such being the case, what, it may be asked, might be reasonably looked for if sugar were constantly being discharged from the liver, as is maintained under the glycogenin theory?"—(*American Journal and Medical Sciences.*)

**INFLAMMATION AND CONGESTION—THEIR RELATIONS.**—Dr. G. R. Peaslee (*N. Y. Med. Jour.* Jan. 1, 1875), summarizes his views on this subject as follows:

1. Inflammation is not a mere state of a part, as quoted from Celsus for almost 1,700 years, in which there is redness, heat, pain and swelling. It is a process going on in a part; and the four signs just mentioned do not distinguish it from still another pathological condition.

2. Congestion is merely a state of a part in which redness, heat, pain and swelling may exist, but it is not a *process*.

3. Inflammation has its own characteristics, immediate effects and sequelæ, if any at all ensue, and they very frequently do ensue. Congestion, also, has its own effects and sequelæ, both differing, however, from those of inflammation, and much more rarely ensuing.

4. Inflammation is *not the reparative process*, as is still asserted on the now obsolete authority of Hunter, who would scorn such a proposition were he the physiologist of to-day instead of a century ago. But it is directly opposed to and preventive of it. If inflammation attack a wound while healing, the reparative process is at once arrested and a retrograde action ensues till the inflammatory process ceases.

5. Inflammation is a process *sui generis*, as shown by its phenomena and effects; the reparative is another process unlike all others in its symptoms and result. The former is always pathological, always to be deprecated and rarely to be invoked. The latter is always a physiological process and always desirable in the circumstances in which it can occur.

6. Inflammation is always the same process wherever found, though modified by the structure and the state of the part. It very rarely occurs primarily in the muscular tissue, whether striated or non-striated. Congestion is also rare in the former and very common in the latter, and in the uterus and the ovaries it is, during menstruation, a physiological condition.

7. Inflammation is frequently accompanied or followed by suppuration and by ulceration, but both of these may occur independently of it. The presence of either in a part, therefore, is not to be accepted as proof of the previous existence of inflammation there without other corroborative facts. Suppurative and ulcerative inflammation are terms generally indicating no peculiarity in the process itself, but only in the disposal of the inflammatory exudation.

8. Inflammation is essentially an acute process which may be repeated an indefinite number of times in a part with intervals of varying duration, though always itself characterized by a short duration. Congestion, on the other hand, may continue through protracted periods—many months and even many years.

9. Chronic inflammation is, therefore, a contradiction and a chimera. The so-called chronic inflammations of the uterus are simply chronic congestions; actual inflammation may, however, recur from time to time, in a chronically congested part, there to rapidly run its course and disappear.—(*Detroit Med. Jour.*)

**TREATMENT OF ECZEMA OF THE SCALP.**—Dr. L. Duncan Bulkley, (*Archives of Dermatology*) for Jan. The following is on the treatment of this obstinate disease:

"When the hair is greatly matted down by the exudation, the best method is to have it thoroughly soaked in cod liver or almond oil for twenty-four hours, then to be thoroughly washed *once* with white castile soap and luke-warm water, dried carefully, and then the appropriate ointment is to be thinly but evenly applied to *every part of the affected surface*, the hairs being carefully separated so that the ointment reaches the scalp. For this purpose I very commonly use an ointment of sub-nitrate of bismuth (3ss ʒi ad ʒi), in rose ointment or cosmoline, or oxide of zinc or tannin in the same proportions; the itching will be more relieved by the addition of a drachm or two of tar ointment in the entire ounce. In all probability this will not be

sufficient entirely to prevent the formation of crusts, although their production will be in a great measure hindered; the application of the oil may then be repeated and the head again washed a single time and the ointment kept applied. The error, as stated with reference to infantile eczema, is generally on the side of too frequent washings.

"Although the scalp will bear, as a rule, more severe applications in eczema than many other parts, it is not well to go on to the stimulating remedies too soon; but when exudation has ceased and mainly redness, some chronic papulation, and scaling remain, citrine ointment properly diluted (3i—3ij to ʒvi of rose ointment) will give much relief, as also stronger preparations of tar, and even frictions with the green soap, *sapo viridis*."

FINED.—The Fenelon Falls *Gazette* says, an elderly man calling himself "Doctor" Miner was bought before Thomas Lockhart, Esq., J. P., at the instance of Dr. Bigham, of this village, and fined \$25 and costs for an infringement of the Ontario Medical Act by practising without a license. The defendant, who advertised himself as able to cure all diseases to which humanity is subject, "especially cancers," had been staying for a few days at the McArthur House, and had been consulted by some of those misguided individuals, so numerous in every locality, who have more faith in the skill of pretentious strangers than in that of properly qualified resident medical men. Mr. Miner, in pleading for a mitigated penalty, stated that, although a practitioner of long experience in the United States, he was ignorant of the law existing in Canada with regard to his profession, which may or may not be true; but as he had no "credentials" to bear out the first part of his statement, and the second was received with some credulity, he was mulcted in the sum above mentioned, and the sum was at once paid, defendant having apparently a little gold mine in at least one of his pockets.

INJECTIONS OF HOT WATER IN UTERINE HÆMORRHAGES.—After an experience of two years with this treatment in the most different and the severest cases of uterine hæmorrhage, Dr. Windelband states his conviction that hot injections are invaluable and certain in their effect. They are preferable, when help is urgent, to cold and astringents of all kinds. In the numerous cases of uterine hæmorrhage which have come under his notice during the above period, the tampon was applied only once, and then only because, from the urgency of the case at night, no syringe or apparatus could be procured. In regard to the application of the method to pathological processes without hæmorrhage, single observations induce him to hope for good results, especially in dilatation of the organ, in displacements and relaxation of the attach-

ments, etc. While making the injections the patient always lies on her back, and a simple irrigator, which gives a continuous and energetic current, is employed. The temperature of the water at first is about 90° Fahr., and is raised, according to the urgency of the case, to 105° Fahr.; this can be done without fear, as the sensitiveness of the genital organs to the heat soon diminishes. One of the advantages of the method, besides its precise and prompt action, is, that the hot injections do not by any means cause unpleasant sensations and after effects, as is always the case when cold is employed. Hot injections never leave any unpleasant or dangerous reaction; indeed, they are very pleasant and agreeable to patients suffering from pain.—*D. Med. Wchschrft. Suppl. Med.-Chir. Wchschrft. — N. Y. Med. Journal.*

COLD BATHS IN INFANTILE DIARRHŒA.—Dr. Wocke contributes an article to the *Medizinskoje obosrenie*, in which he refers to the terrible epidemics of diarrhœa which prevail in summer, and which attack with especial severity those infants which are artificially nourished. The epidemic is due in part to the deleterious influence of the elevated temperature on the infantile organism, and in part to the injurious effect which the heat exerts on the aliment, the milk, and the air inspired. To eliminate the first cause, the author recommends cold bathing, from theoretical considerations. The result has been very happy. The wasting children, reduced by vomiting and diarrhœa to a deplorable condition, were as if regenerated by the second day after the baths were commenced. The immovable look and the restlessness disappeared; sleep was restored, the appetite increased, and the diarrhœa diminished. The cold bath acts on the child as a tonic, and enables it to resist the noxious influences, and internal remedies then exert a better influence. Dr. Wocke commences his treatment with cold douches to the head and stomach, then passes the baths, commencing at a temperature of 26° C. and reducing them to 22°. A lower temperature might prove injurious. Three baths a day are sufficient. The author has cured about one hundred cases by this method.—*Lo Sperimentale*, No. 10, 1876.—*O. B. Med. Journal.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following questions were given at the primary examination for the membership on the 12th ult. :  
1. Describe the coagulation of the blood, and mention the various circumstances which accelerate or retard it.  
2. Describe all the characters by which the duodenum is distinguished from the lower portion of the ileum.  
3. Describe the various structures which form the hip-joint. Name and classify the muscles which act upon the joint,

specifying the nervous supply and action of each. 4. Give the course and relations of the axillary artery and the dissection necessary to expose it. Name the branches arising from its first part, and describe their anastomoses. 5. The superficial muscles of the calf being removed, describe the parts brought into view between the lower border of the popliteus and the heel. 6. Describe the course and relations of the vena portæ outside the liver. Mention the veins which directly and indirectly form it, and the several communications which exist between it and the general circulation.

### Medical Items and News.

**TREATMENT OF PNEUMONIA.**—Some cases under the care of Dr. Johnson have been reported during the month in the *Lancet*. In one no active treatment was required, but in another the dyspnoea and general distress with cyanosis was such as to call for venesection, and this was followed by great relief. In a case with pleuritic pain three leeches relieved, after subcutaneous injection of morphia had failed. Brandy was used in some cases, but Dr. Johnson said it was rather as a sedative and anæsthetic than as a stimulant. In ordinary cases he held alcohol should never be given, but when there is great rapidity of pulse and breathing, with much nervous excitement and restlessness, and a tendency to delirium, he found a moderate cautious use of brandy to be beneficial. How different is this doctrine from what was formerly taught at King's a generation ago. Old King's men would do well to compare their own practice with the progress made at their *alma mater*—*The Doctor*.

**VARICOCELE—SIX CASES TREATED BY ONE METHOD.**—We saw seven cases of varicocele, in five of which the disease was confined to the left side, and in the remaining two it was developed on both sides. Six of these patients were under treatment by means of mechanical pressure afforded by a truss, and this was aided by a suspensory bandage. The odd case, the disease being only slightly developed, was treated by means of the suspensory bandage alone. Support the pendant parts and at the same time make moderate compression immediately over the external abdominal ring. To make pressure, an ordinary hernia truss was used, with the addition of a perineal band to secure it perfectly in position. The aim was to make such an amount of pressure as would moderately compress the veins at that point, and maintain it night and day, the truss being removed only for purposes of cleanliness. It was believed by the visiting surgeon that we should not resort to any more violent means of cure in a majority of cases, and that in a large proportion favorable results might be expected.—*Med. Record.—Pacific Med. Journal*.

**INJECTIONS OF BROMINE FOR THE RELIEF OF CANCER.**—A correspondent of the *British Medical Journal*, writing after a visit to the Samaritan Hospital, says: "We saw also, with Dr. W. Williams, a woman, aged fifty, whose cervix uteri had been amputated for epithelial cancer by Mr. Baker-Brown, eight years before. The actual cautery had been applied later by Dr. Routh, and later still Dr. W. Williams had injected bromine at three sittings, after which the whole of the affected parts came away, and complete healing took place. The parts were now quite sound. There was apparently only an inch of uterus left. The solution used is one part of bromine to three of rectified spirits. This develops heat, and should be prepared some time before being used. From five to ten minims are injected into the tissues by means of a long syringe with a platinum nozzle and an India-rubber piston. It is desirable to remember that it may destroy the sense of smell in the operator, and that this may be prevented by placing alkalinized cotton-wool in the nostrils."—*Louisville Med. News.—Ibid.*

**INSTANTANEOUS CURE OF HYDROCELE.**—Dr. Macario, of Nice, contributes to *L'Abeille Medicale* some interesting cases treated by electro-puncture. In the first case, two needles were plunged into tumor, one at the base and the other at the apex. On connecting the needles the pain was such that the patient refused to continue treatment. Nevertheless, the next day the liquid had disappeared and had not returned at the end of nine years. In the next case absorption was even more rapid, a tumor the size of the two fists, dating from fifteen months, having vanished in the evening after a single sitting of one minute. Dr. M. has also reported to the Institute several other cases treated, some by electro-puncture, others by simple induced currents, and it is more than fifteen years since he recommended this method, which has been followed by several others with considerable success.—*The Doctor*.

**DROPSY AFTER TYPHOID FEVER.**—The *London Medical Record* states that, at a late session of the Berlin Medical Society, Dr. Henoch related the case of a girl, aged nine, who was admitted into the Charité Hospital, on December 3rd, 1874. She had been attacked with typhoid fever four weeks previously, and on admission had numerous abscesses on the scalp, and a temperature of 103.6 Fahr. In ten days the abscesses had healed, and she was free from pain. There now appeared extreme debility and emaciation, with sordes on the teeth and tongue, coryza, and bronchial catarrh; but what especially attracted attention was cedema of the eyelids. The urine, carefully examined, gave no traces of albumen. The abdomen was distended, and a considerable degree of

ascites was detected. There were no other morbid symptoms, and all the organs performed their functions normally. The treatment consisted of decoction of cinchona and port wine, with nutritious diet; recovery was rapid, and the child was dismissed, cured, on January 27th. The occurrence of dropsy from typhoid fever was rare. It had been noticed by Griesinger and Liebermeister, and by Rilliet and Barthez. It might be due to—1, anæmia or hydræmia; 2, debility of the heart; or, 3, changes in the liver.—*Ibid.*

**THE TREATMENT OF CARBUNCLE BY BLISTERS.**—Mr. Jules Guérin, in a communication to the Académie de Médecine (Goz. des Hôp.) says that the most efficacious mode of cutting short the progress of a carbuncle and hastening its cure is to cover the whole of the inflamed part with a large blister having a hole in its centre to admit of discharges. The blister must be continued on until complete vesication has taken place, and any portion of the carbuncle over which this has not done so, will remain hard and resistant. When the blister has taken effect the pain is at once relieved, and the redness and resistance of the tumor disappear, and it becomes benign and inert, its enucleation proceeding under the use of ordinary means without the aid of the bistoury. When after the discharge of its contents a deep excavation remains, it is useful to apply to the walls a solution of nitrate of silver, with the object of obliterating the open vascular orifices and impeding the absorption of the diseased liquid.—*Med. Times and Gaz.*

**BICARBONATE OF SODA IN SUPPRESSION OF URINE.**—Dr. W. L. Lane states (*Brit. Med. Journ.*, July 15th) that he has found nothing so useful in suppression of urine from renal disease as the bicarbonate of soda. He has used it in a great many cases with success, and quotes the following remark of Dr. Dickinson in his lectures on albuminuria as confirmatory of his statement:—"But it is worth mention," says Dr. D., "in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up as if with molten glass by a pseudo-croupous exudation of fibrin, while the urine is loaded, not only microscopically but as a bulky precipitate, with large fibrinous cylinders, that all plugging from this cause can be prevented by alkalis."

**NEW ANÆSTHETIC AGENT.**—The *Lancet* states that Rabuteau, in a memoir read before the Académie des Sciences, states that he has investigated the physiological properties and mode of elimination of hydrobromic ether. He has satisfied himself that this anæsthetic agent, which possesses properties intermediate to those of chloroform, bromoform, and ether, might be advantageously employed to

produce surgical anæsthesia. The hydrobromic ether is neither a caustic nor an irritant. It can be ingested without difficulty, and applied without danger, not only to the skin, but to the external auditory meatus and to the mucous membrane. It is eliminated completely, or almost completely, by the respiratory passages, in whatever way it may have been introduced into the system.—*Students' Journal and Gazette.*

**TEST FOR BILE.**—Dr. James Sawyer says, in a note to the *Lancet* on the use of iodine as a test for bile in urine: "I have used this test for nearly ten years, my first knowledge of it having been gained from Flint's 'Practice of Medicine.' I have found it best to place two or three drops of iodine-liniment in a test-tube, and then to add about two drachms of the suspected urine. If the coloring-matter of bile be present the mixture will assume on agitation a brilliant sea-green color. This is a ready and reliable test, and one which I have long preferred to all others with which I am acquainted."

**BEAUTIFUL PICTURES.**—We have received from the Fine Art Publishing House of Geo. Stinson & Co., Portland, Maine, several pictures recently published by them. The subjects, as works of high art, deserve the highest praise. Stinson and Co. were among the pioneers in the Fine Art publishing business in this country, and year by year their business has grown, until at the present time it has assumed colossal proportions. They publish every description of fine works of Art, from a chromo to a photograph—from a fine Crayon drawing to the most excellent Steel Engraving.

**NEW DRESSING FOR FRACTURED CLAVICLE.**—Dr. Eddowes describes in the London *Lancet* what he considers a new method of treating fracture of the clavicle. The only peculiarity in his method is the substitution of an air-bag for the common axillary pad. The bag is placed in situ, the dressings arranged, and then the bag is inflated. The volume of the air-bag can of course be regulated at will.—*Pac. Med. Journal.*

**THE ASPIRATOR IN STRANGULATED HERNIA.**—Dr. Lane reports a case of strangulated inguinal hernia, in which all attempts at reduction by taxis failed utterly until an aspirator was introduced, and an ounce of serum with a large quantity of gas withdrawn. The hernia then slipped back at once into the abdomen. The case went on to entire recovery.—*The Lancet.*

**BISMUTH IN ECZEMA.**—An ointment, containing about one drachm of bismuth subnit. to the ounce, relieves greatly the itching and pain of eczema and many other forms of skin diseases.

# THE CANADA LANCET.

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TORONTO, MARCH 1, 1877.

## RECIPROCITY IN MEDICAL MATTERS.

We incline to the opinion that the Medical Councils of England and Ontario, in their anxiety to legislate for the benefit of their enrolled members, have been oblivious of the moral of one of Æsop's fables, "The Traveller, the Wind, and the Sun." Our Ontario Council, with the view of compelling reciprocity, enacted in our judgment unwisely, that members of the various colleges of Great Britain applying for license should be subjected to the same examination as students. It is true that by clause 22, in the Ontario Medical Act, it is optional for the Council to admit to registration all such persons as are duly registered in the medical register of Great Britain, upon such terms as the Council may deem expedient, but we are not aware that it has ever been acted upon. Dr. Gowan, the immediate successor to Dr. Workman, certainly never received any intimation that his examination would be a mere *pro forma* one. The recent notice then to Sir Hugh Allan, that in the future none but members of the Royal College of Surgeons would be eligible as ship surgeons, may be viewed as the natural outcome of our exclusiveness. We fully recognize the right of the Dominion and British Councils, to prescribe the conditions under which the practice of medicine and surgery shall be conducted. It is not merely their right but their paramount duty. There is no subject of equal importance, in which people are so likely to be the victims of imposture, as in estimating the pretensions of persons who pretend to practice medicine, and it is imperative in the interests of the public, to require from all such persons a proper qualification. But to the holders of degrees from British Universities no suspicion of incompetence could attach. A country is probably

the gainer by all the competition within the limits, just mentioned, of due precaution against imposters, and we think it would not only be courteous but wise for both English and Canadian Medical Councils to promptly abandon their present illiberal course, and substitute the broader one of reciprocity. The high position Canadian students, for years past, have taken at the Hospitals and Examining Boards should be sufficient to convince them that in preparatory training and medical curriculum the Canadian students are quite on an equality with the English. About the same time of the receipt by Sir H. Allan, of the Liverpool manifesto relating to ship surgeons, a measure was introduced into the French Legislature which, if it passes, would prove prohibitive of the practice of medicine in France by British or any other foreign physicians, no matter what their qualifications. The result would be simply driving away the hosts of English and American invalids that every year resort to Cannes, Nice, Hyeres, Mentone, and the whole region of the Riviera. The invalids in their temporary exile wish to be under the medical charge of their own countrymen, a large medical and surgical staff hailing from England and America being always obtainable at these fashionable resorts, and rather than be forced to employ French physicians and surgeons they would resort to other countries, where no such oppressive and unreasonable restrictions were imposed upon them. In Spain, and elsewhere, localities equally favorable for invalids may be found, the Governments of which would be too well aware of the benefit to be derived from a large influx of rich English and American visitors, to dream of driving them away by restrictive enactments. From the *Times* of the 29th of January, we notice that official communications have been established between the President of the Medical Council and the Foreign Minister and between the English Ambassador in France and the French Ministry, on this subject of proposed restriction of practice by British physicians in France. The Duc D'Ecazes has informed Lord Lyons that the minister of public instruction had thought it inexpedient to take in this instance the somewhat unusual course of restricting the simple consideration of a Bill, in opposition to the report of the initiative committee, but that the Government had determined to offer a strenuous opposition to Mr. Marvaise's bill in its future

stages. We trust that an equally wise consideration of the equal claims of colonial graduates from recognized universities will be admitted by the English Council, and the unwisdom and injustice of present arrangements be done away with. The English schools will greatly benefit, as many students are now restrained from visiting them and taking English diplomas, from the simple fact that on their return they are again mulcted by the Ontario Council.

### THE PREVENTION OF EPIDEMICS.

In the matter of preventing the spread of epidemic diseases every individual should do his part.

If the germ theory of disease be true, and we believe it is, the spread of epidemic diseases may be prevented by three methods of procedure—  
(a) When epidemic diseases prevail the best and most reliable method is by *measures of isolation*, so as to prevent the distribution of the poison germs.

(b) Where large numbers of persons dwell in close proximity to each other, as in towns and cities, effectual measures for drainage, sewerage, and general cleanliness, ventilation of dwellings and disinfection must be attended to, so that the number and reproductive tendency of these germs may be reduced to the minimum.

(c) By the cultivation, promotion and preservation of the highest possible state of health attainable by each individual, so as to secure a resisting power in the individual greater than the disease or disordering action of the germ. Persons in vigorous health possess a greater power of resistance to the inroads of disease than those who are disabled by disease or bodily weakness. Most eruptive fevers and other contagious and malignant types of disease, are in reality the result of filth-accumulation originally, in some form or other, and under some set of conditions favourable to the development of disease germs. This is all preventable. Cleanliness of the person and surroundings viewed in this light become of paramount importance as a prophylactic measure. Disease germs multiply in the exhalations from the body. This can readily be prevented by frequent ablutions with carbolic soap during health, while in eruptive fevers the anointing of the surface frequently with olive oil, tends to prevent the exhalations

from the skin from propagating disease by setting free a number of disease germs to float in the surrounding atmosphere, and they can never do much harm unless the air is loaded with them.

The Athenians held olive oil in high esteem, for its invigorating influence upon the body when employed by inunction. Its virtues are well known to athletes, and the influence of oil rubbings in preventing consumption is also well known. The regulation of the diet is also of the greatest importance, people should "eat to live," and not "live to eat." Food should be plain, wholesome and well prepared, and should be partaken of at regular intervals and in moderate quantities; gormandizing is a fruitful cause of disorder of the vital organs. Exercise should always be secured, of suitable quantity and quality, and daily open air exercise in all weathers—with proper clothing to suit the weather, should be secured. The proper and frequent ventilation of bed-rooms, dwellings, work-shops, school-rooms, and places of public resort is imperative, to the prevention of the cultivation of disease germs.

Clothing worn should be changed frequently, and when put off hung up to air, and all bed-clothes should be aired for two or three hours at least every morning; while night clothes should not be folded away immediately on rising, but should receive like treatment.

While due precaution is necessary in our severe Canadian winters to prevent the introduction of cold, there should at the same time be ample allowance made for the constant entrance and circulation of fresh air from without to replace that already used, and hence loaded with carbonic acid and other exhalations. This can always be secured without danger from catching cold, by tubes communicating with the outside, or by leaving a slight space between the sashes to admit air without a draft.

In cold weather sore throats are a common trouble; these can always be prevented by acquiring the habit of breathing through the nose—the organ provided by nature through which to respire. This one habit, persisted in, would prevent the inhalation of thousands of disease germs, which would be caught upon the delicate mucous membrane of the nostrils, or the minute hair sieve with which they are provided.

Preventive medicine has done much to secure exemption from, and the amelioration of disease, but much more remains to be done in this direction. In the matter of noxious gases—the immediate cause of many serious disorders—nothing has yet been done to assist humanity in resisting the introduction and detrimental effects of these effluvia. Here is a field in which all may toil; every one should be a sanitarian.

**CARRYING WEIGHTS UPON THE HEAD.**—A new plan has been devised for the physical development of girls and the correction of infirmities of the spine, &c. A writer in an exchange says, "Carrying light weights upon the head, as a bucket of water or other liquid, is an exercise that brings into play all the muscles of the neck, chest and back, and gives an erectness to the figure, by calling into requisition the balancing muscles of the system, which can be attained in no other way. Spinal and other deformities are readily curable in this way." Dr. Henry Spring, speaking of this matter, also says, "This exercise of carrying small vessels of water on the head might be advantageously introduced into our boarding schools, private families and gymnasiums, and that it might entirely supersede the present machinery of dumb-bells, back-boards, skipping-ropes, &c. Each young person ought to be taught to carry the jar, as the Hindoo women do, without ever touching it with her hands."

The Hindoo girls are very graceful and exquisitely formed. From their earliest childhood they are accustomed to carry burdens on their heads. The water for family use is always brought by the girls in earthen jars, carefully poised, in this way. This exercise is claimed to strengthen the muscles of the back, while the chest is thrown forward. No crooked backs are seen in Hindoostan. The same practice of carrying loads upon the head leads to precisely the same results among the natives of Africa, and among the women of the south of Spain and Italy (who carry water upon the head), as in India. A Neapolitan female peasant will carry on her head, over a rough road, a vessel full of water to the very brim, and will not spill a drop of it; and the acquisition of this art or knack gives her at the same time an erect and elastic gait, expanded chest, and well-formed back and shoulders.

**CONTEMPTIBLE ILLIBERALITY.**—It is rumored that a short time ago a respectable medical practitioner in Goderich requiring a consultation upon a case under his care, at the request of the friends, sent for Dr. Jenks, of Detroit. He visited the patient, and after consultation an operation was determined upon, and a future day fixed for it to take place. In the meantime it came to the ears of a medical member of the Medical Council in this city issued orders for Detective Smith to be on hand and arrest Dr. Jenks if he attempted to take part in the operation. The Detective reported himself accordingly, and meeting Dr. Jenks in Stratford had the courtesy to tell him what was before him if he proceeded to Goderich. The Dr. at once telegraphed his inability to proceed, and returned to Detroit. We trust for the honor of the profession in Canada, that the above rumor is without foundation in fact. Dr. Jenks stands well with the profession in the United States. He is President and Prof. of Obstetrics in the Detroit Med. College, and was appointed by the Am. Med. Association one of the delegates to the Canadian Med. Association in 1874, and those who attended the meeting at Niagara Falls will remember him. We are well aware that according to our Medical Act, no one has any legal right to practice in Canada unless he becomes registered—but it was never contemplated by the Act to preclude any but those who remained in Canada for the purpose of practicing their profession—either as itinerants or in the ordinary way without legal qualification. There can be but one feeling in reference to the treatment of Dr. Jenks—and that is, that it was as unwise and impolitic, as it was mean and contemptible. What is the use of talking of a great International Medical Association, if the members of the Am. Med. Association are to be treated in this manner when they set foot upon our soil, to give the benefit of their kind offices to some of our respectable practitioners? We trust the Council will not endorse any such illiberal interpretation of the Ontario Medical Act.

**IMPURE WATER.**—We cannot too often warn the drinkers of water from wells near dwellings to beware of the typhoid poison, sure to be found sooner or later in these reservoirs, if any of the house drainage can percolate them. Even the gelatinous matter often found upon the stones of a

well is a poison to the human system, probably causing by its spores a species of fermentation in the blood. Wholesome, untainted water is always free from all color and odor. To test it roughly place half a pint in a clear bottle, with a few grains of lump sugar, and expose it, stoppered to sunlight in a window. If, after an exposure of eight or ten days, the water becomes turbid it is a sure indication that it has been contaminated by sewage of some kind; if it remains perfectly clear it is pure and safe.

#### INFLUENCE OF THE EARTH ON OUR BODIES.—

The Rev. Louis Beaudret who was for several months a prisoner of war at Libby Prison, U. S., in an address lately delivered in Montreal, said he was for several weeks shut up in the second story of the building which he was never allowed to leave on any pretence whatever. At last he was allowed permission to go to an opposite prison to preach to the prisoners. The sensation he felt on again setting foot upon the earth he would never forget. He said he felt a reviving, and peculiarly exhilarating sensation as if electrified in a gentle manner. Now, said he, I think the influence exerted by the earth on our bodies, which, when being deprived of leaves us weak and languid is an influence much needed by invalids and old people. If the inmates of hospitals, houses, and asylums, were carried out into the grass plot or gardens attached to the institutions and allowed to have their feet brought into direct contact with Mother Earth it would do them a vast deal of good.

**INJURIOUS EFFECTS OF ANXIETY.**—To retain or recover health, persons should be relieved from anxiety concerning disease. The mind has great power over the body,—for a person to think he has a disease will often produce that disease. This we see effected when the mind is intensely concentrated upon the disease of another. We have seen a person sea-sick, in anticipation of a voyage, before reaching the vessel. A blindfolded man, pricked in the arm, has fainted and died, from believing he was bleeding to death. Persons in health, to remain in health, should be cheerful and happy; and sick persons should have their minds diverted as much as possible from themselves. It is by their faith that men are saved, and it is by their faith that they die. As a man thinketh so is he. If he wills not to die, he can often live in spite of disease;

and, if he has little or no attachment to life, he will slip away as easily as a child will fall asleep. Men live by their minds as well as by their bodies. Their bodies have no life of themselves; they are only receptacles of life—tenements of their minds, and the will has much to do in continuing the physical occupancy or giving it up.

**UNCONSUMED GAS.**—Ordinary *Gas* requires to combine with the oxygen of about  $6\frac{1}{2}$  times its own volume of atmospheric air in order to be completely consumed. It will not combine with more, but, if it gets less, then part of the Gas which could not find enough of oxygen, must escape partially or wholly unburnt and in a condition very injurious to health. The remedy is free ventilation.

**ALCOHOLISM IN ENGLAND.**—The mortality from alcoholism in England in 1,000,000 persons living, was 52 in 1864; and 50 in 1865.—In 1870 it had decreased to 29 per 1,000,000 persons living; in 1871 it was 32, in 1872, 31; in 1873 it was 34 per 1,000,000; in 1874 it rose to 45 per 1,000,000. With regard to the distribution of deaths, the returns show, that in Lancashire alone, occurred no fewer than 286, of the whole 1,053 deaths caused by alcoholism in 1874, or more than a fourth of the number in all England; Lancashire lost in that year 217 men and 71 women by excessive drinking, or more than double the number of such deaths in London, with a greater population.

With regard to the ages included, of the whole 810 men, who in all England died of alcoholism in 1874, there were 197 (little less than a fourth,) under 35 years of age, 37 under 25, three of them died at the ages of 15 and 20. And of the 243 women, 48 (about one-fifth) were under 35 years of age, 7 of these being between 20 and 25 at their deaths. It would be interesting to know how the statistics of Canada compare with these.

**STATISTICS OF DISEASES THAT KILL.**—From the Registrar General's report, England, we glean the following:—

In the year 1874 two-fifths of the deaths in England, occurred from one or other of 15 causes. Bronchitis caused 53,022 deaths; phthisis, or consumption 49,379; atrophy and debility 30,995, CHIEFLY OF YOUNG CHILDREN. To old age are referred 28,604; 12,495 men, 16,109 women over 65, and some centenarians. Heart disease



accounts for 28,513 deaths; and convulsions caused 27,139; almost all of them among children. Pneumonia occasioned 25,927 deaths. Eighth on the list, stands scarlet fever, to which as many as 24,922 deaths are attributed. Diarrhoea caused 21,204 deaths, more than 18,000 of them occurring among children under 5 years of age. Apoplexy and paralysis caused 12,848, and 12,572 deaths respectively. Measles caused 12,255, and whooping cough 10,362. To cancer are put down 3,470 males, and 7,541 females. Last on the list of the 15 chief foes of life, comes premature birth, which in 1874, accounted for 10,527 deaths.

**NERVOUS COUGHING.**—Dr. Brown Sequard once gave the following instruction for the suppression of nervous coughing.—“Coughing can be stopped by pressing on the nerves of the lip in the neighborhood of the nose, a pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same means. Pressing, also, in the neighborhood of the ear may stop coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. And, I may say that the will has immense power, too. A French Surgeon used to say, whenever he entered the walls of his hospital, ‘The first patient who coughs will be deprived of food to-day.’ It was exceedingly rare that a patient coughed then.”

**THE RESPIRATOR VEIL.**—The well-known physiologist Dr. Lennox Browne, has invented a respiration veil, which combines an ordinary veil with the increased utility of a common respirator. It is a simple blonde with a border about four inches in depth, of double silk gossamer sewn along the lower edge. This covers the mouth and nostrils completely, effectually protecting the wearer from the particles and other deleterious influences of the atmosphere, at the same time forming a pretty and becoming article of dress. As the breath has a tendency to lodge on the gossamer and form a dampness which would be unpleasant if allowed to touch the face, the veil can be rendered stiff by a little very thin wire gauze, which keeps it clear from the face. To prevent it from blowing up, it can either be tied firmly at the back of the head, or kept down by means of a small piece of elastic.

**ATHLETIC TRAINING PRODUCTIVE OF HEART DISEASE.**—The medical examiner of a prominent Life Insurance Company, says he always examines with unusual care, all applicants who say they have been gymnasts, and that he is compelled to turn away nearly three-fourths of those who excel in athletic exercises, because they have dangerously strained the organs of the heart.

**CHANGE OF AIR.**—Prof. Bencke says that irritable, nervous and excitable people should recruit their health upon the mountains, while those with good digestion should visit the seaside. This is based partly on the fact that bodies part with their heat more rapidly at the seaside than on the mountains. The indiscriminate sending of invalids to the sea side has been the occasion of much disappointment and in many cases mischief.

**CANADIANS ABROAD.**—J. Wishart, A. H. Wright, D. Fraser and F. R. Eccles, successfully passed the primary examination of the College of Surgeons, England, on the 17th of January. Dr. H. S. Stone, of New Brunswick; Dr. W. T. Ward, of Stanhope; and Dr. Kirkpatrick, of Toronto; have passed the final examination, and were admitted members of the Royal College of Surgeons, England, on the 22nd of January.

The death of Sir Wm. Fergusson took place on the 10th of February—a notice of which will be found in another column. His death will be deeply regretted by the profession on both sides of the Atlantic.

**PERSONAL.**—Dr. A. M. Rosebrugh, of this city, has just returned, and resumed professional work, after an absence of several months spent in New York and Philadelphia.

Ass's Milk contains more sugar than cow's milk, and has been found very useful for delicate children and consumptive persons.

**APPOINTMENTS.**—George Stanton, M.D., of Simcoe, to be an Associate Coroner for the County of Norfolk.

Thomas Beatty, M.D., of Lambton Mills, and Thomas Armstrong, M.D., of York Mills, to be Associate Coroners for the County of York.

## Reports of Societies.

### WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The annual meeting of the Western and St. Clair Medical Association was held in Chatham, on the 1st ult.

The president Dr. Bray, called the meeting to order, and after the adoption of the minutes of the previous meeting, the opinion of John A. McKenzie, Esq., in reference to section 18 of the Medical Act was read. The following officers were chosen for the current year. President, Dr. A. McLean; Vice-Presidents, Drs. Fleming, Casgrain, Poussette, and Thompson; Treasurer, Dr. Tye; Secretary, Dr. Holmes.

Moved by Dr. Holmes and seconded by Dr. Carney, that this Association think it desirable to have County Associations formed. *Carried.*

Moved by Dr. Carney and seconded by Dr. Smith, that the secretary of this Association be instructed to furnish each Vice-President a series of questions, which the secretary may deem desirable to submit to the legal practitioners throughout each County of this Division, with the view of obtaining from such practitioners, an opinion as to the advisability of forming County Associations, and ask each vice-president to obtain from the medical men in his county, replies to such questions and submit them to the Association at its next regular meeting. *Carried.*

Moved by Dr. Murphy and seconded by Dr. Hicks, that the secretary be instructed to send to the medical council during its next session a copy of the resolution passed at a previous meeting of this Association, regarding the appointment of medical examiners by the council. *Carried.*

Dr. Richardson read an exceedingly interesting paper on "Thermometry" which elicited the opinion of nearly all present.

Dr. Murphy read a paper on the use of the cold bath in febrile diseases. The paper was of great practical interest and both he and Dr. Richardson received the thanks of the meeting for their valuable essays.

Dr. Hicks read an account of a case of placenta prævia, in which the hemorrhage was arrested immediately by the injection of hot water, to

which had been added twenty-five per cent. of the tincture of the per-chloride of iron.

The subject of placenta prævia was discussed by Drs. Holmes, Smith, Bray, Tye, Abbott, and Carney. Dr. Hicks remarked, that when the patent referred to in his paper seemed about to sink from exhaustion, he injected a drachm of sulphuric ether hypodermically, and that almost instantly the pulse became stronger and the woman presented a very marked improvement in every respect.

After one of the most interesting meetings yet held, the Association adjourned, to meet in Windsor, early in May.

### THE MICHIGAN STATE BOARD OF HEALTH.

The quarterly meeting of the above named Board was held in Lansing, on the 9th of July. A paper entitled "The Locating of Healthy Homes." was read by Dr. Henry F. Lyster, of Detroit. The condition of the homes of the people may be regarded as an index of their civilization. A complete, healthful, and beautiful home indicates health, intelligence and refinement in its occupant. The paper gave an historical review of the different kinds of homes occupied by different people; but it also dwelt upon the various insanitary conditions most common to our modern homes. Those most strongly touched upon were, defective disposal of sewage, unwholesomeness of water-supply, unfavorableness of location, too complete exclusion of sun-light and air, resulting from excessive shade, lack of proper drainage, etc.

Prof. R. C. Kedzie reported on the Quality of Illuminating Oils in use. He thinks the people of Michigan are to be congratulated upon the present condition of their illuminating oils so far as exemption from injury to life and property are concerned. The public prints are not now filled with recitals of deplorable accidents resulting from the use of kerosene. But notwithstanding this security from accidents the people justly complain of the quality of some of the oil now supplied. Much of it burns poorly, the wick gums and chars, and the light flickers and goes out.

Dr. H. O. Hitchcock, Chairman of the Committee on Public Health, submitted a report including a proposed memorial to the Legislature asking that a commission be appointed to investi-

gate and report in two years concerning the influence of the liquor traffic upon the life and health of the people of the State, to ascertain, as far as possible, the value to the State of the traffic in alcoholic drinks and the losses to the State fairly chargeable to the use of intoxicants, and to report all facts which have a rational bearing upon the vital statistics of the State, the object being to collect facts upon which to base future legislation if found desirable.

Rev. Mr. Brigham reported upon a subject previously referred to him, namely: the sanitary influence of the *Eucalyptus Globulus*, or blue gum tree. He read letters from persons who had studied the habits of the tree, including one from Dr. Asa Gray, who thought the tree could not be made to thrive in Michigan on account of the severity of the climate. Dr. Lyster said the trees were growing in Detroit, that by being cut back they had become somewhat hardened. He recounted instances in which the tree had been planted in certain insalubrious regions in Africa where they had a remarkably beneficial sanitary influence.

Dr. O. Marshall presented a communication on Opium and Morphine eating. He gave facts concerning twenty-five cases which had come under his observation. He thought the evil was increasing and that measures should be taken not only to assist those who are already victims, but to prevent others from acquiring the habit; and he believed this to be a proper field of labor for the State Board of Health. Of the twenty-five cases reported, nine use morphine, fifteen use opium and one uses both. Dr. Marshall thought a law regulating the sale of these drugs was needed and might prove effectual. He especially urged the prohibition of the sale of soothing syrups, cordials and anodynes, which are preparations of opium or morphine in disguise, and which create in the infant a predisposition to the opium habit in the adult.

Dr. Chase submitted to the Board a proposed bill relative to the qualification of physicians who practice in Michigan. It provided for furnishing to the people information relative to the professional study of those who practice medicine in Michigan, such information being furnished by means of sworn statements filed with the County Clerk, in the county where the physician practices.

The Secretary submitted a report relative to duties performed and work done in his office, after which the meeting adjourned.

NORTH WELLINGTON UNION MEDICAL ASSOCIATION.

The annual dinner of the above association was held at the Royal Hotel, Harriston on the 25th of January, and was a most successful affair, due in great measure to the indefatigable exertions of the Secretary, Dr. Gibson. The bill of fare was a most excellent one, and after full justice had been done to the spread, speeches, songs, and toasts became the order of the evening. The President of the Association, Dr. Yeomans, occupied the chair, and Dr. Henry the vice-chair. The chairman said he was happy to have the pleasure of welcoming so many guests to the second annual dinner of the Union Medical Association. He was pleased to see the doctors had so many friends, and that so many had attended to do honor to the occasion. With them he felt he could not give too much praise to the able Secretary of the Association, Dr. Gibson, for this magnificent banquet. It did honor to him and to the proprietor of the Royal hotel. The Union Medical Association which had been in existence some five or six years, had been formed for the purpose of cultivating friendly relations among the members of the profession, and for mutual improvement. Their meetings had grown in interest, and he was confident much good had been done, and much enthusiasm awakened in their professional work. In the name then of the Association he bade them welcome to this annual dinner, and hoped they would enjoy themselves. Speeches were made in response to the various toasts by Drs. Stewart, Ecroyd, Middleton, Black, Henry, Gibson, and Cowan. Dancing was indulged in until late, after which the company broke up having enjoyed a most pleasant evening.

CATARRH OF THE BLADDER.

℞ Acetate potash..... ʒ ijss;  
 Bromide potassium..... ʒ ijss;  
 Tinct. hyoscyamus..... fl. ʒ j;  
 Infus. buchu..... Oj.

M. Dose, two ounces every three to six hours.

### Books and Pamphlets.

THE ANATOMIST.—An etching. Published by R. Berendsohn, 48 and 50 Nassau St., New York.

This is a copy of a picture of the same name, exhibited at the Centennial, which attracted considerable attention. The size of the etching is seven and a half by ten inches, on paper twelve and a half by fifteen inches. Price, \$1.00 on plain and \$1.25 on tinted paper. The picture will make a handsome adornment of a physician's office. It can be obtained by mail from the *Lancet* office, Toronto.

ON COUGHS, CONSUMPTION AND DIET IN DISEASE, by Horace Dobell, M.D., F.R.C.S., Eng., Philadelphia: D. G. Brinton, M.D.

Dr. Brinton of Philadelphia is the compiler of this work. It consists of a series of extracts from published reports of Dr. Dobell on diseases of the respiratory organs. Few authors have given more attention to chest diseases in general than Dr. Dobell. He has published various works on this subject at different times, all of them remarkable for their clearness of style and practical usefulness. In addition to medical treatment, directions are given, somewhat in detail, for the preparation and use of certain articles of diet in disease. The book is a very useful one and will no doubt find ready sale.

ALSO Dr. Dobell's annual Reports on Diseases of the Chest, Vol. II.; London: Smith, Elder & Co. The section relating to Canada was prepared by Dr. Osler, of Montreal.

THE PHYSICIANS VISITING LIST, 11th edition, by D. S. Brinton, M.D., Philadelphia; Price for 35 patients \$1.50, for 70 patients, \$2.00.

DENTAL ANATOMY AND SURGERY, by Henry Sewill, M.R.C.S. Eng.; Philadelphia: Lindsay & Blakiston.

THEORY OF MEDICAL SCIENCE, by Wm. R. Dunham, M.D.; Boston: James Campbell, Publisher.

NON-EMETIC USE OF IPECACUANHA, by Alfred A. Woodhull, M.D., Assistant Surgeon, U. S. Army. Philadelphia: J. B. Lippincott & Co.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, by Louis H. Duhring, M.D., University of Pennsylvania—Philadelphia: J. B. Lippincott & Co.

THE "WATCHMAN," A WEEKLY NEWSPAPER PUBLISHED IN ST. JOHN, N.B.—This is a most excellent paper and worthy of the most extended circulation. It has a freshness and originality about it which is in marked contrast with many of our stereotyped weeklies in circulation nowadays. Our friends cannot do better than subscribe for it; price only \$1.00 per annum.

BACK NUMBERS WANTED.—Fifty cents each will be paid for the following back numbers of the CANADA LANCET: No. 2, Oct. 1870; No. 4, Dec. 1870. Address Canada Lancet office, Toronto.

### Births, Marriages, and Deaths.

On the 19th ult., Dr. Sylvester, of Galt, to Lottie, youngest daughter of the late R. Reed, Esq., Bowmanville.

On the 15th ult., William H. Lowry, Esq., M.D., to Miss Ann Jane, daughter of Chas. Hill, Esq., all of Acton.

At Port Ryerse, on the 5th ult., Henry Bogue, M.D., in the 52nd year of his age.

On the 7th ult., Dr. John Mitchell, of Meremish, N. S.

At Cambra, on Saturday, 9th ult., suddenly of apoplexy, Alice M. Dady, wife of J. M. Hart, M.D., aged 25 years.

On the 11th ult., Caroline Elizabeth, youngest daughter of Dr. William Newcombe, aged 13 years.

At Guelph, on the 26th Jan., Clarence Rees, youngest son of Dr. Brock, aged one year and three months.

In this city on the 23rd ult., Beatrice Maud, daughter of Dr. E. J. Barrick, aged 3 years.

\* \* \* The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps, with the communication.

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, APRIL 1ST, 1877. No. 8.

## CASE OF GUN-SHOT INJURY OF THE BRAIN—RECOVERY.

BY JOSEPH A. FIFE, M.D., HASTINGS, ONT.

The following interesting case is, I think, worthy of being placed on record.

On the 14th December, 1876, I was called to see James Anderson, aged fourteen years, (son of David Anderson of this village,) who was injured by the explosion of a gun. He had gone out on a pier in the river to shoot ducks, having an old shot-gun which he had very much overloaded both with powder and shot. When he fired, the gun barrel burst, leaving the breach-pin fast to the stock. About eight inches of the breach-end of the gun-barrel was blown away so that it could not be found. The rest of the gun-barrel, over two feet long, was projected backward, and the end of it entered his forehead just above the left eyebrow. The broken end of the barrel passed through his skull, and penetrated about three inches into the brain. The boy instantly fell, and some persons who were looking at him went to see what had happened, and found the gun-barrel so firmly fastened in his head that it stood up like a stake planted in the ground. In a few minutes Dr. Clarke, of this village, arrived and extracted the gun-barrel, which he said required firm traction to do. I arrived on the spot immediately after its removal from the wound. A large quantity of brain substance that was broken up bulged out and blood flowed freely. The boy was carried to his father's house. The quantity of brain that was broken up and removed, was estimated by myself and others present to be at least half a tea-cupful. We removed several fragments of bone that were most easily detached, made a pad of a piece of soft cotton cloth, laid it over the bulging brain, and applied a bandage around the head. His

pulse was very weak, and appeared as if it would soon cease. There was quivering of the body, and the legs moved convulsively.

The explosion occurred at half-past five o'clock, p.m. I remained beside him all night. During the night his pulse became stronger and fuller, and in the morning had increased to 100 per minute. I then removed most of his hair, and applied snow in a bladder, and cold cloths to his head; this had the effect of lowering the pulse to about 85. We continued to make cold applications to his head, being careful to avoid chills. We used no other dressing to the wound than a cloth wet in water. At subsequent dressings four fragments of bone were removed. His room was kept at a temperature of between 60 and 65 degrees. During his recovery he was kept on light nutritious diet, and occasionally, when required, a saline purgative was administered.

For several days at first, when fast asleep or when arousing from sleep, the patient talked incoherently, but this passed off as soon as he was spoken to. I might here state that the patient was, previous to the accident, a strong, healthy, active boy.

Jan. 8th, 1877.—He was able to get up, dress himself, and walk about the house. At this time the integument was rapidly forming over the wound, and further attendance was discontinued,

Jan. 31st.—I was again requested to see him, and found him in bed, suffering from severe headache. The skin had formed quite over the wound, which was now full, or bulging, instead of depressed, as it had been when there was an opening for the matter to discharge. I made an incision through the integument, and then passed a probe one and a quarter inches into the brain substance in the same direction as the gun-barrel had entered. At the depth indicated a small abscess was found, and more than a teaspoonful of pus escaped. This afforded immediate relief to the pain in his head. Matter continued to escape for several days, and he steadily improved. He is now going about the village in good health, and as far as I can see, without any injury to his mental powers. The skin has again formed over the opening, and the margin of the bones are forming thick and smooth edges as if they would close, at least partially, over the opening.

At the time of the explosion there was consider-

able powder lodged in the patient's face. On the fourth day after the accident the particles of powder produced suppuration; most of the skin peeled off, and with it much of the powder came away, but there is still considerable left, which will mark his face. It is now twelve weeks since the accident occurred, and he is apparently well except that the bone has not yet formed over the opening.

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### VESICO-VAGINAL FISTULA WITH RETROVERSION OF THE UTERUS.

BY P. O'KEIF, M.D., OCONTO, WIS.

Mrs. L. at 38, called at my office about July 1st, 1876, on account of an incessant dribbling of urine, which she said commenced after her last confinement, July 1874. She was in labour thirty-six hours, arm presenting. The physician in attendance delivered her, using a corset lace as a tractor. In about two weeks after her confinement the urine began to trickle away constantly. Her physician treated her for paralysis of the bladder and continued to do so for more than a year, of course without the slightest benefit; he then advised her to give up treatment as there was no hope of cure. She consulted some others however, but they all seemed to agree with her former attendant.

On making a digital examination I found the os uteri directed forwards, showing retroversion of the uterus; passing the finger over the cervix it passed through an opening into the bladder high up in the anterior cul de sac. On introducing a speculum and replacing the uterus, a vesico-vaginal fistula, half an inch in diameter, circular in form, part of its circumference being formed by the anterior surface of the cervix, was exposed. I explained to the patient her condition and proposed an operation. I heard no more from her until October when her husband called to tell me she was prepared to have me operate. On the 11th October, ether being administered, the patient was laid upon the operating table in Sim's position, and my modification of Sim's speculum introduced. I began to operate by paring freely the edges of the fistula, with a long-handled tenotome. After hemorrhage had entirely ceased, five double threads of fine silk were introduced

by means of short fully curved needles held in Sim's needle forceps. A piece of fine silver wire being hooked into each of these, the thread was drawn through leaving the wire in its stead. The edges of the wound were now brought in apposition, the wires twisted, cut off half an inch from the wound and bent down so as not to wound the opposite vaginal wall. The operation being now completed, the bladder was syringed with warm water, and a sigmoid catheter being introduced, the patient was put in bed, where she remained for eight days, when I allowed her to remove the catheter and sit up or walk about the house cautioning her not to allow the bladder to become distended. On the twelfth day after the operation the sutures were removed and union found complete. I was kindly assisted in the operation by Drs. Coleman and Paramore of this City.

In a few weeks after the operation I reduced the retroversion of the uterus and applied Albert Smith's pessary which keeps it in its proper position.

The following is the modification of Sim's speculum above referred to. It consists of three blades. One of these, similar to a Sim's, is fixed to the handle. Across the convex surface of the base of this, at its junction with the handle, a piece of metal is bent so as to form nearly a semi-circle. Its extremities are about two and a half inches apart and from one of these to the other, it is grooved to contain the bases of the other two blades, which are fixed to slide in the groove, but can only slip out at the ends. When the speculum is closed which it is for introduction, these plates meet on the back of the first plate, so that the speculum in this condition is only the width of the Sim's blade, but by means of a thumb-rest attached to each blade it can be slid outward in the groove above described so as to form a speculum of any width from  $1\frac{1}{4}$  to  $2\frac{1}{2}$  inches at the base and a corresponding width at the apex. The blades are held in whatever position they are placed by thumb-screws, and the instrument is widened before traction is made on the handle.

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London is threatened with a severe small-pox epidemic. To encourage re-vaccination among her subjects, the Queen has caused all members of her household to be re-vaccinated, and the fact to be published by the press.

Correspondence.

DOUBLE UNDERGRADUATESHIP AND  
DOUBLE GRADUATION.

(To the Editor of the CANADA LANCET)

SIR,—As so much has been said by parties evidently ill-informed in regard to the disallowance of *Double Graduateship and Double Undergraduateship* in British Universities will you kindly publish the following short extracts from letters from a large number of these seats of learning.

The question put to each University addressed was the same, viz : whether a student might not proceed at the same time to his degree in it and in the University of London—he of course complying with the curriculum and passing all the required examinations in the respective Universities.

The reply from the University of Edinburgh to the effect that “no University, or examining body in this country (Great Britain) would object to any candidate for its degrees, taking also degrees or licences from other “examining, or examining and teaching bodies,” has been already published in the daily papers.

“University of Cambridge, England, February, 11, 1877.”

There is nothing to prevent a student who is proceeding to a degree in this University from proceeding also, *pari passu*, to a degree in London. It is frequently done. . . .

(Signed), J. D. LIVEING.

“University of Oxford, February, 11, 1877.

There is, as far as I know, no reason against the student graduating in Oxford and at the same time matriculating and graduating in London . . . For London (University) he has to go through a certain course, which he can do certainly, consistently with the Oxford course. . . .

(Signed), H. M. ACKLAND.”

“University of Glasgow, Feb. 13th, 1877.

A student qualifying himself for the Medical Degrees of this University, may at the same time qualify himself for the degrees of the London University.

(Signed), T. MOIR, Reg'r.”

“University of Aberdeen, Feb. 14, 1877.

A candidate could therefore pass his matriculation examination at the University of London, and thereafter study here, and take our degree, and the degree of the University at London besides. . . .

(Signed), JAS. S. BRAZIER.”

“University of St. Andrews, Feb. 13, 1876.

We require our graduates to reside two years at a University,—as, however, the University of London does not require a residence, I think it would be possible to take the M. D. of London and St. Andrews at the same time. . . .

(Signed), J. B. PETTIGREW.”

“Queen’s University, Dublin Castle,

14th Feb., 1877.

I do not think a student could find any difficulty in arranging his curriculum so as to fulfil the requirements of both Universities, and thus qualify himself to take a degree in both universities. . . .

(Signed), JOHNSTONE STONEY.”

Comment is unnecessary. Our national University cannot, if it would, pursue a narrower or more exclusive course than the University of London, on which it is modelled.

Yours, &c.

M. D.

Toronto, March 15th, 1877.

SURGEONS IN THE ALLAN LINE.

To the Editor of the CANADA LANCET.

SIR,—I have just received this month’s number of the CANADA LANCET. I see it is quite an improvement on former ones; and contrasts very creditably with the miserably “got up” *London Lancet*. Some of our physicians, to-day, were complimenting the CANADA LANCET on its very respectable appearance.

I see you have an article on the “Surgeons in the Allan Line.” I held an appointment in the Line during the last twelve months; but when I came home last time and learned how matters were shaping, I was so disgusted that I determined on resigning, if I could get something that would allow me time to read for M. R. C. S. Fortunately my ship laid up for repairs, so I came down to London a perfect stranger, and in a week, through an advertisement in the *Lancet*, I secured the House-

Surgeonship in the North Kensington Provident Dispensary. I saw a communication from the "Board of Trade" to the effect "that if a ship took a sufficient number of passengers to put her under the 'Passenger Act,' or more properly the 'Merchants' Shipping Act,' that Canadian surgeons of recognized colleges would be allowed to take medical charge." But where the difficulty arose, was when there were only a few passengers the ship was not put under the "Act" previous to sailing, then, in that case, the Candian surgeon was disqualified from taking charge; the "Board of Trade" considering him capable, it appears, of taking charge of four or five hundred, but not of thirty or forty. When I came home last time, I found this to be the state of things, as stated and understood by the authorities in Liverpool. The Allan Co'y were then waiting for a reply from the "Board of Trade" as to the truth of the difficulty I have just mentioned, viz., "whether Canadian surgeons from recognized colleges could legally take medical charge of a 'short ship,' that is one carrying an insufficient number of passengers to put her under the 'Merchant Shipping Act.'" The reply had not been received when I left, but it appears by your Journal to have been an unfavorable one for Canadians. You must understand, that in a "short ship" the company do not go to the expense of putting her under the "Act," because it is not necessary, although they may do so if they like. This often occurs in winter, with few passengers, so it was intimated to me when I came home last time, that if I wanted to go again, I should have to pay £3. 0. 0., to put the ship under the "Act," as she was going out as a "short ship." I was informed that the surgeon who sailed the previous week had done this. This, you will agree with me, was monstrous for the Canadian—for he could ill afford it out of his £9. 0. 0. a month. It is quite time Dr. Hodder's motion was pushed by the Canadian Government.

Yours truly,

T. GRANVILLE HOCKRIDGE.

London, Eng., Feb. 21st, 1876.

Dr. H. A. Martin (*Boston Medical Journal*, Feb. 1, '77,) says that, during the sixteen years in which he supplied humanized vaccine virus, he was continually troubled by the complication of erysipelas. Since he has supplied only the bovine virus he has had no complaint of erysipelas.

## Selected Articles.

### REVACCINATION.

Is it necessary to revaccinate every seven years? Is there such a thing as "experimental testing" of susceptibility or non-susceptibility of the system to small-pox by revaccination? Does the failure of revaccination signify that the person in whom the operation has failed is insusceptible to small-pox? Such is a sample of questions which have of late been sent to us from various sources—questions which, judging from the columns of several of our contemporaries of the daily press, would appear to exercise at the present moment certain of the general public as well as of the profession. It is not quite easy to understand how any doubt should exist on the several matters to which these questions refer, seeing the abundant and ready sources of authoritative information (notably Dr. Seaton's "Handbook of Vaccination") accessible with regard to them. The fact remains, however, and we proceed to answer the questions categorically.

First, there is no evidence to show that revaccination, once efficiently performed at or after puberty, need ever be repeated. On the other hand, the frequent repetition of revaccination which has become common during alarms of small-pox, is distinctly to be deprecated. Such repetitions are, as a rule futile; they are wasteful of vaccine lymph when lymph is most precious; they tend to unsettle the minds of people regarding some of the best-established facts as to the preservative power of vaccination; and (which ought to be all-sufficient for the profession) they are unnecessary. The official memorandum of the Local government Board on revaccination says: "Revaccination once properly and successfully performed does *not appear ever to require repetition.*" The nurses and other servants of the London Small-pox Hospital, when they enter the service (unless it be certain that they have already had small-pox), are invariably submitted to vaccination, which in their case generally is revaccination, and is never afterwards repeated; and so perfect is the protection that, though the nurse live in the closest and most constant attendance on small-pox patients, and though also the other servants are in various ways exposed to special chances of infection, the resident surgeon of the hospital, during his forty-one years of office there, has never known small-pox affect one of these nurses or servants. Some thoughtful practitioners are of opinion that the occurrence of severe general diseases after revaccination, such as enteric fever, may weaken the protective influence of revaccination, and that where this has happened, and generally where, long after revaccination, a person is brought into immediate contact with small-pox, a second revaccination is desirable. This is, however, a very different thing from the promiscuous



revaccination which has come into fashion in periods of epidemic small-pox; and, although probably an unnecessary precaution, it need not be discouraged.

Next, as to the success or non-success of revaccination as a means of determining the susceptibility of an individual to small-pox, the notion is wholly fallacious. Revaccination succeeds equally well upon the well-vaccinated as upon the ill-vaccinated, and vaccination is as successful after small-pox as revaccination after primary vaccination. The local effects of revaccination may be produced again and again in the same individual. Dr. Seaton says on this subject, "The local results obtained by the revaccination of any individual give us absolutely no information whatever as to the constitutional condition in which the revaccinated person was with regard to liability to contract small-pox. It has frequently been argued, and is indeed often to be heard said now, that if a revaccination cannot be made to take, or if it take only in a modified way, it is evidence that the constitution would not at the time take small-pox; whereas, if a complete local result follows, it may be assumed that the protection of the primary vaccination had worn out, and that the person was in danger, or at all events in more danger than in the former case, of taking variolous infection." The erroneousness of this view is proved by certain facts derived from revaccinations in the Wurtemberg and our own army, and which show, if the view had been correct, that 319 out of every thousand persons who had had small-pox, 310 out of every thousand who had been well-vaccinated, but only 281 out of every thousand who had been ill-vaccinated, were in present danger of small-pox; and of the soldiers (not recruits) in our own army, 541, 485, and 237 would represent the ratios in the three classes respectively, which is clearly a *reductio ad absurdum*. Our knowledge that revaccination exhausts the exceedingly limited liability to small-pox that may exist, or may recur, after primary vaccination, rests upon a broad basis of observation, but we are unable in any given case to judge of the existence of this liability from the effects or non-effects of the operation.—*The Lancet*.

#### SUBCUTANEOUS SECTION OF THE NECK OF THE THIGH-BONE.

Mr. B. E. Brodhurst contributed a paper (*Clin. Soc., London*), in which two cases were fully reported, and seven others, also operated upon by himself, were referred to. In each of the two cases the right thigh was flexed upon the pelvis, and the knee was crossed over the opposite thigh in such a manner as to close the vagina and to interfere with the evacuation of the bladder. As a

consequence of this position excoriation of the thighs, with considerable discomfort, constantly occurred; whilst the shortening of the limb in one instance to the extent of seven inches, and in the other to the extent of four inches, rendered it necessary that artificial support, such as sticks or a crutch, should be used in walking. In the first case the patient's age was eighteen when she first came under Mr. Brodhurst's care in 1864. As the result of an accident at eight years of age, hip-joint disease had been established, followed by suppuration, and eventually by bony ankylosis, with the thigh flexed and adducted. Mr. Brodhurst divided the neck of the femur subcutaneously. The external wound was an inch and a-quarter in length, and the knife was then passed down to and over the neck of the femur; it was then withdrawn, a small strong saw was introduced, and the bone divided immediately above the trochanter. The saw was then reapplied, and a small portion of the bone removed. The wound healed by first intention. The limb was placed semiflexed on an interrupted splint. In six weeks the patient walked with help, and bore some weight on the foot. Fair motion of the limb in all directions resulted, and still remained, twelve years after the operation. In the second case the girl was aged 16, and had bony ankylosis at the hip-joint, with great flexion and inversion of the thigh. Inflammation had commenced nine years previously, and was followed by abscess. Mr. Brodhurst, in this case, made the external wound only just large enough to admit the small saw with which the neck of the femur was divided. The bone was exceedingly solidified and thickened, felt like ivory, and twenty minutes were occupied in completing the section. There was some hæmorrhage. After section the limb could be fully extended, but extension was painful, and consequently, for several days the thigh was kept slightly flexed. Suppuration took place, and an abscess formed at the junction of the upper with the middle third of the thigh. The splint was removed, and extension was then made by means of weights. In about three months the patient could walk and bear her weight on the limb. Mr. Brodhurst had done eight similar operations, some with the smallest possible opening, others with an opening about an inch in length, and he "had always found that where the opening was small, and there was, in consequence, stretching and bruising of the adjacent soft structures, suppuration followed; but that where more room was allowed for the necessary movements in dividing the bone, healing took place very rapidly." A large opening was therefore desirable to prevent injury to the soft structures, but it need not be placed so as to correspond, when the operation was complete, with the section of the bone. "The subcutaneous character of the operation did not depend so much on

the size as on the position of the wound." In some cases which had been recorded, after operation, the deformity had remained. The wound should then have been enlarged, and either a wedge-shaped or circular piece of bone removed, or the operation of Mr. Gant, of division below the trochanter, should have been chosen. Where the bone was very hard, it should be divided with the saw; the chisel of Volkmann, as used by Mr. Maunder, should be reserved for cases where the bone was tolerably soft. Where the ankylosis was fibrous the bone was soft and divisible with the chisel; but it was undesirable to resort to a cutting operation when deformity might be removed with the use of the knife

ANKYLOSIS OF HIP-JOINT : SUBCUTANEOUS SECTION  
OF SHAFT OF FEMUR.

Mr. Croft exhibited a patient whose case, he said, bore upon the question of the respective merits of dividing the femur above or below the trochanter. The man was a clerk, aged 22. In June, 1875, he felt pain at the hip. Until then, he had felt quite well, except that three months previously he had contracted gonorrhoea. The discharge ceased soon after the pain at the hip began, and never reappeared. Two months before the pain commenced, he fell from a height of about five feet on to his hip. There was swelling about the hip and thigh at the end of June: and in the groin at the end of July. In August, there was a great pain on moving the hip, and no starting pain at night; the end of that month there was a large abscess. In October, the abscess was punctured, and a large quantity of greenish pus was let out. The discharge lasted until February, 1876; it then ceased and a sound scar formed. In March, he walked about with the help of a chair. On May 29th, he was admitted into St. Thomas's Hospital; he had never had rigors nor cough. On admission he was thin and prespired easily; his appetite and secretions were natural. The thigh was rotated outwards, so that the neck of the thigh-bone touched the rim of the acetabulum. On June 23rd, the ankle formed by the thigh and the middle line of the trunk was 140 degrees. On July 3rd, the patient was examined under chloroform by Mr. Croft and Mr. MacCormac. No motion could be produced, and it was concluded there was bony ankylosis. On July 12th, the shaft of the femur was divided below the trochanter by Mr. Croft, in the presence, amongst others, of Messrs. Adams and Gant. This operation was chosen because, had section of the neck of the femur been adopted, the incision must have been made through old scar-tissue, whilst there were also adhesions in front of the bone which would have formed obstacles to the use of the saw at that spot. Further, Mr. Croft did not wish to obtain

any movement of the limb. The operation was an antiseptic one; the opening in the skin was as small as possible, and the wound was dressed antiseptically. A good deal of suppuration at first occurred at the site of the operation, but a free drainage was established, and the patient then continued to improve. Now there was firm bony union at the line of section. The case was interesting from the nature of the operation. It was unique in being an operation done with the saw below the trochanters in an adult. Probably, if the wound had been closed hermetically directly after the operation, there would have been no suppuration. The saw and knife which were used were both dipped in carbolic solution before the operation.

Mr. Barwell regarded the employment of antiseptics as of great importance, and cited two cases in neither of which did suppuration or pain exist. With respect, however, to the choice of instruments, he thought that the dust left from the use of the saw was liable to irritate the wound and set up suppuration. As the operation was one of convenience merely the percentage of deaths was too high to warrant its adoption. But with the use of the chisel and the antiseptic method the risk was reduced to a minimum, and with antiseptics the subcutaneous method was not so imperative. Mr. Barwell then referred to the various modes of operation that had been adopted, and said, that whatever might be the ultimate result of any operation its value must depend upon the presence or absence of suppuration.

Mr. Gant thought the views taken by members were too mechanical, the most important point being the conditions that were most favourable to the operation. Adam's operation was not adapted to two conditions of the disease—viz., where there was scrofulous disease of the joint, in which case the neck of the thigh-bone was gone, or was not sufficiently vascular to unite; and, in the second place, where the neck was much enlarged by deposit due to chronic rheumatic affection. These facts induced him in 1871 to recommend division of the neck just below the trochanter, and two cases were referred to in which this measure was followed by success. As to the operation, neither Barton's nor Sayre's could be called subcutaneous. The saw could not be set aside for the chisel. His operations had been recently successfully performed by Prof. Pancoast, and Mr. Maunder agreed with Mr. Gant in not regarding Mr. Broadhurst's case a subcutaneous one. He thought the rivalry between the chisel and saw a wholesome one. In his opinion, the saw was preferable for section of the neck of the thigh-bone when it was desirable to establish a false joint by simple linear section of the bone, and on account of the possibility of suppuration, he thought this would ultimately be the only case in which the saw would

be used. Mr. Croft's case did not appear a favourable one for the use of the saw; and in only one out of his own eight cases did he use that instrument, and the patient, though done in June, was not well yet. In nine cases where the chisel was used suppuration had only occurred in two.

Mr. Furneaux Jordan stated that he was the first to perform subcutaneous division of the neck of the femur by Adam's method. This was in a young woman with strumous disease of old date, with great flexion and adduction of the affected limb. A punctured wound was made and the neck of the bone was divided with a strong saw. The operation was not strictly subcutaneous, and no antiseptic precautions were used, but, nevertheless, the case did well.

Mr. Bryant also thought that Mr. Brodhurst's cases could not be called subcutaneous. He had a good opinion of the subcutaneous operation, and four cases in which he had performed it with a saw were successful. No antiseptics were used, a small valvular incision was made, the operation occupied only two or three minutes, no suppuration occurred, and the recovery was rapid. Mr. Bryant then said, that when the neck exist, Adam's operation was better than division below the trochanter, but if it were present, Gant's or Barton's. With regard to the instrument, he thought that the choice of chisel and saw seemed to depend upon the fancy or whim of the operator.

Mr. Brodhurst said that none of the operations could be strictly subcutaneous, and that it did not matter whether the incision was one or one and a quarter inches in length. He had also operated with a small wound, merely a puncture three times. He had operated on nine cases in all, in three with a small incision, in the others with one of about one inch. A full incision gave greater freedom of movement and prevented any suppuration arising from bruising of the parts.

Mr. Callender suggested that the operation should be called "valvular," as "subcutaneous" was certainly an incorrect definition.—*Med. Press and Circular.*

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#### INJECTION OF AMMONIA INTO THE VEINS IN COLLAPSE.

On a recent occasion, I injected ammonia in a case of collapse from scarlet fever. The patient had been unconscious and at the time of injection there was no perceptible pulse at the wrists; the respirations were about six to the minute; the arms up to the elbows were livid and cold, as were also the nose, lips, and ears. After five minims of the liquor ammoniæ fortior had been injected into the median cephalic vein (previously laid bare and separate from surrounding

tissues), the patient gave a cry and threw up his arms; the pulse returned to the wrists; the natural hue and temperature to the nose, lips, etc.; and consciousness returned, so that he could hear, understand, and give intelligent replies to my questions. Three hours afterwards he was again in a state of collapse; and this time I injected eight minims into the median vein, with the same result as before. In an hour and a half, he was again in a state of collapse, and died before I could find a vein to inject. In this case, the undiluted liquid ammoniæ was injected, although Dr. Halford recommends now to dilute with equal or two parts of water. The effect after each injection was almost instantaneous—certainly under one minute after each. Although life was not saved, it was prolonged for six hours; for I am satisfied that the patient would have been dead within five minutes of the time I first injected.

The case is instructive from a medico-legal point of view, for there was perfect return of consciousness after the somewhat prolonged period of perfect unconsciousness; and this might be an important thing in the case of signing wills, identifying murderers, or giving last instructions to relatives summoned from a distance, etc.

There was no appearance of sloughing, although the undiluted liquor ammoniæ fortior (*B. P.*) was used; and I am convinced that the danger of sloughing need never be an impediment to its use in ordinarily skilful hands; and if, after baring the vein, a few drops of oil be poured over the wound before inserting the nozzle of the syringe, that danger is reduced to a minimum.

My case was a lad aged 15, weighing over 11 stone and measuring 6 feet 1 inch. He died on the 7th day of the fever. The eruption had been well marked; but on the fifth day it began to assume a livid hue, and severe jactitation set in. There was no suppression of urine at any time, and the throat was unaffected. The highest temperature recorded in the case was 103.4 deg. Fahr. R. D. PINNOCK, M.B., Melbourne, Victoria.—*Brit. Med. Journal.*

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#### MODERATE DRINKING.

Sir Henry Thompson presided at a public meeting of the National Temperance League on the 7th of February, and gave his opinion against moderate drinking. "Our controversy," he is reported to have said, "is with the great mass of people who believed that alcoholic or fermented liquors were good and necessary articles of diet for men, women, and children;" and again, "he doubted whether, in many cases, or perhaps in any case, alcohol was valuable in the dietary of healthy people." Men of a convivial turn will attri-

bute such cold views of the use of alcohol and fermented liquors to dyspepsia or some other physical inability to enjoy them. But they are the views of a man of large special experience, and should have great consideration. Sir Henry admits that for purposes of very exceptional work, muscular or nervous, a man might use alcohol, and, further, that the effect of it on persons is so different that no dogmatic rule can be laid down for everybody. There is a moderation in this language which befits a medical speaker, and which, in our opinion greatly adds to its strength. Sir Henry's views on the use of these articles in what he considered moderate quantities in diet have long been before our readers, and constitute a most valuable contribution to the study of lithiasis, one of those errors of assimilation which we believe to be at the root of a great deal of disease in middle and advanced life. Dr. Richardson refuted the notion that alcohol gave warmth and strength. By accelerating the action of the heart, it gives rise to excessive muscular action and waste of tissue.

There is a difficulty in defining "moderate" drinking, as Sir Henry Thompson said. And it is almost equally difficult to be moderate in speaking about this subject, though we are convinced that medical men will do good in proportion as their speech is judicial and scientific. We doubt whether it is right to say that moderate drinking is the parent of excessive drinking. But what is moderate drinking? We can best get at a notion of it by saying what it is not. Drinking early in the day is not consistent with moderate drinking. The man who begins the day with "a soda and brandy" has very little respect for his constitution; and if he does not alter his habits, they will alter his health. Odd glasses of beer and glasses of spirit in a forenoon do not come within the range of moderate drinking. They will shew themselves in some rotundity of feature or figure, or alteration of colour, some dyspepsia, or lithiasis, or rheumatism. That is not moderate drinking which adds fifteen or twenty beats to the pulse, or which flushes the face. Finally, all casual drinking is bad, presumably, and not moderate drinking. The system will not receive food merely as a matter of conviviality at all sorts of odd hours. Still less will it receive with impunity drink in this way. Drinking which disturbs sleep, either by making it heavy, or by driving it away, is not moderate. For want of thought on these points many people who would be shocked to be considered immoderate, charge their blood and tissues with drink so continuously that the system, though never saturated with, is never free from, alcohol. Moderate drinking is that which consists with a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light and refreshing sleep. It is associated with meals, and is entirely subordinated to more convenient and

less objectionable forms of food. That such drinking produces drunkenness has yet to be proved, as it has yet to be proved to be essential to health.—*The Lancet*.

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FRACTURE OF CERVICAL SPINE;  
STRICTURED URETHRA; PUNCTURE  
OF BLADDER; POST-MORTEM AP-  
PEARANCES.

(Under the care of Mr. Christopher Heath.)

For the following notes we are indebted to Mr. Gould, surgical registrar.

G. P—, aged thirty-six, a very intemperate man, fell down twelve steps while drunk on Sept. 2nd, 1876. He was at once rendered unable to move his arms or to walk, and was carried to bed. After about half an hour he "fainted," and remained unconscious for about fifteen minutes. He then continued restless and sleepless until the date of his admission, Sept. 3rd.

On admission he was quite conscious. He was found to have complete motor paralysis of the left leg and of the extensor muscles of both arms and forearms, his respiration was entirely diaphragmatic; he complained of a little numbness in the hands and left leg, but there was no distinct paralysis of sensation; he had a sense of constriction round the upper part of abdomen; priapism only partial; pupils were equal and acted to light, no facial paralysis; some tenderness all down spine, but most marked over the sixth cervical vertebra; no displacement was detected. Dr. Gowers saw the patient, and noted, in addition to the loss of power of the extensors of the arm, that the power in the deltoid and flexors of the elbow was good on each side; that there was the slightest possible movement of the flexors of right fingers, none of the left; decided loss of faradaic irritability in the left ulnar nerve, and in all the muscles supplied by it, not in the right; little change in the other muscles; the reflex action much diminished in the left leg. There was involuntary passage of feces and retention of urine. On passing a catheter, two strictures were found, the posterior of the two only admitting a No. 1. Thirty ounces of urine were drawn off; the urine was acid, and free from albumen and sugar. Ordered five grains of calomel as a purge.

He remained in the above condition until the night of the 5th, when he became noisy, restless, and delirious. A chloral and morphia draught was administered. The urine dribbled away, but on the 7th a catheter was passed to relieve retention. He also had another dose of calomel (five grains). He had now gained a little power in his arms, and could bend and extend his elbows more freely. Priapism only slightly marked. On Sept. 9th he complained of pain starting from his toes, and then

spreading all over his body, but especially running up to the back of his neck; the pain intermitted every few minutes, and continued to do so until his death.

Sept. 11th.—Temperature 102.2°. Unconscious; pupils regular, size of pin's head. Mr. Heath, being unable to introduce a catheter, punctured the bladder through the rectum in the ordinary way, and tied in the canula. The urine was bloody, ammoniacal and very offensive. Instructions were given to have the bladder syringed out with warm water twice a day.

13th.—Patient is in a drowsy state, at once aroused by a touch or by being addressed.

16th.—Quite conscious. Lies with arms at right angles to trunk. Numbness on back of left hand and over left leg; elsewhere the sensation is perfect. Dr. Gowers examined the patient, and found that the electric irritability of the abductor indicis and of the interossei of left hand and of left ulnar nerve had quite disappeared. The biceps and deltoid much weaker, but presented no loss of irritability. Pupils contracted, the left being a little the smaller; slight ptosis of left eyelid. Breathing quiet; no cyanosis; chest resonant; no râles. Tongue dry.

On the 23rd it was noted that the movement in the arms had decidedly improved; pupils slightly contracted. The canula was removed from the bladder and replaced by a gum-elastic catheter. The next day he said he felt weaker; he refused his food, and in the afternoon vomited.

25th.—Much weaker, tongue dry and brown; takes nothing but brandy. No cyanosis; no râles; chest resonant to base; extremities cold; urine very bloody. Profuse perspiration, limited to right side of face, was noticed. He died just before noon.

The temperature was taken daily, and was constantly raised, but only slightly, ranging from 99.2° to 102.2° on one occasion, being generally under 101°. The pulse was never over 72.

*Autopsy.*—Spine: The body of the sixth cervical vertebra was crushed in front, and the right anterior transverse process broken from the body, and the tip of the right articular process fractured. The posterior common ligament was partially lacerated. These injuries allowed the fifth cervical vertebra to fall forwards on the sixth. The spinal cord was examined by Dr. Gowers, whose report is as follows:—"Dura mater of the cord firmly adherent to the disturbed cervical vertebra, and a little thickened at the spot; no other sign of inflammation; a few extravasations of blood outside dura mater in vicinity of adhesion; inner surface of dura mater and pia mater normal. The spinal cord, on its external aspect, was natural, there being no sign of laceration or contusion opposite fracture; the consistence was, however, slightly lessened. Section here showed extensive disorganisation; grey

and white substance broken up, and mingled with small extravasations of blood. The microscope showed abundant 'granule corpuscles.' This change was equal in the two sides of the cord, and extended from the seventh to the eighth pairs of nerves. A little higher, opposite the sixth pair, the cord was scarcely damaged, slight irregularity in the outlines of the anterior grey cornua being the only abnormality. Lower down, between the eighth cervical and first dorsal pairs, the left anterior cornu alone was damaged, the right side being normal in appearance. Below the first dorsal pair the cord appeared healthy. All the anterior roots of the nerves appeared healthy to the naked eye, but on microscopical examination those of the seventh pair were degenerated on the left side, almost healthy on the right. In the first dorsal pair the degeneration was slighter, and was also chiefly on the left side. This left-sided affection of the anterior cornu in the lowest cervical region, and left-sided degeneration of the anterior roots, corresponds with the loss of electrical reaction in the left ulnar nerve observed during life." There were two strictures in the urethra. The bladder was greatly hypertrophied and congested; the puncture was seen to be exactly in the centre of the trigone. Ureters dilated; kidneys large, deeply congested, and swollen, with numerous whitish streaks of commencing suppuration scattered through the cortex. Recto-vesical pouch of peritoneum normal, not wounded by the trocar. Heart, liver, and spleen healthy; lungs emphysematous. There was slight superficial collapse of the posterior part of the lower lobes; no sign of recent bronchitis.

In some clinical remarks on this case, Mr. Heath referred to the rarity of recovery in cases of injury to the cervical spine, death occurring either from bedsores, ulceration of the bladder, or, most frequently, from congestion of the lungs due to imperfect aeration. The above case was an example of diaphragmatic respiration, the chest-walls being paralysed; but the opposite condition had been witnessed by the students in a recent case of pistol-shot lodged in the spine, where the diaphragm was paralysed, or at least did not work, whilst the other inspiratory muscles were intact. As the strictured condition of the urethra rendered it impossible to relieve the bladder by catheter, Mr. Heath had no hesitation in tapping the distended bladder per rectum, thereby making a dependent opening, by which the urine flowed away as fast as it was secreted, without decomposing. Mr. Heath said that he regarded the result as so satisfactory that he would be inclined to adopt the practice in any other case of spinal injury of a hopeless character, rather than have recourse to constant catheterism with all its difficulties and dangers.—*The Lancet*.

Rev. Mr. Talmage says that King Asa had the gout, and the doctors killed him (2 Chron. xvi. 12, 13.)

## THE THERAPEUTICS OF HEADACHE.

Clinic by Prof. Smith, New York.

GENTLEMEN,—We take up to-day the therapeutics of certain forms of headache, a very important subject. Head-ache may be divided into organic and functional; but I believe you will get a better idea of the treatment by dividing the cases according to the causes.

You will remember we took up purely neuralgic headache at the last lecture.

A headache, when due to nervous disturbance, such as occurs in hysterical or excitable subjects, if associated with plethora, often yields to a saline cathartic. The most agreeable is the solution of citrate of magnesia, and should be given, a full bottle of it on an empty stomach. In addition, it is well to give one of the bromides combined with valerian. The following prescription I frequently use:

R. Sodii bromid ..... ʒ iv.  
Elix. valer. amm. .... ʒ iv.

M. Sig. ʒ. i. every hour until relieved.

If such nervous headache be associated with anæmia, after relieving the immediate attack with the bromide and valerian prescription, give iron, and give it for weeks, until there is a decided improvement in the patient's condition. Always give the iron after meals. In these anæmic cases it is often advisable to stimulate the heart's action. For this purpose I have found the following useful:

R. Amm. muriat ... ʒ ss.  
Tinct. actæa racemos. Aquæ.aa. ʒ. iij.

M. Sig. ʒ ij. after meals in a wine-glass of water.

If there be despondency and depression of spirits, phosphorus, with nux vomica, is a good combination. The unpleasant taste of the phosphorus has been overcome by being made into sugar-coated or gelatine-coated pills. I frequently prescribe a pill containing phosphorus gr. ʒ, with ext. nux. vomica, gr. ʒ t. i. d., with the happiest results. The pills can be obtained of any reliable druggist. This despondency is apt to occur in those who have been overworked mentally, or are harassed by business cares, or who suffer great mental anxiety. If, in addition to these symptoms there be sleeplessness, I employ the following pill:

R. Camph. pulv. .... gr. xxv.  
Ext. cannab. ind. .... gr. x.  
Ext. hyoscyami. .... gr. xx.

M. Div. in pill No. x.

Sig. One at night. Repeat in two hours if necessary to produce sleep.

It is important to attend to the general health of the patient. Remove all causes of excitement; encourage exercise in the open air; let the food be

simple but nutritious; let the sleeping-room be large and well ventilated; in short let the patient be surrounded by the best possible hygienic influences. These general remarks will apply to almost all forms of headache.

## SICK-HEADACHE.

I usually recognize two forms of sick-headache, (so called), the one neuralgic in character, as hemicrania and trifacial neuralgia, the other a dyspeptic headache. In the neuralgic variety the pain in the head precedes the nausea, while in the dyspeptic variety the pain in the head succeeds the dyspeptic symptoms. In the neuralgic, vomiting does not relieve the pain, while in the dyspeptic an emetic or laxative often removes the pain in the head by removing the cause. In addition to the treatment given in a previous lecture for neuralgic headache, which often occurs at intervals of a few days, or a week or two, sometimes coming on at sunrise and disappearing at sunset, I have good results from the use of guarana, or paullinia sorbillis, as it is sometimes called. I give it usually in powder, grains fifteen every fifteen minutes, until six doses have been taken. It is best given in a little sweetened water; and if six doses do not relieve, do not continue it; it will probably not relieve. It is well to give these powders in any headache (not malarial) of long standing and prone to return at certain intervals.

## MALARIAL HEADACHE.

Malarial poison may produce pain in any portion of the head, but the most frequent locations are the sub-occipital region, the frontal, and on either side (hemicrania). Begin your treatment by the use of quinine. If distinctly periodical, give ten or fifteen grains two or three hours before the expected attack. It may be necessary to push the quinine in divided doses until cinchonism is produced, and kept up for several days, and then gradually diminish the dose. If the pain still continues to recur, and it frequently will, resort to arsenic and belladonna, five-drop doses each of Fowler's solution and tincture belladonna, after meals, increasing the Fowler's one drop each day until œdema arsenicalis is produced. This will seldom fail to give relief.

## HEADACHE FROM GOUT.

I have found the following prescription beneficial in a headache dependent on gout:

R. Vin. colch. sem. .... ʒ iij.  
Lithii bromidi. .... ʒ ss.  
Syr. zingib. .... ʒ ss.  
Aq. cinnamomii, q. s. ad. .... ʒ vi

M. Sig. ʒss. in a tumbler of Vichy water every four hours.

Such patients will be benefited by the regulation of the hygiene, tonics, a partial discontinuance of stimulants, particularly those which have been found by experience to aggravate the gouty symptoms.

SYPHILITIC HEADACHE.

It is hardly necessary that I should tell you that the headache of syphilis is more severe at night, and is quite apt to awaken the patient after twelve by its increasing severity. The use of calomel in one-tenth grain doses every hour, for twelve hours immediately preceding the time that it awakens the patient, gives more rapid relief than the ordinary constitutional treatment. The calomel treatment may be continued for two or three days, then stopped, and iodide of potassium given. I usually begin the iodide in fifteen grain doses, after meals and gradually increase it until iodism is produced, or irritation of the stomach occurs, provided the symptoms do not yield earlier. It may be necessary to push it to 350 or 400 grains a day before the symptoms yield.

RHEUMATIC HEADACHE.

The headache of rheumatism is characterized usually by tenderness of the scalp, which is increased on pressure or motion. Use the mild faradic current on the scalp, and internally the following :

- R. Potass. iodidi,
- Amm. muriat. .... aa. ʒ iss.
- Infus. humuli. .... ʒ vi

M. Sig. ʒ ss. four times a day in a wine-glass of water.

In some cases of rheumatic headache, which have not yielded to the above treatment, I have found bromide of ammonia in twenty grain doses every two hours effectual.

URÆMIC HEADACHE.

There is another form of headache which is of great importance as a symptom of serious disease. The pain in the head may be the first evidence you will obtain that there exists renal disease, and that you really have to deal with uræmic headache. The judicious plan of treatment in such cases has for its object the removal of the abnormal amount of urine from the system. To accomplish this, you may call into action one or all of the three great emunctories of the body, the kidneys, the intestines and the skin. Make the kidneys act if you can, apply dry cups over the region of them, and give internally the following :

- R. Potass. acetat. .... ʒ vi
- Infus. digitalis. .... ʒ vi

M. Sig. ʒss every three hours.

The infusion should be made from fresh English leaves. Give this until the kidneys act freely, if

you can make them do it within twenty-four hours. You cannot always rely on this, however. If the kidneys do not act freely and the headache is not relieved within twenty-four hours, give a saline cathartic. A treatment almost domestic, and often very effectual, is to put an ounce of cream-tartar in a quart of water, and have the patient drink this in eight or ten hours.

ALCOHOLIC HEADACHE.

The headache of acute alcoholism, or inebriety, follows a debauch. The first indication is to remove the alcohol from the intestinal canal. For this give of rhubarb and magnesia calcined, each half a drachm, then give as follows :

- R. Spts. amm. aromat. .... ʒ ij.
- Tinct. camph. .... ʒ iss.
- Tinct. hyosciami. .... ʒ iiss.
- Spts. lav. comp. q.s.ad. .... ʒ ij.

M. Sig. ʒj. every hour until the headache is relieved and then give capsicum gr.ij. and quinine gr.ij. before each meal for several days. If there be sleeplessness give :

- R. Sodii bromid. .... ʒ ss.
- Chloral hydrat. .... ʒ iiss.
- Syr. aur. cort. .... ʒ ss.
- Aquæ ..... ʒ iiiss.

M. Sig. ʒ ss. at night, repeat in two hours if necessary to produce sleep.

DYSPEPTIC HEADACHE.

Dyspepsia is a frequent cause of headache.

If there is indigestible food in the stomach, and it has been there for some time, give an emetic, as mustard and warm water, or sulphate of zinc gr. xv., and remove it. If there is evidence of indigestible food in the alimentary canal, beyond the stomach, give gr.xx. of rhubarb and magnesia each, and remove it from the bowels. If the headache be frontal, and the pain is located immediately over the eyes, give dilute nitro-muriatic acid in ten-drop doses, well diluted, after meals. If the pain is located about the roots of the hair, give an alkali before meals. as gr.xx. bicarbonate of soda or magnesia. The dyspeptic headache oftentimes is confined to these regions, but spreads over the entire head. In such cases I combine an acid with an alkali, and add to these nux vomica, as in the following prescription :

- R. Sod. bicarb. .... ʒ iiss.
- Ac. nitro-mur. dil. .... ʒ ij.
- Tinc. nuc. vom. .... ʒ iss.
- Syr. aurant. cort. .... ʒ vi.
- Aquæ, q. s. ad. .... ʒvi.

M. Sig. ʒ ss. after meals in a wine-glass of water.

If there be gastric pain, a mild counter-irritant as a mustard plaster to the epigastrium, will often

relieve the pain in the head as well as the pain in the stomach. If flatulence be a troublesome symptom, give the following :

R. Bismuth subcarb..... ʒ iss.  
Tinct. nuc. vom..... ʒ iss.  
Tinct. card. co.,  
Spts. lav. comp. aa q.s.ad... ʒ iv.

M. Sig. ʒ ij. before meals in a wine-glass of water.

If there be constipation, the following pill may be given, one in the morning :

R. Aloes pulv..... ʒ ss.  
Ext. nuc. vom..... gr.v.  
Ext. belladonna ..... gr.iv.

M. Div. in pill No. xv.

In some forms of headache associated with stomach indigestion, I have found small doses, often repeated, of tinct. nux vomica effectual. I give a single drop every fifteen minutes, and continue this two or three hours, if necessary. In other cases, where the headache comes on soon after a meal, and seems to depend on stomach digestion, large drops of pepsin are effectual. Give a half drachm saccharated pepsin in a wine-glass of sherry wine, t. i. d., and let it be taken during meals.

#### HEADACHE FROM CONGESTION.

Cerebral congestion as a cause of headache may be divided into two varieties, active and passive. These claim almost directly opposite plans of treatment. In the active variety the patient should be kept in a darkened room, perfectly quiet, cold and evaporating lotions applied to the head. A saline cathartic may be given, and the following prescription :

R. Sodii bromid..... ʒ iiss.  
Fl. ext. ergot..... ʒ iiss.  
Syr. zingib..... ʒ ss.  
Aq. aurant. Flor. q.s.ad. ... ʒ iv.

M. Sig. ʒ ss. every two hours.

If the skin be hot and dry, and the pulse full and rapid, give Fleming's Tinc. Aconit. Rad. gtt. ij. every two hours until the heart's action is sensibly diminished. Sometimes a hot mustard foot-bath will give relief.

The passive congestion variety demands a different mode of treatment. In many cases this variety is found associated with cardiac disease, and most frequently where there is cardiac dilatation. Hypertrophy gives rise to the active variety. Improve the condition of the blood by the use of iron, quinine, bitter tonics, alcoholic stimulants, good food, and stimulate the heart's action by the use of the following :

R. Tinct. digitalis..... ʒ iii  
Spts. amm. aromat..... ʒ vi.  
Spts. lavand co.,  
Syr. simp. aa q. s. ad..... ʒ iii.

M. Sig. ʒ i. every four hours.

#### ANÆMIC HEADACHE.

Cerebral anæmia produces a headache, which is often mistaken for the passive cerebral congestive form. It is often associated with general anæmia, nervous exhaustion, and may occur in heart disease in consequence of enfeebled heart power, such as is met with in enlargement with dilatation, fatty degeneration, and myocarditis. Improve the general condition of the patient, and stimulate the heart's action as recommended in the passive cerebral congestive variety. Nitrate of amyl will relieve the immediate headache. Let the patient inhale three to five drops of it on a piece of cotton, placed within one nostril while the other is held closed. When associated with nervous exhaustion, I employ the following :

R. Strych. sulph ..... gr.ss.  
Tinct. ferri. chlor..... ʒ ij.  
Glycerinæ..... ʒ ss.  
Infus. gentian q. s. ad..... ʒ vi.

M. Sig. ʒ ss. after meals, in a wine-glass of water.

A word as to alcoholic stimulants. These are beneficial in headache dependent on cerebral anæmia. Champagne is specially a favorite form, and is much relished by those who suffer from nervous exhaustion. You should use caution in recommending it to such patients, as it may lead to serious results. Give it always as a remedy, and not as a beverage. A safe plan is to recommend brandy, a tablespoonful after each meal, and limit the champagne to one glass, and let it be taken with the dinner.—*Western Lancet.*

#### ORCHITIS TREATED BY PUNCTURING THE TESTICLE.

The treatment of acute orchitis by means of puncturing the testicle having within the past twelve months attracted a considerable amount of attention, the following notes, for which we are indebted to Mr. George Shaw, will doubtless prove of interest. The subjoined cases, as far as they go, certainly seem to present very satisfactory evidence of the value of puncture, while, according to Mr. Macnamara's wide experience, such instances are by no means rare.

CASE I.—H. C—, aged forty-one, a gold refiner, was admitted on Oct. 17th last with acute inflammation of the left testicle. He was a temperate man and a hard worker, but out of health in consequence of being constantly exposed to the nitro-hydrochloric acid fumes. On Oct. 11th he strained himself while at work, and shortly afterwards his left testicle became swollen and very painful, so that he was quite unable to continue his work, and, as the treatment he received at his



house did not relieve him, he was taken into the hospital. Ice was kept constantly applied to the inflamed gland, and the ordinary saline purgatives were administered. Under this treatment the symptoms subsided, but on the 24th, without any known cause, the orchitis returned, and, on the following day, during his visit to the hospital, Mr. Macnamara ran a grooved needle into the testicle, and allowed a few drops of serous fluid to escape externally along the groove, after which the instrument was withdrawn. The relief was both immediate and permanent; the inflammatory symptoms all passed away, and the patient left the hospital on Nov. 3rd, perfectly cured.

CASE.—Thomas W—, aged thirty-five, was admitted on Nov. 4th, suffering from long-neglected gonorrhœa and acute inflammation of the right testicle, the latter having come on suddenly on Oct. 29th, from which time he had been in very great pain. Immediately after admission, the house-surgeon, Mr. Poynder, passed a grooved needle into the testicle, and, after a small quantity of fluid had escaped externally, withdrew the needle. The patient alleged that within five minutes the pain had entirely gone, and did not return again from that time. He left his bed on Nov. 12th, and left the hospital cured on Nov. 20th.

In reference to these cases Mr. Macnamara remarked that they were fair examples of the effect produced by puncturing the testicles in acute orchitis. So far as he was concerned he was unable to determine in any given case if the inflammation was confined to the epididymis, or affected only the proper structure of the testicle; but it seemed to him scarcely probable that inflammation, if attacking one of these organs, would not extend to the other, and under any circumstances it followed, almost of necessity, that an effusion of fluid from the distended bloodvessels would escape into the tunica vaginalis, and perhaps, also, into the tunica albuginea. Every surgeon who had punctured the testicle in acute orchitis must have observed that the escape of a small quantity of fluid along the groove of the needle was not unfrequently followed by instant relief of the pain and a diminution in the hardness of the testicle, and it had always appeared to him that the relief was analogous to that afforded by diminishing the tension of the eyeball in acute glaucoma. Mr. Macnamara further remarked that he could claim to speak with some degree of confidence on this subject, for, some years ago while riding, he was thrown forward on the pommel of his saddle, and injured his left testicle. Symptoms of orchitis soon set in. Happily having been informed by his friend, Dr. Herbert Baillic, only a short time previously of the case of an artillery officer whose testicle had been punctured for orchitis after the plan recommended by Mr. Henry Smith of King's College, Mr. Macnamara got Mr. Culcliffe to run a

grooved needle into the inflamed and injured testicle. The relief in his own case was not only instantaneous, but permanent, and for these and other reasons he said he had never hesitated to employ the same treatment on his patients. He himself had never seen any but favorable results follow this mode of treatment, though, of course, he was not prepared to say it was always curative. He added that he felt himself under a personal obligation to Mr. Henry Smith for having introduced into modern practice the plan of puncturing the testicle in cases of acute orchitis, and he could with confidence recommend his pupils to follow this treatment in similar cases, because there are few diseases in which pain can be more effectually and speedily removed.—*The Lancet*.

#### CASE OF EXTRA-UTERINE GESTATION.

Mr. Thomas R. Jessop, F. R. C. S., Honorary Surgeon to the Leeds General Infirmary, reports an interesting case in the *Lancet*, November 4th, 1876:—

The patient was a married woman—mother of one child, twenty-six years of age, and of previous good health. \* \* \* \* \*

The diagnosis of extra-uterine foetation having been ascertained, and the case admitting of no further delay, Dr. Jessop, on the morning of August 14th, 1876, and near the thirty-third week of utero-gestation, performed the operation in question.

The patient was placed under ether, and, after emptying the bladder, an incision was made in the linea alba, six inches in length, with the umbilicus in the middle of the wound. On reaching the abdominal cavity the back of the child was seen, covered with cervix caseosa, with the omentum lying like a cape over the head and shoulder. The cord, which was in full view of the wound, was tied, and a large well-nourished female child was removed from the abdomen. The child at first breathed so feebly as to give rise to some alarm, but an hour later it had acquired normal respiration. Its subsequent history is of importance no further than that it revived and flourished, until, in its eleventh month, it died of croup and pneumonia.

To return to the mother. The placenta was found lying like a coverlid over the entrance to the pelvis, and especially attached to the rectum and posterior abdominal wall. This fact was ascertained with the most jealous care, lest any rude manipulation should detach any portion of it. In the abdominal cavity some serum (a pint) was found, and feeble bands of lymph here and there distributed upon the intestines. The wound was dressed with six silver wire sutures, with as many intervening of silk, and the lower part of the wound, from which the umbilical cord was per-

mitted to protrude, was dressed on the principle of the pedicle in ovariectomy. The clamp used is the invention of Mr. Gough, and while it is not described, its excellence is commented upon by the surgeon.

The care bestowed upon the case in the after-treatment is deeply interesting. The patient was left in the operating room, and upon the very table used in the operation, for four days, lest removal should diminish the chances of recovery. She was nourished by judiciously administered enemata for a week before the stomach could retain anything but bits of broken ice. Morphia was given hypodermically for about six weeks. During the month following the operation the character of the discharge from the wound betokened the removal of the placenta, but during the second month the character of the discharge gradually became normal and small in quantity, when, at the expiration of two months, it healed, and the patient was soon dismissed.

[The article is quite lengthy, and enters into the literature of the operation, and will repay a careful perusal. Lest any one should ascribe the recovery to the skill displayed in the management of the case, the eminent surgeon is particular to point out that there were no complications to embarrass him.]—*Med. and Surg. Reporter.*

## CHRONIC OVARITIS.

CLINIC BY PROF. THOMAS, NEW YORK.

The first case to which I invite your attention this afternoon, gentlemen, is Mrs. Ann S., colored; over thirty years of age, and sterile. On questioning her, we find that she has been married eleven years, but that up to four years ago there was no symptom present in her case, except the sterility. At that time she began to have a fixed pain in the right side, which has never left her, and we find that, in addition, she is now suffering dysmenorrhœa (the pain coming on before the appearance of the catamenial flow), back-ache, leucorrhœa, and marked irritability of the bladder. Now what is the diagnosis? This can only be accurately determined by physical exploration, in order to see whether there is any condition present that will account for the above symptoms. On making an examination per vaginam,\* the patient being on her back, we find the cervix uteri normal in character and position, but that the body of the organ is bent forward; and by the use of conjoined manipulation (one hand being placed on the lower

part of the abdomen), we can distinctly map it out in the position of well-marked ante flexion. We are utterly unable to straighten this uterus; but just why this should be so, is not very evident. On continuing our examination we find on the right side of the uterus a hard mass, about the size of a horse-chestnut, which is movable, and excessively tender to the touch. The ovary cannot be felt on the left side. Now, placing the patient on her side, and introducing the uterine sound, bent to the proper curvature, we find that it is still quite impossible to reduce the flexion (or, at least, not without using more force than we would be justified in doing). The diagnosis is, then, chronic ovaritis, with displacement, and irreducible ante flexion of the uterus. The ante flexion has probably existed ever since the patient was a young girl, but seems to have given rise to no trouble (except the sterility), until four years ago, when she must have had an attack of acute ovaritis (right) accompanied by displacement of the organ. We have, then, quite enough to explain all the symptoms of which the patient complains, viz.: dysmenorrhœa, pain in the right side, back-ache, leucorrhœa, and irritability of the bladder.

Now, as to the prognosis. This is very important when you are able to cure your patient, but it is of tenfold greater importance when you cannot do this. Why? Because it prevents the individual, if your advice is taken, from undergoing a long course of useless treatment and incurring much unnecessary expense. It is always the best course, in such cases, to tell your patient frankly that you cannot cure her; though sometimes this is a disadvantage to the physician, as she may go to some other medical man who will promise great things for her, and for the time being you will be thought to know very little about your profession. In the present instance nothing can be done except to regulate the patient's life, and warn her to avoid treatment which would probably do her a great deal more harm than good. She should be instructed to make use of warm vaginal injections, and to remove all weight from the flexed uterus by wearing her clothing suspended from the shoulders. In addition she might take such general tonics as are indicated, and she ought, if possible, to have complete rest at the time of her monthly periods.

UTERINE SUBINVOLUTION.—Mary M., aged 25. a native of France. She has been married more than three years, but has never given birth to a child at full term. Ten months ago, however, she had a miscarriage at about the fourth month, and she says she has never been well since. The principal thing that she complains of is a pain, seated, as she expresses it, "over the womb and running through to the back." She never misses a monthly turn, but the menses do not always appear exactly on the day anticipated (a matter of no consequence whatever). She loses less blood now than form-

\* Patients are never examined before the class at Professor Thomas' clinic, unless there is some condition present which can be readily distinguished at a distance, such as an ovarian tumor or proclivita of the uterus.

erly at her periods, and immediately after the flow ceases she suffers from a severe pain, which continues for two weeks, and it is always accompanied by a leucorrhœal discharge. This post-menstrual pain, you will find, is very rare indeed. There is another form of so-called dysmenorrhœa, in which the pain occurs at a certain period between the catamenial epochs, but this intermenstrual pain is in reality a neuralgia, and ought to be classed as such. She suffers from constant irritability of the bladder, and has to get up two or three times every night to void her urine. An examination *per vaginam* reveals the fact that the uterus, slightly anteverted, is in a much lower position than normal, and is pressing forward upon the bladder. We find that it is also very large and flabby, and that the external os is quite patulous. Anticipating that fungoid degeneration of the mucous membrane of the uterus might be present, one of my assistants has carefully explored the cavity of the organ with a copper wire curette, but with a negative result.

Here, then, is a patient who was perfectly well, up to ten months ago, when she had a miscarriage, which has been followed by the above results. Subinvolution is, therefore, our diagnosis, by which term I would have you understand a statement of the condition which gives rise to, and satisfactorily accounts for, the phenomena present in any particular case. Many authorities would say that this patient is suffering from chronic metritis, but that is an expression which covers almost as much ground as hysteria, and ought to be discarded. For some reason or other, which it is impossible now to determine, the involution of the uterus after the miscarriage was interrupted, and the organ remained permanently enlarged, with its lining mucous membrane engorged with blood. The ovaries, also, were left much congested, and on account of their increased weight both have fallen down into Douglas' *cul-de-sac*, where they can be distinctly felt, somewhat enlarged and extremely tender to the touch; a fact which was not mentioned when the results of the vaginal examination were stated.

Subinvolution is a very difficult condition to cure, but we will put the patient on the following course of treatment: all superincumbent weight must be removed from the uterus, and she must be instructed to attempt no heavy work, and to rest during her menstrual periods. She will be ordered to make use of hot vaginal injections which contain a small quantity of some appropriate astringent, not for the purpose of curing the leucorrhœa which has been noted, but in order to prevent the vagina from becoming more flabby and relaxed than it is, and thus permitting the uterus to fall lower down. Internally she will be given ergot, in small doses (to avoid the nausea which it so frequently produces); though I must confess I have not much faith in its efficacy in these cases.

Ergot, as you know, has a marked effect on uterine fibroid and in arresting hæmoptysis. and as it is the only drug whose action is directly upon the uterus, it is worth while to give it a trial, at all events. In addition, she will wear a soft-rubber ring pessary, to act as a splint to the uterus, and take off some of the strain from the ligaments; and later on in the treatment a current of electricity, from a constant battery, will be passed through the organ (on account of its tonic and alterant effect), one electrode, in the shape of a cup, receiving the cervix uteri, and the other being placed on the abdomen. Relief in this case will necessarily be slow, but may perhaps be complete. For a perfect cure, however, we can only look to another pregnancy. The uterus would thus be given another chance for itself, and it is probable that, under more favourable conditions than before, complete involution of the organ might afterwards be accomplished.—*Medical Reporter.*

#### THORACENTESIS IN EFFUSIONS OF THE PLEURA.

Dr. Beverly Robinson read a lengthy paper on thoracentesis, in which he drew from the literature of the subject the advantages derived from it, and the cases in which it was indicated. He directed attention also to the subject of sudden deaths following this operation. The deductions which he arrived at were as follows: Thoracentesis was imperatively indicated where there was danger to life from pleuritic effusion. It should be performed at an early date, when the effusion was large, for the reason that it may prove fatal, if not by dyspnoea, by syncope, by twisting the aorta and impeding circulation, and by giving rise to œdema of the lungs.

Thoracentesis was also a justifiable operation in moderate effusions, even if they were not purulent, for the reason that a lung compressed by an exudation may become involved in caseous pneumonia, or it may be invaded with miliary tubercles, and, moreover, the effusion may result in adhesions which will bind down the lung and permanently cripple it. The pressure of the fluid on the lymphatics may prevent them from exercising their functions of absorption, or absorption may be impossible, from the fact that the pleura costalis and pleura pulmonalis may be so coated with lymph as to shut out the lymphatics completely. In regard to the objection which has been offered that if fluid be removed it will return, Dr. Robinson referred to a French authority, showing that, in twenty-five cases of aspiration performed in simple pleurisy, the fluid returned in only six. Reference was made to the influence, as a diuretic, which aspiration produced, and a case was cited in which

two gallons of urine were passed in the twenty-four hours following the operation.

In respect to thoracentesis during the febrile stage of pleurisy, it would seem that it does not, as a rule, increase the temperature, but, on the other hand, does, at times, lessen the intensity of the fever. Several observations have been made in which the operation of thoracentesis has been performed to estimate its effect, and it has been found, both in animals and man, that the puncture of the chest-walls with a sharp instrument is innocuous.

In regard to the danger of converting a sero-fibrinous exudation into a purulent one, Dieulafoy considers it a coincidence, and not the result of aspiration; and, in proof of this, cites several hundred cases in which the operation had been performed.

In regard to the relation of thoracentesis to sudden death, some important facts were adduced: first, that such deaths occurred in pleurisy when no operation had been performed; second, that the operation did occasionally bring about a fatal termination, but that such unfortunate accident might have been avoided if proper safeguards had been taken. The principal cause of death was embolism, caused by the dislodgment of emboli from the pulmonary veins; and, strange to say, this dislodgment took place not during the aspiration, but in washing out the chest with injections. The inference as regards the performance of the operation was to perform it before thrombi had formed, to inject fluid into the pleura with much care and in small amount.

The following post-mortem conditions have been found in patients dying suddenly: Vegetations of the valves of the heart, fatty degeneration of the heart, thrombosis of the heart, pulmonary, cerebral, and spinal embolisms, acute œdema of the lung, pulmonary congestion, ulcer of the stomach, ulcer of the duodenum, and ulcer of the gastro-epiploic artery. The final deductions by Dr. Robinson were that, inasmuch as the puncture of the walls of the chest by an aspirator-needle was a harmless operation, and any amount of effusion may become dangerous, it is justifiable, in all cases of pleurisy where fluid is present, to aspirate the chest, unless the patient be very feeble, and the effusion be small; in such case it may be wise to defer the operation. Again, if the effusion be extensive, it may be judicious to puncture the chest more than once, and draw off a moderate amount of fluid each time; so that all danger of acute œdema of the lung, of syncope, and of dislodgment of thrombi, be avoided.—*New York Med. Four.*

DEATH OF GURDON BUCK., NEW YORK.—The painful anxiety concerning the health of this distinguished surgeon has at last culminated in his death. This sad event occurred March 6, ending

a long and useful career. He was born in this city May 4, 1807. He graduated in the College of Physicians and Surgeons.

In 1837, he was appointed Attending Surgeon to the New York Hospital, which position he held up to the time of his death. On the death of Kearney Rogers he was made Attending Surgeon of the New York Eye and Ear Infirmary, which position he occupied for nine years. When the St. Luke's Hospital of this city, was being founded, he was the trusted adviser of the managing board, and the subsequent perfect administration of this noble charity has been in no small degree due to his individual exertions. After its organization he was appointed Attending Surgeon, the duties of which position he continued to discharge until 1868, when he resigned to accept a similar connection with the Presbyterian Hospital. He remained in active connection with this institution until a few months ago, when his rapid failing health rendered him unfit for duty.

As a surgeon Dr. Buck was remarkable for boldness in operating and for thoroughness of detail in after treatment. His patient study of his cases was one of his peculiar traits. To cases of fractures he was particularly attentive, spending not unfrequently the greater part of the day in the wards of the New York Hospital in dressing them. As a result of such pains-taking he was enabled to revolutionize the prevailing system of treatment. To his personal study and exertions were due, more, perhaps, than anything else, the enviable reputation which this hospital so long maintained for the brilliant results of this class of injuries. The improvements which he made in the then existing apparatus are matters of surgical history. His method of treating fractures of the thigh by the weight and pulley was at once recognized by surgeons throughout the civilized world as the establishment of an original principle of the utmost value.

Dr. Buck was not only a bold, but an original operator. The various capital operations which are described in the periodical medical literature of the past thirty-five years abundantly prove the latter statement. Among these, what is now known as Buck's operation for œdema of the glottis holds a deservedly high rank. But in no department did he gain more laurels than in autoplasmic surgery. His devotion to this branch, during the latter part of his life, amounted to a passion, and his marvelous successes roused in him an enthusiasm which mocked the increasing infirmities of his age and his rapidly declining health. His work on "*Contributions to Reparative Surgery*," issued only within the last year, fully embodies his remarkable experience, and may be looked upon as the crowning effort of a most notable and distinguished career. \* \* \*

For the past year or more his health began sen-

sibly to decline, and grave symptoms appeared, which were for the most part referred to kidney trouble. Finally the symptoms of uræmic poisoning became more and more marked, until he sank into coma, in which state he quietly passed away.

He was faithfully and lovingly attended to the last by his trusted medical friends and advisers, Drs. James R. Leaming and Alonzo Clark.

As a man, Dr. Buck was noted for his sterling integrity of character, his high sense of professional honor, his consistent Christianity, his charity to the poor, and his quiet devotion to his family. Can more of good be said of any one?—*Med. Record.*

**SECONDARY HEMORRHAGE AFTER THE USE OF ESMARCH'S BANDAGE.**—Prof. Esmarch thinks that the severe secondary hemorrhages after amputations, and the frequent hemorrhages after other operations in which his bandage is used are attributable, in many cases, to the use of too firm a constriction. The rubber tubes usually employed are too thick and hard, and too much force is exerted in applying them. The necessary consequence is a complete paralysis of the vasa-motor nerves, and hence obstinate hemorrhage after the removal of the tube. For some time past Prof. Esmarch has only used the tube in operations at the shoulder and hip-joint, and has found that he can obtain quite sufficient constriction in other operations by means of the elastic bandage alone.

Another cause of these secondary hemorrhages is the imperfect means employed to check the bleeding after operations. In operations for necrosis, Prof. Esmarch, before loosening the constricting band, fills the cavity in the bone, which he always makes trough-shaped, with charpie that has been soaked for a long time in carbolic acid, and applies Lister's antiseptic dressing. If the dressing is well applied, not a single drop of blood will ooze through it after the tube is removed. The charpie is left *in situ* for several days. In resections the tube is loosened before the wound is dressed, and all spiriting arteries are tied. In amputations Prof. Esmarch lays great stress on the importance of a circular cut through the muscles, so as to avoid cutting the arteries obliquely. When the limb is removed he seizes the gaping vessels one after another with a bull-dog forceps, which he leaves hanging to the stump until he has secured every vessel that he can see, and he then ties them with cat-gut ligatures. He applies the ligature to both arteries and veins, and believes that when the veins, are ligated the danger of secondary hemorrhage is greatly diminished. The rubber tube or constricting bandage is then removed as rapidly as possible; if it be gradually loosened the hemorrhage will be great, because the blood will be pumped into the arteries, but will be unable to flow back through the still

constricted veins. He then takes an irrigator filled with a weak solution of carbolic acid, iced, and douches the surface of the wound. The smaller vessels that still bleed are in this way easily seen, and seized with forceps, which are left hanging to the stump. When no more bleeding vessels can be seen, he proceeds to secure those that have been found with catgut. If the operator wait to tie each vessel as he seizes it, much time and much blood will be unnecessarily lost. Prof. Esmarch always has from thirty to forty pairs of forceps on his operating table, and all of them are sometimes in use before he begins to apply the ligatures.

Finally the iced douche is kept up until the capillary hemorrhage ceases, and the stump may then be dressed without fear. For several years none of his amputations or other capital operations have been followed by secondary hemorrhage.—*Med. Record.*

**LACERATION OF THE FEMALE PERINEUM.**—Dr. D. M. Stimson records (*Archives of Clin. Surg.*, July, 1876) the following case of this in which he successfully operated by a procedure devised by Dr. Willard Parker, who has employed it in seven cases with perfect success.

"Mrs. V., æt. twenty-eight, during first labour had her perineum torn completely through into the bowel, the rent extending two and a half inches up the recto-vaginal septum. The labour was instrumental and exceedingly difficult, her pelvis being contracted at the sub-pubic arch. An operation was performed two months after the accident, but it was unsuccessful.

"On May 10, 1876, I operated upon her, assisted by Drs. Geo. A. Peters, and Willard Parker, Jr., Willard Parker, Sr., being also present. The patient, having been duly prepared for the operation by warm douches and attention to diet and bowels, was etherized, placed in the position for lithotomy, and the parts were shaved. The sphincter ani was divided subcutaneously close to the coccyx on either side and the muscle stretched. I then dissected, from below upwards, the cicatrices from the ruptured surfaces, leaving the flaps thus obtained attached to the vaginal surface; and split the edge of the recto-vaginal septum so that raw surfaces might be obtained without loss of substance. Next I made a slightly curved incision, three inches in length, parallel to and three-quarters of an inch from the edge of the wound on either side, and carried it deeply enough into the ischio-rectal fossa to enable me to press the deepest part of the fissure together, by my fingers passed to the bottom of these cuts.

"A doubled silver wire was then carried from the bottom of one of the side cuts through the angle of the wound at the split septum to the side cut opposite, and the ends secured around a piece of elastic

catheter. The edges of the split septum were united by fine sutures both in the vagina and rectum; two more double wire sutures were placed in the wound and twisted over bits of catheter, one three-quarters of an inch nearer the surface than the first, and the third through the centre of the perineal mass. The cicatricial flaps were now trimmed, and brought together so as to form a valve of protection from vaginal discharges, after the idea of Langenbeck. Fine sutures were used also in bringing together the mucous membrane of the rectum; and lastly, the more superficial parts of the perineum were united by the ordinary silk suture.

"The patient was now placed upon her back in bed, her thighs separated widely, and a single thickness of sheet made to be the only covering over their upper parts. A Jacque's gum-elastic catheter was passed into the bladder, with conducting rubber tube; and a dose of morphine administered. The deep sutures were removed on the fifth day. The bowels were moved by castor-oil and enema on the tenth day. The catheter was retained until the tenth day.

"I have to-day, May 30, examined the patient, and find the recto-vaginal septum complete, the perineum entirely restored, and the patient can control the sphincter perfectly unless the bowels are loose.

"The distinguishing features of this operation are: *First*.—That the deep sutures draw in a straight line and a more secure coaptation of surfaces is thereby obtained. *Secondly*.—The side cuts relieve traction by dividing the transverse perineal muscles as well as skin and fascia. *Thirdly*.—Air is admitted freely to the wound, and 'poulticing' to a certain degree prevented."

A REMEDY FOR WHOOPING-COUGHs.—In twenty-five cases of whooping-cough, the author has been so exceedingly successful with his topical medication, that he has no hesitation in recommending it very warmly to the profession. His remedy is the following powder: R. Quin Muriat., 1.0; Ac. Salicyl., 2.0; Sacch. Alb., Sod. Bicarbon. aa, 0.5, (1 gramme = 15 grains. See JOURNAL AND EXAMINER., February, 1877, p. 172.) This powder is applied to the affected larynx by means of a laryngeal insufflator; the insufflations are made twice daily, and the above quantity of the remedy will last ten days. Consequently, at each application, about 0.05 quinine and 0.1 salicylic acid are used. The small dose of the powder being put in the open end of the insufflator, the patient is told to put out his tongue and to take a deep inspiration. At this very moment the tube of the insufflator is quickly put into the mouth far enough to get its curved end behind the epiglottis, and the powder is blown into the larynx. Although the children naturally struggled, they could be

managed by one person who had them on his lap and held their hands. Small children, of course, would not inspire just at the demand of the surgeon, who then had to wait and watch for the desired moment to insufflate the powder. But, for all this difficulty, the whole manipulation never occupied more than three minutes. When the powder actually was blown into the larynx it caused an attack of suffocation, so that this phenomenon may be taken for a proof of the successful insufflation.

The beneficial effect of the treatment was noticed within one week by a decrease of the attacks in violence and frequency. The time required for a complete cure varied from one to four weeks; in general older children and adults were cured more quickly than young children. And the writer thinks that the time necessary for a cure could perhaps be essentially shortened by more frequent insufflations of smaller doses, and by improving upon the *modus operandi*.—*Chicago Med. Jour.*

SULPHUROUS ACID WASH AS AN ANTISEPTIC IN COUNTRY PRACTICE.—Mr. John Balfour, strongly recommends (*Edinburgh Medical Journal*, Aug. 1876,) sulphurous acid wash originally advised by Dr. Dewar, as a valuable antiseptic for the use of the country practitioner, who may be called on at any moment to operate in slight cases without any assistance, and to perform a capital operation with such aid as may on the spur of the moment be available. He says he has now used it "for many years with great satisfaction in all cases of factory accidents, cuts, and lately in a case of amputation at the shoulder-joint. In the proportion of one in twelve of water, I find that it at once alleviates pain, minimizes suppuration, is easily applied, and facilitates dressing the wound, while it costs almost nothing. When the fingers are the parts injured, I have a large teacup filled with the wash put by the patient's side, and into this the injured part, covered with the thinnest rag to be had, is dipped as often as desired. Should the injured part be the hand or any other part of the body, it is supported on a pillow covered with gutta-percha tissue or oil-skin, and the wash applied by means of a little tow, which is allowed to remain in the cup."—*Am. Jour. Med. Sciences.*

TREATMENT OF SUFFOCATIVE GOITRE BY INJECTION OF IODINE OR THE USE OF SETONS.—Mr. Lennox Browne, of London, advises strongly against excision of the thyroid, which he ranks as a highly dangerous operation, from the fatality which has been shown to be associated with it even in such skilful hands as those of Dr. Watson. He finds that a much simpler procedure will be successful, cause the disappearance of the tumor, and at worst only leave a slight scar; and he gives six

cases of his own in support of his statements. The tincture of iodine may be injected, as recommended by Lucke, of Berne. In some cases it produces absorption, and in others suppuration; when the seton is used it is left *in situ*, so as to produce very long suppuration. In one case where the tumor involved the isthmus and left lobe of the thyroid, and was as large as an orange, injections of the tincture of iodine were practised three times on alternate days, about thirty drops being used. Suppuration was then invited by fomentations, and, when the abscess formed, two further injections were made into the side swellings. The discharge took place spontaneously, and continued for four weeks, pledgets of lint being introduced into the wound, so that it might heal from the bottom. About nine months afterwards there was no sign either of tumor or scar. In another case, a young woman of twenty-two had a general fibrous enlargement of the thyroid. Swallowing had become difficult and breathing was embarrassed. An injection of iodine was made at the first visit. Great pain was occasioned, and the patient passed a sleepless night. On the next day a seton was introduced and retained one month, and the effect was remarkably beneficial, free discharges ensuing, and the tumor diminishing in size most markedly. A month later all discharge had ceased; there was no thickening perceptible, and the cicatrices were mere points. Her general health had also much improved. Mr. Brown has obtained very little advantage from electrolysis in these cases. Of eight cases thus treated, one only obtained real benefit. As auxiliary to the treatment he recommends the patients to finish up by a course of baths and waters at the Bromo-Iodine Spa of Woodhull. Mr. Brown says it is difficult to say in which class of cases iodine is to be preferred and in which the seton. When the tumor is substernal and causes dyspnoea, it is the extension of the disease behind the trachea and oesophagus that is the cause of the trouble. These bronchocele are usually small, and are always fibrous. The cystic bronchocele rarely embarrasses the respiration.—*Br. Med. Jour.*, Dec. 30, 1876.—(*Detroit Med. Review.*)

**A NEW DISINFECTANT AND ANTISEPTIC.**—At a meeting of the Society of Arts on Thursday last "On some Processes of Nature's Hygiene" was read by Mr. C. T. Kingzett, F.C.S. The paper was a very interesting one, and suggested important improvements in the production of antiseptics, disinfectants, and albumen of commerce. The reader's researches had for their immediate object the elucidation of the nature of the active principle which is formed when turpentine and other oils and substances underwent atmospheric oxidation, illustrating the results by certain chemical formula. It had been at first difficult to understand the virtues of the Eucalyptus as a preventive

of malaria, but the explanation was both interesting and simple. The various species of pine or fir trees all secrete oils, which might be considered as turpentine, and which, if allowed to remain in the tree, volatilised in great measure, and underwent oxidation in the atmosphere. In pursuing his investigations he found that when turpentine was exposed to a current of air in the presence of water oxygen was absorbed, part of the oil resinified, and the rest was oxidised into a compound, unstable in the presence of water, and splitting up thereby into peroxide of hydrogen and camphoric acid, the former of which had long been acknowledged to be one of the most powerful disinfectants known to chemists. The result of his experiments in the direction of the oxidation of turpentine was the discovery of a solution which he had christened "Sanitas," and which he claimed to possess a power of preservation and disinfection superior to that of its own components taken singly, and to that of any other known antiseptic or disinfectant, the presence of camphor and other bodies being conducive towards securing the result sought for. By a similar process Mr. Zuglei and himself had also been able to prepare a blood albumen of a whiteness and quality comparable to egg albumen, the use of which would restore a large amount of food to the market. This was the first instance on record in which a natural process of atmospheric purification had been imitated to perfection; until, in fact, there could now be repeated on a commercial scale, that which in pine and Eucalyptus forest constituted one of the most efficacious processes of nature's hygiene.—*Med. Press and Circular.*

**THERAPEUTICS IN GREAT BRITAIN.**—In reviewing a recently published treatise on the Theory and Practice of Medicine, Dr. W. Bathurst Woodman, of England, says: "As might be expected from Dr. —'s antecedents, pathology and prophylaxis are most carefully rendered and form a distinguishing feature of the work. As in all modern works on physic, the treatment of disease receives less attention in this treatise than its diagnosis and *post-mortem* phenomena. We think this is to be regretted on more grounds than one. The neglect of treatment on the part of orthodox practitioners is the stronghold of quackery. The self-dubbed Dr. Smellfungus, graduate of a college *in nubibus*, sees a patient, relieves his pains, gives him tranquil nights, and at least a few days of enjoyable life, whilst the graduate in honours of the old and celebrated universities, who is perhaps, in addition, Member or Fellow of the Royal College of Physicians or Surgeons, sends the patient away, or leaves him, after making an elaborate diagnosis, with some peppermint water, or some other equally futile prescription, which affords no relief either to his body or to his mind.

"Dr. —'s book is no worse than some others in this matter. It is perhaps rather better. But unless something be done to advance the study of rational therapeutics, quackery must and will flourish on our island."—*New Remedies*.

**BROMIDE OF ARSENIC IN THE TREATMENT OF EPILEPSY.**—Dr. Th. Clemens, of Frankfort-on-the-Main, has employed bromide of arsenic for twenty years in the treatment of diseases of the nervous system, and especially of epilepsy, and claims that he has obtained astonishing results with it. He uses the liquor arsenic. bromat., and gives one or two drops in a glass of water once, or, if necessary, twice daily. These minute doses may be given for months and even years, without producing the usual unpleasant effects of a long continued arsenical course. All his cases of epilepsy have been markedly relieved and improved by this remedy, but in only two cases has it produced a complete cure. In many cases of incurable epilepsy, complicated with idiocy and deformities of the skull, the fits were reduced in number from twenty in the twenty-four hours, to four or even two, a result that has been obtained by no other treatment. In connection with the bromide of arsenic, an almost exclusively meat diet is advised. The patients should be as much as possible in the open air in the daytime, and their windows be kept open at night. Unlike bromide of potassium, this remedy does not require to be given in increasing doses, and instead of interfering with digestion, improves the nutrition and strength. Dr. Clemens has employed the following formula since 1859, and thinks that it ought to replace Fowler's solution, which is irrational in its composition and uncertain in its action. This solution becomes stronger with time; the chemical union of the bromide with the arseniate of potash becoming more and more perfect.—*R.* Pulv. Arsenic, alb., Potassa. carb. c. tartar., aa dr. i.; coque cum aqua destil. lb. ss. ad solut. perfect. ; adde, aq. evaporat. restituta, aquæ distil. oz. xij., dein adde brom. pur. dr. ij., refrigerat. stet per sufficient. temp. ad. decol., S. liq. arsenic. bromat.—*Allg. Med. Central-Zeitung*, May 24th.

**OVARIOTOMY AT THE SAMARITAN HOSPITAL.**—The year 1876 has been the most successful on record at the Free Samaritan Hospital—the operation of ovariectomy having been performed fifty-five times with only five deaths. Forty of these were performed by Mr. Spencer Wells, with four deaths; seven by Mr. Bantock, with one death; and eight by Mr. Knowsley Thornton, without a death. The fifty-five cases include many in which both ovaries were found diseased and removed; and many of the operations were most formidable from the extent and nature of the adhesions. No case in which the diagnosis of ovarian tumour was made

was refused the operation, however bad the prognosis, provided the patient still wished to have the last chance when the extra danger of her case had been fully explained to her. We believe these are the best results yet published, either in hospital or private practice; and if there are any members of the profession who still have doubts as to the advisability of ovariectomy, we commend these cases to their consideration.—*Med. Times & Gaz.*

**SUGGESTIONS FOR THE CURE OF ANEURISM.**—Dr! Horace Dobell (*British Medical Journal*) makes the following original suggestions for the safe and rapid cure of aneurism: "Stop the circulation above and below the aneurism, and substitute for the fluid contents of the sac a substance insoluble in blood, solid at the temperature of the blood, fluid at a temperature low enough to allow of its being safely brought into contact with living tissues, and changing from liquid to solid without fail and with great rapidity, and which at the same time is light, innocuous, and unirritating. All these conditions are completely answered by either spermaceti, melting at 120 deg., or stearin, melting at 130 deg.; and I submit to the consideration of surgeons whether there is any practical reason why an aneurism should not have its fluid contents withdrawn by an aspirator, and their place filled by melted spermaceti or stearin. Either of these substances would so rapidly and permanently solidify en masse as to be absolutely free from the danger inseparable from either 'active' or 'passive' clots being washed away when the blood-current is again allowed to flow; and the time occupied in their solidification would be so short as to remove all danger of damage from arrested circulation in the parts below the aneurism. I need scarcely add that the subsequent blocking of the artery above and below the aneurism will of course go on as usual."—*Louisville Medical Journal*.

**DANGERS FROM SANTONINE.**—In using santonine, it is well to bear in mind that comparatively small doses have produced convulsions of a somewhat grave character. A German contemporary lately reported a case in which poisonous effects were produced in a child two years old, by the ingestion of so small a dose as a grain and a half. Convulsions commenced in the face, and extended to the extremities, while the respiratory action was greatly impeded. Under warm baths, enemata, and artificial respiration, the patient recovered. The physician in charge of the case then instituted a series of experiments on the lower animals, and found that chloral and other inhalations controlled the convulsions produced by santonine. He naturally argues that the same treatment should be pursued in the human subject when a poisonous dose is taken.—*Med. Press and Circular*.



## Medical Items and News.

**INHALATION OF IODINE.**—Dr. Seguin remarks: "I beg leave to say, also, that for more than fifteen years, I usually prescribe the inhalation of iodine in forms whose formulary may be found in many drug stores in this city. The most usual of these forms being that of a pillow containing aromatic plants, say seaweed, black walnut or fern leaves, etc., according to secondary indications. In this pillow is introduced a little bag or satchel containing a drachm or so of iodine, in as much of bran as will prevent the too rapid evaporation of the drug. When the satchel does no more smell of iodine it is refilled, and when the pillow begins to smell the pus-like odor peculiar to those cases, the herbs are also renewed. Let us remark *en passant* that the alteration of both is in proportion to the gravity of the affection. The pillow must be soft, and broad enough for the head and chest to remain upon it during the night tossings. The urine has to be tested for albumen during this treatment."—*Medical Record*.

**RADICAL CURE FOR PILES.**—Dr. A. B. Bowen, of Magnoketa, Iowa, writes: "In a recent number of *The Record*, my attention was directed to the treatment for *nævus* by hypodermic injection. From the similarity of the anatomical structure of the *nævus* to hemorrhoidal tumors, I was induced to try the remedy. In the latter I used carbolic acid and ergot (fluid extract) in equal parts, injecting from ten to fifteen minims of the solution into the spongy, vascular hemorrhoidal tumor. This was repeated about once a week for five or six times, when the tumor has entirely disappeared. I have tried this in several cases, and it acts like a specific."—*Pacific Med. & Sur, Four*.

**PREVENTION OF AFTER-PAINS.**—Dr. Le Diberder (*Ann. de Gynecolog.*) believes that ergot, suitably administered, has the power of preventing after-pains. He gives half a drachm in divided doses, directly after the expulsion of the placenta, with the object of bringing about a firm and consistent contraction of the uterus in place of the alternate contractions and relaxations to which he says after-pains are due. The *Dublin Med. Press and Circ.*, in commenting upon this statement, calls attention to the opinion of Sir Charles Locock, that after-pains were due to the retention of coagula, and that firm manual pressure upon the uterus to promote their expulsion was never followed by after-pains.—*Southern Med. Record*.

London is threatened with a severe small-pox epidemic. To encourage re-vaccination among her subjects, the Queen has caused all members of her household to be re-vaccinated, and the fact to be published by the press.

**INCREASE OF UREA BY EXERCISE.**—Dr. Pavy, from observations on Weston during his pedestrian feats in London, has found that during muscular exercise there is an increase of urea excreted. This increase, however, is inadequate to account for the work done. It simply accounts for the wear of muscular tissue. The work done represents the oxidation of carbo-hydrates and the production of carbonic acid and water. It will be remembered that Dr. A. Flint, from observations on Weston, some years since, reached conclusions supporting the doctrine of Leibig, that force—muscular, nervous, etc., results from the disintegration of the particular tissue in action. Flint and Pavy both found increase of urea during muscular exercise. The former maintained that this increase represented a force equal to the work performed; the latter maintains that this increase only accounts for the wear of muscular tissue. From a careful study of both series of observations, we think that Pavy is correct.—*Detroit Medical Journal*.

**LOCAL TREATMENT OF PUERPERAL FEVER.**—Dr. Fritsch, of Halle, strongly recommends the injection of large quantities of a carbolic acid solution (2 or 3 per cent.), so as to thoroughly wash out the uterus and vagina, and to completely distend the latter. To this end he throws in two, and sometimes three litres, *i. e.*, from four to six pints, the temperature of the water being at 25° R. (89° Fahr.). The uterus, after a thorough cleansing out, need not be injected oftener than three times in the twenty four hours; and after three or four days this need not be continued, but the cleansing and distension of the vagina must be repeated much more frequently and persisted in for a much longer time. Under this treatment not only are the local lesions soon ameliorated, but the febrile action, as indicated by the temperature-curves, abates. Prof. Schroder, on the reading of the paper, mentioned that Dr. Hildebrandt employed for injecting the vagina a glass tube, about as thick as a finger, each patient being provided with her own, which is broken on her recovery.—*Med. Times and Gaz.*, Nov. 18, from *Allg. Wien. Med. Zeitung*, Oct. 24, 1876.—*Ibid*.

**SULPHITE OF SODA AS A DRESSING.**—Dr. Minnich, of the Venice Hospital, prefers the employment of the sulphite of soda to carbolic or salicylic acid, not only as a dressing for wounds, but also in crsipelas. It is much less inconvenient to use, and much cheaper. He applies it in the same way as Prof. Lister does the carbolic acid, and the solution employed consists of one part of the sulphite and one of glycerine to nine parts of water. Its beneficial effects have been proved in a great number of cases.—*Med. Times and Gaz.*, Sept. 23, from *Gaz. des Hôp.*, Sept. 7.—*Ibid*.

CHOOSING A PHYSICIAN.—“To choose a physician,” as Lady Mountcashel has well remarked, “one should be half a physician one’s self; but as this is not the case with many, the best plan which a mother of a family can adopt is to select a man whose education has been suitable to his profession, whose habits of life are such as prove that he continues to acquire both practical and theoretical knowledge, who is neither a bigot in old opinions nor an enthusiast in new; and, for many reasons, not the fashionable doctor of the day. A little attention in making the necessary enquiries will suffice to ascertain the requisites here specified; to which should be added what are usually found in medical men of real worth—those qualities which may serve to render him an agreeable companion; for the family physician should always be the family friend.”

CLEOPATRA’S NEEDLE.—This celebrated obelisk, which was many years ago presented to the English nation, is about to be removed from the sands of Egypt and erected on the Thames Embankment. The expense of transportation will be borne, it is stated, by “a distinguished and public-spirited surgeon,” who does not wish his name made public till the work is accomplished. It is stated also that Mr. Erasmus Wilson is the public-spirited surgeon aforesaid.

COURT APPOINTMENTS.—The vacancy caused by the lamented death of Sir William Ferguson, Sergeant-Surgeon to the Queen, has been conferred on Sir James Paget, and the appointment of Sergeant-Surgeon Extraordinary to her Majesty has been given to Mr. Prescott G. Hewett, F. R. S., President of the Royal College of Surgeons; and Mr. J. Eric Erichsen, F.R.S., has been appointed Surgeon Extraordinary to her Majesty.

EXTRACT OF LOGWOOD AS A DISINFECTANT.—H. Mallory, of Ohio, says, for twelve years I have used Extract of Logwood for a disinfectant and deodorizer in cancer. I use it in the following manner:—Powdered logwood and hog’s lard, of each, two ounces. To be mixed and made into a pomade, spread on lint and applied to the slouching ulcer; the effect is magical, all the odor will disappear in half an hour. The astringency of the logwood will suppress the discharge. No other known agent will fill the indications so well, and yet I have not found a single member of the profession who had any knowledge of the agent until I suggested it. Will some of your numerous readers give it a trial and report the results.

Dr. Warlomont, of Brussels, states that, out of more than ten thousand children vaccinated with animal virus, not one was attacked with small-pox during the severe epidemic of 1870.

NEW INSTRUMENT IN DIAGNOSIS.—Dr. Edgar Holden, of Newark, introduces in the *New York Medical Record* a new instrument for the early detection of disease of the lungs when the symptoms may be shown. It consists of a soft rubber tube,  $\frac{5}{8}$  of an inch in internal diameter and two feet long, with simple end pieces of thin metal. When blown into with a little force a rushing noise is produced at its extremity. Forced inspiration gives the same sound. The ear of the physician being applied to the chest, the patient is directed to respire through the tube. The respiratory murmur is singularly magnified. The exaggeration of the internal sounds in their persons is such that comparison of the two sides is necessary to prevent misinterpretation. Local considerations and sound cavities are easily detected. The instrument is called a “resonator.”

TREATMENT OF SCABIES BY CARBOLIC SOAP.—During the past six years, Dr. Buchanan, of Chatham, has been treating patients in the Medway Union Hospital, suffering from scabies, in the following manner. The clothing is disinfected. The patient is put into a hot bath, and then thoroughly soaped with carbolic soap (1 in 20), the lather being allowed to remain on for a quarter of an hour; at the expiration of this time, it is washed off and the patient thoroughly dried; one application is often sufficient to destroy the acari, but generally it takes three washings to effect a cure. In private practice, this treatment is far preferable to the old one by compound sulphur ointment, that remedy being almost as offensive as the disease.

NEW THERMO-CAUTERY.—Dr. Paquelin (*Lancet*, January 20) has devised a new apparatus for thermo-cautery, which is simple, handy and efficient. It consists of a hollow handle, insulated with wood to protect the hands from the heat, and is furnished with movable platinum heads, corresponding in form to the cautery irons found generally useful. Into these cauteries, which are hollow, after they have been heated to blackness in the flame of a spirit lamp, a blast of benzoline vapor is introduced by means of an ordinary spray bellows, which at once raises to and maintains them at a state of vivid incandescence. The heat thus produced can be kept up for an indefinite time by slightly compressing the bellows occasionally.—*Med. Record*.

The gathering of the profession at Euston Station on Wednesday evening last to do honour to the remains of Sir William Ferguson on their transmission for entombment in Scotland was very large—estimated from 1,500 to 2,000. There was also a strong contingent of students chiefly King’s men.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science  
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TORONTO, APRIL 1, 1877.

## HUNTERIAN ORATION.

In a recent English exchange we noticed an account of a large and brilliant assembly that honoured the members of the Royal College of Surgeons with their company during the delivery of the Hunterian Oration by Sir James Paget. The theatre of the college was overcrowded long before the time when the oration was announced to be delivered, and among the visitors were the Prince of Wales, the Duke of Argyle, the Duke of Westminster, Mr. Gladstone, M. P., the Bishop of London, Dean Stanley, Sir William Gull, Professor Acland, Professor Huxley, Professor Tyndall, Canon Barry, &c., &c. Upon the entrance of his Royal Highness with the President of the College, Mr. Prescott Hewitt, the whole assemblage rose and warmly cheered, and when Sir James Paget entered the cheers were renewed. Sir James, before commencing the oration on Hunter, said: "May it please your Royal Highness, Mr. President, my Lords and gentlemen, I have no doubt that the members of this College of Surgeons and the company present, will feel with me that it is my first duty to offer to your Royal Highness our best thanks for your presence to-day. In thus honouring the memory of John Hunter your Royal Highness makes us more than ever proud of being guardians of his museum and reputation; more than ever anxious to promote the true scientific surgery of which we reverence him as the founder; and we shall venture to believe that your Royal Highness approves the efforts of this College for the public welfare; for the promotion of the science by the cultivation of which our reputation and usefulness are maintained—on all these grounds, and on many others that need not be told

to-day, we venture to tender your Royal Highness our very respectful and grateful thanks."

Sir James then proceeded with his oration, and in commencing said that when he was favoured by his colleagues on the council of the College with the request to deliver the oration, he thought it right to study afresh the character of John Hunter, chiefly to see what were his motives in entering upon the work of his life, what his method of work, and to note some of the achievements to be read in the story of his life. The motives that first urged John Hunter to become a student in the ranks of scientific investigation were the necessities of earning his livelihood. He was the son of a Scotch farmer, and up to nearly the age of twenty years, he had shewn no inclination to follow any kind of study. At about the age of 17 it was proposed that he should become a cabinet maker, but the relative to whom it was proposed could not take him, or a cabinet maker he would probably have been, and his brother William being then a prosperous anatomist in London, John offered to assist him in dissection, with the proposal that he should go into the army, if he failed in this task. Thus from mere idleness, and by chance, John Hunter drifted into the career in which he was to become the greatest among the great, and the most renowned among the renowned men of the science. It was most remarkable that, with so vigorous a mind, John Hunter should not have felt and displayed in his younger days something of its power. He did not live in darkness, for his father was a shrewd man, his mother was an intelligent woman, his brother was a gifted man, and he had lived all his life up to the time he came to London, amid some of the greatest wonders of the organic world; but he passed everything by unheeded, until he came into the presence of men of science, when he found in his brother's work, the study for which he felt naturally fit. He first came to London in the year 1748, and his brother William was then a very keen observer of nature, a laborious collector, the first teacher of anatomy, and the founder of a school, second only to that of his brother John. Coming from a Scotch farm to London was to John Hunter like being born into a new world. He had a natural fitness for the study of living things, and this fitness was wholly intellectual; but he had no motive power until he had set to work, and then

his desire for knowledge gradually became an insatiable passion, and then he became possessed of a passion for collecting—a natural instinct for collecting and keeping—and his first great ambition was to have a great museum. He collected a vast number of things which must have been entirely useless to him, works of art, stuffed beasts and birds, until his house in Earl's Court must have looked like a huge curiosity shop. No man of science ever restricted himself in collecting, and this extensive collecting led John Hunter to a wider and deeper range of knowledge, led to, his gathering around him the collection in that college, a collection which formed the greatest and best museum of anatomy in the world. Another motive now pressed John Hunter forward in pursuit of a scientific life, beyond that which had caused him to enter that life. He was now master of all the arts in surgery, and he felt impelled outwards in a scientific career which he pursued with purity of life. He subordinated all things to study, and with a constant presentation of new objects, he became an ardent lover of nature. In him nature inspired no poetry, as in many men; he had a social love for nature, and his chief love was for the stores of truth which were hidden behind the veil of nature. To him the evidences of design in nature were clear, and the infinite variety of forms in which nature was presented, added fresh motives to his study. Passing on then, to speak of some of his characteristics, the orator said that the first thing that struck one was, the vast quantity of work Hunter did.

It was recorded of him by one of his pupils, that he rose with the dawn of day, and allowed himself only four hours sleep; by another, that he made an appointment at four o'clock in the morning. These were Hunter's habits for the last thirty years of his life. Then his amusements were what most men would call work. He said, "I will amuse myself with bees," and his essay taken even at the present time, was almost faultless. In his investigations regarding the development of the embryo in birds, he watched almost hourly for a long continued time a flock of geese which he kept, and the result of his studies in this particular, were not well-known until many years after his death. The range of his work came up to the time he devoted to it, and never before or since was there a student in so wide a range of science,

for he was a comparative anatomist of the highest order, one of the best physiologists, and a great practical surgeon, a surgeon of one of the large hospitals of London, and enjoying too a large practice. In all he did he was successful, and he pursued no study the area of which he did not enlarge, and in which he did not leave new facts upon record. In harmony with the character of Hunter's work was its simplicity, in the accumulation of facts and the building of them up. He was a man who knew nothing of logic, he worked with all his mind, but without art. His was a living force. He was not only a great discover, but an accurate one. It would indeed be difficult to find an inaccuracy in Hunter's facts, and if there were any inaccuracies they would be of reasoning, not of facts. When he generalized he gave the equivalent of—I believe—but he never added to that by the force of his own opinion, for he knew that strong conclusions were altogether apart from true scientific knowledge. He used to say to his pupils: "Don't take notes of this; I dare say I shall change it before next year," speaking on a matter still under investigation. Hunter was slow in publishing. He was forty-three years of age before he published his first work, that on "Teeth"; and his great work on "The Blood," at which he might have worked for forty years, beginning at his first studies, he only began to print at the time he died. His patience was only equal to his caution, and although he was aware that he was in danger of sudden death, yet he would stand as Abernethy had recorded of him, engaged for hours on a single dissection, watchful and patient for the truth to come and to clear up some mental cloud. The character of John Hunter was one of strong will, combined with strong love of truth. If there was one kind of truth that he loved best, it was that which could be ascertained. His chief renown in surgery was as the founder of scientific surgery. There had been excellent surgeons before him; but surgery as a science stood by itself and had little connexion with medicine. Between the two was Physiology, and Hunter brought the scientific method into practice of surgery, welding the lessons of science with the lessons of experience—with his mind he planned, with his hands he did the work, and he left behind him untold facts, illustrative of his thoughts and actions. He was very cautious in making deductions, for he knew the danger of reasoning from physiology into practical surgery.

His teaching was, that we should never reason from general principles, let alone practice from them, and it was an instance of the wisdom of his principles in this respect, that it was difficult to discover in his surgical work that he was at all a physiologist. Sir James touched upon numerous other subjects, *inter alia*, tying the common femoral for aneurism—but want of space must prevent us giving further extracts from this able essay.

### COLORED LIGHT IN THE TREATMENT OF DISEASE.

The attention of the profession has lately been drawn to the consideration of the influence of different colored rays of light in the treatment of mental and bodily derangements.

Sunlight consists, as is well known, of three primary colors, red, blue and yellow, each of which has very distinct and characteristic properties. The yellow rays give us light; the red, heat, and the blue, actinic or chemical influence. It is under the influence of this ray that germination and vegetable life is sustained, as seeds are found not to germinate under the influence of light deprived of the blue ray. From a consideration of this fact, a deduction has been made by certain observers in the matter of the treatment of diseases of a germinal character.

Dr. Ponza, director of the lunatic asylum at Turin, has been making experiments at the suggestion of Padre Secchi with a view to test the action of certain colored lights upon patients suffering from mental alienation. The results attained by the use of the blue and red lights were remarkable, the former quieting and soothing the patients into a calm condition, and the red exciting to violence. In this connection it is not a little remarkable that red colors have the effect of exciting certain animals into a frenzy of rage, as has often been seen in the action of red sashes and shawls or flags upon bulls; also in the case of the male turkey, whose ire is at once aroused by the appearance of a child or other person in red apparel.

The accounts received of Dr. Ponza's experiments and their results, are not sufficiently full to enable us to judge of the matter. It is believed, however, that should the results attained by Dr. Ponza be borne out by future experiments, we may

expect to make some very rapid strides in the treatment of mental derangements in the near future. While Dr. Ponza in Europe has been conducting experiments of this kind with encouraging results, it is announced by the American press that about eight years ago, the suggestions recently made to Dr. Ponza by the great Roman astronomer *Padre Secchi*, had been made by General Pleasanton, of Philadelphia, U. S., who had tried the experiments of mixed white and blue light in the construction of his grapery with marked results. Its good effect upon the development of plants, had been proven by many others to whom it was recommended by the General, and its influence being so remarkable, he next determined experiments upon animals prior to trying its influence upon the human family.

The experiments upon animals with mixed rays of light were to secure more rapid and perfect development. Pigs weighed heavier, calves grew more rapidly and matured more quickly, and broods of chickens showed more rapid development, increase of strength and activity.

Satisfied by experiment, of the stimulating influence of mixed blue and white light upon plants and lower animals, General Pleasanton appears to have directed his attention next to experiments of this kind on invalids, and tried to induce hospital attendants to make experiments with the sick under their charge, but without success, the uniform answer being *Quidquid innovare nolumus*. Experiments were made, however, in private houses, and among friends with satisfactory results, and a *brochure* upon the subject is expected from the pen of General Pleasanton.

In an article which appeared recently in an American paper, numerous facts are given which point to the beneficial action of colored light in debility, nervous exhaustion, and in mental derangements.

Thus far, however, on this continent, no attempts have as yet been made in the treatment of mental or bodily ailments by this system, or by the use of colored lights as an adjuvant to other treatment by scientific men, but experiments of this kind are expected, for the results of which we look forward with some interest.

In England happy results in the treatment of small-pox "for the prevention of pitting," have been attained in this way, but here the blue ray—

so rich in its stimulating influence on the growth of bodies—has been found prejudicial as favouring “pitting.” For the benefit of our readers, we give verbatim a statement of the results of experiments made in this direction as given in an English paper as being, at least, suggestive in their character, and therefore worthy of perusal and consideration by those of our profession likely to be placed in charge of patients suffering from this loathsome disease:—

“May I be permitted to say, and give my reason for saying, that “pitting,” the sad and permanent result of small-pox, ought rarely to be seen in any civilized country—or, at least, in any country possessing an advanced knowledge of natural science. Three things are facts. First, that poor people are “pitted” least, higher class people are “pitted” most, and no class of people are “pitted” under their dress. Poor people have less light in their homes, the higher class and patients in hospitals have plenty of light, and under the dress there is less light than in either case. In the ratio of light is the ratio of pitting. . . . It is the actinic influence of the blue rays which, causes “pitting.” Yellow blinds drawn over windows will absorb all the actinic rays.”

Of course the above is from an unprofessional contributor, and may not be regarded as authoritative, but it must be remembered that from the peasants of Gottingen, and later from the *milk herds* of the midland counties of England, the suggestions as to the protective virtue of *vaccina* were first drawn. Common observation goes to show that children and weak people thrive better in the sunlight. Bedrooms, nursery and sitting-room, or those in which the greatest portion of time is spent, should be on the south and eastern aspect of the building, so that the morning and noonday rays of the sun may shine into the apartment. This should be particularly observed and carried out in the case of persons afflicted with rheumatism. Sunbaths are also valuable aids in the treatment of some forms of disease occurring in delicate women and children. In some instances sand-heaps have been arranged under glass shades, very much like hotbeds or graperies, in which delicate persons are allowed to bask for a short time daily.

It is stated on the authority of Sir James Wylie, “that the cases of disease on the dark side of an extensive barrack at St. Petersburg have been uniformly for many years in the proportion of three to one, to those on the side exposed to strong light.”

This statement is in strict accordance with com-

mon observation. It is well known that delicate persons have better health when occupying apartments on the south side of the house, and children thrive better when their nursery and playrooms are flooded with plenty of warm sunshine. It is also a notable fact that in school-rooms and colleges which are lighted from the south, the children are brighter, healthier and make better progress in their studies than a similar class of scholars pent up in cold, shady class-rooms looking north, into which the sunshine never enters.

We trust that some of our Canadian profession may be found ready to test the efficacy of colored light in detail in our hospitals and asylums, where only such experiments can be satisfactorily conducted. On a future occasion we may have something to say upon the merits of this plan of treating disease.

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#### UNIVERSITY AFFILIATION.

The question of University affiliation still attracts a considerable share of public attention. Dr. Oldright is out with a flysheet on the subject, one paragraph of which is worth reproducing as a specimen of the kind of policy he and his friends would force upon the country. Speaking of the number of students who graduated in medicine in Trinity College last year he says “why should not the Legislature, the Nation adopt such a policy as would have obliged Trinity Medical School to send those whole 18 men up to strengthen the National University?” We can tell Dr. O., however, that whatever respect they may have for the National University, the young men of Ontario are not to be *coerced* in these matters.

The members of the Senate of the State University who have been instrumental in raising all this controversy, feel by this time that they have placed themselves in a false position, and would, no doubt, be glad of some pretext to cover up an inglorious retreat. It must be apparent to all that their position is untenable. The Legislature and the country will insist upon the Provincial University being open to all students, no matter where they have been educated, nor of what other university or Universities they are under-graduates. The Senate of Toronto University will be told very plainly that it has nothing on earth to do

with the status of students of other universities. Its business is to determine the curriculum from time to time, appoint examiners in the different faculties and confer degrees and honors upon every young man who wishes them, so long as he conforms to its curriculum and passes a satisfactory examination. The Senate will find plenty to do within its own legitimate sphere, without attacking other institutions engaged in similar work. Let it put its own house in order by increasing the curriculum and raising the standard of education. There is much need of improvement in that direction. The standard is at present, and has been for several years, much below that of some of the so-called *rival* Universities. Then may Toronto University expect to reap some advantage from affiliation, and draw to herself many young men who will be proud to acknowledge her as their *alma mater*. We still have every confidence in the Senate as a whole, and when the subject comes to be thoroughly understood in all its bearings, we have no doubt the right thing will be done. The discussion which has taken place has done a great deal in awakening an interest in University matters, and cannot fail to be productive of good results.

DISINFECTATION.—An English exchange says: "A report of the medical officers of the Privy Council and Local Government Board throws discredit upon popular notions of disinfection."

The conclusion reached is that the aerial disinfection, as commonly practised in the sick room, is either useless or positively objectionable owing to the false sense of security it is calculated to produce. To make the air of a room smell strongly of carbolic acid by scattering carbolic powder about the floor, or of chlorine by placing a tray of chloride of lime in a corner, so far as the destruction of specific contagion is concerned, is an utterly futile proceeding. The practical result of experiments goes to prove that dry heat, when it can be applied, is the most efficient of all disinfectants; that the old plan of stopping up crevices, and fumigating with sulphur and charcoal, is more efficacious than any other proceeding with more modern disinfectants; and that the use of carbolic vapor for disinfecting purposes should be aban-

doned, owing to the relative feebleness and uncertainty of its action." To these medical conclusions the experience of a wise nurse adds: "No patient who can positively be removed should spend night and day in the same apartment. One room may be thoroughly ventilated while the other is occupied. Many napkins, handkerchiefs, and other articles which are sent to the wash-tub, should go into the fire. Every particle of foul matter should be instantly removed from the sick room and all scraps of food should be at once taken away when the patient has finished his meal."

THE APPLICATION OF NITRATE OF SILVER TO ULCERS.—Dr. James Cuthill says (*Edin. Med. Journal*) that, when solid nitrate of silver is freely applied to an ulcer, a tough film is immediately formed, and the ulcerated surface is for the time being apparently sealed up. The benefit to be derived from such a proceeding, however, as most surgeons who have seen a little practice well know is only temporary, the pellicle becoming detached by the ulcerative process, leaving a sore frequently larger than the original one. A better plan, which he has practised in some cases with excellent results, is merely to score the ulcer with a finely-pointed pencil of the nitrate, or only to dot it lightly at intervals on the surface. The discharges getting free vent from the non-causticated points; no sloughing occurs, and a healthy pellicle spreads from the touched portions, just as ice forms on a pond of water.

DEATHS FROM SMALL-POX IN MONTREAL.—Deaths from small-pox from 14th January to March 3rd, 1877 (exclusive of city hospitals) were 173. Of these 15 were vaccinated, 57 were unknown and doubtful, and 101 unvaccinated; 27 refused vaccination from the public vaccinators. Nationality: French-Canadians, 156. British Canadians, 14; English, 1; Irish, 1; United States, 1. Sex—84 males, 89 females. No death from this disease has taken place where vaccination has been made by the public vaccinators, nor has anyone died who has been re-vaccinated. This report was furnished by Health Officer Radford.

The above accords with the following from the *London Lancet*, July 27th: "The Registrar-General calculates that but one death from small-pox was

registered last week among 114,000 vaccinated persons, whereas the proportion among the unvaccinated was one death in every 7,000 persons."

**A FAREWELL COMPLIMENT.**—At a meeting of medical men held in this city on the 6th ult., for the purpose of bidding farewell to our fellow citizen, Dr. W. F. Coleman, who is about to remove to St. John, N. B., it was unanimously resolved:—"That we embrace this opportunity of expressing our regret at parting with our esteemed friend and professional brother, Dr. Coleman of placing on record our high esteem for him, and our appreciation of his professional attainments and social qualities; and of wishing him every success in his future field of labor, where we feel assured that he will speedily establish himself and make many friends.

**IMPROVEMENTS IN THE MONTREAL GENERAL HOSPITAL.**—The recent improvements in the Montreal General Hospital will greatly increase the usefulness of this institution. In the new basement are the kitchen, milkroom, laundry, the servant's dining-rooms, &c. To the rear of the Hospital and in the range are located the surgery, the dispensary, waiting, consulting and medicinal store-rooms. All the passages in the basement are of concrete and well lighted. The private wards are increased in size, and present a light and comfortable appearance. The operating theatre and lecture room, which for a long time was sadly in want of some alteration for the comfort and accommodation of medical students has been greatly improved. All the improvements have been carried on with an eye to economy, comfort and usefulness.

**REMOVAL OF A LARGE TUMOR OF THE THIGH.**—We have received a short account, with photograph, of a large tumor of the thigh, removed by Prof. McLean, of Ann Arbor, Mich., on the 7th of February last. The patient, a widow, was about 43 years of age. The tumor, which was on the left thigh, extended from Poupart's ligament to within four inches of the knee. It measured 36 inches in circumference, and weighed 14 lbs. The femoral vessels passed through the tumor, and were excised along with it from Poupart's ligament to Hunter's canal. Eighteen ligatures were applied the last of which came away on the 11th day after

the operation, and the patient made a safe recovery. The excision of the femoral vessels without consequent gangrene is an important fact.

**COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**—The examination in connection with the above college, was finished on the 22nd ult. The following is the list:—Finals—Messrs. L. F. Miller, E. M. Higgins, S. S. Scovel, D. Phelan, T. Dumble, H. Hubbs, Jonathan Day, A. Hourigan, M. C. McNicol, G. Bowan, F. L. Holmes. Hospitals—Messrs. W. B. Kennedy and Clinton. Pro-dissectors—Messrs. J. McArthur, B.A., and Dennis Lynch. Primaries—Messrs. T. Beeman Kidd, Lewis and Evans.

**A REMEDY FOR WHOOPING-COUGH.**—Dr. Lasinski (Deutsche Med. Noehensahr), recommends the following as a topical application in whooping-cough. ℞ Quin. Mur. grs. xv., Acid Salicyl, grs. xxx., Sacchar Alb. Sod. Bicarb. aa grs. viii, to be made into 20 powders; to be applied to the lungs by means of a laryngeal insufflator twice or thrice daily. The beneficial effect of the treatment was noticed within one week after it was commenced, and a cure was effected in a short time.

**IODINE STAINS.**—The stain caused by the external application of iodine may be removed by a lotion of carbolic acid. It will also remove the color of tincture of iodine without destroying its therapeutic properties.

**AN EXPLANATION.**—In regard to the illiberal treatment of Dr. Jenks, of Detroit, referred to in our last issue, it is due to Dr. Daniel Clark, President of the Ontario Medical Council, to state that he was not the member of the Council alluded to. Dr. Clark had no part nor lot in the matter, in fact knew nothing about it until some time after its alleged occurrence.

**PROFESSIONAL.**—The medical men in Ottawa purpose entertaining their fellow-practitioners who are members of Parliament, at a dinner, on Monday the 2nd of April.

Sir Hugh Allan has been advised that the regulation respecting surgeons with degrees from Canadian colleges not serving on board ships carrying the British flag has been rescinded.



AWARD TO MESSRS. BILLINGS, CLAPP, & Co., BOSTON.—The undersigned, having examined the products herein described, respectfully recommend the same to the United States Centennial Commission for Award, for the following reasons, namely :

A very fine display of Chemicals, especially Carbolic Acid, Propylamine (Trimethylamine), Chloride of Propylamine, and also of Pharmaceutical Chemicals, such as Citrates of Iron and Quinia, Citrates of Iron and Manganese, Citrates of Bismuth and Ammonium, Pyrophosphate of Iron, Bromide of Potassium, Bromide of Ammonium, Chromic Acid, Valerianic Acid, and many others. Commended for fine display and excellence of Chemicals.

F. A. GENTH.

[Signature of the Judge.]

*Approval of group of Judges.*—J. Lawrence De Wilde, E. Paterno, F. Kuhlman, Dr. V. Wagner, Charles A. Joy, J. W. Mallet.

WHITTIER, SON & Co.—This is the name of a new wholesale drug firm recently established in business in this city. The premises which are large and capacious, are situated at 102 Front St. The machinery required in the business is run by steam. They are now prepared to manufacture all kinds of sugar-coated pills equal to anything of the kind in any part of the world. Pharmaceutical preparations of all kinds such as extracts, elixirs, syrups, tinctures, alkaloids, &c., will receive special attention. It is the intention of the firm to utilize Canadian roots and herbs instead of importing them from the United States. The Podophyl. lum root to be obtained in Canada is equal, if not superior, to any other, and why not utilize it. The venture of this enterprising firm is one whose importance can not be overrated, as it promises not only to furnish retail chemists with articles of home manufacture which they have hitherto been compelled to import, but to build up an export trade out of Canadian products that have hitherto been allowed to go almost entirely to waste.

To hear the Hunterian Oration delivered by Sir James Paget in the theatre of the Royal College of Surgeons of England last week, it is computed that at least a couple of hundred were unable to obtain admittance; whilst to those who were fortunate enough to get inside it was an uncomfortable squeeze.

OBITUARY.—Dr. Hamilton, of Dundas, the subject of this obituary, was born in Lanarkshire, Scotland, in 1797. He was educated in Edinburgh University and received his diploma from the Royal College of Surgeons, Edin., in 1816. In 1818 he came to Canada, and after visiting different parts of the country finally settled in West Flamboro', where he died. Dr. Hamilton held a very high position in his profession, and was one of the most prominent men in his locality for many years. He took an active part in railway matters, having been at one time a director of the Great Western Railway, and up to his death was one of the consulting physicians for the company. He was also vice-president of the Canada Life Insurance Co., and held many other positions of trust. In politics he was conservative and once contested the county of Grey for parliamentary honors, but was defeated by Mr. Hogan, who was robbed and murdered on the Don bridge, Toronto. He was the recipient of many handsome testimonials from his fellow-citizens, for the eminent services he had rendered them in different situations. From 1869 to '72, he held the position of member of the Medical Council of Ontario, and will be remembered as having a kindly, social, and genial nature, which endeared him to all those with whom he came in contact. One of his sons, Dr. A. W. Hamilton, of Melbourne, Que., died about a year ago, and now he himself has gone to his grave full of years and honors, respected and revered by all who knew him. He leaves a wife and family of two sons and three daughters.

At a special meeting of the Hamilton Medical and Surgical Society, which was held on the 3rd ult., the following resolutions of regret and sympathy were unanimously concurred in by the members present:—

Moved by Dr. Rosebrugh, seconded by Dr. Case:—"That the members of the Hamilton Medical and Surgical Society, having heard of the decease of their late brother, Dr. Hamilton, of Flamboro', desire to express their great regret at the loss which the profession and the community have sustained by the death of one who has been so long a faithful and worthy practitioner and a useful citizen;" That this Society tender their sincere sympathies to the bereaved family of our brother;" "That this Society do attend in a body the funeral of our

deceased brother," and "that the Secretary be instructed to forward a copy of these resolutions to the family of the deceased, and also a copy for publication."

We feel the deepest regret in noticing the death of Dr. McColl, who was an intimate personal friend. He was a man of rare talents, of a kind and amiable disposition, and gave promise of a long life of usefulness. He graduated in Trinity College, in 1871, and has practiced in Wallace-town since that time, with marked success:

**PERSONALS.**—Dr. G. S. Ryerson, of Trinity Medical College, Toronto, lately obtained the L.R.C.P. & S., Edin., and has since been appointed clinical assistant to Mr. Soelberg Wells, at the Moorfield Ophthalmic Hospital.

Dr. C. S. Murray, L.R.C.P., Edinburgh, has returned to Toronto after four years study of his profession, at the Medical Schools and Hospitals of London and Edinburgh. He has commenced practice in Toronto.

**NOTICE.**—We beg to announce that detective Smith is not our agent. Those who have paid him money on our account will please communicate with us at once, stating amount paid and date of receipt.

### Reports of Societies.

#### TOLEDO BOARD OF HEALTH.

The regular monthly meeting of the Toledo Board of Health, was held on the 1st Friday of February, 1877. The total number of deaths for January were 42; 20 males and 22 females. From zymotic causes, 9; constitutional, 8; local, 12; developmental, 13; under one year, 10; one to five 6; five to ten, 3; ten to twenty, 2; twenty to forty, 7; forty to sixty, 6; sixty and upwards, 8. Annual ratio per 1000 inhabitants, 10.80.

Dr. Fisher, Health Officer, presented his annual report for 1876. In his general remarks he stated that the normal death rate as fixed by the highest authorities is 17 in every 1000 inhabitants, and that the death rate for Toledo in 1876 was considerably below, being about 14.80. The total number of deaths amounted to 740 in a population of about 50,000, or one death to every 67.56

of the population. The city was entirely exempt from any epidemic diseases during 1876. A few cases of small-pox appeared in the early part of the year, but were prevented from spreading by prompt action.

**APPOINTMENT.**—Denis Nunan, M.D., of Guelph, to be an Associate Coroner, for the County of Wellington.

**COLLEGE OF PHYSICIANS AND SURGEONS, ONT.**—The professional examination in the above college will take place in Toronto and Kingston, commencing on Tuesday, the 10th inst. The matriculation examination will take place on the 3rd.

**A SAD CASE.**—We regret to learn that Dr. McGeachy, of Iona, who had the misfortune to get his hands frozen during a cold night last winter, while on a visit to a patient in the country, has lost all the fingers of both hands.

The new building of New York Hospital, on 15th Street, was opened with great ceremony on the 16th ult. It is the largest and best appointed Hospital in existence at present. All the medical colleges are equally represented on its acting staff.

### Births, Marriages, and Deaths.

In Toronto, on the 7th ult., M. E. Hodder, son of Dr. E. M. Hodder, to Minnie Frederika, eldest daughter of Dr. A. M. Ross, all of Toronto.

On the 22nd ult., B. Walden, Esq., M.D., of Kincardine, to Miss Ettie, only daughter of Henry Kennedy, Esq., of Delaware.

At Beaverton, on the 7th ult., Charles T. Noble, M.D., of Georgina, to Ann, daughter of the late Robert Johnston, Esq., of Beaverton.

At Springhill, Flamboro' West, on the 1st ult., James Hamilton, M. D., in the 80th year of his age.

At Wallacetown, on the 14th ult., Daniel S. McColl, M. D., in the 35th year of his age.

At Ottawa, on the 15th ult., Dr. Beaubien, suddenly of heart disease.

\* \* \* The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps with the communication.

# THE CANADA LANCET,

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## Original Communications.

### URÆMIA.

BY T. R. BUCKHAM, A. M., M. D., FLINT, MICH.

(Read before the American Medical Association.)

In presenting my views on the toxæmic effects of urea in the system, I do so with considerable hesitancy, not because I doubt the correctness of my conclusions, but because the facts, as I have observed them, and the conclusions therefrom deduced differ from, and to some extent are antagonistic to, the teaching of those whom we delight to honor as authorities—those whose dicta we have been in the habit of receiving unquestioningly, and whose admirable treatises appeared to have left nothing more to be discovered in the premises.

On the toxæmic effects of uræmia in morbus Brightii or uræmic eclampsia I have nothing to add to the exhaustive writings of Bright, Braun, Duncan, Simpson, Churchill, Golding Bird, et alia, nor do I at present intend to offer any remarks on the etiology or *modus operandi* of uræmia, whether its morbid effects are produced by it as urea or as carbonate of ammonia, generated by the decomposition of urea, as taught by Freirichs, Duncan, Benard, Tyler Smith, *et al.*, but I do take issue with the teaching of any authority, however celebrated, when such authority states directly or by implication that uræmia is an effect, a product or sequela of albuminuria, as I am quite convinced, and hope to indicate a course of investigation which will demonstrate that uræmia can exist, and does exist, independently of albuminuria, without the destruction of a single tubulus uriniferus; without a trace of albumen in the urine, and without any evidence of disease of the kidney whatever, and that consequently when the two conditions are found together they simply co-exist, and that a much greater number suffer from uræmia who have

neither Bright's disease nor uræmic eclampsia than are to be found who have either or both of these diseases.

My attention was first called to the subject while attending a patient suffering from albuminuria, (of which he died about four weeks afterward), and while my mind was more actively directed to that disease while making daily observation of it, I was called some distance to see a very dear personal friend, and found the symptoms of his case to correspond so exactly with those of my albuminuria patient that I told my friend I feared he had Bright's disease of the kidney, in which opinion his attending physician concurred, but I declined to give a pronounced opinion until after making an analysis of his urine, which had not been done, but which I promised I would make immediately on my return home and report the result to his physician. Much to my astonishment, on examination not a trace of albumen nor a tube cast was to be found, nor any pus or anything else to indicate organic lesion of the kidneys. I had commenced the quantitative analysis for urea before testing for albumen, and completed the investigation, I believe, simply because I had commenced it, otherwise I would probably have done as I had often done before, and as many have done before, and as many have done since, *id est*—concluded according to authority, that as there was neither tube casts nor albumen, *ergo*, there could be no uræmia, but much to my surprise I found less urea in my friend's urine than in that of my albuminuria patient, of which I made an analysis at the same time. Both my diagnosis from the symptoms, and the abnormally small quantity of urea, (three and seven-tenths grains to the ounce), without albuminuria, or indications of any disease of the kidneys, were so contrary to my expectations from the examination, that I repeated the analysis in different ways to guard against the possibility of error, and always with the same result. I then determined to pursue the investigation of the subject as I should have opportunity afforded, and since that time, some six years ago, I have made between seven hundred and eight hundred quantitative analyses for urea, fully demonstrating to me that uræmia exists, not alone in the comparatively few cases of Bright's disease and eclampsia, but in many of our every day diseases, exerting its baneful influence, and *that*, where there is no disease of

the kidneys whatever; and if any gentleman doubts the correctness of my conclusions, I have only to ask him to make analysis in every case where he finds the patient exhibiting symptoms similar to those described, as indicating albuminuria or eclampsia, and I venture to say, that long before he shall have expended half the time, or taken half the trouble that I have, he will arrive at the same conclusion.

Whether albuminuria can exist for any considerable length of time without inducing uræmia, I am not prepared on my own observation to say, because I have had comparatively few cases under my care, but I should think not, as when the kidney is diseased, *pari passu*, its power as an eliminator must be decreased in proportion to the extent of the disease, hence a relative proportion of morbid material that ought to be eliminated will remain in the system, except the compensation by increased activity of the remaining healthy tissue in those organs. Granting that uræmia is always present in the advanced, or indeed in any stage of albuminuria, it does not follow that it must be a sequela or effect of that disease; by a parity of reasoning, the inverse would be the more probable, as while uræmia is always believed to be present when albuminuria exists, I have demonstrated (to my own satisfaction at least) that uræmia is often found without albuminuria, and hence, unless on the supposition that the conclusion may be greater than the premises, a logical absurdity, uræmia cannot be the product of albuminuria.

While, however, they co-exist in albuminuria may not uræmia exist in every case prior to albuminuria, may not uræmia exerting its baneful influence on the nervous, and through the nervous, on the sanguineous and digestive systems, loading the blood unduly with morbid matter, lessening the quantity of pure blood, and consequently decreasing or impeding the reparative process of disorganizing tissue, and still further loading the circulation with *effete* material, requiring a super-exalted activity of the kidneys—may not the exhaustion from the long continued, largely increased labor with the decreased reparative power, be the inducing cause of the ultimate diseased kidneys—albuminuria? I simply call attention to the subject as worthy the careful observation of those who have cases of that *opprobria medicamenta* in their charge, and if the anæmia should be found to be considerable and

the albumen little, I would recommend to reverse the recognized order of treatment, directing remedies for uræmia, with the hope that by correcting that morbid condition, the disease of the kidney might be arrested and ultimately cured.

\* \* \* \* \*

Would it, *a priori*, be considered strange that with a full, bounding, rapid pulse, increased temperature, skin dry, urine often very scanty, as is common in our fevers, would it, I repeat, be thought strange that uræmia in some degree should be present, and that the fever should be modified by its presence? I have no doubt that often the low muttering delirium of such fevers is due directly to that agent, and that many cases of so-called muscular rheumatism and neuralgia ought properly to be designated uræmia, and I have on that theory treated and relieved both the last named maladies which had resisted appropriate remedies for rheumatism and neuralgia prescribed by eminent physicians. I have also found many cases of epilepsy, and some forms of spinal disorders, due entirely to or much aggravated by the same cause, and in that terrible disease, cerebro-spinal meningitis, of which I fear we *know* little, excepting its fatality. I believe it will be yet found that uræmia exerts a very marked influence, if it is not directly the cause. I made careful examination in that direction in a few cases, but they were too few in number to justify the expression of any opinion from my own limited personal observation. I had intended to treat this part of the subject more fully and minutely; also to have devoted some space to treatment, and to the report of cases of which I have a number recorded, but find I have already occupied too much of your time, and will therefore only further say that I do not claim to be the only physician who believes that uræmia is not dependent upon albuminuria (although I so believed when I commenced the investigation and for some years afterwards), as I now know that Bedford and some others have expressed that opinion, but such views are not published, as far as I am aware, in any work that the general practitioner would be likely to have or to look to for information on the subject.

The theories advanced in this paper were discussed by Drs. Bennett, Hyatt, Ochterlony, and Farnsworth, after which it was referred to the Committee on Publication.

## DISLOCATION OF THE HIP IN A BOY EIGHT YEARS OLD—REDUCTION ON THIRTY-SECOND DAY.

BY N. A. POWELL M.D., EDGAR, ONT.

L. G., age and sex *ut supra*, was brought to my office with an injured hip, on the 25th of March 1877. From his father I learned that 30 days previously, *i.e.*, on the twenty-third of February, he had when running and looking backwards, slipped and fallen with his right leg in a hole in some crusted snow. Being unable to raise himself from the ground, he was carried to the house, and his right hip was then noticed to be out of shape. No marked pain or swelling followed the accident. The limb was helpless, but in a week he began to lift himself round on crutches. His treatment was eminently expectant; his friends expecting that the hip would "come all right," contented themselves by rubbing it with "Pain Killer," &c.,

Examined standing, the right hip was found to be flattened while the right thigh was flexed slightly, rotated inwards and adducted, so that the knee of this side was in front of and slightly above the inner margin of the left patella. The thigh could be freely flexed, slightly adducted but abducted not at all. The right foot could be placed upon the ground with its great toe approximating that of the left foot, but no weight could be borne upon it. Shortening of the limb did not quite reach half an inch. Nelaton's line drawn from the ant. sup. sp. process of the ilium to the most prominent part of the tuberosity of the ischium fell across the lower part of the great trochanter, leaving the major part of this process with the head and neck of the femur above it. The great trochanter approached the ant. sup. iliac spine and the gluteo-femoral crease was less sharp, while more elevated than that upon the left side. The head of the femur could be plainly felt to roll under the fingers when the thigh was rotated, and to move upwards and downwards when it was flexed and extended. With the patient on his back and the pelvis secured, the thigh could be rotated so far inwards that the popliteal space looked directly outwards, and the leg when flexed on the thigh pointed in the same direction. This point I have not seen mentioned, but I believe the position would be impossible to an ordinary mortal whose femoral heads were in their normal sockets.

So long as the right thigh was well flexed upon the pelvis, the patient's lumbar spine lay flat upon the table, but as soon as the thigh was extended this part of the back became arched.

Recognizing that I had to deal with an ancient sciatic dislocation, and meeting with marked muscular antagonism in the manipulations necessary for a diagnosis, I asked for a consultant to administer chloroform. Two days later my friend Dr. Wells met me, and agreeing with the diagnosis, took charge of the anæsthetic. The manipulations popularized by Dr. Reid, of Rochester, were then put in practice. The right hand grasping the ankle, and the left being placed under the knee, the leg was flexed to a right angle with the thigh and the knee carried upwards over the sound thigh toward the umbilicus and opposite side of the body. Next the thigh was abducted, and using the leg as a lever rotated outwards. In doing this the right ankle was carried over the left, and the right toes became everted instead of inverted. Lastly a slight rocking motion was given to the limb, (Nathan Smith's manœuvre), and the thigh was slowly brought downward toward the table. Mindful of the enormous power given by the disproportion between the long and short arms of the femoral lever and of the danger of epiphyseal separation at this age these movements were made and repeated with the utmost gentleness. Nevertheless, a constant crackling and snapping was heard and felt each time the head of the bone was made to mount toward the rim of the acetabulum. Whether this was due to laceration of the capsule, or to the rupture of new adhesions, or both, could not be determined. The first attempt failing, it was repeated five times without bringing the limb completely down. On the sixth trial the head slipped into its socket with the well-known "click." Perfect mobility was at once restored. Up to this present time (April 16th) there has not been the least tenderness or pain in the limb since the reduction. Although, as a precaution necessary with an unruly youngster a long splint is still applied, he can bear the whole weight upon the right side, and the motion in one leg is as good as in the other.

This case has seemed worthy of record on account of the age of the patient and the duration of his dislocation. Occurring under 8 years Dr. Hamilton\* has collated 11 cases of luxation at this

\* Fractures & Dislocations, 5th Edition.

joint, tho' he himself has seen none under the tenth year. Dr. Gross\* states that his youngest case was that of a boy æt. 14, Mr. J. C. Warren † and Mr. Bryant, ‡ each record a case at six years, while Sir Astley Cooper with his unrivaled experience in this department of surgery, has only to record one case § occurring as early as the seventh year. Mr. Powdrell in the London *Lancet* for May 1868, publishes the history of the youngest case yet reported. It was a dislocation into the foramen occurring in a child six months old, and was reduced by manipulation.

Dr. Brown, of Boston, has tabulated 24 cases of reduction of ancient hip luxation. His table which is accepted by Hamilton, embraces all the cases which he could find recorded in surgical literature, and in which the displacement had existed twenty-five days. No information is given as to the motion obtained in the limb after reduction. Regarding this point Sir Wm. Ferguson writes that "after three months the use of the limb is not, when reduced, greater than that which it would have acquired in its dislocated state."

Sir Astley Cooper states that "after eight weeks it is imprudent to attempt the reduction of a hip dislocation except in persons of extremely relaxed fibre or advanced age." Hamilton says, "that this rule will continue to govern experienced and discreet surgeons," and Gross, that "the exceptions to this law, only seem more fully to establish its validity." Still perhaps the words of Sir Henry Thompson are a point in the surgery of a region not far removed from the hip, will apply here. "The problem presented for solution in this, as in most other cases where surgical interference is imminent, is far too complex to be solved by one unvarying rule." Cases will occur which may be safely operated upon beyond the limit set by Sir Astley, while others will become absolutely irreducible far inside that limit. Other things being equal, we expect sciatic dislocations to be earliest rendered irreducible by adhesions, and the acetabulum to be most promptly filled up in young and robust subjects.

I find recorded but one case || where true morbus coxarius followed coxo-femoral luxation.

\* System of Surgery, vol. 2.

† Boston *Med. & Surg. Journal*, vol. 24, pp. 220.

‡ *Practico of Surgery*, pp. 751.

§ A. Cooper on Dislocations Am. Ed. p. 83, case 27.

|| Dr. Markoe, N. Y. *Med. Jour.*, Jan. 1855.

Perhaps this may be accounted for by the fact, that the accident is rare at the age when the disease is most easily lit up. Two-hundred and twenty-one out of three-hundred and sixty-five cases of hip joint disease recorded by Dr. Sayre\* occurred under the age of fifteen; and we have seen how rare dislocation is before that age. Perhaps, also the fact that "we do not hear of the unsuccessful cases" has something to do with it. Certainly, when the caput femoris leaves its cavity, the round ligament must be ruptured, † and of this Sayre ‡ writes, "when such an accident occurs the vessels which supply the head of the femur are destroyed, and necrosis follows as a result of interference with its nutrition. Secondary changes soon occur in the cartilages, and the synovial membrane, and the case goes on, if not relieved, to the development of the disease in its worst form."

And yet not a shade of tenderness, or the first faint symptom of hip disease has followed the rupture of this ligament in the case just given. Is it not fair to suppose that this boy starting life with inherited health, and brought up on oat-meal and fresh air, lacked just those tendencies which we group under the name of struma, and which if present, would at his age, have determined the development of morbus coxarius.

#### ABSCESS IN THE GASTRO-HEPATIC OMENTUM.

BY JAMES CATTERMOLE, M.D., L.S.A., LONDON.

Several years ago I was requested to visit an old patient, a man of strong and vigorous constitution, aged 62 years, who complained of severe and deep-seated pain in the epigastrium, aggravated by pressure or forced inspiration; pulse quick and full, tongue furred; he was thirsty and feverish; the urine high colored; fæcal discharges free and natural. This condition I considered called for venesection; about a pint of blood was taken from the arm, which rendered him much easier for about thirty hours, when the pain again became more severe. The application of a dozen leeches, followed by hot fomentations, gave more lasting relief. Mercurials, with opium, were given until the gums

\* *Orthopaedic Surgery*, pp. 232.

† See case of Hip Disease, by Dr. Dwight, Boston *Med. & Surg. Journal*, Jan. 26th., '77.

‡ *Op. Cit.* pp. 230.

were sufficiently affected ; this plan of treatment, with the addition of salines and the free application of leeches, was continued for twelve days ; but still a dull, aching pain, with sensation of weight continued, deep in the epigastrium, and now a slight tumoid condition of the part, just below the ensiform cartilage was quite evident, and the skin over the whole body had become slightly jaundiced.

On the tenth day of the attack the patient experienced a slight chill, rather profuse nocturnal perspirations followed ; with all this the patient retained a good amount of strength.

I now had the counsel and assistance of a very eminent practitioner, who considered the case to be a subacute form of hepatic inflammation, as yet unsubdued, but thought that by the application of blisters, etc., the occasional use of mercurials and the continuance of salines, a cure would be effected. This plan, conjoined with sufficient support, was carried out for the next seven or eight days with much apparent benefit, the pain gradually diminished and but little uneasiness was felt, excepting that of a sense of weight in the epigastrium. The patient felt himself in every way stronger and better, inasmuch as on the Sunday morning, he considered himself almost able to go to church. He requested his wife to have breakfast prepared for him down stairs. A few minutes afterwards, on getting out of bed rather hastily for the purpose of showing himself, he fell heavily on the floor, and whispered to his wife that something had burst inwardly and that the hand of death was upon him. He did not complain of pain ; was covered by profuse cold sweat ; syncope increased, and he expired in about ten minutes.

We obtained leave to make a post mortem examination, which revealed the cause of his sudden death. Our diagnosis led us to believe that an abscess of the liver had poured its contents into the peritoneal cavity ; such however was not the case ; the structure of that organ was sound and unbroken, very slight congestion only existing. The stomach, spleen and pancreas were all right, but there was purulent matter in the cavity of the abdomen ; we had not yet discovered its source. After searching very carefully, we came upon a ruptured cyst or pyogenic membrane, situated in the gastro-hepatic omentum, which, after some

minute dissection, we were disposed to believe had its origin in the loose areolar tissue constituting Glisson's capsule. The cavity, as near as we could judge from its size, had contained some seven or eight ounces of the morbid fluid. This cyst rested upon the hepatic artery, plexus of nerves, ductus communis choledochus, etc., and although the pressure must have been considerable, yet these important structures continued to perform their functions properly, if we except the slight amount of jaundice, caused probably by the partial obstruction of the duct. The peritoneum was but slightly injected ; no pain had been experienced below the epigastric region. The usual indications of the formation of matter had been almost absent, save and except the slight chill on the tenth day of the disease. The common and well known effect of the escape of fluid from visceral abscess, and intestinal perforations into the abdominal cavity, is acute and fatal peritonitis. In the above case death followed too soon for the establishment of such conditions. The fatal result, occurring so soon after the rupture of the cyst, must certainly be attributed to shock. The fluid probably for some time had, by being bound down, caused considerable pressure, not only on the contents of Glisson's capsule, but also on the great coeliac plexus, so that it may be fairly inferred the sudden removal of that compression really constituted the shock, by disturbing the circulation of the nervous fluid, if such a fluid there be. For whilst numerous cases of death have been recorded as the result of blows on the stomach, by transmitting their force upon, and causing sudden compression of the great epigastric plexus, thereby producing sufficient disturbance of nervous action to destroy the muscular contractility of the heart, we have tolerably conclusive evidence that a like result may be caused by opposite means, as the evacuation of fluid by paracentesis, or the tapping of an ovarian cyst.

The anxious friends of the patient gave him the first thing at hand, viz., a draught of water, and, as stated, he had almost a painless death. If, instead of water, active stimulants—brandy, ammonia, etc.—had been administered, it is just possible that the cardiac paralysis might have been averted, and life prolonged for a few hours, only to be terminated in agony by acute peritonitis.

## Correspondence.

### COMPLIMENTARY DINNER TO DR. JAMES R. DICKSON.

To the Editor of the CANADA LANCET.

SIR,—I beg of you a space in your columns for a report of a complimentary dinner given to Dr. Dickson, in the Town Hall, Paris, on the 3rd ult. Dr. Dickson is the oldest practitioner of this town and vicinity, and from the fact that he has been confined to his office for the past two years, an amount of sympathy was awakened which manifested itself in a complimentary dinner, which I believe is without a parallel in this part of Canada. The doctor's confinement was due to rupture of the tendon of the recti muscles, just above the knee, and I hope a short account of his case which he has been kind enough to hand me, as well as the address which was presented to him, and a few other items relating to the dinner, will not be without interest to your readers. The following is Dr. Dickson's account of his case:—“On the 4th of March, 1875, whilst descending a very steep staircase, and within two or three steps from the foot, I suddenly fell forward, and landed on my knee on the floor. On making an attempt to rise, I found myself utterly powerless, and had to call in the assistance of two men, who placed me in my cutter. I drove them to my residence, where they put me on a chair and carried me to my room. They put me into a large arm chair where I remained until morning, when a friend came in and helped to undress me. I remained in that position with my limbs stretched on a board placed horizontally for nearly five weeks. Both limbs were so enormously swollen that no examination of the knee joint could be made, and we were totally in the dark as to the precise nature of the injury. I did not feel the slightest pain during that period. One night I got a couple of friends to carry me to bed, where they left me very comfortable. I felt very easy until about 2 o'clock a.m., when I became so restless and uneasy that I managed to pull myself on to a chair which was at the bedside, and by slow degrees I got close to my old chair, when in attempting to lift myself into it, it rolled away, and I fell between the two with both legs closely bent. It seemed

as if I could hear the tissues tearing as if they had been cotton. Since that time, until within the last few months, I was unable to make even the slightest attempt at standing. Now I can raise myself without help and stand firmly on both legs, but if I make an attempt to walk, when I raise one foot the other limb gives way. I trust, however, by the aid of a very ingenious apparatus made for me by Mr. Cram, of Woodstock, to be enabled during the summer to make some satisfactory attempt at walking. It was a considerable time before I found out the real nature of the injury, until one day, whilst looking for the details of another case, in the *British American Journal*, for October, 1861, I found the report of a similar case by Dr. Adams, of the London Hospital. I may add that I was on the verge of 60, 5 feet 6 inches in height, and my weight was 274lbs.”

The success of the dinner was largely due to the active co-operation of the lady friends of the doctor. After partaking of a splendid repast, an appropriate programme was gone through. Among many prominent gentlemen present from a distance were Drs. Digby, Brown, Philip, and Griffin, of Brantford. Dr. Turquand, of Woodstock; Dr. Lovett, of Ayr, and Dr. Caw, of Parkhill. Letters expressive of regret at not being able to be present were received from the Hon. D. Christie, Judge O'Reilly, Judge McQueen, Dr. Covernton, of Simcoe, Dr. Henwood, of Brantford, and a couple of the clergymen of the town. All the doctors' medical associates, as well as several of the clergymen of Paris, were present. Dr. Digby, Mayor of Brantford, occupied the chair, and after excellent and appropriate addresses by the chairman, Canon Townley, and Dr. Turquand, and instrumental music by Miss McKinnon, of Paris, and vocal by Dr. Filgiano and Mr. Lambe, of Hamilton, Dr. Burt addressed the meeting. At the conclusion of his remarks, on behalf of Dr. Dickson's many friends, he read an address, beautifully engrossed on parchment, which he presented along with a very handsome purse to the doctor. In doing so, Dr. Burt remarked as follows:—Mr. Chairman, ladies and gentlemen, I have been confided with the responsible task of reading an address to our honored associate, in behalf of his many friends assembled here this evening. When appointed by your committee to take part in the programme for this evening, and to accompany my



remarks with the reading of an address, I felt my inability to do honor to the profession to which I belong, and to speak in adequate terms of one of its oldest and most esteemed members. However short therefore my remarks may fall of what such an address as is expected of me by your committee to-night should be, and of what our esteemed friend too well deserves, you may rest assured the fault is all my own, and that too great a burden has been heaped on too small shoulders. It is only my love for the profession of my calling that has induced me to present myself before you to-night, and I feel that the whole profession looks upon the honor conferred by such gatherings as this upon one of its members, as an honor to itself as well as a most fitting reward to the person upon whom it is conferred. These gatherings, aside from their real purpose, generate a more kindly feeling, not only between members of this profession, but also between its members and the great world outside of us. To cherish this good feeling, and prove ourselves worthy of it, is the tendency of the times, and we one and all—to make a general statement—are struggling hard to root out all seditions from a profession which is fast pushing its work for the benefit of the whole human race. The old saying that “doctor’s disagree,” I hope it will be needless to tell you, is no longer a maxim, and that it is fast passing away into oblivion. We were once wont to hear little else. A pleasant change has taken place. Now we hear that all well-informed men agree. We have the same anatomy, the same physiology, the same chemistry, the same botany, and so on, throughout the whole domain of physic, and, I believe, to all educated members of the profession their subjects do not present greater difference than do the different walks of people. We all use the same material to arrive at the same goal, and although we differ as much as several people do in walking, and although we may have different gaits, still we have learned to walk so well that it is very easy for us to walk or keep step together. Many of the disagreements of old, were due greatly to the difference in the amount of education, and personal consideration and false aggrandizement among the lesser informed which naturally flowed from it. But now as the regular profession is becoming more uniformly educated, and more sensitive of professional dignity and honor, we do not

meet with the unpleasantnesses that were so rife in years gone by; and all now unite for the welfare of suffering humanity—which is their common aim—to do good that good may flow from it. It is well, however, in the extension of knowledge that we should oftentimes take sides. It is pleasant to indulge in a friendly warfare. And it is pleasant to know too, that it is quite possible for medical men, and we should hope for all others, to disagree and yet not despise each other; nay, indeed, to disagree and yet admire each other. The fear of ridicule ought never to prevent any one from owning himself in the wrong. I do not believe in the man who never made a mistake, and there is no cause for reflection and no dishonor to own that what we once thought was right, further observation and experiment has proved to be wrong. These differences, too, disappear as the non-medical world becomes more acquainted with our professional lore, or, at least, become so far pregnant with the natural sciences and cognate subjects, that they will be brought into sympathy with the labors of the physician. When this sympathy is more generally developed, the superstitious antagonism which every now and then formed a bulwark here and there to be broken down, will no longer retard the work which has for its aim the alleviation of the sufferings of the people. Not only is medicine coping against local sedition and strifes—expending not a little of its powers to bring individuals both inside and outside of the profession more and more into harmony with each other—but it also stands aloof from national contentions and political strifes. We may go to war about religion—I mean actual hostile warfare—we may war about creeds, and about politics, but I hope we will never hear of cruel war caused by the disturbances of the medicine man. Medicine has a different function to perform. It seeks the privilege to use its remedies—its soothing syrups (I do not mean Mrs. Winslow’s) to lessen the miseries of all people, the poor as well as the rich, foes as well as our friends.

“The sympathies of medicine are world-wide. No better evidence of this could be given you than the meeting of the International Medical Congress, held in the city of Philadelphia, in September last, ‘when representative men from nearly every country in the world assembled to interchange cordial salutations, to deliberate upon the

best means of promoting the holiest and dearest interests of our profession, and to lay their contributions, the accumulation of years of study and observation, upon a common altar for the common good.' To turn more especially to our honored friend. As for myself, I have spent many a pleasant half-hour in listening to his refreshing stories of the medical celebrities of Edinburgh. Their names had been dear to me. And you know how we all love to have some one talk to us of those whom he has seen and we have not seen, of those whose memories were ever dear to us through their writings, and which made us feel as if we knew them personally. I can recall some whose names were so dear to me through their writings, and who, when passing away, left such an impression on me, and caused such a thrill to pass over me, as if it had been a loved relative or a dear friend. I was going to say something about our friend being a bachelor, but I believe I shall refrain, suffice it to say that the well-known sympathies of Dr. Dickson are sufficient to exonerate him and all other bachelor members of our profession from what Mr. Herbert Spencer would have us believe to be a rule, namely, 'That old bachelors are commonly selfish.' And before reading you the address, to relieve many minds of a hollow belief, I shall say in the language of an eminent writer, 'That physicians are apt to be sceptics in religion is the vague belief of a careless world; it would be difficult for them as men of science to be superstitious; but one of the profession who faithfully and cheerfully does his duty, must have a belief as fixed and practical as that of any pastor, in a reward of duty beyond the grave.'

"I could not let the present opportunity pass without thus endeavoring to promote that good feeling and that social intercourse which our friend Dr. Dickson has so well exemplified in his every-day life; and I feel that I can assure him for us all that all the compliments he receives this evening are but the expression of a good feeling that has long existed towards him, and we all regret that while in the enjoyment of good health he has not been permitted to engage in the active duties of his profession."

The following address was then read:

To DR. JAMES R. DICKSON, L.R.C.S., *Edinburgh, Paris, Ontario.*

DEAR SIR,—Your many friends have for some

time past wished to make known in a tangible way, their sympathy for you in your lingering confinement, and have thought the present occasion to be most opportune for expressing their sympathy and their appreciation of your worth as a professional man and a public benefactor. Your abilities as a physician and surgeon, your kind disposition and sympathetic nature, your self-sacrifice, and your liberality, have gained you the esteem of your fellow-citizens in all the walks of life. But more especially for the great interest you have manifested in the welfare and happiness of the homes of destitute ones, do your many friends wish you to accept at their hands a small memento of their gratitude. Feeling encouraged by your partial recovery, we are not without hope that the goodness of a kind Providence may yet restore you to the active duties of a professional life, and thereby impart happiness to the suffering sick and give relief to the agonies of body and mind.

Your professional brethren have missed you at the bedside of the afflicted in times of distress and anxiety. Your ripe experience, your freedom from bias and dogmatism, your intelligible statements on all subjects pertaining to the interests of those stricken down with accident or disease, and your unostentatious bearing, have ever been a source of comfort and edification to your professional associates. By many an occupant of the sick room, you have been missed. Many have been deprived of the benefits of your mature judgment, and of those personal qualities for which you have been so much admired, and which oftentimes are sufficient to inspire confidence and rally the sinking soul of many a distressed one. Gentle, sympathetic, and kind, you will long be remembered both by your brother practitioners and your numerous friends; and our prayer is that you may yet be spared many years to add to the laurels with which you have already been crowned. And now, Sir, we beg of you to accept of the accompanying purse, and this expression of our good wishes.

Signed on behalf of the Committee,

W. BURT,

WM. CLARKE,

JOHN McMILLAN.

April 3rd, 1877.

Dr. Dickson responded in a brief speech, expressing his inability to put words together to reciprocate the warm manifestations of the evening. His remarks were most cordially received.

Several interesting speeches then followed, by the Rev. Father Dowling, of Paris, Dr. Bown, of Brantford, and A. H. Baird, Esq., Mayor of Paris; and instrumental music by Miss Griffin, of Brantford, and Miss Clark, of Paris, and songs by Messrs. Filgiano and Lambe. The entertainment, which for its medico-social character has had few equals, then closed with singing the National Anthem.

I am, dear Sir,  
Yours truly.

WM. CLARKE.

Paris, April 20th, 1877.

THE LONDON HOSPITALS.

To the Editor of the CANADA LANCET.

SIR,—In your number for January, I noticed a letter from K. N. F., upon which, with your kind permission, I would like to make a few remarks.

At the outset I would like it to be understood that my object is not to seek to raise one institution by lowering another; but rather to point out where your correspondent is at fault, and to put a really good hospital in its proper light.

I was led, by the comprehensive title of the letter referred to, "The London Hospitals," to find a fair and judicious summary of the leading features of the great Metropolitan Hospitals. I must say I was greatly disappointed. I found Guys' only mentioned to be dismissed, a few meagre remarks on the London; and, as it seemed to me, an unnecessarily detailed account of St. Thomas'. Altogether, the inference that I drew was that your correspondent had observed pretty carefully the routine at the latter hospital, but practically knew little of the others. With reference to St. Thomas' Hospital, I would particularly remark on the exaggerated statements indulged in, especially regarding the advantages of dressing and midwifery. I know as a fact, that it is exceptional, for Canadian students to become in-patient dressers, and that the number of men who get 50 cases in their two weeks term of duty, is small.

I must also demur to the title of "brilliant" being applied to Mr Sidney Jones. He is a good, but decidedly showy operator.

Those who are best fitted to judge in ophthalmic matters, inform me that Mr. Liebreich is not in particularly good odor with that branch of the profession.

I think also that your correspondent is mistaken as to the capacity of St. Thomas' Hospital. That 572 is its maximum number of beds may be true, but, owing to the immense cost of the buildings, and consequent crippled finances, the number *actually* in use is very much less.

Having briefly noticed a few of the errors into which your correspondent has fallen, let me beg your attention to the secondary object of this letter.

The London Hospital, coming recently under the notice of the Canadian profession, is by no means, as many would suppose, a new institution, having been founded as long ago as 1740. The reason it is not better known is that it is only within the last two years that it has opened its doors to Canadians, at the reduced fee of ten guineas.

As your correspondent justly remarked, it is situated in a "densely populated neighbourhood," and in close proximity to the docks. I am aware that there is an idea abroad that the London is principally a surgical hospital, but I shall presently show that this is quite erroneous, the two classes of cases being very evenly balanced, and naturally so, in the sort of neighborhood mentioned. It is not difficult to imagine that there are many hundreds of persons not "above" seeking gratuitous medical aid.

In support of my assertions, I will briefly give the following statistics:

The London Hospital contains 800 beds, the allotment of which is as follows, varying slightly of course, with circumstances:

For Accidents and Surgical Cases.....	334
" Medical Cases .....	300
" Diseases of Women.....	26
" Children under 7 years.....	68
" Ophthalmic Cases.....	12
" Out-Door Wards (Erysipelas, &c.)....	60
<b>Total.....</b>	<b>800</b>

During the year 1875, the number of patients treated (not counting renewals, therefore new cases) was:

Medical In-patients .....	2,358
" Out " .....	12,827
Surgical In " .....	3,446
" Out " Diseases....	5085
" " Accidents... 765	12,145

## Special Cases :

Skin, out-patients .....	1,944
Ear, " .....	650
Eye, " .....	1,617
Dental " .....	2,064
Minor Casualties, not requiring further treatment.....	8,740
Medical Renewals .....	3,060
Surgical " .....	1,088

The above figures speak for themselves, and therefore further comment is unnecessary

The teaching is excellent ; I have only to mention the names of Drs. Sutton, Hughlings Jackson, and Mr. Jonathan Hutchinson, to gain credence for my assertion. There are from two to three *post mortems* held daily, demonstrations being given thereon.

In conclusion I would bring to your notice the very significant fact that some of the most intelligent students at St. Thomas' have expressed to me their regret at not having visited the London Hospital before taking out their tickets elsewhere, and have even contemplated investing another fifty dollars in it.

Trusting that I have not trespassed too much on your valuable space and your reader's patience,

I remain, yours truly,

ONE WHO KNOWS.

London, March 1877.

To the Editor of the CANADA LANCET.

SIR,—I beg to enclose you a copy of a "puff" which recently appeared in the columns of one of our local papers. The article speaks for itself, consequently I shall not make any remarks thereon.

Yours, etc.,

ÆSULAPIUS.

April 15, 1877.

"Dr. — has the honor of holding the following qualifications:—Licentiate of the Faculty of Physicians and Surgeons, Glasgow, 1838; Licentiate of Medicine, Surgery and Midwifery, Province of Canada, 1842; special Diploma for Midwifery, granted by the Faculty of Physicians and Surgeons, Glasgow, 1876; Member of the College of Physicians and Surgeons, of Canada, 1876. Dr. — has been long and favorably known in the western section of this Province, having been a resident practitioner in — for over thirty years, during which time he occupied not only a leading position in his profession, but held many offices of responsibility and trust, both educational and municipal; as a proof of which, and as showing the faithful and upright manner in which he discharged the

duties of one and all, he was voluntarily presented with many testimonials by his professional brethren and fellow-citizens, prior to his departure for his native country.

"Dr. — has long devoted his attention to the treatment of the diseases of women and children, and has had a very extensive practice as an accoucheur, as an evidence of which he had the honor of being presented, when on a late visit to Glasgow, with a special Diploma for Midwifery, by the Medical Faculty of that city. Dr. —'s long residence in that section of the Province where intermittent and bilious remittent fevers are peculiarly prevalent (the country being low and but partially drained) has afforded him much experience of their causes, symptoms and treatment," etc., etc.

[We had hoped that we had seen the end of such disgraceful means of obtaining public notoriety. It is a confession of weakness in the fool or knave that adopts it.]—ED.

### Selected Articles.

#### EMPYEMA AND PYO-PNEUMOTHORAX.

Dr. Janeway presented a specimen of empyema with pyo-pneumothorax, and read the following history (*N. Y. Pathological Society*).

Bridget Nolan, æt. 23, Ireland; admitted January 4, 1877; family history unimportant; denies drink and venereal; had diseases of childhood; had one child, which was delivered without instrumental interference four months ago; since this time she has suffered from pelvic and lumbar pain, pain on defecation, and dysmenorrhœa. For the relief of these symptoms she entered the hospital. Examination revealed a retroverted and retroflexed uterus. The uterus is fixed; patient's general health quite good.

Jan. 14.—Yesterday patient was in the amphitheatre. In the evening she had a severe chill, followed by pain in the right chest of a lancinating character. These symptoms were soon followed by febrile movement and cough, without at first expectoration. This a.m. the temperature is 103°; p.m., pulse, 104; respiration, 30; temperature, 102½°. Ordered R—Quin. sulph. gr. x. t. i. d., and sufficient morphia to keep her free from pain.

Jan. 15.—The physical signs of consolidation are evident over the upper portion of the lower lobe of the right lung. Patient to-day expectorated a few rusty sputa.

Jan. 17.—The signs of consolidation have extended over the entire middle and lower lobes. Is having Quin. sulph. gr. x. t. i. d.

Jan. 23.—This morning a few subcrepitan râles are heard over the consolidated lobes. Patient is perspiring profusely. Is still taking the quinine.

Jan. 28.—Is apparently improving. The physical signs indicate nearly completed resolution in the affected lung. Quinine discontinued.

Feb. 9.—Still complains of feeling weak. Has some dyspnoea. Has very little appetite, and eats scarcely any food. Physical examination this evening reveals *flatness over the entire right chest*, and bronchial respiration over a small space at the summit. Elsewhere respiratory sound is absent. The hypodermic needle was introduced, and a *syringe of pus withdrawn*.

Feb. 10, a.m., temp.  $99\frac{3}{4}^{\circ}$ ; p.m., temp.  $102^{\circ}$ .

To-day patient is suffering from dyspnoea to a considerable extent; complains of feeling very weak; ordered whiskey  $\frac{3}{4}$  ss t. i. d. About 4.30 it was deemed advisable to aspirate the chest. This was accordingly done, and  $\frac{3}{4}$  lx. of pus removed. Toward the last gas was withdrawn with the fluid. The needle was removed, and on auscultation the succussion sound was heard. Patient appeared to suffer no inconvenience from the operation.

Feb. 11, a.m., temp.  $100^{\circ}$ ; p.m., temp.  $100\frac{1}{2}^{\circ}$ .

Patient feels considerably better than before operation. On auscultation, amphoric respiration and metallic tinkling are heard posteriorly. Stimulants and occasional doses of quinine are given.

Feb. 12, a.m., temp.  $98\frac{3}{4}^{\circ}$ ; p.m., temp.  $99\frac{1}{2}^{\circ}$ .

March 2.—Since last note the temperature has ranged between  $99^{\circ}$  and  $102^{\circ}$ . The fluid in the cavity has considerably increased in quantity. Is quite weak and takes little food.

March 3 to March 8.—Temp.  $99-101^{\circ}$ .

March 9.—A free incision was made in the seventh intercostal space in the infra-axillary region, and about  $\frac{3}{4}$  xxiv. of pus escaped. The operation was followed by no unpleasant symptoms. This evening the cavity was washed out with dilute solution of carbolic acid.

March 10, a.m., temp.  $101^{\circ}$ ; p.m., temp.  $99^{\circ}$ .

Patient passed a good night, and this morning seems quite bright. The pleural cavity is washed out twice a day.

March 11, a.m., temp.  $98^{\circ}$ .

This morning the patient appeared as well as she did yesterday. About 11 o'clock the pleural cavity was washed out. Just at the completion of the operation patient suddenly exclaimed, "Oh, doctor! my breath!" The heart's action ceased immediately. The pupils dilated widely, and with a few gasps the patient died. External and internal stimulation were resorted to, and artificial respiration employed for twenty minutes.

The above is the ante-mortem history as given by my acting house physician, Dr. Taylor. On entering on duty on the 1st of March, I found the patient with evidences of pyopneumothorax, the air having been found in the chest after an aspiration, and at that time evidence by amphoric respiration, voice, and cough of a communication of the

pleural cavity with the bronchi. Of this part I had satisfied myself on the day after the aspiration. No evidence existed of such communication on the 1st of March, as there was absence of respiratory murmur of any kind and of the amphoric voice over the air in the chest. Dr. Peck, the house physician, assured me that no pus had been coughed up. I supposed that the cause of the entrance of air after the aspiration had been due to a small perforation of lung in some spot where perhaps the pleura was thinned by ulceration, or possibly at the site of some abscess which had caused the empyema. The doctor assured me that he had not felt anything like the lung impinging on the needle during the aspiration. There were no evidences of disease in the other lung, save occasional râles, and this I ascribed to a slight bronchial catarrh, though I heard them at the apex. I weighed the case in my mind and decided in favor of opening the thorax for the following reasons:

1st. The previous aspiration had not reduced the size of the pleural cavity.

2nd. The pus had re-accumulated.

3rd. The lung, owing to the air and pus, was collapsed and pressed inwards and backwards on its root, and no signs existed of present communication between lung and cavity.

4th. The results of the operation in other cases had been favorable, either curing or alleviating to a greater extent than repeated aspiration.

5th. I had seen a number of cases in which death had occurred where the operation was not performed, and I believed and believe that a greater number will recover of those operated on than of those not operated on.

6th. I did not see any good reason to hope for a diminution of the pus-producing cavity except by opening the chest and allowing the pus to escape, and then endeavoring to obtain a retraction of the affected side,

I stated at my clinic that I would have much preferred operating on the case had the upper lobe been adherent to the chest wall, as it so often is in empyema, thus reducing the size of the pus-producing cavity.

*Autopsy twenty-seven hours after death.*—Brain normal. On opening the pericardium I noticed that the right ventricle was distended, and hence percussed over it. It was tympanitic. I then punctured it with the point of a knife, and a quantity of odorless gas or air escaped with a "pffff" sound, and the walls fell together. There was also some air in the right auricle. I immediately examined the condition of the venæ cavæ, and found no lesion of them nor of the innominate veins, etc. The right ventricle contained, after the air escaped, only a few small clots not in the least different from ordinary black clots; the right auricle some black clots and fluid blood. The

left ventricle was nearly empty and contained no gas, the left auricle contained only blood.

I have to regret that in the examination I could not speak of the contents of the pulmonary artery with certainty, as the heart was cut out, and I think blood escaped. In the left lung the branches contained blood. In the right the branches, when I removed lung, were nearly empty.

The right pleural sac contained some of the remains of the fluid injected, and the rest was filled with air. The right lung was collapsed, carnified, pressed upwards and inwards on the root. The pleura covering it was thickened and opaque, and presented at the upper part of the lower lobe an irregularly oval loss of substance about an inch long and one-half an inch in depth leading into the lung tissue. In this I found a branch of the pulmonary artery of some size separated from the air-holding space of the pleura only by the thickness of its own walls. The costal pleura was markedly thickened. The other lung was normal. The liver and kidneys were somewhat congested, but otherwise normal.

There were evidences of old pelvic cellulitis and peritonitis, and of some thinning of uterine wall at point of flexure junction of neck and body.

The other viscera were normal. A careful examination showed absence of gas development in the blood; in other situations an absence of the least sign of decomposition about the body or its organs, and you see in the lungs and heart which I present, after two days, the absence of any evidence of decomposition at the present time, these organs having been preserved simply by exposure in the atmosphere wrapped in a damp cloth.

I had supposed that the evidence as to the cause of the sudden death would be negative, and that we should have to consider it as due to syncope; but finding the gas in the right side of the heart without evidence of decomposition as its cause, and finding it there exerting pressure on the containing wall, it seems to me that we shall have to consider it as the cause of the arrest of cardiac action. The question arises as to its origin. It could only come from the *venæ cavæ*, the *venæ azygos*, or the pulmonary artery on the right side, or else be developed from the venous blood. I looked at the *venæ cavæ* and the *venæ azygos*, and there was no point for its entrance in these, and in the *azygos* there was fluid blood without air bubbles, so that it did not pass from an intercostal vein into this. If the pulmonary artery alluded to had been its source, we should expect evidence of blood escape into the tissues if a lesion existed in its walls; and more, the air would, in case of no lesion, have made its way in opposition to blood current, and through the valves. I had at first thought of this as a possibility, but I must confess that more mature reflection makes me feel that it is a scarcely probable case.

The other supposition which I have mentioned, viz., the development of gas from the blood, I believe to have been the real condition and cause. This, as a cause of sudden death, is spoken of by Foerster, though he says he never saw a case under the head of pneumatosis of the heart, in his work on pathological anatomy. He also there gives some literature citations. Rokitsansky and others, as far as I have had time to examine them since, pass the subject without mention, or as Wagner with the barest allusion.

Some years since I saw a case of gangrene of the leg due to a diffuse cellulitis, in which death was very sudden, and in which I supposed that gas had entered the circulation from the decomposed blood in the veins of the affected part, as I found it there in the right cardiac cavities: but as the weather was warm and the body commencing to decompose, I could not be positive.

This and the case I present to-night are the only cases of the kind in my experience. I record the case on account of its rarity, and also because I believe that we should report our unsuccessful as well as our successful cases.—*Med. Record.*

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#### WHEN TO OPERATE FOR MAMMARY CANCER.

Mr. Sampson Gamgee, F. R. S. E., surgeon to the Queen's Hospital, Birmingham, has the following excellent remarks in a late number of the *British Medical Journal*:—

It is especially true of operations for cancer, that they should not be undertaken unless there is the utmost attainable certainty of the surgeon being able to complete them; to remove the whole disease, and leave the parts in a state favorable to speedy and solid union. If a scirrhus breast is to be interfered with at all, such interference cannot be too speedy or too thorough. From a woman above sixty, it is only under very exceptional circumstances that the removal of a scirrhus should be recommended. In old persons, such growths are often very slow in their course, give little pain, and are consistent with several year's life with comparatively little discomfort. The other conditions which are a bar to the operations are—*a.* Ulceration of the tumor and of the covering integument; *b.* Adhesions to the pectoral muscle; *c.* Infiltration of the mammary gland with cancerous matter as distinguished from the circumscribed tumor in its substance; *d.* A chain of indurated glands in the axilla; *e.* Any induration of the glands above the clavicle; *f.* Brawny infiltration of the skin over the affected breast; *g.* The existence of scirrhus in both breasts, or in any other organ besides one breast.

In an otherwise healthy person below fifty-five

years of age, I do not consider a retracted nipple, a pucker or dimple in the skin, or one enlarged movable gland in the axilla, severally, objections to the operation. Once operative interference is decided upon, which is the best plan? Clearly the knife, not the elastic ligature or caustics.

A few words as to the operation and its after-treatment. Commencing at the sternum, I direct the incisions straight across the chest, through the fascia covering the pectoral muscle, which I invariably dissect clean. The mamma, grasped in the hand, is forcibly raised, the handle of the knife being freely used to separate its loose connections; the point or edge of the instrument is only employed to give a light touch to any bond of union which resists a goodly amount of traction. By this means very little blood is lost. It is now many years since I tied or twisted a vessel in an operation of this kind. The surface of the wound is lightly brushed with styptic colloid, and narrow strips of lint soaked in the same agent are used to close the wound after the edges have been very accurately adjusted by points of metallic sutures, at a distance of about three-quarters of an inch from each other. A drainage tube is placed in the outer angle of the wound, and over it pads of picked oakum in common muslin bags. A nicely compressing bandage surrounds the chest, and binds the arm to the side, with the hand across the chest. The dressing is not troubled for a week, when, as a rule, the greater part of the wound is healed. The operation, thus simplified according to the first principles of plastic surgery, is attended with singularly little pain.—*Med. & Surg. Rep.*

#### JABORANDI IN BRIGHT'S DISEASE.

*Case I.*—Henry P., æt. 18, admitted September 4, 1876, I bring before your readers because he presents a most unique example of localized œdema in Bright's disease. He is a dwarf.

His urine was highly albuminous, scanty, epithelial and granular casts abundant, with a history of dropsy and other symptoms which made the diagnosis easy. The tumor itself, located in the cervical region, was elastic, shiny, and pitted upon pressure. It had appeared a year before, with only slight general anasarca, and had disappeared under treatment in the Episcopal Hospital.

℞ Jaborandi, ʒii;  
Aquæ, ʒiii.—M.

was ordered as before, to be repeated the second day. Milk diet, and the preparation of iron in the well-known Basham's mixture.

At the end of a week there was no evidence from inspection that a tumor had ever existed: he sweated profusely after every dose of the drug, and expressed himself as feeling much more comfortable. At present date the tumor has never returned.

*Case II.*—Robert F., æt. 50, admitted October 9, 1876. In this man's case the dyspnoea from intense œdema of the lungs was as severe as I have ever seen it. There was some general anasarca, and the patient was nearly comatose. He took jaborandi, administered as in the previous cases, for three weeks every other day, with the carbonate of ammonium for about one week, as in prescription given. He sweated profusely after every dose; at the end of the time stated he was completely convalescent. He, as did most of the others, used to beg for his medicine, for he recognized the great benefit he derived from it.

In the following cases I also used jaborandi to relieve the suffering caused by dropsy when uræmia appeared inevitably about to come on, and recurred to its use whenever the symptoms appeared.

I give their names and dates of admission to show the length of time during which I had them under observation, and to demonstrate that the effect was more than temporary.

William Locker, æt. 40, admitted December 2, 1876. Not discharged.

James Dillon, admitted August 9, 1876. Discharged October 12, 1876.

Edward McFaut, admitted December 19, 1876. Discharged February 15, 1877.

James Williams, admitted December 12, 1876. Not discharged.

I know of no other agent which will afford so great relief as this drug. The use of steam baths cannot be substituted in its place, though these are valuable in a few cases where jaborandi is, for some reason, inactive; but some of my cases were relieved by the drug after steam baths had totally failed.

There is very little depression of the system from its use. In one instance a nurse gave a dose of it to a man suffering in the second stage of pneumonia with some symptoms of typhoid state; here there was considerable depression, but the free exhibition of stimulants in twenty-four hours relieved all bad effects. In one case of phthisis a profound sialagogue effect was produced: the patient said, 'The water seemed to leak into my mouth like a fountain:' she filled several receptacles during the night, but all inconvenience passed away during the day. After using jaborandi, my patients were placed, as I have stated, on milk diet, principally, and Basham's mixture.

I write in hope of inducing the profession to make use of the drug in private practice; for, after some years' experience in this house in the treatment of Bright's disease, I can truly say I have never had so favorable results from any other drug or plan of treatment in the management of the serious and protean symptoms of this grave disorder.—*Dr. Bruen, Philadelphia Hospital, in Medical Times.*

## OVARIAN CYST.

By DR. H. LENOX HODGE, [Pathological Society Philadelphia.]

The cyst was removed from a patient 60 years of age, by the operation of ovariectomy, seven days ago. She has thus far done perfectly well, and has had no bad symptom. The cyst weighed with its contents twenty-two pounds, one pound being the weight of the solid portions, the rest being that of the fluid. The fluid was of a light straw color, sp. gr. 1008, and did not contain albumen. It has been referred to the committee of this Society on the so-called ovarian cell, for examination. In October last I tapped this same patient, and the fluid then drawn from this cyst was clear and like water, almost colorless, sp. gr. 1007, and did not contain albumen. It was also handed to the committee for examination. The Society, therefore, has the advantage of comparing the results of the two examinations of the fluid with the cyst as obtained by the operation.

The tumor, as viewed from the exterior, appears like one large cyst, but through its walls one or two smaller cysts can be felt. The pedicle was long, thin, and narrow. The Fallopian tubes are greatly elongated and spread out upon the tumor. The remains of the ovary, much flattened, can plainly be seen in the outer wall of the tumor. Upon opening the cyst, on the interior wall the remains of smaller cysts could be seen, which apparently had broken into the larger cyst. One cyst as large as an apple remained, but communicated with the large cyst by an opening of the size of the finger, in its inner wall. Another cyst, of the size of a marble, remained perfectly distinct and filled with a reddish gelatinous substance. This cyst was situated about two inches distant from the ovary. On the inner side of the ovary, and projecting into the cavity of the large cyst, were several small cysts.

The examination shows that the case is one of true ovarian disease. The disorder may have begun in the ovary, or it may have originated in the broad ligament and extended to the ovary.

Dr. James Tyson had examined, at the request of Dr. Hodge, the fluid removed from the cyst, with the following results. It was quite transparent, but exhibited a slight yellowish tinge, being in this respect different from the product of the previous tapping, which was colorless. The fluid when examined for albumen by Dr. Tyson (this test was deferred until the fluid was eight days old) was found to contain a small but easily appreciable quantity, had a sp. gr. of 1008, reaction neutral, and on microscopic examination was found to contain a *very small number of the granular* (so-called "ovarian") cells and an occasional compound granular cell. Of the "ovarian cell," two, three,

and four were found in a single field of a one-fifth object-glass.

Dr. Hodge said he considered the changes in the fluid removed at successive tapplings to be of great interest. He recalled another case, that of a lady from New Jersey, from whom he had removed a fluid having all the characteristics of that from a cyst of that broad ligament, being clear like spring-water, and not at all albuminous. At the second tapping it presented a light straw color, and came back quickly. At the third tapping it had all the characteristics of a fluid from an ovarian cyst.

Dr. F. P. Henry said the changes in the fluid might be explained by the varying blood-pressure. After tapping, the pressure in the interior of blood-vessels is greater and the albumen more likely to exude than in the slow process of growth of the tumor.

Dr. Hodge said the specific gravity of the first tapping was 1007, that of the second 1008.

Dr. J. Ewing Mears said it is well known that in cysts of the broad ligament the fluid is a clear spring-water fluid, and in his experience with them he had never been able to find any solid elements nor any albumen present. With regard to the fluid of ovarian cysts he was of the opinion that the changes in appearance and constitution which are observed to take place after successive tapplings indicated changes in the cysts which attended their development. In simple unilocular cysts, in the early stages of development the fluid obtained at the first tapping usually presents the following characteristic features. In color it resembles somewhat ascitic fluid,—may be designated straw-colored,—of rather low specific gravity, not very albuminous, and slightly viscid. Microscopic examination does not reveal the presence of cellular elements in great quantity.

In multilocular cysts, on the contrary, the fluid is of a dark chocolate color; of high specific gravity; highly albuminous, and very viscid. The microscope shows the presence of a large number of granule-cells, blood-corpuscles, granular debris, and sometimes cholesterol plates. Fluid of this character is that commonly regarded as distinctive ovarian fluid. When, therefore, it is found that the fluid removed at successive tapplings presents marked changes in appearance and character, he thought it was correct to assume that there had occurred corresponding changes in the nature of the cyst. With regard to the presence of cells in the fluid of cysts of the broad ligament, he did not believe they were at any time found in large quantities. These cysts are lined by cylinder epithelium, and it is possible for some of them to appear in the fluid: he did not think they underwent the rapid fatty degeneration characteristic of the cells lining true ovarian cysts, and hence they would not be thrown off in such numbers, and when exfoliated would not be so altered in appearance.



Dr. Hodge desired to know of Dr. Mears whether he thought the fluid of a second tapping of a cyst of the broad ligament would lose its spring-water appearance.

Dr. Mears replied that he did not think it would. The admission of air within the sac at the time of tapping might produce some conditions which would change the appearance and character of the fluid. He did not think the changes could be similar to those which had been observed to take place in the fluid of ovarian cysts after repeated tapplings. In cysts of the broad ligament, tapping is thought by some ovariologists to be curative, as the cysts did not refill. He thought that Dr. Atlee recommended excision of a small portion of the cyst-wall, as sufficient to effect a cure.

Dr. Hodge said that Dr. Atlee formerly thought tapping was a cure for cysts of the broad ligament, but, finding that they returned, he devised the operation of removing a portion of the cyst-wall through a small abdominal incision. Now, however, Dr. Atlee believes that the whole tumor had better be removed, as in ovarian tumors; also that the tendency of ovariologists now was to remove cysts of the broad ligament if they refilled after repeated tapplings, as they sometimes do.

#### ARTICULATING SURFACES OF FEMUR AND TIBIA FROM A CASE OF EXCISION OF THE KNEE JOINT.

By Dr. JOHN ASHHURST, Jr. [Pathological Society, Philadelphia.]

The patient, a lady 30 years of age, sent to Dr. Ashhurst by Dr. Massey, of West Chester, had suffered from disease of the knee-joint for twenty-three years. The limb was bent almost to a right angle, frequently painful, and very sensitive to cold. The tibia was by measurement four inches shorter than that of the opposite side, and the whole leg and foot smaller than their fellows. Several depressed cicatrices marked the sight of former abscesses. The patient walked with difficulty with the aid of a crutch and of a shoe provided with a sole seven inches in thickness, and, finding her condition yearly becoming worse, was willing to submit even to amputation if that should be thought necessary.

As, however, her general health was unimpaired, and her limb showed rather the effects of past disease than the presence of any actively morbid condition, Dr. Ashhurst thought the case a suitable one for excision, and accordingly resorted to that operation on January 8, 1877. The intra-articular structures were found almost entirely destroyed, the inner condyle of the femur being firmly united by bony ankylosis to the tibia, while the latter bone presented a large spot of softened and carious

tissue. The soft structures in the popliteal space were so much contracted that, after the removal of as much bone as was thought proper, it was necessary to divide the external hamstring tendon in two places in order to bring the limb into a straight position. The progress of the case since the operation had been entirely satisfactory.—*Med. Times.*

#### UTERINE SUPPORTERS.

Dr. Clifton E. Wing presented a paper (*Medical Society, Norfolk, Mass.*) upon "The Use of Uterine Supporters," in which it was maintained that a certain proportion only of uterine troubles can be benefited by the employment of pessaries, but that in cases requiring these instruments they can do nothing but harm unless perfectly fitted to the given vagina. Dr. Wing admitted that uterine trouble involving congestion and enlargement generally precedes the displacement of the womb, and is its chief cause. But it should be borne in mind that in certain cases the reverse is true; and the physician who holds steadfastly to the one view or the other must sometimes err.

The circulatory system of the uterus is adapted for supplying that organ with the proper amount of blood, when in its usual position, but it may be accepted as a rule that any change in the position of the womb from the normal one tends to interfere with the circulation, and usually the greater the displacement the more the congestion. Congestion of an organ as richly supplied with blood vessels as is the womb involves a material increase in its weight, which of course tends to perpetuate and increase the displacement.

Certain varieties of uterine displacement take place suddenly, as the result of violence, such as the strain from lifting a heavy weight, or a fall; the natural result of such displacement is congestion, œdema, and increased sensibility, and, with the congestion of the mucous membrane, an abundant secretion of mucus. If, under such circumstances, the displaced part be restored to its normal position and retained there by means of a pessary until the natural supports regain their tone, it is reasonable to suppose that the congestion and sensibility will rapidly diminish, the organ decrease in size, the uterine discharge cease, constipation, painful defecation, and trouble with the bladder disappear, dysmenorrhœa, due to the congested, hyperæsthetic state of the womb, or perhaps to obstruction caused by a flexion, give place to perfectly painless menstruation, and that recovery will take place without additional treatment. In the case of uterine displacement in any direction, the opposing ligaments and tissues are overcome and kept extended as long as the displacement continues, and our main hope of cure in such a case must lie in restoring the womb to its place before

its proper supports become permanently overstrained, and in retaining it in position until they regain their tone. The indications for treatment are here often met by a well-fitting supporter, though in other instances, owing to the condition of the parts, other measures, perhaps operative, are necessary before the womb can be restored to its normal position and retained there by the pessary. Dr. Wing denounced the employment of the elastic ring and globe pessaries, and also of those made of soft rubber and dilated within the vagina, asserting that they tend to leave the pelvic supports weaker than before they were used. He spoke of the tendency at the present day to undervalue the influence of the vagina in supporting the womb, and in keeping it in place, maintaining that the walls of the vagina, when in apposition and of normal tone, and supported by the surrounding tissues, must act as a strong column of support to the womb. Soft rubber, moreover, absorbs more or less of the secretions, and becomes in a short time very foul and irritating, giving rise often to excessive leucorrhœa. The softest inflated pessary may cause an astonishing amount of ulceration in a very short time. The supporters which have a stem attached to a belt, or other contrivance on the outside of the body, were characterized as probably the worst of all, being incapable of adapting themselves to the mobility of the womb, and tending to stretch the vagina and distort the parts. Of all the materials which have as yet been brought into use, hard rubber is by far the best, and the various modifications of the closed lever pessary of Hodge, made of this substance, will be found to supplant the other varieties of pessaries in proportion to the experience of the physician in their application. But the secret of success with pessaries lies not so much in the kind which is employed, for a variety which is proper for a given case may be improper for the next, but in accurately fitting the pessary to the patient.—*Boston Med. Journal.*

#### CHRONIC ENDOMETRITIS AND METRORRHAGIA RELIEVED BY FULL DILATATION OF CERVIX.

L. S. W., aged twenty-seven, married; catamenia at sixteen, always irregular; attributes her troubles to scarlet fever, which she had nine years ago, and which was followed by anasarca and general debility. A year since she had pain in the lower part of the abdomen, most severe on the left side, extending down the leg to the ankles. Has now constant lumbar pain. For eight months has not been free from metrorrhagia with the exception of two weeks in June, and the ten days previous to admission. Has always suffered from leucorrhœa;

married sixteen months ago, but was divorced at the end of three months. Never pregnant. Complains of facial neuralgia, headache, insomnia, obstinate constipation, and dysuria.

October 15th. Upon examination the uterus was found to be enlarged, the sound entering easily three and one half inches. The cervix was red, congested, and the os somewhat patulous. Nitric acid was applied to the cervical canal, and she was ordered large vaginal douches as hot as could be borne, and laxatives.

October 29th. Much improved. Cervix freely scarified, followed by glycerine tampon. The same general treatment was pursued at intervals of a week or ten days with marked relief to the leucorrhœa, pains, and uterine congestion. The metrorrhagia not ceasing, a month later (December 28th), the cervix was largely dilated by laminaria tents and the cavity thoroughly swept with curette forceps, bringing away only some small shreds of hypertrophied mucous membrane. This was followed immediately by tincture of iodine swabbed over the whole uterine surface.

January 7th. Hæmorrhage had ceased almost entirely since the dilatation. The sound now enters but two and five eighths inches. There being a slight show occasionally, the cervix was again thoroughly dilated by tents.

January 12th. No Hæmorrhage. Cervix natural, discharging for the first time a healthy transparent mucus. Patient was directed to take iron, and was discharged.—*Boston Med. Journal.*

#### CHEYNE-STOKES RESPIRATION.

In the case of M. Biot this type of respiration was well marked, and carefully observed for several weeks. The period of apnoea lasted on an average from seventeen to eighteen seconds, the period of dyspnoea from forty-two to forty-three seconds; the number of respirations during the period of dyspnoea was twenty-eight, the arrest of breathing always occurring in expiration.

The patient, aged fifty-seven, said he had never been sick before, and first noticed that he was not as well as usual fifteen days before entrance into the hospital. During the periods of apnoea he grew sleepy and somewhat cyanotic, both of which phenomena vanished during the period of dyspnoea; indeed, he begged earnestly for some remedy which would give him sleep. He had no headache, nor was any swelling to be seen about the neck which might suggest pressure on the pneumogastrics. The apex of the heart was outside the nipple and apparently in the fifth intercostal space, though its exact situation was difficult to define. A double murmur was heard all over the heart, the point of greatest intensity being over the third right cartilage. The hammer-pulse was ill marked on ac-

count of considerable atheroma of the arteries; a double murmur was heard over the femoral arteries and there was some pulsation of the jugulars. Aortic obstruction and regurgitation and slight mitral insufficiency were diagnosticated.

Pneumographic and sphygmographic tracings were taken repeatedly during the time the patient was under observation, and always with the same results. The periods of apnoea and dyspnoea were strongly contrasted in the tracings. The cardiac beats were uniformly more rapid during the former than during the latter period,—thirty-six in the eighteen seconds of apnoea, eighty-two in the forty-nine seconds of dyspnoea. The notch in the tracings, the presence of which is so characteristic of aortic regurgitation, was also more marked during the period of apnoea than during that of dyspnoea; that is to say, the arterial tension was diminished during apnoea.

The patient was rendered decidedly more comfortable by three doses of chloral hydrate of one gramme each during the afternoon. It was several times omitted, but resumed again at his urgent request. Once digitaline was substituted for it, but had no appreciable effect. While under the influence of chloral hydrate the duration of the periods of apnoea was reduced from seventeen or eighteen to ten or twelve seconds.

After four weeks' sojourn in the hospital the patient died, but unfortunately an examination was not permitted by his friends.

M. Biot advances no theory of his own to explain this form of respiration, but inclines rather to the theory of Traube than to that of Filehne. The fact that in this case arterial tension was diminished during the period of apnoea, and the fact that chloral, which diminishes the excitability of the nervous centres, reduced the duration of the period of apnoea, are both considered by M. Biot opposed to the theory of Filehne. (These and other theories which have been offered in explanation of this phenomenon are discussed in the number of this journal which appeared October 7, 1875.)

Dr. Andrew reports a case of typhoid fever in the course of which this type of respiration was noted. The case was a pretty severe one, and on the twenty-second day of the fever, September 18th on casual examination of the chest, dullness and bronchial respiration were found in the right lateral region. The next day but one it was noticed that the respiration was irregular and sometimes ceased entirely. The 21st the respiration was still irregular, the patient passed his fæces in bed, and was in a condition of great prostration. The 22nd, the prostration had rather increased, percussion was impaired at both apices, and bronchial râles were heard all over the chest; the respiration varied between 24 and 40. The heart sounds were very faint, the first almost in-

audible. The 24th, Cheyne-Stokes breathing became fully developed, the period of dyspnoea lasting twenty five seconds, that of apnoea ten seconds. Brandy was administered in large quantities, and the next day the action of the heart was stronger and the respiration regular, 36. From this time the patient improved slowly, and was sent, November 3rd, to a convalescent home.

It will be seen that the form of respiration under consideration coincided in time with the period of greatest exhaustion; a period when the aerating surface of the lungs was much diminished and the action of the heart much enfeebled, from that condition of its muscular structure which is a concomitant of all the specific fevers to a greater or a less degree, cloudy swelling. It will also be observed that the patient recovered.—(*Boston Med. Journal.*)

TREATMENT OF INTUSSUSCEPTION BY FORCED ENEMATA:—Dr. Thomas Hawkins, Physician to Bellevue Dispensary, is reported by Dr. E. J. Garbit, in the *Medical and Surgical Reporter*, to have successfully treated three cases of intussusception, or invagination, by means of fluid injections *per rectum*. The patients were placed in the chest-and knee position, and the instrument used, an ordinary Davidson's syringe. Contrary to the injunction of Flint, "that the injections should not be pushed beyond the point at which they are borne without much suffering," Dr. Hawkins found it necessary to use all the force of which the instrument was capable. He is "convinced that success may be achieved in nine cases out of ten, and the strangulated intestine restored to its normal position, by the use of forced enemata; and, unless there be some well-grounded apprehensions of gangrene, in every case of intestinal obstruction, whether suspected, incipient, or developed, the injection of fluids, judiciously and properly directed, need be the only means of cure invoked, except the occasional administration of an anodyne." The three rules essential to success are: 1. The use of the utmost force possible, but with great care and caution; 2. Persistent and continuous repetition of the injection until the passage is effected; 3. The adoption of a suitable position for the patient.—*British Medical Journal.*

BRAVAIS' DIALYZED IRON.—This preparation is recommended by the *British Medical Journal*. It is said to be a neutral solution of the peroxide of iron in the colloid form, all acid having been extracted by dialysis, and may be considered as the nearest approach yet made to the form in which iron exists in the blood. It is almost tasteless, has the good effects of iron without producing constipation, and has also the further advantage that it does not blacken the teeth.—*Med. Record.*

## SPONTANEOUS EXPULSION OF A LARGE INTRA-UTERINE FIBROUS TUMOR.

Dr. R. Osgood Mason (*N. Y. Pathological Society*,) presented a tumor of the uterus which had been spontaneously expelled by a patient, with the following history:—

The patient, Miss B., æt. 43 years, American by birth, and a teacher by occupation, was a tall, well-formed woman, naturally of good health and great energy. For twelve years she has had profuse menstruation, and latterly she would have scarcely a week in a month without flow, and most of the time it was excessive. Abdominal enlargement did not attract her attention until six years ago, since which time it became conspicuous, and the last three years she has disliked to be seen in the street, her appearance being that of a woman well-advanced in pregnancy. Her chief symptoms were nausea, sleeplessness, hemorrhage, and increase in size. She also had more or less pain; anæmia was excessive, and her bowels never moved without injection.

She had never been examined until three months ago, when she was told that she might possibly have a small tumor, but that her abdominal enlargement was mostly the result of an enormously enlarged liver extending downwards.

Subsequently, in consultation with an eminent gynecologist of this city, she learned the true nature of her disease, but received little encouragement regarding ever being rid of it, the attending physician being advised that all he could do was to control hemorrhage.

She came under my observation February 6th, about five weeks ago, when I obtained the above history, and also learned that she had been taking pretty large doses of ergot for two or three weeks without any apparent benefit, and that now it had become so disgusting to her that she was unable to retain it.

Her appearance was most wretched, and her condition on account of hemorrhage was such that she refused an examination, saying she would send for me soon.

A few days later, February 13th, I saw her at her home, when she showed me some membranous shreds which she said she had been passing for two or three days, and also some distinct fragments of a fibrous tumor.

An examination now revealed a condition of things very similar to that of commencing labor. An enlarged uterus extended above the umbilicus, the neck of the womb was low down and soft, and the os dilated so that the finger passed through without difficulty: but within the uterus, instead of a foetal head, it encountered fragments of tumor, easily movable, but for the most part strongly attached to the main mass. Some small pieces,

however, became detached, and came away in my hand.

The patient was informed of the state of affairs, and encouraged to hope she would be rid of her tumor in a week or two without any serious operation. She was also told that it could be removed at any time by operation, if it became necessary.

After this fragments of considerable size were daily torn off, mostly by twisting them around and around with the finger, and removed. Forceps were of little use; one blade of a pair of placenta forceps passed into the uterus, and used after the manner of a curette, rendered the most assistance. After each operation the uterus was washed out with a weak lotion of Labarraque's solution.

On the eighth and ninth days from my first visit two large pieces, constituting the main bulk of the tumor, were removed, and on the 5th of March, twenty days from my first examination, the last fragment came away.

During all this time there had been no uterine contractions of any account, but only occasional spells of severe backache.

The hemorrhage ceased as soon as enough of the tumor had come away, so that the uterus began to be reduced in size about the fourth day of my visits.

The patient had no distinct chill, but a *chilliness*, followed by a moderate fever and sweating, on the evening before the first large portion came away.

The temperature never went above 101 degrees, and the pulse never above 112.

Within twenty-four hours after these large fragments were removed both pulse and temperature became normal, the appetite became good, and sleep refreshing; general improvement immediately took place, and continued even while the last portions of the tumor were being discharged.

An inoffensive purulent discharge continued for some days longer.

Yesterday, March 14th, I found the patient looking better than before her illness. She had been sitting up as usual for the three previous days, was employed in sewing, and was looking forward to resuming her usual occupation in a few days. The uterus at this time measured a trifle over three inches. The weight of that portion of the tumor which was preserved and constitutes the specimen here presented is fourteen ounces, and I should judge that at least one-fourth of the whole was lost. —*Med. Record, N. Y.*

OVARIAN CYST.—Dr. R. Hesse, of New York, has successfully treated a case of this disease by means of electrolysis—probably the first success of the kind in the United States. The case will shortly appear in the *Obstetrical Journal*.

## VASO-MOTOR THEORIES.

The current number of the *British and Foreign Medico-Chirurgical Review* contains an article of much more than ordinary interest and merit on the vaso-motor nervous system. It not only describes the rapid rise of this branch of nerve physiology, but also deals very fully with its present position, and points out most clearly how far the ordinarily-received theory is from being a complete grasp of the multiple phenomena, which we are now bound to consider. So long back as 1727, Pourfour du Petit clearly described the contraction of the pupil and the recession of the eye-ball after section of the cervical sympathetic, and attributed them to their true cause, but his observations were unheeded and barren in result until Claude Bernard repeated them in 1851, and pointed out the congestion and increase in temperature which were always present. As Henle had demonstrated the unstripped muscular fibre in the middle arterial coat, and, with Stilling, had surmised that this was supplied with nerves like ordinary muscle elsewhere, the ground was cleared for Brown-Sequard to determine that the phenomena which had been observed were immediately dependent on paralysis of such nerves, and to follow this up by showing that excitation of the distal extremity of the cut nerve-trunk produces diametrically opposed effects. Section of nerves in other parts of the body, which also contained sympathetic filaments, was always found to give rise to similar results, and the existence of a vaso-motor system was thus established. But the next step showed that similar experiments on the branches connecting the spinal cord with the sympathetic system induced the same results, and so physiologists were led to the hypothesis that the primary source of these vascular nerves was in the cerebro-spinal axis, whence they passed through the ganglia and branches of the sympathetic to their destination. Owsjannikow next showed that this deep origin was placed in the medulla oblongata. It consists in the rabbit of two bilaterally symmetrical portions situated "between a point 1 mm. behind the corpora quadrigemina and another point from 4 to 5 mm. in front of the apex of the calamus scriptorius." Any damage to this centre causes relaxation of the small arteries throughout the body generally, and a great fall of blood pressure, whilst electric excitation is followed by the reverse effects. Ludwig and Cyon now proved that their "depressor" nerve affected the blood-pressure, for irritation of its proximal end after section produced a fall of blood-pressure. Stimulation of the cerebral end of many sensory and mixed nerves was already known to cause an increase of the arterial tone and the blood-pressure. These two kinds of afferent fibres were supposed to act on the vaso-motor centre, and increase or diminish

its function. This clearly states the modern theory as most usually accepted, and as innumerable hypotheses concerning the nature of obscure and so-called functional diseases and the action of remedies have been built upon it, it is important to point out that this is quite inadequate to explain some other phenomena which have been observed, and that therefore it can only be considered as a partial expression of the truth. Bernard, whilst investigating the secreting function of the submaxillary glands, found that irritation of the distal end of a cut chorda tympani nerve always dilated the bloodvessels of the tongue and increased the secretion of saliva, and Eckhard demonstrated the presence of vaso-dilator nerves starting from the sacral plexus of the dog and going to the penis, to which he gave the name of *nervi erigentes*, as stimulation of them produced turgescence and erection of that organ. Claims for other vaso-dilator nerves have also been put forward, and we must at any rate allow that dilatation of bloodvessels is not necessarily a paralytic phenomenon of the vaso-motor system. Must we admit, then, that there is a vaso-dilator system as widely distributed as the vaso-motor or constrictor system? Goltz would explain all dilatation of bloodvessels as due to irritation of vaso-dilator fibres at the time of section, and appeals to the temporary nature of the dilatation as a proof of this, for the arterial tonus is always speedily re-established. In addition, he teaches that the calibre of the bloodvessels is regulated by local centres, which are in subordinate connection with the sympathetic and cerebro-spinal centres. The experiments on which he bases his inferences have been verified recently, but his explanation of local centres was forestalled by Lister in 1858, although it received very little attention at that time. These perivascular ganglia give off a branch (vaso-constrictor) to the muscular coat, and receive another branch (vaso-dilator, or, better, vaso-inhibitory) from the skin or tissues, whilst we must assume a similar set of double fibres connecting each centre with one higher in the nervous scale. That these higher centres are very numerous and are placed in harmonious order throughout the nervous system, is extremely probable. Vulpian and Bernard have both shown the functional independence of the reflex vaso-motor phenomena of the systematic centres in the case of the submaxillary ganglion, and Goltz has demonstrated that certain centrifugal vaso-dilator fibres have an independent origin from a centre in the lower part of the spinal cord, and other evidence supports the view that there are a series of similar centres at intervals along the whole spinal cord. That there is a most important vaso-motor centre (in the medulla oblongata) cannot be doubted, although it be deprived of its preeminence as the sole regulator of vascular contraction and dilatation. Rising a step still higher,

we find that numerous recent observers have shown that arterial relaxation, diminution of blood-pressure, and increase of temperature, follow destruction of certain limited portions of the cortex of the cerebrum, and that electrical stimulation of these areas by induced currents produces a transient fall of temperature. We are, therefore, driven to a much more complex hypothesis than that which is generally adopted. Local vasomotor centres are probably distributed universally in immediate juxtaposition with the bloodvessels, and each receives not only a peripheral set of nerve-fibres, which must contain both vaso-constrictor and vaso-inhibitory or dilator filaments, but also a central or commissural set from a nerve-centre higher in the scale. This is again connected with a centre higher up, and so on throughout the entire nervous system. Impulses may thus be communicated to any individual centre, either peripherally or centrally, but the ultimate contraction or relaxation of the blood-vessel depends on the perivascular ganglia. It is obvious that if such an elaborate hypothesis be necessary merely to hold together the well-ascertained results of modern experimental research in this direction, and that even this may not do so for long, more caution than is usually displayed must be taken before we invoke its aid in the explanation of our daily clinical and pathological observations and in describing the *modus operandi* of our therapeutic agents.—*London Lancet Rept.*

TREATMENT OF RINGWORM BY PERCHLORIDE OF IRON.—Some months ago, a paper by Mr. Hopgood, of Sunderland, was published in the *Students' Journal*, in which he advocated the use of solution of perchloride of iron for ringworm. Since that time, I have tried this agent in several cases, and with very excellent results. I generally paint the affected parts with a solution made of equal parts of water and the liquor ferri perchloridi fortior of the *Pharmacopœia* on three successive days, and then wait for a few days to observe the result. This is generally sufficient for a cure, but occasionally one or two further applications are necessary.—*George Brown, Brit. Med. Fuor.*

BEST TIME TO DRESS FRACTURES.—Prof. Yandell, in a lecture to his class, answers the question as to the best time to dress a fracture, thus: "*The earliest possible moment after the bone is broken.*" This is common sense; and the idea that people, and often inexperienced doctors, have of removing the patient from the place of accident to his home or other point, before dressing the fracture, is fraught with great risk and injury to fractured limbs. Dress it on the very spot, even if you have to go miles in search of material to do it with.—*Southern Med. Record.*

LOCAL TREATMENT OF PUERPERAL FEVER.—Dr. Fritsch, of Halle strongly recommends the injection of large quantities of a carbolic acid solution (2 or 3 per cent.), so as to thoroughly wash out the uterus and vagina, and to completely distend the latter. To this end he throws in two, and sometimes three litres, *i. e.*, from four to six pints, the temperature of the water being at 25° R. (89° Fahr.). The uterus, after a thorough cleansing out, need not be injected oftener than three times in the twenty-four hours; and after three or four days this need not be continued, but the cleansing and distension of the vagina must be repeated much more frequently and persisted in for a much longer time. Under this treatment not only are the local lesions soon ameliorated, but the febrile action, as indicated by the temperature-curves, abates. Prof. Schroeder, on the reading of the paper, mentioned that Dr. Hildebrandt employed for injecting the vagina a glass tube, about as thick as a finger, each patient being provided with her own, which is broken on her recovery.—*Medical Times and Gaz.*, Nov. 18, from *Allg. Wien. Med. Zeitung*, Oct. 24, 1876. (*Ibid.*)

THE SALICYLATES IN RHEUMATISM.—The *Lancet* in a recent editorial says:—The very remarkable consensus of opinion as to the value of salicylates in rheumatic fever is the more important as it comes from those who have the reputation of being slow to adopt new things, on account of their novelty, and especially when such men as Sir Wm. Jenner concur in its praise. Those who know how multifarious a disease acute rheumatism is, and how variable is its course under any and every treatment, are the slowest to adopt with enthusiasm any new specific in its treatment; but there can now be little question that salicin and salicylates, especially the latter, do exert an influence in its cure which is quite peculiar to them. An interesting field of inquiry yet lies open as to their mode of action, and their value in other acute and chronic febrile diseases.—*Med. & Surg. Reporter.*

ADMINISTRATION OF SALICYLIC ACID.—Mr. Erskine, (*Edinburgh Medical Journal*, Nov. 1876,) states that the inconvenience of giving this drug in powder is due to the evolution of carbonic acid and carbolic acid, thus causing an irritation and difficulty of swallowing. This effect can be avoided by the following mixture:—

R—Acidi salicylici  
Sod bicarb - - - aa grs. xv. or 1 gramme.  
Syr. simp.  
Aque - - - - - aa ʒ grs. or grammes.—M.

A decomposition in this mixture produces carbonic acid and salicylate of soda. If this view of the action be correct, it would seem advisable to prescribe *ab initio* salicylate of soda.—*Boston Med. Journal.*

## OPIMUM OR URÆMIC POISONING? A MEDICO-LEGAL QUESTION.

In the *Philadelphia Medical Times* for January there is a full report of a case which is very interesting in a medico-legal point of view, and what at the same time shows the danger attending the use of opium in Bright's disease.

A stout and apparently robust healthy man, about 45 years of age, after indulging in some drinking went about 1 a.m. to the house of a Mrs. Bella McClain, a woman of disreputable character. The next time he was seen, about 4 a.m., when he came to the bar apparently stupid but able to walk. He then found he had lost his watch, and soon afterwards, while trying to put on his shoes, he fell down in an unconscious state. When medical assistance arrived he was labouring under all the symptoms of opium-poisoning, and for a long time he could not be aroused by any means whatever. The history of the woman, who had drugged other men, both in Boston and Philadelphia, made it probable that she had administered a comparatively small dose of morphia for the purpose of drugging, and then robbing him. Small doses of atropia were exhibited hypodermically with some success, but he ultimately died without being restored to consciousness, and death was preceded by slight pitting under the malleolus, slight albuminous urine, and dilated pupils. On the trial of Mrs. McClain for murder, it was shown by the coroner's physician that his brain was congested and his kidneys granular, and that there existed chronic interstitial nephritis in an advanced degree. No morphia was found in the stomach, but undoubted traces of it were found in the urine which had been drawn off while he was alive. The result of the trial was, that Mrs. McClain was convicted of murder in the second degree, and was sentenced to six years' imprisonment.

Dr. W. W. Keen's remarks on the case are likewise worthy of notice. The possibly dangerous effect of even small doses of morphia in chronic Bright's disease is not so widely and thoroughly known as it should be by the profession. Intolerance of the drug, says Dickinson (on Albuminuria) is one of the peculiarities of this disease, and the comatose state often comes on before its time in consequence of the administration of opium. Roberts also gives an instructive case in which the administration of a few drops of laudanum was followed by coma and death, and two others in the uræmic coma were mistaken for narcotic poisoning.

With respect to the diagnosis in these cases, it is often difficult to decide how far the symptoms are due to the opium, and how far to the induced uræmia. In the above case the narcotic symptoms were so decidedly in excess as entirely to mask

those due to uræmia. The good effects of the atropia were very marked, and tend to confirm the belief that is entertained respecting the therapeutic antagonism of the two drugs. In this case observes Dr. Keen, the atropia was a peculiar fortunate choice, for its marked diuretic properties it was the best possible remedy to arouse the functions of the kidneys, and thus at once to eliminate the opium and mitigate the danger of uræmia.

It appears that, relying upon Taylor's disbelief in his mode of treatment, an attempt was made at the trial to show that the atropia was in part responsible for the patient's death, an objection which was met by the fact that only three doses of 1-30th of a grain of the alkaloid were given at long intervals, at 8 and 10 a.m. and 2 p.m.—*Med. Press and Circular*.

NEW TREATMENT IN POST-PARTUM HÆMORRHAGE.—Although not an obstetric practitioner, I have recently been consulted in two cases of *post-partum* hæmorrhage. In both cases every means had been adopted, but unavailingly. It flashed across my mind in the first case to try the effect of the ether-spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hæmorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment had been heretofore proposed. The advantages of the ether-spray over the application of cold water and the other means usually adopted in these cases must be patent to every practitioner of midwifery.—*Dr. Griffiths in Practitioner, March 7.*

CARBON DISULPHIDE AS AN ANTISEPTIC.—The last number *Chemist and Druggist* tells us that Dr. Zoller, in a late number of the *Deutsche Industrie Zeitung*, states that carbon disulphide in a state of vapor is capable of acting as a powerful antiseptic. Two drops allowed to evaporate spontaneously in a closed vessel of the ordinary temperature were found to keep meat, fruit, vegetables, and bread in a perfectly fresh condition for several weeks. The articles submitted to the process acquire neither smell nor taste, the carbon disulphide evaporating entirely when they are exposed to the air at the ordinary temperature. The vapor of carbon disulphide being very inflammable, all experiments on its antiseptic properties should be performed during daylight. We have no doubt this is the secret of a process which has made some stir in this city lately.—*Ibid.*

## Medical Items and News.

### A SONNET.

(Written while attending a tedious labour.)

Hail, Patience, Queen of all the virtues ! thou  
 Upon me in mine hour of trial smile,  
 O goddess of the calm unruffled brow ;  
 For staid Lucesna mocketh me the while,  
 Nor comes responsive to my ardent vow.  
 O help me, thou the moments to beguile,  
 Aid me to hearken to the trivial chat  
 Of " Sarah Gamp " without impatient shrug,  
 Teach me to stroke the calmly purring cat,  
 Complacent dozing on the old hearthrug,  
 While " Mistress Harris " pulls and tugs in pain,  
 Her lot lamenting with recurrent groan,  
 Vowing she never will be caught again ;  
 Hail ! Patience, come, and be thou all my own.

**OIL OF TURPENTINE IN SCIATICA.**—In the *Edinburgh Medical Journal* for March, there is an interesting paper by W. Allan Jamieson, M.B., M.R.C.P.E., on "The Treatment of Sciatica by Oil of Turpentine." He gives it in the morning, before breakfast, in the following formula:—R. Ol. Terebinth two drachms, Ol. Ricin. four drachms, Tinct. Card. Co. one drachm, Mucilag. et Aq. ad oz. ii. This draught is given every third or fourth morning, if necessary, but one dose is generally enough. The beneficial effects are supposed to be due to some peculiar action on the intestinal mucous membrane, as pointed out several years ago, in a paper by the late Dr. Warburton Begbie, "On the Actions and Uses of Turpentine."

**SULPHITE OF SODA AS A DRESSING.**—Dr. Minnich, of the Venice Hospital, prefers the employment of the sulphite of soda to carbolic or salicylic acid, not only as a dressing for wounds, but also in erysipelas. It is much less inconvenient to use, and much cheaper. He applies it in the same way as Prof. Lister does the carbolic acid, and the solution employed consists of one part of the sulphite and one of glycerine to nine parts of water. Its beneficial effects have been proved in a great number of cases.—*Med. Times and Gaz.*, Sept. 23, from *Gaz. des Hop.*, Sept. 7.—(*Ibid.*)

**TREATMENT OF EPILEPSY.**—Dr. Allan McLean Hamilton, of New York, recommends the following :

R. Strychniæ Sulph. .... gr. j.  
 Fl. Ext. Ergotæ ..... ʒ iss.  
 Sol. Potass. Arsenit. .... ʒ ij.  
 Sodii Bromidi ..... ʒ iss.  
 Tr. Digitalis ..... ʒ iij.  
 Aquæ Ment. pip. .... ʒ iv.

**PROFESSOR LISTER AND KING'S COLLEGE HOSPITAL.**—*The British Medical Journal* says:—"We understand that the arrangements which have, during the last three weeks, been in course at King's College Hospital, to induce Mr. Lister, of Edinburgh, to accept the office of Surgeon and Lecturer on Clinical Surgery at that institution, have so far progressed, that it is now considered certain that the Council of the College will be able to modify the invitation which they have already addressed to Mr. Lister in a manner to meet the views which he has expressed on the subject. Mr. Lister's expressed reluctance to accept the invitation to King's College was based, not only upon his attachment to the great school in which he holds so distinguished a place, but upon the strength of his conviction of the importance of carrying out clinical surgical teaching in a particular manner and with completeness. Under the proposed arrangements, these clinical and scientific facilities will be afforded to him, and his duties will be strictly those of practical surgery in the wards, and clinical teaching."

**ROYAL COLLEGE OF PHYSICIANS, LONDON.**—The following by-law was enacted for the first time:—

"Any candidate for the College Licence who shall have obtained a degree in medicine or surgery at either a British, Colonial, or Foreign University recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as the Censors' Board shall in each case consider unnecessary."

**NITRIC ACID FOR HOARSENESS.**—Dr. W. Handsell Griffiths says that a few drops of nitric acid in a glass of sweetened water, a couple of times daily, will be found an excellent remedy for the hoarseness of singers. One of the largest fees ever received by him—so he says—was for this prescription.—*Southern Medical Record.*

**THE EXPENSE OF JOURNALISM.**—Messrs Bradbury & Evans bought "Punch" for £150. It owed them £3,000 before it paid them a penny. Enterprising medical gentlemen proposing to embark in the journal business may take heart.

A verdict of \$10,000 damages has been rendered against the Rhode Island Hospital, at Providence, for malpractice in the treatment of a finger after amputation. The case is to be further contested.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—On Monday last Dr. Risdon Bennett was re-elected President of the Royal College of Physicians of London.



# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & Cox, 20 King William street, Strand, London, England.

TORONTO, MAY 1, 1877.

## VACCINE LYMPH.

The question recently raised in the House of Commons by Mr. Forsyth, with regard to the sources of Vaccine Lymph which is supplied by the National Vaccine Establishment in England, is one that at the present time interests the people largely. The reply of the President of the Local Government Board, although much to the purpose, was yet too brief to convey any information about matters of detail, and such information would, we believe, be acceptable. We therefore purpose, without entering at all into any discussion about the general value of vaccination, to describe the existing sources of lymph supply in England with sufficient fulness to show how great a degree of care is taken to guard against the distribution of any imperfect or objectionable material.

"The protective influence of vaccination is not perfectly secured, according to the high authority of Mr. Marson, unless at least four vesicles of cow-pox are produced in the vaccinated subject, and it is further necessary that these vesicles should be regular, or in other words that they should pass through certain phases of development at known and uniform periods. A vaccination which is imperfect, either by reason of the number of vesicles being too small, or by reason of some irregularity in their character, not only affords at best an imperfect protection, the degree and duration of which can scarcely be estimated; but it also places a serious impediment in the way of successful re-vaccination until after a long and uncertain period of time has elapsed. In order to fulfil the requirements hence arising it is necessary to have recourse, as much as possible, to the practice of vaccinating directly from arm to arm, the fresh lymph being

inserted before it has time to dry, and being then much more certainly successful than when it has been preserved even by the best methods. The system of public vaccination, as now controlled by the Local Government Board, is based upon the arm to arm practice, but yet there are many circumstances which render the preservation of lymph essential. In some rural districts the infant population is not sufficiently numerous to afford the public vaccinator the means of vaccinating weekly throughout the year, so as to keep up his fresh supplies, especially when it is borne in mind that lymph cannot be taken from every vaccinated infant, but only from those infants who are in good health, who have, so far as the vaccinator can ascertain, a healthy family history, and in whom the vesicles are fully developed and have run a perfectly regular course. Hence, from time to time, the public vaccinators of such districts must have their supplies of lymph renewed from headquarters, unless they are to be dependent upon what they themselves have kept in stock for long periods. The sudden demands which arise in localities visited by small-pox form another source of requirement for preserved lymph, and hence the Local Government Board, in succession to the Privy Council and the National Vaccine Establishment, has assumed the duty of supplying trustworthy lymph to all medical practitioners, whether public vaccinators or not, who may apply for it. In order to do this, it is necessary to utilize the redundant lymph of certain seasons and localities, and the great abundance which is generally to be obtained at the larger public stations. The methods of preservation employed are two in number, the lymph being either sent out dry, upon little ivory points, or moist, in glass tubes of small diameter. For the reasons already stated, it is highly important that the preserved lymph should be active and of good quality; so that it may neither fail to produce the proper number of vesicles, nor may communicate to the vaccinated, in addition to, or instead of the vaccine disease, any constitutional malady derived from the subject it was taken. The latter occurrence, though of extreme rarity, is an admitted possibility; but it is thought to be far more likely to happen if the lymph should be accidentally mingled with the blood, than if it is withdrawn without such admixture; while it need hardly be said, a child who is

not the subject of constitutional taint cannot by any possibility communicate one. The safety lies, therefore, first in the right selection of the child from whom the lymph is taken; next in the careful avoidance of any puncture from which blood can be drawn. The presence of human blood, even in such minute quantity as to be undiscoverable by the human eye is readily detected by the microscope, hence the lymph contained in glass tubes admits of being examined with reference to its purity in this particular. That which is sent out on ivory points cannot be so examined, and its freedom from blood must be taken in trust. For certain purposes, however, points are preferable to tubes, and their use cannot be relinquished. In order to reduce the risk of blood contamination to a minimum, the Local Government Board receives points only from a very small number of selected public vaccinating stations, and only from the hands of two or three of the most experienced and trustworthy teachers of vaccination, whose skill and carefulness are beyond dispute. From stations in general, and from the great majority of vaccinators only tubes are received, and these before they are sent out, are subjected to a careful scrutiny under the microscope; and any which contain an admixture of blood, or which are imperfectly charged, or which have been sealed improperly, are at once rejected and returned to the persons from whom they came. Hence every tube or point that is sent out by the Local Government Board may be looked upon as having undergone a careful examination, and may be received with as much confidence as can attach to the results of any arrangements which depend upon human knowledge and foresight for their perfection. So much for the immediate sources of what may be called the Government supply. Its remote sources are less certain; but the great amount is known to be derived from Jenner's original virus, which was furnished by a case of cow-pox that occurred without known cause. In 1839, Mr. Ceely, of Aylesbury, commenced a new stock of lymph by inoculating two sturks with small-pox matter from a human subject, and performed a highly important series of experiments with the matter of the cow-pox which he had thus artificially produced. In his own hands this new stock was suffered to die out after a year or two, he having satisfied himself that it was identical in its properties with the Jennerian lymph; but

it is possible that some of it may have gone to the National Vaccine Establishment at that time, and that it may be surviving in the present day. Mr. Eselin, of Bristol, derived lymph from a fresh vaccine source in 1838, and this stock also, together with one or two others of the same kind, may possibly still be in existence. There has been sufficient experience to show that the lymph derived from spontaneous cow-pox is highly irritating, but that after having been a few times artificially reproduced in cows, and still more after having been similarly reproduced in the human subject, it loses its irritating properties without losing its protective powers. The practice which is commonly called animal vaccination, has for some years been pursued in Belgium, Holland and America, and it has the advantage of excluding the chance, whatever that may be, of infection from human constitutional diseases. It has, however, a compensating disadvantage of a very serious kind, in the fact that even when used fresh it is much less certain than human lymph. The complete failure of direct vaccination from a calf is, perhaps, only a little more common than complete failure when the lymph is taken directly from an infant; but partial failure is very much more common. This aspect of the question has been very carefully investigated by Dr. Seaton, whose results will be found in the 12th Report of the Medical Officer of the Privy Council. Counting not cases, but punctures, Dr. Seaton found that the failures to produce a vesicle were somewhere about 40 per cent., so that as a general result, a great deal of the vaccination done in this manner might be expected to be imperfectly protective by reason of the insufficient number of vesicles that would be produced." The foregoing brief summary of an able article in an English exchange should certainly have a tendency to make our medical confrères, members of the Ontario Assembly, employ their leisure time between now and the next meeting of the House, in serious consideration of the best means—suitable to the wants and ability of our people—for the amendment of our present insufficient and totally inoperative Act.

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The Bills appropriating \$100,000 each to the University of Pennsylvania, and the Jefferson Medical College, were passed in the Pennsylvania State Legislature.

## BETHESDA MINERAL WATER.

In the writings of the ancients we frequently find reference to the healing waters and medical fountains to which the sick and afflicted were in the habit of resorting. Such springs also formed a favorite site for the erection of temples. In Greece the temples of Æsculapius were frequently erected near springs reputed to possess healing powers. The Romans also held medicinal springs in high esteem, as may be seen from their writings. Pliny tells us "they are the gifts of the earth, the cold, the hot, or yet the warm and tepid, announcing relief to the sick, and flowing from the earth for man." He also names the diseases for which certain springs were applicable—the springs of Sineusa for sterility, those of Ænaria for calculous affections, &c., &c.

Many visit mineral springs and bathing resorts for recreation, or to obtain relief from business cares and anxieties, and to enjoy quietude in the cool, refreshing and invigorating atmosphere in the neighborhood of such waters. Others visit them with the view of improving their health, or to get rid of some malady which their medical advisers have tried in vain to cure, and who are only too happy to get the poor unfortunate off their hands, even for a short time. The proprietors of springs have in some instances adopted such a "cure all" style of advertisement as to bring odium upon the whole class of mineral waters, by surrounding them with such an atmosphere of quackery as is repulsive to the scientific physician. Invalids will however, in spite of all that may be said either for or against certain springs, occasionally break through all rules of professional confidence and go upon their own responsibility. Medical men should therefore be prepared to give the sick reliable information on such matters. Many are no doubt benefitted by these waters, but it must always be remembered that pure air, change of scenery, and cheerful society, play no unimportant part in the result.

A mineral water, in the medical acceptation of the term, is one which holds in solution different saline, gaseous or other substances in sufficient quantity to be possessed of medicinal properties. They may be classed under different heads, as alkaline waters, saline, sulphur, chalybeate, purgative, diuretic, antilithic, etc., according to their

qualities and their action on the animal economy. Such springs are more or less frequently to be met with, in almost all countries of the world, and are the resort of thousands of people every year. To these may be added the so-called acid or "sour" springs, containing free sulphuric acid, which are exceedingly rare, there being only three such springs on this continent,—two in the State of New York, at Oak Orchard and Byron; and one, the Tuscarora "sour spring," in the county of Wentworth, Canada.

There is a very good work on the mineral springs of the United States and Canada by Dr. Walton of Cincinnati, published by D. Appleton & Co., New York. In this work allusion is made to the Bethesda mineral springs, of Waukesha, Wis. The waters of this spring contain carbonate of soda and magnesia, iron, lime, chloride of sodium, sulphate of potassa and soda, phosphate of soda, alumina, etc. They belong therefore to the alkaline class, and are decidedly *diuretic*, and have been found of great value in the treatment of diabetes, gravel, calculus, Bright's disease and catarrh of the bladder, and from the diuretic action, of value also in dropsy. This spring was accidentally discovered by Col. Dunbar, of the United States, at that time a great sufferer from diabetes mellitus. He drank of the water and was cured, and has since brought it to the notice of the public in the United States and Canada. Many gentlemen in Toronto claim to have been benefitted by its use. Among those relieved, we may mention Bishop Fuller (of diabetes mellitus), Rev. Mr. Darling, Mr. J. D. Smith, Mr. Brewer (of calculi), Mr. Brimer (diabetes), Mr. Baldwin (Bright's disease). For those who are unable to visit the springs, the water has been imported in barrels, and may be had of Mr. Owen, chemist and druggist, Toronto. The quantity taken per day by patients is eight or ten glasses for the first three or four days, after which the quantity is reduced.

CHLORINE WATER.—H. R. Gray, of Montreal, gives the following as a handy form for Chlorine Water. It is not original with him, being Dr. Watson's formula. Take an 8 ounce vial and fit a good cork into it; put into the vial 10 grains of pulv. pot. chlor., and pour upon it M. xv by measure, of pure acid hydrochlor.; allow it to stand, well corked, for five minutes, then add water ounce by ounce, until the bottle is filled.

### ILLIBERAL INTERPRETATION OF THE ONTARIO MEDICAL ACT.

We give below an extract from a letter received from Dr. Jenks, of Detroit, by a medical gentleman in this city, in reference to a personal matter alluded to in a previous issue.

"I went to Goderich by appointment with Dr. McLean to perform an operation, but not finding it admissible or warrantable started home, and as I was about to take the Detroit train at Stratford, I was accosted by Detective Smith, who informed me that I was the man he was in search of; that he had learned I was to perform an operation in Goderich and return home by this train, but he had just been informed by a gentleman who accompanied me, that I had not done it, but that if I had for a pecuniary compensation, he should feel obliged to arrest me. \* \* \* It was not until after my return home that I learned by correspondence who had directed Smith to arrest me. I further learned that the gentleman (?) who gave him his instructions, was notified through a medical student whom I met in Goderich, that I was expected to be there at a fixed date, and spoke to the latter of my professional qualification in no flattering terms. I care nothing about the remarks made of me personally, for every public man becomes callous and indifferent to such things, as it is known that they rarely do harm, except to the one who utters them. \* \* \* All the Canadian medical gentlemen with whom I have conversed upon the subject of your medical laws have construed them, as far as consultation and the ordinary professional courtesies between the physicians of the two countries were concerned, in a similar manner as expressed in your letter to me, and in the LANCET article bearing upon the matter in question. None have intimated that an American physician, or surgeon, visiting a patient in consultation, or performing an operation upon Canadian soil at the request of a legally qualified Canadian physician, violated in letter or spirit the Ontario Medical Act.

You are at liberty to make such use of this letter, or any portion of it, as you may deem best.

Sincerely yours,

E. W. JENKS.

Detroit, March 15th, 1877.

AMERICAN DIPLOMAS.—The following Canadians received the degree of M.D., at Arbor University, Michigan, in March:—William H. McKenzie, George N. Newton, Duncan Patterson, James H. Travis, and C. H. Dale.

### VETERINARY COLLEGES.

The good work done by the Veterinary Colleges in Canada renders them worthy of more than a mere passing notice. The Ontario Veterinary College, presided over by Dr. Smith of Toronto, closed its session in March last. The following gentlemen received the diploma:—H. Hopkins, M. H. McKilip, G. W. Bates, H. Hamilton, M. L. High, R. W. Newton, E. Kenning, W. Langtry, M. Stalker, E. S. Rodgers, D. Stovel, and R. A. Harding. Three of the gentlemen were from the United States and one from Jamaica. Mr. A. Stephenson passed the primary examination.

During the afternoon of the closing of the school, Hon. Attorney-General Mowat and Hon. Mr. Wood paid a visit to the Institution and inspected the premises. The Hon. Mr. Mowat expressed himself as greatly pleased with the visit he had made, and to meet so many students and hard working young men intent on fitting themselves for a very useful occupation. The profession on which they were entering was one of great importance in this country, and he hoped they would make it as profitable to themselves as it would be beneficial to those among whom they were engaged.

The Hon. Mr. Wood also addressed the candidates, and observed that the want of veterinary skill had been a want long felt in this Province. At the present time, there were a great many wealthy farmers in this country who had invested millions of dollars in valuable stock. The veterinary students and graduates would recognize, therefore, that they had important duties and responsibilities before them. The name of Prof. Smith was well and favourably known and was a guarantee for the proficiency of the graduates who left the College, and it would depend upon them to maintain their principal's reputation. In the evening Prof. Smith entertained the graduates, students and a number of friends to supper; Attorney-General Mowat and Prof. Buckland were present.

During the evening the Hon. Mr. Mowat presented the various medals, &c. The gold medal for best general examination was gained by Mr. G. W. Bates, Wellington, Mo., U. S.

The MONTREAL VETERINARY COLLEGE, presided over by Prof. McEachran, also closed its labours of the winter session a few weeks ago.

The following are the names of those who received diplomas: J. R. McLaughlin, Watertown, Mass.; C. C. Lyford, Roscoe, Ill.; D. S. Brown, Genoa, Ill.; F. Ryan, Montreal; William B. Hall, Leeds, Q.; S. Hebert, Napierville, Q.; and W. Murphy, Boston, Mass. First prize (silver medal), the gift of the Council of Agriculture, won by James R. McLaughlin; second prize, won by C. C. Lyford; third prize won by D. S. Brown; honourable mention, John F. Ryan.

SECOND YEAR STUDENTS.—First prize won by C. Baker; second prize won by F. W. McLellan.

Mr. Lyford obtained a special prize for anatomy and general proficiency.

This school is in affiliation with McGill University, and the students have the benefit of lectures delivered by members of this medical faculty. The examinations in Zoology, Chemistry and Physiology, were conducted by the Professors in McGill College, and it is satisfactory to notice that several of the veterinary students stood near the top in the percentage of marks, especially in Physiology.

Dr. Osler was the recipient of a complimentary address, accompanied by a purse of \$100, to aid him in scientific research, as a token of the high esteem in which he is held by his colleagues and the students of the college.

Mr. McEachran entertained the examiners, successful students and professors, at supper in the evening, when a very pleasant time was spent.

A large proportion of the students in both these colleges are from the United States, and their appreciation of Canadian colleges in preference to their own, is a convincing proof of the thoroughness of the teaching at these institutions.

#### COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO.

The following gentlemen have succeeded in passing the several examinations of this body:—

FINAL—Adams, A., Armour, J. P., Bentley, R., J., Barkwell, R. H., Burkart, J. L., Bowen, Geo. H., Bonnar, H., Brian, J., Carmichael, D. A., Carthew, C. E., Davidson, Alex., Dumble, T., Day, J., Esmund, J. J., Fraser, A. C., Field B., Fisher, D. M., Franks, W. H., Freeman, W. C., Gracey, W. J., Grant, A., Gordon, G., Grasett, F. W. L., Griffin, H. S., (B. A.), Graham, P. L.,

Holmes, F. S. L. R., Honeywell, W., Hourigan, A. B., Hill, A. J., Higgins, E. M., Kitchen, E., Langstaff, G., Macklin, M., Marlatt, G. A., Miller, T. M., Miller, A. H., Minshall, H., McKeough, G. T., Munro, W. A., McKinnon, A. H., McFayden, D., McDonald, D. F., Miller, C. F., McNicholl, E., Murray R., McDermid, W., Newell, J., Orr, R. B., Oakley, W. D., Park, W. T., Parker, W., Pringle, H. H., Phelan, D., Richards, N., Reeve, J. E., Ross, R. A., Routledge, G. A. Stuart, W. T., Sinclair, A. J., Stark, W. G., Stewart, D. A., Stephen, R. M., Sutton, M., Shaver, A., Smith, J. B., Snider, F. S., Scovill, S. S., Smellie, T. S. T., Teskey, L., Telgemon, —, Tisdale, W., Wilkinson, F. B., Winskell, W. E., Wilson, T. H., Wigle, H., Wood, A., Young, O., Youre, J.

Of the above, 28 were from Trinity School, 24 from Toronto, and the greater part of the remainder from Kingston and Montreal.

PRIMARY—Adair, J., Algee, J., Baines, A. M., Beeman, T. W., Bentley, W. H., Burt, F., Bowman, J. D., Bremner, W. W.; Brooke, D. B., Brent, F., Craig, H. A., Cornell, W., Cornell, S., Clinton, G., Cameron, J. D., Clark, Jno. G., Dafoe, W. A., De Lom, H. A., Doupe, W. H., Dryden, J. B., Evans, H. A., Forbes, J. M., Fraser, Jno. R., Geikie, A. J., Gilmour, J. T., Groves, J., Greenwood, F., Hooper, Thos. M., Howey, W. H., Jones, J. J., Judson, G. W., Kennedy, W. B., Kidd, P. E., Lewis, F. W., McKinley, J., Lynch, D. P., Neilson, W. J., Lehman, W., Leslie, Jos. Wm., Meek, H., Merri-son, J., Mills, R. P., Mills, F. W., McArthur, J., McCarthy, D., McCort, T. J., McCrimmon, J.; McGrath, J. McIlhargey, J., McKay, W., McKelvey, A., Pyne, B. A., Biddell, G., Riorden, B. L., Robinson, A., Ross, J. W., Rankin, J. P., Robson, W. T., Sheard, C., Smith, D. T., Stalker, M., Stanley, U., Vanderburg, J. F., Wilson, D. H., Wilson, A.

Twenty-seven from Trinity, fourteen from Toronto, and the remaining twenty-two from Kingston and Montreal.

FIRST YEAR'S EXAMINATION.—Ames, F. H.; Anderson, J.; Armstrong, —; Black, F. (B.A.) Bowman, G.; Buckner, D. C.; Bryce, W. W.; Clapp, R. E.; Clemens, G.; Cotton, J. M.; Cross, W. J.; Dickson, J. F.; Dickson, C. B.; Fisher, A.; Glendinning, J. J.; Greer, T.; Galbraith, J.; Hamilton, C. J.; Head, J. G.; Hoig, D.; Hunter,

J. B. ; Inksetter, D. G. ; Machell, A. G. ; Macklin, W. C. ; Montgomery, J. ; McFadden, J. J. ; McNamara, G. W. ; Nicholson, M. A. ; Odlum, J. ; Rath, F. ; Radford, J. H. ; Shaw, F. W. ; Sheppard, O. B. ; Shepherd, L. E. ; Smith, G. B. ; Stevenson, F. ; Sutherland, W. R. ; Spence, T. C. ; Spencer, B. ; Steffins, J. ; Todd, J. A. ; Wallace, M. ; White, J. ; Welford, A. B. ; Wilson, T.

**TRINITY MEDICAL SCHOOL, TORONTO.**—The following is the list of successful students in the primary and final examinations :

**FINAL.**—W. T. Stuart, D. A. Stewart, F. H. Wilson, G. T. McKeough, R. A. Ross, R. M. Stephen, L. Teskey, P. L. Graham, M. Sutton, J. L. Burkart, W. Tisdale, J. A. Sinclair, H. H. Pringle, A. H. Miller, K. Henderson, W. G. Stark, H. Minshall, W. E. Winskell, W. L. Davis, — Macklin, W. Honeywell, G. A. Marlatt, T. M. Miller, R. A. Barkwell, W. Parker, J. M. Sutherland.

**PRIMARY.**—C. Sheard, H. Meek, J. D. Bonnar, W. A. Dafoe, W. Cornell, U. M. Stanley, J. M. Groves, D. H. Wilson, W. McKay, W. Doupe, J. P. Rankin, J. Magrath, J. Henderson, J. Algie, A. M. Baines, — DeLom, C. O'Gorman, J. Morrison, J. J. McIlhargey, S. A. Cornell, A. Wilson, J. M. Forbes, D. A. Brooke, G. Riddell, J. T. Gilmour, R. P. Mills, T. G. McCord, A. J. Geikie, A. McKelvey, F. A. Howe, M. Stalker. T. F. Parke passed in anatomy, general chemistry, and botany.

**PRIZEMEN.**—The medals and scholarships are given by the Faculty of the school.

**MEDALS.**—1st gold medal, (the highest honor in the School) W. T. Stuart ; 1st silver medal, D. A. Stewart ; 2nd gold medal, G. T. McKeough ; 2nd silver medal, R. A. Ross.

**SCHOLARSHIPS.**—1st first-year scholarship, A. McDiarmid ; 2nd first-year scholarship, J. McC. Black. Second-year scholarship, C. Sheard.

**CERTIFICATES OF HONOR.**—In the final branches, L. Teskey, R. M. Stephen, P. L. Graham ; in the primary branches, C. Sheard, H. Meek, J. D. Bowman, W. A. Dafoe, W. Cornell, W. M. Stanley, D. M. Wilson, J. M. Groves, J. P. Rankin, W. Doupe, W. McKay, J. Henderson, J. McGrath, J. Algie, A. M. Baines.

**MCGILL MEDICAL COLLEGE, MONTREAL.**—The following gentlemen have passed the examination in this school :—

**FINAL.**—G. E. Armstrong, J. Bell, A. Boyle, J. Brodie, S. C. Burland, G. Cannon, D. H. Cameron, C. L. Cotton, J. F. Farley, A. C. Fraser, J. A. F. Gillis, H. C. Greaves, A. B. A. Jamieson, J. A. Lane, W. K. Law, F. L. Miner, W. D. Oakley, G. A. Park, T. S. T. Smellie, M. A.

**PRIMARY.**—M. Becksted, R. Bell, J. D. Cameron, A. Chisholm, J. R. Fraser, H. H. Gardiner, W. B. Gibson, F. S. Greenwood, J. F. Guerin, J. A. Hutchinson, W. H. Howey, J. L. Irwin, J. J. McCann, J. McCrimmon, J. K. McKinley, E. McNeill, T. Mills, M. A., W. J. Neilson, B. Pinsonneault, O. H. Riley, M. C. Rutherford, E. W. Setree, D. F. Smith, F. J. Stafford, H. N. Vineberg, A. D. Webster, J. W. Wright, B. A.

The following gentlemen passed in all but Physiology :—Kirk, G. W., McCrimmon, M., Macdonald, M. C.

**PRIZEMEN.**—Holmes Gold Medalist, J. Bell, Best final examination, W. D. Oakley. Primary do. H. N. Vineberg. Honourable mention in final, Messrs. Cotton, Armstrong, Fraser, Gillis and Brodie. In primary, Messrs. Neilson, Gibson, Mills, Smith and Greenwood. In Botany, Messrs. Dibble and Mignault. In Practical Anatomy, J. O. McDonald and T. W. Mills. Hon. mention, Messrs. Brown, Hart, Lawford, McCrimmon, Stevenson and Webster. Junior Class prize, T. Gray. Hon. mention, McArthur, Gurd, Inksetter, Small and Groves.

Dr. Smellie delivered the valedictory address and Prof. Gardner addressed the graduates upon the responsibilities and duties of their profession.

**TORONTO UNIVERSITY MEDICAL EXAMINATIONS.**—The examinations for the degree of Bachelor of Medicine in Toronto University have just been concluded ; the results are not yet known. In the various years the candidates numbered ninety-eight, forty-four of whom were from Trinity Medical School ; the remainder were chiefly from the Toronto School.

**TORONTO SCHOOL OF MEDICINE.**—The prizes won at the annual examination of the Toronto School of Medicine are as follows :

First Year.—Clapp, R. E. ; Macklin, W. C. ; Todd, J. A. Second Year.—Burt, F. ; Dryden, J. Third Year.—Griffin, H. S. ; Good, J. W. ; McKinnon, A. H. Fourth Year.—Grant, A. ; Field, B.

BISHOP'S COLLEGE MEDICAL SCHOOL, MONTREAL.—The following are the names of the successful candidates in this school :—

FINAL.—C. A. Wood, E. A. Gravely, R. H. Boyd, J. McLeod, H. N. Curtis.

PRIMARY.—H. E. Mitchell, W. Young, J. J. Canly, H. C. Fuller, R. H. Boyd, J. McLeod, J. M. D. McDonald, H. N. Curtis.

PRIZEMEN.—In final branches, C. A. Wood. Honourable mention, E. A. Gravely. In Primary, H. E. Mitchell and W. Young. Honourable mention, J. J. Canley. Special prize for anatomical preparation, H. E. Mitchell. Botany and junior dissectors prize, H. B. Chandler.

The *ad eundem* degree of M.D., was conferred upon Drs. D. Baynes, and A. Proudfoot, lately appointed lecturers in the above named Faculty, and the degree of M.D., *honoris causa*, was granted to Dr. R. L. McDonnell, of Montreal.

COMPLIMENTARY DINNER.—The medical profession in Ottawa, entertained the members of the profession in the House of Commons, at a public dinner on the 26th of March last. The entertainment was a most successful one—a large number of invitations having been accepted. Dr. Grant occupied the chair ; Drs. Sweetland and St. John the vice-chairs, and Dr. Hill acted as Secretary. After doing justice to the “bill of fare,” which was most complete, several toasts were proposed and responded to by members present, and the evening passed off very pleasantly. This is the first time in Canada that the members of the medical profession in Parliament have been thus entertained by their medical brethren.

APPOINTMENTS.—Mr. Claxton, M.D. of Verona, to be an Associate Coroner for the Co. of Frontenac ; J. Godin, M. D., of Ottawa, to be an Associate Coroner for the Co. of Carlton ; Angus McKinnon, M. D., of Caledon, to be Associate Coroner for the Co. of Peel ; Dr. J. W. Montgomery of Queensville, has been appointed assistant Medical Superintendent of the Rockwood Asylum. F. L. Nesbitt, M.D., of Aurora, to be Associate-Coroner for the County of York.

FELO-DE-SE.—Dr. G. B. Shaw of Montreal, lately a professor in Bishop's College, poisoned himself by taking two ounces of chloral hydrate, two of laudanum, two of paregoric, and 16 grains of morphine. He had been very dissipated of late, and took the above method of terminating his career.

VITAL STATISTICS AND PUBLIC HEALTH.—We have been favored with a copy of the Report of the Select Committee of the House of Commons, to enquire into the expediency of legislating in the matter of sanitary Reform. We are glad to see that Dr. Brouse has not allowed this matter to drop. The Report sets forth the great necessity for legislation on sanitary matters, if we are to make any headway against the continual inroads of epidemics and preventable diseases. The Report also sets forth the benefits that have resulted in other countries by the enforcement of sanitary laws, and recommends that the Dominion and Provincial Governments should come to some arrangement regarding the matter of jurisdiction in reference to this subject. It concludes by wisely urging upon the Dominion Government, as soon as the public interest will allow, to legislate for the health of the people.

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### Reports of Societies.

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#### NORTH BRUCE MEDICAL ASSOCIATION.

The Medical Association for the North Riding of Bruce met at Paisley on the 26th of March ; Dr. W. S. Scott, President, in the chair.

Members present :—Drs. McLaren, Baird, McArton, Gillies, McKay and Sinclair, Secretary. After some preliminary business had been disposed of, it was moved by Dr. Sinclair and seconded by Dr. Gillies,—That whereas there exists in certain quarters, among the medical profession, an apparent want of good faith in carrying out the intent and spirit of the Medical Act of Ontario, by holding consultations with unlicensed medical practitioners. Be it therefore resolved,—That when a violation of such takes place, the same be reported to this Association, to be dealt with according to true medical etiquette and positive standing usages.—Carried.

Moved by Dr. McLaren and seconded by Dr. McArton,—That the Secretary of this Association be, and is hereby instructed, to communicate with the Chairman of the Executive Committee of the Medical Council, asking him to inform “Detective Smith” that one W. H. Franks, in Port Elgin, has not paid his fine, and is continuing to practise ; and that the Detective be urged to proceed at once to put the law in force.—Carried.

Dr. Baird moved, seconded by Dr. McLaren,—That Dr. McArton prepare a paper on some medical subject, to be read at the next meeting of the Association.—Carried.

Dr. McKay moved, seconded by Dr. McLaren,—That the Secretary be instructed to communicate with Dr. Douglass, of Port Elgin, asking him to re-consider his resignation as member of this Association; and this Association entertains the hope that he will see fit to withdraw the same, and continue to aid us in our deliberations.—Carried.

At this stage the President submitted to the Association copious notes taken at the bedside of one of his patients, and asked the members of the Association their opinion as to what the disease was, and treatment. The members unanimously declared it a case of "Ulceration of the Cardiac End of the Stomach," which opinion Dr. Scott held, and had treated his patient accordingly throughout.

Dr. McKay also submitted an interesting history of a case of Puerperal Convulsions, as also did Dr. McLaren on the same subject. After spending the whole of the afternoon in medical conference of much interest, the meeting adjourned, to meet at Paisley on the call of the President

### New Instruments.

#### TIEMANN'S NEW THERMOMETER.

The inventors and manufacturers of the thermometer claim for it:

1. The registering portion or index cannot be united with the main column of mercury in the bulb except by design. The device of the "bend" fulfils the object of guarding against accidental loss of index.

2. The scale is graduated in  $\frac{1}{4}^{\circ}$ , and is identical in every respect with that of a four-inch thermometer, whereas the bent thermometer is less than  $3\frac{1}{4}$  inches in length.

3. The portion of the thermometer intervening between the bulb and the commencement of the scale lies in juxtaposition to the bulb, and the ascending mercury is therefore subjected to the warmth of the parts as well as the bulb, and is not exposed to external temperature.

4. It will not roll. The advantage of this latter feature will be readily recognized and appreciated.

The thermometer is safely carried in a neat morocco case (lancet case style), lined with velvet, and can be conveniently placed in the vest pocket, being but  $3\frac{3}{8}$  inches in length, and but  $\frac{3}{4}$  inch wide; price \$3.50. Tiemann & Co., 67 Chatham St., New York.

### Books and Pamphlets.

ON THE COMPARATIVE MORTALITY OF SURGICAL OPERATIONS IN THE LAKE STATES, by E. Andrews, M.D., Chicago. (Reprinted from the *Chicago Med. Jour.*)

This is a pamphlet of 123 pages, containing a condensation of the statistics of the entire world on the mortality of surgical operations. It contains a table of original statistics, gathered in the Lake States, and a brief *resumé* of the opinions of the greatest surgeons on the value of the operations and the cases requiring them. To the opinions of each author, remarks showing the contradiction of the principal authorities are given, and the writer's conclusions in view of the facts.

The results of some operations in the Lake States differ remarkably from those in other regions. Thus, for instance, the major amputations, and also herniotomy, are considerably more safe than elsewhere, while lithotomy is more dangerous than in other regions. In preparing this essay the author has, with immense labor, gathered material from the surgical literature of both continents, and in several languages.

It is the most thorough condensation of the subject in our language, and will be of great use to surgeons desiring to know the risk of each operation, and the opinions of authorities respecting it.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY; by J. M. Carnochan, M.D. New York: Harper & Bros.; Toronto: Hart & Rawlinson.

THE PRACTITIONER'S HAND-BOOK OF TREATMENT OR PRINCIPLES OF THERAPEUTICS.—By J. Milner Fothergill, M.A., M.D., M.R.C.P., London Hospital. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

ANNUAL REPORT OF THE ASYLUM FOR THE INSANE, TORONTO, by Dr. Clark.

### Births, Marriages, and Deaths.

On Thursday, April 12, 1877, the wife of Dr. Thos. Armstrong, York Mills, of a daughter.

On the 28th of March, Dr. J. G. Wilson, of the city of London, Ontario, to Miss Maggie Laird, of the same place.

On the 24th ult., J. Rutherford, M.D., to Rosaline, eldest daughter of A. Gamsby, all of Orono.



# THE CANADA LANCET,

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## ANIMAL VACCINATION.

BY H. A. MARTIN, M. D., BOSTON, U. S.

I have this moment finished reading an editorial article in your issue for the present month, entitled "Vaccine Lymph." I most cordially agree to most of the statements in that paper, but from a criticism on the virus obtained by the method of animal vaccination I must ask your permission to dissent most absolutely, and also request, in justice to an innovation in practice, the importance and inestimable value of which will most surely be fully appreciated before many years, that you will publish my reasons for thus dissenting. The criticism to which I allude is as follows :

"It has, however, a compensating disadvantage of a very serious kind, in the fact that even when used fresh it is much less certain than human lymph. The complete failure of direct vaccination from a calf is, perhaps, only a little more common than complete failure when the lymph is taken from an infant ; but partial failure is very much more common. This aspect of the question has been very carefully investigated by Dr. Seaton, whose results will be found in the 12th Report of the Medical Officer of the Privy Council. Counting not cases but punctures, Dr. Seaton found that the failures to produce a vesicle were somewhere about 40 per cent., so that as a general result, a great deal of the vaccination done in this manner might be expected to be imperfectly protective by reason of the insufficient number of vesicles that would be produced." It may possibly not be unknown to many of your readers that I have for nearly seven years given daily and indeed hourly attention and devoted an infinite amount of labor, to this subject of Animal Vaccination, having in September, 1870, inaugurated the practice in America, and having, since that time, vaccinated and superintended the vaccination of about six hundred young bovine animals,

virus from which to the amount of above 800,000 points, a very large number of crusts, and, formerly, many thousand tubes of fluid lymph (a method of preserving animal vaccine which I have now entirely abandoned) has been issued to physicians in every part of both American continents, the West Indies, and lately to England. During the last three months three of the London Medical Journals (*Med. Times & Gazette, Examiner, and Doctor*) have honored me by notice, long editorial articles, and the publication of three very long communications, and I am in receipt by every steamer of letters of eager inquiry from eminent members of the English profession, all of whom acknowledge a great want of knowledge in regard to the new method, and an ardent desire to obtain information. I mention all these facts that your readers may know that I do not write without ample experience, and to the same end I may state that in 1872-73 (during a severe epidemic) I vaccinated and re-vaccinated about 12000 patients, a large proportion of whom were seen again and completely inspected ; and I may also say that the vast number of physicians who have obtained virus of me (certainly during the last six and a half years far over 8000) furnish by their letters of gratification, or the reverse the most sensitive and perfect test of the degree of success which has followed the employment of the virus they have received.

Dr. Seaton's famous report on Animal Vaccination was published in 1869. It is based on observations made in those cities of Continental Europe, in which, at that time, Animal Vaccination was practised. We all know the eminent fitness of Dr. Seaton for an investigation of this sort, nor can it be at all doubted that the report is a candid, impartial statement of the method as it was then practised and understood. If, however, Dr. Seaton, or any other equally accomplished vaccinator, would *now* investigate the method, a very different report in very important particulars would be the result. The great and all important fact ascertained by Dr. Seaton was that animal virus (by which must always be understood, not the virus of *Retro-Vaccinia* or *Variola Vaccine*, but that obtained by transmission of original cow-pox virus through a series of selected bovine animals) exhibited a *reluctance* to affect the human system, that in consequence a very large proportion of the patients vaccinated failed to exhibit the phenomena of *vaccinia*

and in those in whom vaccination was successful, vesicles failed to be produced on all the desired points in a very considerable proportion. This uncertainty of action on the human subject and a want of certainty, too, in the vaccination of animals, one from the other, were the great, indeed the only real objections which Dr. Seaton found to animal vaccination. If these had not existed and constituted in his estimation permanent and insuperable objections, there can hardly be a doubt that Dr. S. would have become an ardent advocate of the innovation.

I am very happy to state with perfect confidence and as a result of an experience which, so far as I have been able to ascertain, is probably not equalled, certainly not surpassed, that the objections alluded to no longer exist. *True*, animal vaccine properly employed "takes" in primary vaccinations of the human subject in even a larger per centage of cases than the old *long*-humanized virus. In re-vaccinations it induces the more or less modified but unmistakable vaccinal effect with much greater certainty, and in a very much larger proportion of cases than the old *long*-humanized stock, and its use on bovine subjects may be said to be absolutely infallible; the only apparent exception in the latter case being where animals have been previously casually or intentionally vaccinated, or where the animal has been laboring under some slight cutaneous or other ailment which has prevented the development of vaccinia. My own early experience corresponded with that of Dr. Seaton. I was an advocate of the new method, but it was *in spite* of the objection. I considered that animal vaccination offered such undoubted advantages in the much greater perfection of the disease its use induced, and in its perfect immunity from all possible syphilitic or other contamination, that I accepted and practiced it *maugre* this great objection to its use. It was more than two years before I ascertained that the objection was not real, but a result of using the animal virus in the same way in which we had always successfully employed the old virus. The one great reason for the frequent failure of animal vaccine was that it was not introduced into the patient's system at all. The reason for this is to be found in the very insoluble character of the bovine albumen. If anyone will simply moisten with cold water the charged portion of a point each of the old virus, or

even that of one human remove, and one of the true animal vaccine, he will observe that the vaccinal varnish on the one is instantly dissolved, while on the latter it does not give evidence of even partial solution. If saliva or warm water is used, the albuminous coating yields perhaps a little more readily; hot water dissolves it at once, but, of course, would impair the reliability of the lymph. All that is necessary is to apply a small drop of water to the charged surface of the point and by rubbing with another point on the point of a lancet, partly by solution, partly by mere mechanical trituration, a mucilaginous sort of mixture is obtained. This is to be applied to, and rubbed *into* little groups of transverse, short, minute, incisions, the number of which should correspond with the number of vesicles desired. Care should be taken that the little incisions be wiped clean of any effusion of blood, however slight, before application of virus. The whole operation, done in the best possible way, need not take more than three minutes; and in my opinion vaccinations done in less than that time are done with inexcusable haste, whatever the means employed. It is now one of the very rarest things for me to receive a complaint of failure, and I cannot remember a single failure in my own vaccination for certainly two years, or more. The fact is, that if virus is reasonably fresh, has been properly kept, and is used properly in the way I have indicated, failure, when it does occur, is due to some rare idiosyncrasy of the patient, some want of susceptibility, permanent or transient, something in fact quite outside of the merits of the virus employed. In vaccinating the calf, failure has also resulted from a want of perception that each sort of vaccination has rules of its own, failure to observe which will be followed by want of success. One reason for the want of success observed by Dr. Seaton was the almost universal employment of fluid virus prepared in tubes. This is the worst possible method of preserving animal virus, and has now been almost entirely abandoned. I advised my correspondents of this almost from the first, and have now long ceased to collect lymph in that form. Not more than 30 per cent. of such tubes will prove efficient, however carefully collected and secured. The best possible method of collecting and using animal vaccine is on the large ivory points, first employed by myself and now

universally used by Warlomont, Greme, and other vaccinators of animals. One form of lymph preservation I wish to speak of—the crust, or scab. In England, and indeed Europe generally, the use of the crust is very much disapproved, and this, although so long ago as 1802, a famous writer on vaccination, James Bryce, of Edinburgh, commended it and perfectly proved that the true primary crust of a perfect vaccination after removal of layer of pus upon under surface, consists entirely of dried vaccine lymph and a certain small amount of inert epidermal tissue, and afforded an admirable method of preserving virus in an efficient state for very long periods. Although I long since found that a perfect, well-selected crust from the arm afforded virus of an efficiency not to be surpassed and that not one such crust in one hundred would prove inert, still I always recommended points in preference, knowing what bad results and disappointments might, and almost surely would, follow the use of the secondary and even ill-selected primary crusts. Nothing can be better than a perfect primary crust from a perfect vaccinifer, nothing worse or more dangerous than a crust from a syphilitic subject. Notwithstanding my failure to recommend them, the demand for the crusts of humanized virus was always equal and often quite beyond my means of supply. Since the introduction of Animal Vaccination I have always recommended the points and dissuaded from the use of crusts, but in spite of this they are more and more demanded, and I owe it to truth to say that I very seldom get a complaint from one of them. When a complaint comes it is always of complete failure, never of ill results, and I am sure that not one crust in one hundred is complained of. One of my correspondents has had twenty-seven crusts during the past five years, and all perfectly efficient and satisfactory. Many hundreds of physicians have had five, ten, or more, with equally good results. In a word, now that I know how to collect and issue virus either in crusts or on points, and my correspondents have learned how to use it, I have no trouble whatever and am very rarely troubled by complaint of failure of virus. When such complaints do come I simply send a new lot with emphasized request to read and follow enclosed directions, although I know from perfect success of points from same source, that the virus is not to blame. If the virus which I issue or ever

have issued should fail in anything like the proportion as noted by Seaton, or if the vaccination of animals were as uncertain and difficult as he intimates, my life would not be worth living for, if there is the slightest trouble about the virus, the slightest delay, I am sure to be bombarded by epistles in every degree and sort of explosive and complaining eloquence. I have had the pleasure of supplying a great many physicians in Canada and doubtless many of the readers of the LANCET. I think these gentlemen can confirm much of what I have written and that what they may say, would come with greater force than from an interested party like myself. I do hope that they may be induced to give in your columns their verdict on the animal vaccine virus, based on observation of its results.

Notwithstanding the length of this article, I must add a story which illustrates some things I have already written: A dear and lamented friend and physician, now "gone to the majority," was for a good many years dependent upon me for his supplies of the old lymph. When I began with the heifer-virus I gave him ten points and told him what good results I had obtained with it. In about two weeks he walked into my office saying, "Well, here's your new fangled stuff, it may be all very fine, but I cannot do anything with it." "There," said he, "I have made ten vaccinations and not one has taken." He handed me ten stained points and I gave him an equal number charged with virus of one human remove. After he had gone, I examined the returned points with a lens, and found the extreme ends tinged with blood. This I carefully and easily removed and beneath it found the quite perfect and polished surface of the virus.

I made three primary vaccinations with three of these points, and all of them successfully inducing every vesicle I tried for.

The old gentleman had always vaccinated by rubbing the quite dry virus over the slight transverse incisions, which I have always recommended, depending on the slight exudation of bloody serum to dissolve the virus which it always instantly accomplished, but such vaccinations with true animal lymph would never, except by a chance, be successful.

In looking over this article I find that I have not alluded to a fault found with animal vaccine, viz :

that it does not keep well. This error is also based on the former universal use of tube animal lymph, and its very frequent failure. During last summer, from the middle of June, I sent points of animal vaccine in lots of from 100 to 1000 to my agent in San Francisco. For the first thirty to forty days these lots were sent each day. Afterwards at different and longer intervals. When the demand for virus diminished, he had about 650 points on hand and I recommended him to return them and get fresh points as he needed them; he replied that he would do so as soon as he got a complaint; but he used the whole lot without receiving one. The last package he opened in October (about ten weeks after receipt) and used it himself in ten vaccinations, seven of which succeeded. All this virus sent to the San Francisco agent was sent in extremely warm weather, took a journey of seven days without any protection in the way of temperature beyond the peculiar packing—were kept in San Francisco simply in a cool closet, and all of it (some 8000 points) used with such success that only one package of ten points was complained of; and as hundreds of points from the same animal, charged with the virus succeeded, it is quite sure that failure in even that one case was from no fault of the virus. I could multiply instances, as when I sent 3000 points to Winnipeg in your own territory, which after that long journey were used with such success as to induce a most commendatory letter from Dr. Benson who had charge of the vaccination of that colony. This letter I took the liberty to quote from in my letter published in the *London Doctor* for April, 1877. I think, however, that it is needless to add anything to the proof yielded by such a test as the one of the virus issued by my San Francisco agent.

#### IMPACTION OF GALL-STONES, AND OBSTRUCTION OF THE BOWEL.

BY THOS. S. BARCLAY, M.D., DETROIT, MICH.

On the 1st of March I was called to see the late Hon. N. Avery, of this city. He had previously been under the care of Drs. McGraw and Brown and I was told that these gentlemen treated him for catarrh of the stomach. The history of the case as far as I could learn was, that for some ten years,

every few months he was subject to attacks of bilious colic with great pain, which would pass off under treatment. Otherwise his health was and had been good. His age was 59; 6 feet high; weight in health, 220 lbs; had been a lumberman all his life; temperate in all his habits.

Present condition. I found him with an anxious countenance; great tympanites; bowels had not moved but twice, and very little in five weeks; the stomach rejected food or medicine in every form, and there was constant belching of wind which was very distressing to the patient; pulse 80 weak and intermittent; temperature normal; tongue much coated; could not sleep but a few minutes at a time. I examined the abdomen carefully but could find no tumour or lump of any kind. Having made the above examination I requested them to call in his former medical attendants, which they agreed to do. As they did not come, however, I gave it as my opinion that he had obstruction of the bowel in the first part of the duodenum. I then put him under treatment, at the same time informing him that he was not likely to get better. I gave him gr. xv. sub. nit. bismuth, with gr. 3 hydrastin, every four hours. Ordered boiled milk with lime water, beef tea, jelly, and small quantities of wine, and to have the body bathed at night.

March 2nd.—Found patient much relieved of the belching; had not vomited since I saw him; was much relieved and slept well after bath, treatment continued.

March 3rd.—Feeling much better this morning, but had vomited during the night once, a green bilious matter; the bloating in the bowels nearly all gone; was taking his food with some relish, but only allowed a little at a time.

March 4th.—Not so well; did not rest so well last night; tongue much cleaner; no distress from wind; bowels had moved during night, a large discharge and very foetid and dark in color: treatment continued.

March 5th.—Much better. Slept well last night but pulse up to 92. Patient tells me that he feels as if something had given way in his bowels last night. I added to his treatment a simple tonic.

March 6th.—Much changed; vomiting often bilious matter. I then called in Dr. Farrand who agreed as to the trouble, but held out much hope to patient of getting better. Saw patient at noon;

no better; had troublesome hiccough. Dr. Farrand ordered large doses of the wine. Same evening, no better. Remained all night with patient. At four a. m. he was very sick; called Dr. Farrand. We gave him musk, camphor, &c., which had the effect of checking the hiccough, but he failed much, getting weaker every hour. The vomiting also increased and we were compelled to give beef-tea with brandy and quinine per rectum every four hours.

March 7th.—Somewhat better; in the afternoon we gave nothing by stomach except wine and bismuth; pulse 88; temperature normal; we continued injections per rectum.

March 8th.—Much better and his family much encouraged, and I also thought that he might improve.

March 9th.—About the same as the day previous. Would not let me leave him.

March 10th.—Feeling better; got shaved and was not troubled with vomiting but once or twice during the day.

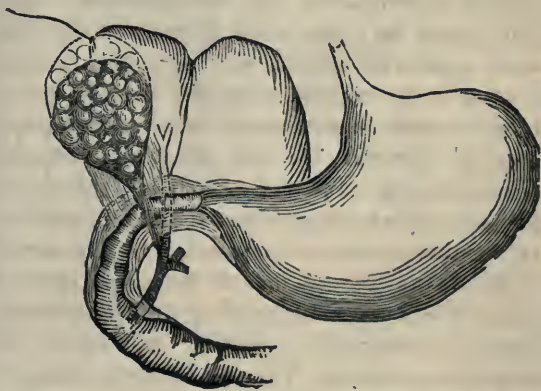
March 11th.—Not so well, treatment continued till at 9 p. m. the hiccough came on again, which gave him great distress. We had further consultation with Dr. Kaffer, but with no change in treatment; he did not sleep much that night till 3 a. m. when the hiccough ceased under the musk treatment.

March 12th.—I left him for two hours to attend to some other patients, Dr. Farrand promising to be with him till I returned. On my return at 12.30 p. m., I found his family in great distress; he had the hiccough again, but much more distressing. On entering the room I found that Dr. F. had not been with him. The patient begged of me to do something to stop the hiccough. The musk had failed to arrest it. I at once gave with the beef tea half a teaspoonful of chloroform per rectum, which stopped the hiccough at once, but immediately afterwards he fell back on his pillow with the eyes turned up, and pulse stopped at the wrist. I at once got hold of his tongue, gave him a little brandy and he came to again, but he was much prostrated. In the evening he desired to get up to procure a passage from his bowels. I objected to his getting up, but Dr. Farrand thought he might try. I left the room to get two of his sons to be near, for fear of his again becoming faint. I had only time to get back when he had his feet over the bed and sat down on the chamber, but again his

head fell back, the eyes turned up, and the pulse stopped. I got hold of his tongue and with some brandy, and having put him into bed at once, he revived. At 12.30 a. m. he fell into a sound sleep, and slept all night except when we disturbed him to give him his enema.

March 13th.—I remained with him all night. This morning he felt comfortable, but weak, and wanted to sleep. At 10 a. m. his pulse was failing. I told him that I thought his end was near, and if he had anything to do for this world or the next to lose no time. He was free from pain, and continued to sleep during the most of the day. He died at 7 p. m.

AUTOPSY.—The post mortem examination took place forty hours after death. Prof. McLean, of Ann Arbor, was called in to assist me. Drs. McGraw, Brown, Farrand, Foster, Kaffer, and others, were also invited to be present. On opening the abdomen we found the gall-bladder packed full to distension with gall stones, which we removed to the number of 700, of various sizes from a pin's head to a bean. The cystic and common ducts



were entirely occluded, and fibrous bands were attached from the gall bladder to the bowel, causing constriction of the duct. The smallest probe would not enter the common duct, and the bowel would not admit a common quill. The constriction of the bowel extended from the stomach down to the middle of the descending portion of the duodenum. The liver was somewhat enlarged; the heart small and soft, but no valvular trouble. The stomach was perfectly healthy; all the other organs normal.

REMARKS.—This case was very interesting from the fact that there was a difference of opinion

among the medical attendants as to the nature of the trouble. This was entirely cleared up by the post mortem examination. One lesson which may be drawn from the case is, the importance of a careful examination of the fæces for the presence of gall stones, after these so-called attacks of bilious colic. It is very likely that he passed numbers of them from time to time, but finally their accumulation in the gall-bladder, and consequent pressure, produced inflammation, which resulted in what we found after death. I am persuaded that there are more cases of this kind than generally supposed. Within the past three years I have met with no less than twenty-three cases. The succinate of iron has been very successful in my hands in arresting the formation of these stones.

#### REMOVAL OF A LIPOMATOUS TUMOUR FROM THE LEFT SIDE OF THE NECK.

BY A. MCKAY, M.D., L.R.C.S., ED. & C. INGERSOLL, ONT

The patient, Mr. J. Forman, of Centreville. æt, 51, native of England, consulted me last fall regarding a tumor on the left side of his neck, which commenced as a very small lump about eighteen years ago. Its growth was slow until within the last twelve months, when the increase in size became somewhat more rapid, causing him a good deal of anxiety. He also latterly experienced sensations of pain, more especially at night, which might possibly be due to pressure on the branches of the cervical plexus or spinal accessory nerve.

As the history was that of a benign growth, and as it was becoming so large that it interfered with his occupation, I advised its removal, to which he consented. The operation was performed on the 18th of December last. The patient was brought well under the influence of ether by Dr. Kearns, and an incision was made commencing at a little behind the mastoid process, and extending downwards about nine inches. After cutting through the integument and superficial fascia, I dissected carefully on either side, and then changed the line of incision in the direction of the muscular fibres of the trapezius, in order not to impair its usefulness. After getting through the muscle, the tumor was partly exposed by using retractors. It occupied the greater portion of the left posterior superior triangle, being enclosed in a strong fibrous capsule, which was firmly adherent

to the upper portion of the sterno-mastoid, and the structures forming the floor of the triangle, also to the ligamentum nuchæ and spinous processes of the cervical vertebræ. It was found necessary to divide only the adhesions in connection with the vertebræ for by using considerable force the handle of the scalpel answered every purpose. Only one vessel sufficiently large to require a ligature was met with.



The tumor weighed  $2\frac{1}{2}$  lbs., and proved to be lobulated, with numerous spiculæ of bone in its substance, one about the size of an English walnut. The parts having been approximated with silver wire suture and plasters, a layer of lint saturated in a solution of carbolic acid 1 to 40, and covered with oiled silk, completed the dressing.

Dec. 19th.—A good deal of depression. Pulse rapid, tongue dry and coated, temp.  $140^{\circ}$ . Ordered brandy  $\frac{1}{2}$  oz., milk 2 oz., every two hours.

Dec. 20th.—Found an improvement in the general symptoms, but a great deal of swelling in the neck, with fluctuation. I removed the three lower sutures and inserted a drainage tube. The discharge was very profuse for the first week, but the patient made an excellent recovery, and is now able to attend to his duties.

I am indebted to Drs. Joy, of Tilsonburg, Scott and Kearns, for their kind assistance during the operation.

PROFESSOR JOHN WOOD has accepted the chair of Clinical Surgery in King's College, made vacant by the death of Sir William Ferguson.

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**Correspondence.**


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**WHAT DOES IT LOOK LIKE?**

To the Editor of the CANADA LANCET.

SIR,—The public prosecutor in the interest of the medical profession appears to proceed very leisurely in what I call his speculation and if I construe the 'Medical Act' properly I infer the fine in full, of all unlicensed practitioners goes to the complainant. If then, each 'quack' is once fined (and prevented from further practising which is the intention of the law), the fine itself is ample remuneration for his services particularly as (according to his own shewing), there are scores if not hundreds to fine. Instead of doing this he goes to the empiric, gets him to acknowledge judgment, pockets the smallest fine admissible by the act, and in the discretion of the magistrate, and then leaves with the intention of calling again at some future time best suited to his purpose of making another "lift."

Now this looks to me like not killing the 'goose that lays the golden egg' and if the Detective did not believe the fine would be ample reward why did he accept the position? In his way of proceeding, it neither benefits the regular profession nor the people who are duped by quack's. It does not seem just the thing to have those humbugs pay a small fine every few months to suit the caprice of the detective and still be allowed to run at large. Let my medical brethren speak; are we getting justice?

M. D.

April 23rd, 1877.

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**ANNUAL EXAMINATIONS.**

To the Editor of the CANADA LANCET.

SIR,—Having on several occasions been questioned by students in reference to the Annual Examinations of the College of Physicians and Surgeons of Ontario, I am anxious to know whether it is compulsory for these gentlemen to present themselves annually, or whether they will be admitted to examination at the end of the third and fourth years as heretofore.

If they have not the option of either mode of obtaining their license, it appears to me to be rather a stringent law upon those gentlemen from

the Eastern portion of the Province who select a Medical School for their studies outside the Province of Ontario.

It is a point not well understood by students, and it is a matter of some importance which many would like definitely settled. This must be my apology for trespassing on the space of your valuable and impartial journal.

Yours very truly,

Ottawa, May 5, 1877.

"MEDICUS."

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**Selected Articles.**


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**THE MEDICAL USE OF BATHS.**

Prof. Hebra says on this subject, in a lecture translated in the London *Medical Record*—

The rule for the duration of a cold bath must depend on the feelings of the individual, and on the actual effect produced upon his skin. Theories grounded on the actual physical withdrawal of heat from the body by cold air or cold water are refuted, not only by the experience of travellers, but also by careful observations at the bedside. I will only say, in passing, that the mortality in enteric fever, and in scarlatina, is not lower when the patients are bathed in cold water, or wrapped in wet sheets, than when the treatment is purely expectant.

The proper time to stay in a warm bath has also been recently discussed. There are physicians who will not allow more than ten minutes, and stand anxiously over the patient, watch in hand, lest the period should be exceeded. How far this may be in the interest of the patient, or what is the use of these short baths, I do not know. But the facts that a patient often feels comfortable when in the bath, and soon afterward, but in a few hours begins to suffer from tension of the skin, itching, and smarting, and that at many watering places, as at Leuk, the patients are prescribed several hours in the warm bath, have led me to make experiments, in order to answer the question how long a man may stay in a warm bath without injury to health.

I began with two hours; increased these to twenty-four; then advanced to days; and at last extended the duration of the warm bath to from one to nine months. I found that people can eat, drink, and sleep just as well in a continuous warm bath as out of it; that nutrition, respiration, and excretion go on as before; that they are not troubled with skin diseases which are painful and obstinate out of water; and that affections are thus cured which have resisted the most persevering and varied treatment. These experiments, which I have carried on since the year 1862, have also

proved that baths may be employed continuously in cases in which they were supposed to be most dangerous—during menstruation in the case of epileptics, and in spite of an access of pleuropneumonia.—*Medical and Surgical Reporter.*

### THE PREVALENCE OF NERVOUS DISEASES.

The following is taken from the report of a paper read by Dr. Althaus before the Royal Medical and Chirurgical Society of London, January 25, as given in the *Medical Times and Gazette*, February 12.

The paper was based on an analysis of the vital statistics contained in the British Registrar-General's reports from 1838 to 1871. The points studied by the author were the frequency of nervous diseases, whether or not they are on the increase, their relations as to race, sex, age, and locality. As to the first of these, he found that for six successive periods of five years each, the death-rate from all forms of nervous disease had varied only between 26 and 28 to each 10,000 of population. Taking, however, the number of deaths from nervous diseases as compared with those from all other causes, we find a still more constant ratio, the average for thirty years being 12.26 of the whole. This average clearly shows that for thirty years, (a period in which so much has been said of the increase of these diseases) there has been no increase of nervous diseases in England. We give the remainder of the article, though it does not apply to the point in discussion, but because it gives valuable statistics of other diseases.

As compared with the relative mortality from other disorders, he found that nervous diseases occupied a fourth place among the maladies destructive to human life; zymotic affections heading the list with 22.90 per cent.; next, tubercular disorders, with 15.94 per cent.; followed closely by respiratory troubles, with 14.16.

As regards the constancy of the ratio of nervous diseases to other affections, and their relative ratio one to another, it was found that there had been an increase in all diseases of the brain and spinal cord, and their membranes, with the exception of hydrocephalus, and also of apoplexy and paralysis. Delirium tremens appeared to be decreasing, while an increase was perceptible for chorea and tetanus. Epilepsy had decidedly diminished for the past ten years, while the mortality from insanity was increasing. Infantile eclampsia showed the greatest decrease, its mortality having diminished 18 per cent. in thirty years, but the increase in other nervous diseases occurring at the same time had left the proportion of the whole mor-

tality unchanged. They could be ranged, according to their fatality, as follows: convulsions, 48.70; apoplexy, 16.19; paralysis, 15.96; disease, etc., 6.98; cephalitis (including all inflammatory diseases of the brain and cord and their membranes), 6.64; epilepsy, 3.79; insanity, 1.00; delirium tremens, 0.83; tetanus, 0.26; and chorea, 0.10.

The investigations seemed to show that the common idea that these affections are more common among inhabitants of towns than among dwellers in rural districts is erroneous. The extraordinary prevalence of nervous diseases in Wales could not well be explained. Dr. Althaus suggests that the Celtic race is less resistant to such influence than the Saxon.

As regards the influence of sex, it was found that the mortality from these disorders was always greatest among males, the ratio for a quarter of a century being 12.94 against 11.62. The males died more from cephalitis, delirium tremens, infantile convulsions, tetanus, epilepsy, and disease of the brain, while chorea and insanity were more frequent in females, and apoplexy and paralysis were about equally fatal to both sexes. The entire percentage of deaths amounted to 54 for males and 46 for females; thus showing an excess of 8 per cent. for males.

The relation of age to the prevalence of these affections is as follows: there is an immense maximum in the first year of life; then a rapid descent until four years of age, but still the mortality in the first lustrum is greater than of all the other periods taken together. From five to thirty years of age the fatality from nervous diseases is slight; at thirty-five there is a rise, which becomes large at sixty, and reaches its maximum at seventy. This maximum is, however, only one-tenth as great as that of infancy. The first maximum is due to convulsions, the second to apoplexy and paralysis.

The relative mortality to frequency of the different diseases was discussed with the following results: of insanity there were eighty-eight living cases to one death; the prevalence of cephalitis Dr. Althaus thought only slightly higher than its mortality; in paralysis the deaths were about one to twelve; chorea was fatal in about 1 per cent.; delirium tremens about 25 per cent.; in tetanus about one to three recovered; in epilepsy about 2 per cent. of cases were fatal. Hysteria, though very prevalent, was hardly ever fatal.

Dr. Althaus closed his paper with some remarks on the progress and prospects of therapeutics. He thought that we will be able in the future to considerably reduce the mortality of such diseases as convulsions, epilepsy, and tetanus. (*Journal of Nervous and Mental Diseases*, July, 1876, pp. 518, 519.)

Our own people, it appears, are less subject to apoplexy than emigrants from other lands, with the exception of the Irish.



The percentage of deaths from insanity on the whole mortality is 0.537.

It must be admitted that the "mortality statistics" from which we have gathered the figures we have used in this report furnish important and reliable matter in vital statistics. The number of persons insured by the company which has furnished the statistics is 101,967. These are all carefully examined before a policy is granted; and the reports of deaths are obtained under the oath of the reporter. It will be seen, therefore, that we are made as sure of correct statistics as it is possible to be.

A table of the condition and ages of patients is given, of whom we have had knowledge, though all of them were not under our own care and treatment. They were met with in a population which has grown from six to ten thousand during the time of observation, and several of them occurred from two to seventy miles beyond this concentrated population, but they died here or were known personally to the reporter.

Of these cases twenty-two were palsy, nineteen apoplexy, and eight softening of brain. Thirty had reached, or passed beyond, the seventieth year, and in none could we discover as a cause of disease too great devotion to business, or any mental strain. We would rather conclude from all our observations that the withdrawing from business after great devotion to it frequently acts unfavourably,—a sudden stopping being more likely to give a great shock than motion continued moderately while the machinery is capable of motion. Mr. Burton says, "Employment, which Galen calls 'Nature's physic,' is so essential to human happiness that indolence is considered the mother of misery," and, we think, very often of disease.—*Med. Times Phila.*

#### A METHOD OF MEASURING THE LOWER EXTREMITIES.

By the ordinary method of obtaining the comparative length of the lower extremities, it is difficult to get exact results. Even when every precaution is taken to guard against the obliquity of the pelvis (which is the chief source of error), an eighth or even a quarter of an inch difference may escape detection. Such at least is the case when measurement is made between the spinous process of the ilium and malleolus on each side. Neither of these presents a point, but a surface which in persons well-clothed in flesh occupies considerable area. When measurement is made from the umbilicus or episternal notch to the middle of the sole of each foot (Sayre's method, I believe), this difficulty is perhaps, done away with. I have, however, for several years past adopted another plan, which is, I think, more convenient, and by which the liabilities to error (when a tape-line

alone is used) are reduced to a minimum. The plan is this: The patient, lying on the floor or a table (a soft mattress will confuse any measurement), the parallelism of the iliac spines and the proper extension of the limbs being looked to, a point is taken on the umbilicus, and marked with ink, if necessary. Commencing at this point, the tape is carried in turn *around the sole of each foot and back again to the point of departure*. The difference between the two measurements thus obtained represents *twice* the amount of difference which exists in the length of the limbs. For instance, if the measurement thus obtained when the tape is carried around the right foot is fifty-four inches, and when carried around the left foot it is fifty-five inches, the difference in the length of the limb is *half an inch*.

Of course care must be taken to carry the tape around corresponding portions of each foot, and in the same direction—from within, outward, or *vice versa*—on both sides. A great amount of swelling in the foot may also occasion error, but not to the extent it might be imagined. I think the method described will be found convenient and useful, either when employed alone or to verify results obtained by other plans.—*Dr. Cowling, Med. Record.*

#### TREATMENT OF ROTARY-LATERAL CURVATURE OF THE SPINE.

[The Medical Record, March 31, 1877.]

Dr. Lewis A. Sayre, after calling attention to the mechanism of lateral curvature, and the fact that the rotary motion of the vertebræ is confined to their anterior surfaces, recommends very strongly the removal of the superincumbent weight not merely to the posterior part of the bodies of the vertebræ, but to the irregularities of surface upon the entire trunk. He regards this as one of the great essentials for the restoration of the bodies of the vertebræ to their normal position. Unless this is done, all springs and braces are unavailing, so far as radical cure is concerned. Not only that, but they are to be regarded as injurious, even as a temporary treatment: first, because, as a rule, they are not worn with any sort of comfort; and second, they multiply the curves without straightening the column. The instant the spinal column can be made straight, that instant the rotary-lateral curvature is removed. For the milder cases, those in which there is simply a deficiency in muscular tonicity, some slight elastic support which will serve as a reminder to the patients that by their own will they are to bring the muscles into action, together with a proper course of gymnastics, might, perhaps, effect a radical cure. But, when the osseous structure of the spinal column has become involved, all the braces and other instruments

which have been devised for the cure of this deformity are of no practical value whatever.

In such cases Dr. Sayre uses the method of self-suspension originally introduced by Dr. Mitchell, of this city, in conjunction with the application of a plaster-of-Paris jacket. He says, "As a substitute for the usual method of suspension by the arms I employ a compound pulley and head-gear such as I have used for a long time while adjusting the plaster-of-Paris jacket in the treatment of Pott's disease. I believe that the superincumbent weight can be much more effectually removed from the bodies of the vertebræ, hence the spinal column much more completely straightened, by causing the patient to raise himself by lifting from the *occiput* and *chin* than by any other method that has been adopted. I therefore attach the pulley, cross-bar, and head-piece to a hook over the patient's head (a tripod with long legs and a hook above is commonly employed), adjust the head-piece so as to draw equally upon the occiput and chin, and then cause him to raise himself by drawing slowly and steadily upon the cord passing over the pulley above. I believe that no harm will come from this method of suspension, providing the hands of the patient are not permitted to come below a level with the forehead. They should be held high over the head, thus calling into action the muscles of the thorax, and obviating undue traction upon the neck."

After a few weeks' trial of this process, the plaster jacket should be used, but the patient should be required to practice self-suspension the same as before, and as soon as the straightening of the spine becomes sufficient to render the jacket loose, it should be removed and another applied. Dr. Sayre claims the following advantages for this method:

*First.* It affords a means of treatment which is within the reach of every intelligent practitioner.

*Second.* It affords the best means for keeping the superincumbent weight from the bodies of the vertebræ after such weight has been removed by suspending the patient either from the axillæ, occiput and chin, or from the occiput and chin aided by the thoracic muscles acting through the arms.

*Third.* It could be worn without discomfort if properly adjusted.—*Med. Times.*

### EXCISION OF THE ELBOW-JOINT.

(*Boston Medical and Surgical Journal, January 4, 1877.*)

Dr. H. A. Beach reports a collection of twenty-one cases of excision of the elbow-joint operated on at the Massachusetts General Hospital by Dr. R. M. Hodges during a period of ten years. The report is made for the purpose of showing the ulti-

mate and excellent results of excision of the elbow when recovery takes place, and the advantages of a single straight incision in its performance. This method, largely avoiding the cross-cutting of any tissues, allows the connection of the triceps extensor tendon, with the investing aponeurosis of the arm and forearm, to be preserved almost intact. An attachment for the muscle is thus retained which diminishes, to a certain extent, the loss of power following its unavoidable separation from the olecranon." Transverse incision of the integument, even though the above-mentioned connection is maintained, is in itself prejudicial to the subsequent motions of the limb, if the wound does not unite by first intention, but cicatrizes by granulation, as it almost invariably does.

Another cardinal point in this operation is the preservation of the attachment of the brachialis anticus muscle. It is commonly stated that this muscle is inserted into the coronoid process. No method of demonstration better displays the absolute fact in regard to this anatomical point than excision of the elbow on the dead subject, which, without dissection, makes plain that the attachment is into the shaft of the ulna and *base* of the coronoid process, abundant room being left between the process and the tendon for the passage of the saw (which should always be started on the side of the bone) and the removal of this portion of the ulna. Experience shows that the extent of fracture permitting an attempt to save the limb by incision seldom reaches a degree which prevents the carrying out of these rules; and it rarely happens that so much of the radius requires removal as to cause any interference with the insertion of the biceps. The great muscles of extension and flexion are thus left in a comparatively undisturbed condition. The amount of bone excised decides to some extent the subsequent mobility. Excision of the articulating surfaces alone would probably in most cases be followed by an ankylosis. Regret might sometimes be felt at not having excised enough, but seldom at having removed too much. The sacrifice should always be at the expense of the humerus, since the limit for the ulna and radius is fixed, as has been stated, by the necessity of preserving the brachialis anticus and biceps muscles.

Of the excisions, fourteen were for injury; of these five terminated fatally, but in none of them was there any reason to think that amputation or expectant treatment would have been followed by any more favourable results. Four of the remaining operations were for disease, and three for deformity: one of the latter resulted fatally from secondary hæmorrhage.

The treatment pursued can be briefly stated. The wound was invariably closed with sutures. The arm, after the operation, was placed upon a pillow and flexed at an angle of one hundred and thirty degrees, that being the position most com-

fortable for the patient. Local inflammation, abscesses, pain, etc., were met by active measures based on general surgical principles. A generous diet was always allowed and encouraged. When the arm was in a state to permit of bandaging the internal angular splint of tin, broader than usually adopted for fractures, and fitted, as regards length, for each individual case, was applied, and the patient allowed to get up and walk about, the wound being dressed without the removal of the splint.

The time spent in the hospital was not great: one patient remained seventeen weeks, the others an average of about nine weeks. When discharged, the splint was usually dispensed with, and a sling substituted. Passive motion was rarely practised beyond that which came from such use of the limb as patients could be persuaded to make, and a useful arm was seldom obtained before the end of a year from the time of excision.

In twenty-one cases where amputation must otherwise have been performed, this report exhibits fifteen arms preserved, several of them being useful to a remarkable degree, and all of them, except one, retaining motion of the elbow, forearm, hand, and fingers. These excellent results suggests the inquiry whether this operation is not deserving of a broader application. A successful incision always leaves an arm more serviceable than one in which ankylosis has taken place after a bad fracture unaccompanied by a wound. Professor Busch, of Bonn, has twice excised with success the entire joint, for irreducible dislocation of the head of the radius, both pronation and supination being regained. A measure which of itself, in civil practice, so seldom occasions a fatal result, would seem more than merely justifiable in this seemingly trivial but thoroughly disabling accident, in which reduction is often impossible, or, if possible, so rare to maintain.—*Med. Times.*

#### TRACHEOTOMY IN DIPHTHERIA— FOUR SUCCESSFUL CASES.

[DURING the past few months we have received the following cases, and thinking it desirable to place them upon record, we group them for convenience under one heading:]

*Case I.*—(Care of Dr. Rose, New York.) In the evening, on November 2, 1875, I saw for the first time Mr. L.'s child, a boy aged three years. I ascertained that he had been in perfect health on the evening of the 1st November, having eaten his supper with a good appetite; that he, however, awoke with symptoms of dyspnoea on the following morning, and grew rapidly worse. I found great difficulty of breathing, with energetic contraction of the muscles of the anterior thoracic wall, each inspiration causing a deep groove, corresponding

with the place of insertion of the diaphragmatic muscle at the lower end of the sternum; at the same time there was a stridulous noise, the lips were of a blue color, and on the fauces there was diphtheritic exudation. Having obtained the consent of the parents, I performed tracheotomy immediately, with the kind assistance of Dr. B. Scharlau. The child was quite insensible to pain, and no anæsthetic was necessary.

While cutting down to the trachea, close under the isthmus of the thyroid gland, I found a well-developed network of veins, some of which I was forced to sever. Considerable bleeding took place, but by the application of 6–8 ligatures I succeeded in arresting all hemorrhage before I opened the trachea. After the incision was made and the canula inserted respiration became immediately easy and normal. The child soon took liquid food, and seemed to improve during the night. During the next afternoon, however, symptoms of paralysis returned. Quinine, camphor, and benzoic acid were administered internally, but death ensued eighteen hours after the operation.

*Case II.*—On November 13th I performed tracheotomy, with the kind assistance of Dr. H von Seyfried, on a little girl, three years old, the daughter of Mr. R. I had seen her for the first time on the 7th of November, when I already had observed difficult respiration. Although no diphtheritic deposit could be found, I had reason to presume an attack of diphtheria, and prescribed accordingly. I did not see the child from the 8th to the 12th of November, but was informed that the dyspnoea continued, with intervals, during the entire period, and finally it increased so much as to necessitate an operation. The same characteristic symptoms of difficult respiration were observed as in the first case. Chloroform was administered. On account of the presence of the middle lobe of the thyroid gland, and for other anatomical reasons, I was compelled to cut through the gland along the median line, which being done, I soon succeeded in laying open the trachea; there was also considerable hemorrhage, but it ceased as soon as the tube was inserted.

The respiration of the child was at first irregular, but it soon improved after large diphtheritic membranes were coughed up. Towards evening it whispered a few words, which were understood by the mother.

*November 14th.*—Temperature 103, pulse 160. Membranes continue to be coughed up. Dulness of small extent on percussion and diminished respiration posteriorly and below on the left side. Five grains of quinine every two hours.

*November 15th.*—Temperature and pulse about the same; membranes expelled. Two doses of quinine, of ten grains each.

*November 16th.*—Temperature 101, pulse 130. Dulness on percussion has disappeared, moist

rales on the right side above. No more membranes, but only catarrhal secretion instead.

The child now improved rapidly. On the 17th she took her food together with the children, and was able to speak plainly whenever the tube was closed. A moist sponge was attached to the external opening of the canula. In order to prevent the drying of the tracheal and bronchial secretion, and the consequent clogging of the tube, I employed Dr. A. Jacobi's method of lubricating the inner tube with glycerine whenever it was taken out for the purpose of cleaning. The proliferous granulations of the wound were cauterized with a strong solution of nitrate of silver.

There are seven children in the family, ranging from one to twelve years. They live on the first floor of a rear tenement house; the room in which I operated serves as a living, sleeping, cooking, and eating room; the door opens immediately into the yard. The small supply of light embarrassed me greatly during the operation; yet, in spite of all these drawbacks, the little patient has steadily improved. At the time of reporting the case she still wears the outer tube, which, during the day, is closed by a piece of cork.

*Case III.*—(Care of Dr. Haqunga, New-York.) Sarah Ellen C., aged five years and three months; subject to tonsillitis (otherwise healthy); had a portion of both tonsils removed about fourteen months ago for 'hypertrophy;' since then had no throat trouble until the 6th day of March, when I found her suffering from an attack of diphtheria.

This yielded in about six days to the usual remedies chlor. potass., iron, salicylic acid, and quinine; as the throat cleared a croupy cough appeared, with considerable dyspnoea. Attempted to combat these grave symptoms by means of a high temperature loaded with vapor, large doses tr. mur. iron, and direct inhalation of salicylic acid spray (gr. xx. to  $\frac{3}{4}$  i.) from an atomizer.

Gave also an expectorant mixture of syr. acet. sang. can. combined with syr. pruni. virg. every hour, with little or no apparent benefit. As the dyspnoea grew hourly worse I had recourse to five gr. doses of Turpeth mineral, which produced prompt emesis, with temporary relief.

This treatment was continued, according to the exigencies of the case, from the 12th to the 15th, when, owing to her exhausted and partially asphyxiated condition, I relinquished all hope of benefit from medication, and resorted to tracheotomy. Assisted by Drs. Logue and McGuirk (Dr. L. having chloroformed the patient) I proceeded to open the trachea below the isthmus of the thyroid gland, with the happiest result.

All the loose diphtheritic matter was expelled immediately through the opening, and she breathed freely once more and partook of brandy, beef-tea, etc., kindly, though the stomach did not retain it.

A sinapism to the epigastrium checked the vomiting in a measure, and I then ordered the usual quinine powders to be administered every three hours, and an expectorant mixture of mur. ammonia, wild cherry and paregoric to allay the bronchial cough; also warm flaxseed meal poultices to be applied over the entire chest continually. All went well until 2 A.M. of the 19th, when she became thoroughly prostrated from cough, and efforts to expel an accumulated deposit which obstructed the tube.

With the assistance of a pigeon's feather and a forceps the obstruction was removed and a free administration of brandy caused a rally to her usual status.

From this time onward there were no untoward symptoms and her recovery was gradual and sure.

On the 4th day of April—three weeks less a day from the time of opening the trachea—she having recovered her voice, and respiration being normal, I removed the tube permanently. The opening, after removal of the tube, closed in about six hours.

*Case IV.*—(Care of Dr. Fiset, New York.) On December 26, 1875, at noon, I was called to a boy aged six years and four months. He had been taken sick six days before, first complaining of feeling chilly, and two days later of sore throat, with loss of appetite and sleep. When I saw the patient there was some difficulty of respiration present, accompanied by loud tracheal rales; the countenance was flushed and anxious; the tongue coated, and the pulse quick and full. An irregular white exudative patch was seen covering almost the entire surface of the left tonsil, and extended downwards. I accordingly diagnosed diphtheria. The lymphatic glands about the lower jaw were not enlarged. Very little food had been taken by the patient for forty-eight hours, and vomiting had occurred frequently. The bowels were constipated, and there was retention of urine. Quinia was prescribed in five-grain doses, to be given every four hours, and the application to the diphtheritic patch, with a feather, of a solution of bromine (1 part to 40) of  $\frac{3}{4}$  i. to  $\frac{3}{8}$  i. of water every morning and evening. A milk diet was ordered. Hot fomentations were ordered to be applied to the hypogastrium. At midnight I was again summoned to the patient. The dyspnoea was now extreme; the countenance was greatly flushed, and the patient would roll in his bed from side to side, apparently in great distress. I administered eight grains of sulphate of zinc, which produced slight emesis and expectoration of mucus, but with little or no amelioration of the urgent symptoms present. The respiration was fast becoming more rapid. Dr. J. J. Reid was called in consultation, and tracheotomy was decided upon as the only chance left of saving the

life of the patient. After obtaining the consent of the child's parents, chloroform was administered by Dr. Reid, and the operation of tracheotomy was performed by myself in the usual manner. After the introduction of the canula into the trachea the patient coughed a few times, expelling blood and mucus. Matters were brought to a crisis by the stoppage of all respiratory acts, and a few seconds later of cardiac pulsation. Artificial respiration was immediately resorted to and pushed on vigorously for at least twenty minutes. During this period the child would occasionally inspire, and the pulse could scarcely be felt at the wrist. The respiration and cardiac pulsation gradually become re-established, and we were rewarded at last, after twenty minutes of hard work, in keeping up artificial respiration. Stimulants and milk were freely administered, and the patient sank into a sound sleep which lasted for several hours. The same treatment was continued. The patient was seen five hours after the operation by myself, and was then sleeping. He was again seen at noon by Dr. Reid, and by myself in the evening. The patient's father was instructed to remove the inner canula frequently for cleansing purposes, which he carried out faithfully during the whole period that the tube remained *in situ*. Bronchitis developed after the operation, but was of a mild character and gave no trouble. The exudation seemed not to have extended below the larynx, as no exudative membrane was expelled at any time through the tube. The child made an excellent recovery, and the canula was removed on the twelfth day after the operation.

The points of interest connected with this case are: (1), the great advantage of the operation of tracheotomy in diphtheritic croup; (2), that the operation, to be useful, should not be postponed until the patient is cyanotic and pulseless; and (3) it shows the great necessity of performing artificial respiration, and persevering in it, though the case may be apparently a hopeless one.

The subject of the value of tracheotomy as a means of relief in diphtheritic croup has largely engaged the attention of the profession, and in this city, not many months ago, the subject was under discussion at a meeting of the Academy of Medicine. Many have questioned its value in this disease, but statistics are fast accumulating in favour of the operation. In reporting this case my view has been to add another successful one to the statistics bearing upon this important subject.—*Med. Record*.

INTUSSUSCEPTION—SEPARATION AND EXPULSION OF SEVENTEEN INCHES OF THE SMALL INTESTINE.—Dr. E. P. Gerry (*Boston Med. Jour.*, Dec. 28th) reports the rare case of a man aged 74, who after an illness of three weeks, passed seventeen and one-eighth inches of small intestine, and

finally recovered. The constitutional symptoms attending the process of invagination and separation of the intestine were comparatively trivial: so much so, that some of the consulting physicians doubted the existence of the intussusception.

#### TREATMENT OF TYPHO-MALARIAL FEVER.

The most essential points in the treatment of this disease consist in controlling the bowel trouble, and in giving plenty of good nutrition and stimulants, especially in the latter stages of the disease. To control the bowel symptoms I find nothing more excellent than subnitrate of bismuth and Dover's powder, unless the diarrhoea becomes excessive, when I employ an electuary of pulverized opium, acetate of lead, subnitrate of bismuth, and glycerine, and use as an injection. When the tongue is very red and dry, denoting much inflammation of the bowels, I give a strong solution of chlorate of potash—most emphatically the best remedy—for this condition. We are familiar with its virtues as a therapeutic agent in the treatment of all local inflammations of the mucous membrane. When given internally we can detect it in the urine in less than fifteen minutes. I have used this remedy when the bowels were enormously distended, tongue dry, red, and painted, and in less time than twelve hours—sometimes even within six hours—have denoted a change in the appearance of the tongue; it becomes pale and moist; the tympanitic distension of the bowels is relieved, and the general symptoms denoting inflammation become more favorable. Chlorate of potash comes in direct contact with the inflamed mucous membrane of the bowels, and especially the Peyerian glands. Modern Physiologists direct our attention to the fact that these glands are the beginning of the lymphatic system in the intestinal canal, although formerly their function or purpose was not known. Flaxseed poultices act well when the bowels are much distended, although, sometimes we are compelled to make use of a blister. Turpentine should not be used, from the fact that it so frequently disorders the stomach. I do not think it does any good whatever, unless in getting rid of the gas; then, also, there is danger of its causing strangury. Quinine is of no therapeutic value in the treatment of this disease; in fact I believe it tends to aggravate the symptoms. Sleep must be had, and for this purpose I always prescribe hydrate of chloral and bromide of potassium in combination. This combination acts much better than sulphate of morphia as it generally produces a dreamless, refreshing slumber; I sometimes use camphor-choral. When the temperature is very high, pulse full and quick, I use Norwood's tinct. verat. viride, the most reliable of all the arterial sedatives. During

the febrile stage I frequently make use of spts. nitr. dulc. as a diuretic alternating it with the neutral mixture of the Dispensatory. But as I said before, we have no specific treatment for this disease. We can but aid nature, and clinical experience has taught me that the remedial agents I have mentioned above are among the best our profession have as yet discovered.—*Virginia Med. Monthly.*

#### ON THE RADICAL TREATMENT OF UTERINE CANCER.

Prof. Goodell, of the University of Pennsylvania, believes that it is not only often impossible but is clinically needless to distinguish *intra vitam* the various kinds of uterine cancer. He believes that cancer of the uterus is of all cancers the least prone to infect the system; its victims die not so much from specific systemic poisoning, and from transference to distant organs, as from septicæmia, from embolism, and from the exhaustion induced by pain, sleeplessness, and the bloody or serous fluxes. In cancer of the cervix the indications are either to eradicate the disease, or failing in this to check the excessive discharges, to correct the fœtor and to allay the pain, and thus to prolong life. To effect this he advises removal of the cervix either by the écraseur or galvanic cautery. When the entire cancerous mass is not removed by these means, the remaining outgrowths and the underlying infiltrated tissues must be dug out with the finger-nails, scraped off with Simon's spoons, or snipped off with scissors. The resulting deep and funnel-shaped cavity must next be cauterized with fuming nitric acid or the hot iron. This may be done either at the time of the operation or after an interval of a week or so. During the operation, if scraping be needful, the hemorrhage is usually quite free, but in Prof. Goodell's experience it has always yielded to an injection of one part of Monsel's solution to three of water, followed by a sponge tampon lightly packed into the funnel-shaped pit. After the operation there is sharp fever for four and twenty hours or more. On the third or fourth day the discharges sometimes become offensive, and continue so for several days. After the scraping process the stench is invariably overpowering and must be met by injections of a solution of permanganate of potash, and by large doses of quinine to guard against blood-poisoning.

In all cases Prof. Goodell enforces sexual abstinence, and orders the patients iron and bichloride of mercury as a tonic, arsenic to repress the tendency to reproduction of the new growth, and ergot to diminish the supply of the blood to the uterus. He has now operated on thirteen cases, in all of which life was lengthened and made bearable; in one instance, as he believes, saved for good. The hemorrhages were stayed, the putrid

discharges checked, the pains allayed, and the appetite restored, and bed-ridden patients were enabled to get up and resume their household avocations. Even when the womb was fixed by the extension of the disease to parts beyond operative reach, much was gained by removing all of the cancer that could be reached. The complexion invariably cleared up after the operation, and this fact leads Prof. Goodell to think that the so-called cancerous cachexia is due not to a cancerous diathesis, but to absorption from a local cancerous deposit.

Injury to the peritoneum cannot always be avoided during the operation. Karl Braun, however, does not hesitate to include a portion of the peritoneum in order that the hot wire may pass through perfectly healthy tissue. He says he has repeatedly in this way opened into the peritoneal cavity without harm to the patients. In one case, while scraping with the finger nails, Prof. Goodell opened into Douglas's cul-de-sac. No vaginal injections were used, no untoward symptoms arose.—*Med. and Surg. Reporter*, March 10th.

#### COMPOUND FRACTURE OF THE PATELLA.

A. D., a middle-aged woman, was admitted with an injury of the right knee. A year previous she had sustained a simple transverse fracture of the right patella, which was treated with adhesive strips; at the end of six weeks she had been discharged with some separation of the fragments, and with partial ankylosis still remaining. She states that the joint had not regained its mobility when she met with the accident for which she came to the hospital the second time.

While in the street she slipped and fell backward, but arose and walked one block, to her own home, when she found that her knee was seriously injured. She applied to the hospital next day, when there was found a transverse wound across the right knee,  $5\frac{1}{2}$  inches in length, which had been brought together by sutures. The fragments of the patella could be distinctly felt, the upper being drawn up  $2\frac{1}{2}$  inches. The following day the sutures were cut and the wound allowed to gape, because the injury was evidently severe and there was considerable tumefaction of the parts. The wound was found to have extended through the tissues directly into the cavity of the knee-joint, laying bare the condyles of the femur and the intercondyloid notch. The ends of the fragments of the patella were easily felt and were smooth, as if covered with cartilage. There was no contusion or abrasion over the seat of injury. The method of occurrence of this serious injury was thus fully explained: The patient, having a partly ankylosed

knee, fell backward, and ruptured, by muscular violence, the old ligamentous union between the fragments of the patella, splitting, at the same time, the over-lying skin in a flap-like manner. The force was so great that the resistance of the tissues could not bear the strain, and the rupture extended into the joint itself.

Here there was a compound complicated fracture, of great severity, which certainly jeopardized the patient's life, and yet, during the treatment she presented not one unfavourable symptom, but steadily regained the use of the limb.

The wound was dressed with carbolized oil, and the leg elevated on an inclined plane; but no true antiseptic treatment was instituted, for the wound was daily exposed to atmospheric influences when the carbolized lint was changed. No attempt at approximation of the fragments was made, lest it should increase the risk, and because nothing better than ankylosis was expected. There was no severe inflammatory action, and but little supuration; the temperature only once reached  $102^{\circ}$ , and the patient had very little pain. After the lapse of twelve days she was given tonics, and subsequently oxide of zinc ointment was applied instead of carbolized oil. Cicatrization slowly took place by granulations, and during the sixth week the patient was allowed to walk on crutches, and passive motion was instituted, in order to gain some motion. Five days later she was permitted to walk without crutches, and subsequently the superficial wound healed. Passive motion was continued, and the woman was discharged after being in the wards nearly two and a half months, with as much motion in the knee as she had before the injury. The fragments of the patella were, of course, widely separated, as no attempt was made to get union by close apposition, because of the more important character of the joint lesion. The patient could walk as well as could be expected with a stiff knee.—*Med. & Surg. Reporter.*

**DIGITALIS IN SCARLATINA.**—(*The Medical Record*, February 3, 1877).—Dr. Daniel Lewis has used digitalis in thirteen consecutive cases of scarlatina.

The age of the youngest patient was ten months, of the oldest twelve years.

There was an abundant eruption in ten of the thirteen cases. Four patients had severe inflammation of the throat, with ulceration, diphtheritic exudation, and considerable glandular enlargement.

The temperature when the treatment was begun ranged from  $103^{\circ}$  to  $106\frac{1}{2}^{\circ}$ ; pulse 120 to 148.

No supuration of glands occurred in any case; the temperature was promptly reduced to  $102^{\circ}$ , or below; the pulse fell to 110–130, and there were no symptoms of nephritis, except in a single case.

In that one the digitalis had been discontinued, and on the fifteenth day there was a sudden rise in temperature, convulsive movements in the muscles of the left side, and a trace of albumen in the urine.

The digitalis was resumed, and in twenty-four hours all bad symptoms subsided, and the patient made a good recovery.

Four of the patients died; one on the second day, in which eruption was hemorrhagic; two with scarlatina anginosa, on the fourteenth and seventeenth days respectively, in which no physician was called till the fifth day, the immediate cause of death being asthenia; and one after four weeks, who had acute diarrhoea.

Otitis followed in three cases, but was so slight as to require little treatment.

The infusion of digitalis was the preparation used in all these cases, in doses of  $\zeta$ ss. to  $\zeta$ j. every four to six hours, the state of the pulse and temperature being the guides to the dose and period of administration.—*Med. Times.*

**INVERSION OF THE UTERUS.**—Heywood Smith, M.A., M.D., in the *Obstetrical Journal* for March, 1877, says: The patient, aged thirty, was delivered of her first child by forceps three months before. The placenta was removed with some force. The bowels remained unrelieved for eleven days. An enema was administered, and during the straining which followed the womb appeared to have become inverted. The mass was returned, but probably only into the vagina. From that time she had a more or less constant sanguineous discharge. On examination the uterus was found inverted, the orifices of the oviducts being felt.

After a fruitless attempt at reduction under chloroform at her home in Devonshire, the patient came to London, and was admitted into the Hospital for Women. It was observed that at the menstrual period the blood covered the whole inverted surface. It quickly returned after wiping, and produced a thin sheet of clot.

The patient was again put under the influence of chloroform, and reduction was attempted in the way generally recommended, by constriction at the neck of the uterus and pressure at the point of flexion. Pressure was then made on the fundus, while counter-pressure was exercised above the pubes; but, although a deep depression was made by this means, it failed of success. The whole organ was then pressed so as to squeeze the blood out of it, and the tip of the finger was passed into the right oviduct. Reinvagination commenced under the tip of the finger, and in a short time the uterus was restored to its position. The patient made a good recovery. The author is of opinion that the only rational method of reduction is to begin at the insertion of an oviduct, the walls of the uterus being thinnest at this point. He had thought himself original in this method until he

found that it was described by Dr. Noeggerath.—*Nashville Med. Journal.*

**MEDICAL MEN AND THEIR PATIENTS.**—We remember very well how, in a certain town in Norfolk where we were staying, it was a practice of some of the patients to go to a medical man, and after getting all they could out of him, kindly transfer their distinguished patronage to another residing a few doors off, and doubtless, most of our readers could give us instances of the same thing which, unfortunately, occur every day. How it is that doctors are not paid is a matter of serious consideration for everyone in, or about to enter, the profession. Even when they are paid they have to wait, very frequently, for their money until every other creditor is fully satisfied. Perhaps, in theory, the best way would be for patients to pay their medical man at the time of consultation or at the end of the illness, or, if the illness be of long duration, at stated intervals, for patients have, unfortunately, a bad habit of not remembering the agony they suffered, and how they were relieved by the "doctor," when the bill is due.

"God and the doctor we alike adore  
When on the brink of danger, not before;  
The danger past, both are alike required,  
God is forgot and the doctor slighted."

Then, again, how is that, although everything around has risen in price, yet the fees of medical men are not a farthing more than they were fifty years ago? We pause for a reply.—*Students' Journal.*

**ON THE IMMEDIATE CURE OF PILES.**—Mr. Reeves, of Edinburgh, has adopted a plan of treating internal piles to which he has given the term "immediate cure." The operation is rapid and the entire treatment short as compared with the ordinary method, viz., by nitric acid, ligature, clamp, and cauter. He thinks, moreover, that it is free from danger, and does not always require an anæsthetic. The piles being well down are punctured to their bases by the conical tip of the gas cauter (Dr. Paquelin's). The number of the punctures varies with the number and size of the piles, a pile the size of half a walnut requiring two or three. A dull red heat should be employed, and the point of the instrument is to be gently rotated while it is within, otherwise a portion of the eschar will be withdrawn, and then hemorrhage may ensue. Ulcers or fissures should be cauterized at the same time. Should there be any oozing a touch of the cauter will stop it. The piles are then to be returned and a half-grain morphia suppository inserted. After the bowels have been confined for four or five days a warm injection is to be given, and followed upon the succeeding day by a laxative. At the expiration of a week the patients are dis-

charged. Of eighteen cases thus operated on two were not allowed out for ten days, and one for a fortnight, but in these cases there was some uterine or urinary complication. All the patients were examined subsequently, and it was exceedingly difficult to discover by the finger or the speculum that there were any cicatrices following the operation.—*Lancet*, February 17, 1877.

**TREATMENT OF CATARRHAL JAUNDICE.**—Dr. Krull, of Gustrow, Mecklenberg (*Berlin Klin. Wochenschrift*, No. 12, 1877), recommends enemata of cold water as an excellent remedy in the above disease. One to two litres of water at a temperature of 59° Fahr., which may be gradually increased to 72° Fahr., are to be slowly injected into the rectum by means of an irrigator, once a day. The patient is to retain the water as long as possible. The first effect of this treatment is the rapid disappearance of oppression in the epigastrium, as well as of nausea and headache; the appetite also quickly returns. In half of the cases thus treated (eleven in all) the fæces were tinged with bile after the second injection; and in the cases of longest duration, in one of which the disease had existed for more than a year, their normal colour returned not later than the fourth day. The largest number of injections used in any one case was seven. Most of the patients had previously been treated unsuccessfully by the ordinary methods. Dr. Krull explains his results on the supposition that the cold water not only increases the peristaltic action of the bowel, but also excites sufficient contraction of the bile-ducts to enable them to overcome the obstacle due to catarrhal swelling or inspissated mucus at the entrance to the duodenum.—*Medical Times and Gazette.*

**FRACTURE OF THE PATELLA.**—Fractured patellæ are treated (University Hospital Phila.) altogether by Dr. Agnew's splint. This consists of a flat posterior splint, with an eminence for the popliteal space, and with four rollers screwing in at the sides, two above and two below. Adhesive strips coming down on each side from above the broken bone are fastened to the lower rollers and screwed tight, and corresponding strips from below are secured in like manner to the two upper rollers. The fragments are thus securely brought together. The whole leg is then bandaged. This mode of treatment has given most excellent results. Dr. Chas. Hunter has lately invented a more simple apparatus for the treatment of these fractures, and has used it in one case very successfully. Extension is made by adhesive strips on each side of the leg, adherent from the groin to just above the seat of fracture. A weight is attached to the free ends of these strips, at the bottom of the bed. The whole leg is then tightly bandaged with figure-of-eight turns round the knee. This method will



at once adapt itself to the necessities of country practitioners, by reason of its great simplicity.—*Med. Record.*

**CROTON OIL PENCILS.**—M. Limousin (*Pharm. Fourn. & Trans.*) read a note before the Paris Societe de Pharmacie, on January 8th, upon the employment of croton oil pencils in the treatment of scurf of the head. The pencils are prepared according to the following formula :

Cocoa butter, 1 part  
White wax, 1 part  
Croton oil, 2 parts.

Melt the cocoa butter and wax by the heat of a water-bath, in a small glass flask; then add the croton oil, and carefully cork the flask. When the mixture commences to solidify, pour it into moulds and put it in a cool place. The pencils are small cylinders, eight or nine mm. in diameter. To prevent volatilization of the acid principle of the oil, they are either covered with pure tinfoil, or preserved in metallic cases. It was stated that although the pencils contained only fifty per cent. of croton oil, the revulsive action is much more energetic than when the oil is applied in its natural state, while the locality of its action can be more exactly limited.—*The Doctor*, March 1, 1877.

**VOMITING IN PHTHISIS.**—Dr. Verda (*Thèse de Paris*, 1876) regards vomiting in phthisis, as, in a great majority of cases, a reflex phenomenon. Those attacks of vomiting which we call mechanical—that is, those brought on by fits of coughing—take place by a purely physical mechanism. The symptom of vomiting may occur at any period of the disease, either in the early stages, when it constitutes an initial phenomenon (ganglionic engorgement); sometimes, and most frequently, sometime after the invasion of the disease (gastric lesions, or even during the latter stages, and as a sign of approaching death (gastric lesions, tuberculous meningitis). It is less frequent than is generally supposed. Its etiology may be included under four heads, which, in the order of their frequency, are as follows. 1. Lesions of the gastric mucous membrane. 2. Compression or lesion of the pneumogastric nerves as a result of ganglionic engorgements of the mediastinum and neck. 3. Fits of coughing. 4. Neoplastic processes at the base of the brain or of the meninges (rare). Finally, from a prognostic point of view, the appearance of this symptom should always be considered of grave import, and it should be energetically combated, for its persistence aggravates considerably the bad condition of the patient.—*Med. Times.*

**REMEDY FOR HEADACHE.**—John E. Lockridge, M. D. (Amer. Practitioner), says, "Having observed that bromide of potassium in twenty or

thirty-grain doses, and tincture of aconite root separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root in a wine-glassful of water, the same to be repeated in an hour or two if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others who wish to have the remedy always at hand, or who are about to start on a journey, I supply them with the following mixture :

R Bromide of potassium . . . . . ℥ ij ;  
Tincture of aconite root . . . ℥ j ;  
Distilled water . . . . . ℥ ij ;  
Simple syrup . . . . . ℥ ij.

M. S. Take a deserts spoonful in some water every hour until relieved."—*Lou. Med. News.*

**RELIEF OF PAIN IN UTERINE CANCER.**—Dr. A. E. Aust-Lawrence, Physician to the Bristol General Hospital, writes to the *Medical Times and Gazette*, March 24th—

I have, unfortunately, generally under my care in hospital and private practice, about from twenty to thirty cases of cancer of the uterus, vagina, or rectum; and the experience of the past twelve months has led me to rely, to a great extent, on the following treatment for the relief of pain:—In cases of medullary cancer of the uterus, and also of advanced epithelioma in the same region, I have been struck with the marked relief often derived from the administration of ergot, in doses of thirty minims every six hours. There is a relief from the intense throbbing, which, as a rule, only subsides with each attack of hemorrhage, which, of course, brings with it great exhaustion. I consider the ergot acts in the ordinary way, by lessening the amount of blood in the uterus; and it may also check, to a slight extent, the rapid breaking down of the affected part. A case of medullary cancer in a young woman, thirty-one years of age, was rendered very much less painful by ergot than by any other remedy that was tried. I have a case now under my care, of sarcoma of the uterus, the pain of which is very much relieved by full doses of ergot.

Another drug I have found of great value is croton-chloral hydrate. This, in my experience, has not very much power to lessen the pain at the seat of the cancer, but it is very valuable in lessening the reflected pains in the back, thighs, and groins; and this it has done in several of my cases to a very marked degree. As a local remedy I have found carbolic acid very valuable. I apply it, full strength, by means of a little piece of cotton-wool, through a very small speculum, to the can-

cerous surface, and then order a lotion with one drachm of the glycerini acidi carbolicici to half a pint of water, to be used as an injection night and morning. I have found this drug, used in the way I mention, of great value.

Of course, other drugs suggest themselves to every one, such as opium, Indian hemp, bromide of potassium, etc.; but what I wished to show is that ergot is a very valuable agent in helping to control pain in these cases; that locally I have had better results from carbolic acid than from anything else. I might also add that a very valuable way of relieving pain in these cases is by small blisters in the groins, dressed with an ointment containing morphia.—*Med. and Surg. Reporter.*

**OVARIAN CYST REMOVED PER VAGINAM.**—An ovarian cyst was removed per vaginam from a girl of twenty-four, in the Obstetrical Clinic, last week. This is the *fifth* time that the operation has been performed. The particulars are as follows: The tumour filled Douglas's pouch and could not be pushed up into the abdominal cavity. It so flattened the urethra that the bladder could not be emptied without a catheter. The tumor was found on examination to be adherent to the womb, which was so flattened out as to measure five inches in length. The girl was put in the position for the operation of lithotrity, which is Dr. Goodell's favorite position in operations for vesico-vaginal fistula. An incision was made, about two quarts of exceedingly fetid pus were withdrawn from the cyst, which was with great difficulty subsequently brought outside—many adhesions needing to be broken. The cyst was now found to have no pedicle, and was firmly adherent to the whole fundus of the uterus. As a ligature could not be thrown above the cyst, the left broad ligament was transfixed just above the cyst, and a double ligature tied on each side of the base of the tumour. The operation was performed at an early period in the progress of the case on account of the pressure-troubles, and very serious septicæmic symptoms which had arisen. The temperature before the operation was  $102\frac{1}{2}^{\circ}$ , and the pulse very feeble and beating at 125. Since the operation, the temperature has been under  $99^{\circ}$ , and the patient gives promise of great reduction in pulse rate.—*Med. Record.*

**EXCISION OF THE KNEE-JOINT BY A NEW OPERATION.**—Mr. Treves, of Margate, gives a record of eight cases in which he has performed this operation, and with only one fatal result. His success he attributes in part to having secured and preserved immobility of the limb, in part to careful after-dressing. The plan of the operation is as follows:—A semilunar incision about three inches in length is made on each side of the joint; then the lateral ligaments are divided and the tissues

deflected until the synovial cavity in front is opened. If there are adhesions here, they are divided. A wide director is then passed behind the joint in front of the posterior ligaments, and with a narrow bistoury the crucial ligaments and any adhesions between the bones are divided. Next a metal retractor is inserted in front of the bones, to prevent the tissues from being injured. The blade of a butcher's saw is used to take off a thin slice from the joint-ends of each bone. The chief advantages he claims are:—1. Decided improvement in the appearance of the limb. 2. Greatly increased power of extension. After ordinary excision, extension is often feeble from the divided and shortened extensor tendon. With this operation they are able to lift the leg before union is firm. 3. The extensor tendon being attached to the tibia in front, whilst the posterior ligament is intact behind, the bones are not so loose, and the tibia is not so likely to get displaced. 4. The sawn surfaces, being in a measure protected, unite more kindly than under the usual operations.—*British Med. Jour., Feb. 3, 1876.*—*Med. Record.*

**THEORY OF THE ACTION OF NITRITE OF AMYL.**—Dr. Mader is of opinion that the dilatation of the vessels which follows the use of nitrite of amyl is referable to the action of certain vaso-motor centres of the spinal cord rather than to a direct paralysis of the muscular coat of the vessels. In the latter case, he argues, we should have symptoms of hyperæmia of the lungs, of which there is no indication. Secondly, a directly paralyzing influence would pre-eminently affect the heart; and this is not so. Thirdly, there would necessarily be paralysis of the vessels of the whole body. Fourthly, the production of congestion of the head is not peculiar to this drug alone, but also occurs with alcohol and the ethers, to which it is allied, and their action on the nervous centres cannot be doubted. Fifthly, he made this experiment, which he considers disproves the directly paralyzing action of the nitrite. He enclosed the hand and forearm of an anæmic girl in an air-tight rubber sack, into which the nitrite was then introduced without producing the slightest redness. Dr. M. thinks it is quite open to question whether the action of nitrite of amyl in dilating the vessels is really that to which it owes its therapeutic effect, and is not rather a disagreeable accompaniment, while its useful effects are due to the production of a transitory narcosis analogous to that produced by alcohol, ether, or chloroform.—*Bericht der k. k. Krankenanstalt Rudolph Stiftung, 1875.*

**INVISIBLE INK FOR POSTAL CARDS.**—The *Deutsche Illustrierte Gewerbezeitung* proposes the general use of what may be called "postal card ink," for messages which are sent on such cards, or otherwise unsealed. The advantage would be,

that under ordinary circumstances the message would remain unknown to any but the person addressed, although everybody might employ the same ink and the same means for developing the writing; for, since it is unlikely that real confidential messages would be sent by open postal card, but few persons would have inclination or time to develop the writing at the risk of being found out, and not finding out anything important themselves. Various liquids are proposed for this purpose. A solution of nitrate or chloride of cobalt, or chloride of copper, mixed with a little gum or sugar, produces a "magic ink," which is made visible by warming, either by holding against the stove or over a burning match. Potassium ferrocyanide in solution may also be used; but this requires a developer, for which either copper or iron sulphate may be employed. With the former the writing will appear in brown, and with the latter in blue color.—*New Remedies*.

**TREATMENT OF CROUP BY EUCALYPTUS.**—Dr. Walcker (*Gazette Médicale de Strasbourg*, January 1st, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night once. He no longer employs tartar emetic in these cases, because it produces too much depression and causes diarrhoea more often than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and it is incapable of expelling the false membranes. Two hours after the emetic, he gives every hour a teaspoonful of a syrup composed of 38 parts of simple syrup and 10 parts of tincture of eucalyptus for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night, he should not be awakened. At the same time Dr. Walcker gives as food milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis or localised croup occur much more often in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full-blooded, strong, and robust children.—*Brit. Med. Journal*.

At the Brompton Hospital some very interesting experiments are being made with the salicylate of soda in the treatment of phthisis. This salt is given in scruple doses every five or six hours. One of the most marked results was the uniform reduction of temperature. While this fact is interesting, and should induce a general trial of the salt, the results are not yet such as to justify any positive conclusions.

**TREATMENT OF CONSTIPATION.**—If for the relief of this condition, you administer mild cathartics, the condition of the case will be aggravated, because the temporary stimulus afforded by them, however mild, is immediately overcome by the tendency to deficient secretion. Active purgation produces a much more injurious effect than mild laxatives. If you resort to the use of medicines which have been recommended to stimulate nerve action, you will not obtain much benefit. What you wish to have present in the intestine, is a small increase of lubricating substance, as it were, and, to that end, I have found altogether the best results have been obtained by causing the patient to take a great deal more water than is his usual custom. Let him take, on rising in the morning, two tumblerfuls of Croton or other drinking-water. As a rule, those who drink considerable water are not troubled with constipation. You can insure the laxative action of the water by the addition of some mild saline, like the carbonate of soda, or even common salt, and the reason why such an effect is produced is this: the mixture formed by the union of some saline with water, does not readily pass through the mucous membrane, and so into the general system. The theory now generally accepted with regard to the action of salines, is that they are not absorbed, and that they prevent the water with which they are combined from being absorbed; hence the water, by exciting the peristaltic action of the bowel, brings about a movement to discharge it, and with that the other contents of the intestinal tube. There is considerable to lend support to this view. You need not, therefore, give large doses of saline cathartics, as a half-drachm of the sulphate of magnesia, dissolved in a pint of water, commonly operates very nicely.

There is another curious fact which may here be mentioned, namely—the addition of small doses of quinine to salines increases their power of acting upon the intestine. For example:

R. Magnesia sulphas..... ʒ i.  
Quin. sulph..... gr. i.

mixed and taken in a tumbler of water every morning rarely fails to produce all the laxative effect required, in every form of deficient secretion from the bowels; for instance, in the constipation following fever, when you desire to obtain a free alvine evacuation. W. H. Thomson.—*Medical Record*.

**BLOODLETTING IN PNEUMONIA.**—G. E., aged 22, applied at the Dispensary Clinic for treatment on the 29th October. At the time he was suffering from a chill, and complained of a very severe pain in his left side. He was advised to come into the hospital (University Hospital, Baltimore,) for treatment and on the following day was received into the house as a patient.

Upon examination the lower lobe of the left lung

was consolidated from pneumonia, marked by a slight effusion in the pleural cavity. The temperature of the patient was up to  $103^{\circ}$  (Fh.), pulse 110, respiration 35. There were severe pains in the left side, which caused great uneasiness and distress in respiration and coughing. Ten minims of Magendie's solution were administered hypodermically at bed-time, affording much relief during the night with pleasant sleep.

The pain returned in the morning, with high temperature and further embarrassment of respiration. Two wet cups were applied over the left side over the seat of the pain, and two ounces of blood abstracted. Relief followed almost immediately after the removal of the cups, and the patient enjoyed a refreshing rest.

Convalescence was established on the following day, and on the sixth day after admission the patient was up and walking about the wards of the hospital. The medical treatment consisted in the administration of the diuretic, and ten-grain doses of Dover's Powder at bed-time.

The patient was a stout, robust young man, of full habit, when attacked by pneumonia. There was every indication of an advancement of the inflammation, and that its progress was arrested by the local abstraction of blood by means of cups. No sooner were the cups applied than pain was relieved, and the general condition of patient improved.—*Hospital Gazette*.—*Nashville Medical Journal*.

### HYSTERICAL JOINTS—TWO CASES.

A few years ago, on visiting the Good Shepherd's Hospital, my interne notified me that he had a case of "hip-joint disease" in the ward; that it would be a good case for a clinic. He said the young lady, æt. about 20, had been affected for several years; that lately she had been at a "water cure;" that she came to the house carried on a stretcher; that her limb was painful on moving, and sensitive to the touch. I agreed with him, I thought it would be an admirable case for a clinic, and so it proved; not, however, as a case of coxalgia, now unfortunately so common, but as a rare form of nervous disorder—one but seldom seen certainly in this country. I made but a hasty examination of her in bed, reserving my exploration for the amphitheatre. I noticed, however, the following:

The leg flexed on the thigh, and the latter on the abdomen, and adducted, the position for an intense case of third stage hip-joint affection. She showed me a scar on the front and lateral aspect of the thigh—the remains of an abscess which was large and had discharged freely. This also looked toward a suppurating hip-joint—as if the matter had descended to this point and had been evacuated. This often occurs. She told me that her

limb was fixed, and that her case had been diagnosed "hip-joint disease." She was taken to the amphitheatre, and I said to the class, we have no doubt here a case of hip-joint disease in its third stage. I then gave the history which had been given to me, and pointed to the position of the limb of the patient. I "lectured" freely upon the first stage; then on the second stage; but on the third stage I was peculiarly graphic, as I supposed I had before me a typical case. As she seemed to be so sensitive to pain and so averse to manipulation, I concluded to give her an anæsthetic. What an enlightener chloroform is! As soon as she became anæsthetised the limb was relaxed, and without force it was brought down by the side of the other; the limbs and the hips were symmetrical; the movements of both joints the same; the functions seemed to be unimpaired. My astonishment, as well as that of the class, may be imagined, when upon this revelation both sides were found to be positively alike. I changed my diagnosis at once from "morbus coxarius" to a "hysterical limb."

She was taken to her room, and whilst unconscious, was strapped between the foot and head of the bed; but when she became aroused she soon managed to get the limb in its abnormal position. I then straightened the limb and placed a starch bandage upon it. She informed me that that had been done before; that it was useless; "that it would not hold her limb out." Long before the starch had hardened she had broken the cords with which her limb had been fastened to the foot of the bed. A plaster of paris bandage made strong would have defeated her. I contemplated this, but she soon after left the hospital, and when last heard from she still had the limb drawn up upon the abdomen.

Case II. About 12 months ago I was sent for to see a girl in a religious house of refuge. She was about 13 years of age, fat and plump. Two weeks previously she suddenly became lame. One limb seemed to be shorter, at least two inches, than the other; the pelvis on the lame side was drawn upward. She had had no pain, nor was there any tenderness. Assisted by Drs. G. B. and J. G. Orr and Chas. Anderson, I placed her under ether. The limb and pelvis at once assumed their normal positions. After she recovered from the anæsthetic, we told her to get up and walk. She did so without a limp. She has not had one since. The sisters gave us credit for having performed a miracle.

Sir Benjamin Brodie was amongst the first to call attention to these cases. His views are set forth in his works, Vol. II, under the head of "Neuralgia of the Joints." In most of his cases there was something more than an indisposition to move the limb, something more than a fixed articulation. He speaks of pain in the joint, and of a

diffused swelling around it—the first always, the latter often present.

In the two cases observed by me, pain was present in but one, but diffused swelling in neither. It was, I think, a condition of hyperæsthesia of the skin covering the limb, rather than of a defined, settled pain. She only complained when being touched or moved. The causes are often difficult to trace. Sometimes they are clearly reflex; again they are moral; while in other instances it seems impossible to trace the affections to any sufficient or satisfactory influence. As the subjects are mostly female, we *infer* that the origin is reflex, depending on some menstrual disorder. The second case is illustrative. The subject was a young, plump, fat, healthy child, not having arrived at puberty; she seemed to be in perfect health; she was as lame the first hour as she was at any time; she never had one particle of pain or tenderness.—*Dr. Dawson, in the Cin. Clinic.*

**FORCEPS AND MIDWIFERY.**—For some years past recourse has been had to the forceps as an aid to delivery in tedious labours much more frequently than in former times. This increase is mainly due to the employment of the instrument in those cases in which the “short forceps operation,” as distinguished from the “long forceps operation,” was performed, or as they are named now, the “low,” as distinguished from the “high operation”—that is, in cases where the head is low down in the pelvis or on the perineum, and not at or above the brim. It is a question of great importance to obstetricians and their patients whether or no this increase in the employment of the forceps is conducive to good results. The change has arisen from a greater knowledge of the capabilities of the instrument, a more correct appreciation of its value, and of the advantages and dangers associated with its use. When “Meddlesome midwifery is bad” was the first maxim of practice impressed upon the young student of obstetrics, interference with the course of labour, except as a last resort, was disfavoured, and regarded as unjustifiable practice. Recent improvements, however, especially diagnosis by palpation and auscultation, version by the bipolar method, external manipulation, or combined external and internal manipulation, and the perfection of the forceps, have fortunately rendered the old maxim of less force. With the high operation great difficulties and dangers are doubtless associated; dangers arising from the condition calling for the employment of the forceps, difficulties inseparable from its application, and difficulties arising from want of means for estimating accurately the size of the pelvis and of the fetal head. These are necessarily increased when the instrument is applied before the os uteri is well dilated, with a view to help or effect that dilatation. It is probable that hydrostatic pressure, as by Barnes’ bags, will prove,

though it may be a slower, yet a safer means for effecting that object, for these will produce equable pressure on the cervix, while the pressure caused by the dragging of the head into the os by means of the forceps must necessarily be somewhat unequal, and consequently increase the risk of laceration of the lips of the uterus. When, however, labour has progressed until the head is low down in the pelvis, or on the perineum, the difficulties met with in the high operation no longer exist, and the dangers associated with the use of the instrument are greatly diminished. It used to be said that inflammation and sloughing of the genital canal, vesico-vaginal fistula, and ruptured perineum, were accidents resulting from the forceps operation; and doubtless this is possible, but it is highly probable that the evils, with the exception of the last, were results, not of the operation, though they followed it, but of prolonged waiting before the necessary help was rendered. Ruptured perineum even—an accident which the forceps is frequently and rightly credited with—may in some cases, by timely and skilful use of the instrument, be prevented; for the uterine contractions at the end of a prolonged labour in some instances become uncontrollable, and the head is thrust through the ostium vaginæ with such violence as to rend the recto-vaginal partition. On the other hand, the advantages of a timely recourse to instrumental aid are manifest, for by it infant life is saved, maternal suffering diminished, and recovery hastened. In the discussion on the paper read by Dr. Edis before the Obstetrical Society on the 7th ult., a desire was expressed for an opinion from the Society on the frequency with which the forceps should be employed. To satisfy such a desire is at present not possible, and were it possible even to state in what proportion of cases throughout the United Kingdom recourse should be had to the instrument, it would still be of no value in individual practice, because the proportion of cases requiring its aid would vary, and vary greatly, in different localities, and it would be as unscientific as it would be wrong to have recourse to delivery by forceps once in a hundred cases in agricultural districts of the country for the reason that such was the proportion prevailing in the large maternities of London, Dublin, and Glasgow. How absurd it would be to apply the forceps in every hundredth case because an authoritative opinion had been given that it should be used in one per cent. of cases in England. The employment or non-employment of the forceps must be decided in each individual case after careful weighing of all the labour factors in that case; and as there are no means by which absolute measurements of these factors and their variations can be effected, it becomes necessary to fall back upon the only resource at our disposal, imperfect though it be—personal experience.—*The Lancet.*

## Medical Items and News.

THE PATHOLOGY AND TREATMENT OF CHOREA.—(*The Practitioner*, March, 1877).—O. Rosenbach states that he discovered the presence of several points very sensitive to faradaic but also especially to galvanic irritation, and to the pressure of the fingers, on the spinal column of a young girl, nine years of age, who suffered from a severe attack of chorea. Similar painful points, the electrical excitation of which produced the most violent reflex movements, were found in the course of the nerves supplying the affected muscles. R. believes that generally in chorea the spinal cord (and perhaps the brain) is affected, leading to neuritic processes in the nerves. The application of blisters to the different painful points, or of the anode of the galvanic current, caused them to disappear, and with their disappearance the spasms ceased.—*Med. Times*.

AROMATIC ELIXIR RHUBARB AND FLUID MAGNESIA.—Amongst all the published formulas for elixirs I have been unable to find one for this, which in some sections of the country has quite an extensive sale. I have found that the following makes an excellent article:

R—Rhubarb (in coarse powder),	3 $\frac{3}{4}$ and 90 grs.
Sulphate Magnesia,	2 $\frac{3}{4}$ and 96 grs.
Sugar,	4 $\frac{3}{4}$
Spts. Ment. Pip., <i>U. S. P.</i> ,	1 3
Alcohol,	
Water	aa q. s.

Moisten the rhubarb with dilute alcohol and pack in a cylindrical percolator. Percolate with a menstruum of one part alcohol to four parts water, until two pints of tincture are obtained. To this add the sulphate of magnesia, sugar and peppermint, and let it stand in a moderately warm place for twenty-four hours, then filter.—*New Remedies*.

EXTRACTION OF FOREIGN BODIES FROM THE CESOPHAGUS IN CHILDREN.—In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin, in the *Bull. de Therapeutique*, states that in such cases he adopts a very simple measure with great success. It consists in laying the child flat on his belly on a table, with his head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger of the operator.—*Med. & Surg. Reporter*.

SOLUTION OF SALICYLIC ACID.—R Acidi salicylic,  $\frac{3}{4}$  ss; liquor ammon. acetatis, syrupi limonis, aquæ, aa  $\frac{3}{4}$  ij. M. Making a clear solution five grains to the drachm, and positively pleasant to the taste.

TINCTURE OF PERCHLORIDE OF IRON IN RINGWORM.—The treatment of the above disease with the tincture of the perchloride of iron, as noticed in the *British Med. Journal* of February 10th, by Dr. Dobbie, is undoubtedly a very simple and effectual plan, and one I have frequently adopted for some time past. The tincture can be applied several times without producing irritation, and, after its application, a little glycerine painted on the surface will prevent drying, and lessen the chance of the fungus becoming scattered in other directions. The remedy is especially suited for private practice, there being also no unpleasant smell attending it. For hospital practice, however, when patients frequently do not present themselves for treatment more than once or twice, I am aware of no more reliable remedy than the so-called "costers' paste," composed of two drachms of iodine dissolved in an ounce of colourless oil of tar.—*Dr. Stowers, Brit. Med. Jour.*

HORSE POX.—Dr. McEachran, at a late meeting of the Montreal Health Board, presented a letter referring to the breaking out upon horses of a disease, known as *variola equino*, or horse pox. There were eleven cases of this nature at the Veterinary College. Eruptions break out, and the part that is attacked becomes swollen and tender. The horse is very feverish from the effects of this disease, and it is said the smell on entering the stable where the animals are confined has much resemblance to the smell of small-pox. Horses have not been known to die from the malady, but they are incapacitated to work for about a month.

THE ROYAL COLLEGE OF PHYSICIANS.—At a meeting of the College of Physicians on April 26th, the following bye-law was passed:—"Any candidate for the College licence who shall have obtained a degree in medicine or surgery at a British, colonial, or foreign university recognized by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as shall in each case be considered unnecessary."

FOR ASTHMATIC PAROXYSM.—

R.—Ether.....	fl. oz. iss.
Tinct. Lobelia.....	fl. oz. j.
Tinct. opii.....	fl. oz. ss.

M.—Dose, a teaspoonful every one or two hours, until nausea is produced. Or the following may be used:

R.—Chloral Hydrate.....	$\frac{3}{4}$ vi.
Syr. Aurantii.....	$\frac{3}{4}$ iss.
Aquæ ad.....	$\frac{3}{4}$ viij—M.

Sig.—A tablespoonful every four hours.

# THE CANADA LANCET.

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TORONTO, JUNE 1, 1877.

## PRIVILEGED AND CONFIDENTIAL CHARACTER OF COMMUNICATIONS TO A PHYSICIAN.

It may often arise as an important issue in legal cases, how far communications to a physician are to be considered confidential, and how far a physician might be held to be justified in refusing to testify regarding matters which had been the subject of professional communication, and which would have a bearing upon the issue of a case before the courts. In view of this we think our Canadian Statutes should contain some law regulating the subject, as without this, medical men are unprotected in the sacredness of the confidence reposed in them, and may be committed for contempt of court on refusal to testify.

By a law of New York State, the physician is prohibited from disclosing any information received by him, which is necessary for him to know regarding a patient under his charge, the design being to protect those under medical treatment in order that the physician may act more intelligently. By a decision in the law courts of New York, it has been asserted that "in order to exclude such evidence, it is not necessary that it should be shown to be essential to the intelligent action of the medical attendant. It is enough that it may be presumed the information would not have been given except for this purpose." This law even goes so far as to cover "all information that may be derived either from observation, examination, or the statements of parties surrounding the patient." The Judge said, "Even if the patient could not speak, or if his mental powers were so affected that he could not state accurately the nature of his disease, the astute medical examiner would readily comprehend

his condition. Information thus acquired is clearly within the scope and meaning of the statute."

The difficulty arose out of an attempt to elicit evidence from the medical adviser of the patient wherewith to contest payment of an assurance upon the patient's life. By virtue of the protection afforded by the Act, the medical attendant was protected in his refusal to disclose his knowledge of the condition of the patient obtained during the discharge of professional duty. This kind of protection does not exist in Canada, and a medical witness is constantly liable to be placed in a position at once critical and embarrassing, and as matters stand is obliged to submit to the action of the legal "force pump" as complacently as possible. In such cases as divorces or separation between man and wife, life insurance cases, and others in which a medico-legal opinion may be sought—other than *murder*—we think a medical man should be protected in his refusal to disclose his knowledge of facts or circumstances likely to prove prejudicial to the interests of parties concerned.

On the other hand we would not have the profession connive at wrong-doing, or seek to promote fraud or dishonesty by a refusal to testify. But what we do wish is that by a law judiciously framed a medical man may be protected from a forced violation of that professional confidence reposed in him by persons seeking his advice or attendance. In this way the independence of the profession would be better secured and the confidence of the public more fully protected.

## REMOVAL OF EXCREMENT.

Of all forms of filth, the most dangerous as well as the most offensive and most common is faecal excrement. Cast off by the human economy as not only incapable of furnishing any support, but utterly unfitted for longer retention in contact with the living body, it is nevertheless stored in the near neighbourhood of most dwellings, and of very many wells throughout the country. It lies beneath privies, or in the cesspools which receive the wash from waterclosets, dissolving and oozing more or less rapidly into the surrounding soil, from which it sometimes finds its way into some neighbouring well, sometimes rises in gaseous form to poison the air, sometimes lies stored and lurking to

infect any dwelling whose cellar may be dug into its ambush ground, with mysterious unwholesomeness. If any portion of that which finds its way into drinking water came from a person suffering with typhoid fever, cholera, dysentery, or with certain forms of intestinal worms, it sows the specific seeds of those diseases in many new victims till they multiply themselves indefinitely. Investigations carried to the point of demonstration in England, have shown that several severe and extensive epidemics of typhoid fever, have originated in milk brought from many miles away in the country, and infected with water, into which a most minute amount of typhoid excreta had been washed from an adjacent and neglected privy. There is no means known of purifying excrement on a large scale except by the roots of growing vegetation, and it does not become us to be positive that even this method can be depended on to disinfect that which carries the specific poison of cholera or of certain parasites. The only proper way to deal with excrement, is to carry it as fast, and as far away from human dwellings as possible, and without doubt the best way to effect this is by a complete system of water carriage. But the great majority of dwellings cannot be furnished with *water* closets, and must depend upon some form of privy. It therefore becomes a question of the greatest sanitary importance, what form is to be preferred. In the second report of the medical officer of the Privy Council, England, 1874, is a paper by S. N. Radcliffe, on various ways of excremental removal in use in Great Britain, which supplies a fund of valuable practical information. In all the privies suggested, the receptacles are small, made of impervious material, easily emptied or removed, and cheap. It is the practice to add to their contents the family coal ashes, either at every time of using or at short intervals. The largest is emptied once a week; the smallest once a day. No slops from chamber or kitchen are allowed to be thrown in. By the adoption of some of these methods, several large towns and cities in England and Scotland have rid themselves of most dangerous and disgusting nuisances in their most densely settled parts, substituting for them an arrangement at once more decent, cleanly, convenient and economical. The Rochdale pail closet system has been in use since 1867, and was thoroughly inspected and approved by Mr. Rochdale in 1869. In 1874 he again inspected it and

gave it his unqualified approval. It consists of a closet out of doors, of strong and simple construction, beneath the seat of which is placed a pail made from half a kerosene barrel, capable of holding one hundred pounds, but in fact the average weight of its contents after a week's use by an ordinary family proved to be forty-one pounds. This is removed weekly, and an empty and disinfected pail is substituted. At the time of removal a tightly fitting metal lid is placed upon the pail. The process of removal is quite inoffensive and is systematically performed. The population of Rochdale in 1871 was 67,754; inhabited houses, 13,938, of which 2,944 were fitted with pail closets used by 11,779 persons. In 1874 the number of houses so fitted was 7,287, used by 43,500 persons, when Mr. Radcliffe reported as follows:—That the system of removal had been thoroughly approved by all who had experience of it; and that it had not failed under the most varied circumstances, having proved equally efficacious in the highly rented houses with their own closets, in the lodging-house where great numbers were accommodated, and in the factory and workshop. The system includes removal of "dry dirt" too. This is sifted, and the fine ash is used in the process of manure manufacture; trenches are made in it, and the contents of the excrement pails dumped there; more fine ash is placed above, and a quantity of sulphuric acid added to hasten the drying. In five weeks the mass is pulverulent and inodorous. In the finished manure there are eighty parts of excrement to thirty-five parts of fine coal ash; twenty-five pounds of sulphuric acid are added to each ton. Under the old privy system in Rochdale the cost of the removal of the excrement of one thousand persons for one year was £71. Under the pail closet system it was £19, the resulting manure selling for three-fourths of the cost of collecting and preparing it.

#### THE NEW YORK HOSPITAL.

The New York hospital is the oldest hospital in the United States. It was first built in 1771, and was situated on Broadway and Thomas streets. During the revolutionary war it was diverted from its original purpose, and was occupied by the British troops as a barrack. It was burned down in 1776, and was not rebuilt until 1786. Since



this time it has been in constant use as a hospital, and favorably known as such all the world over. In 1869 it was decided to remove it further up town, and a new site was obtained (the Thorne mansion) on 15th street, in which the offices have been for several years. The new hospital has just been completed and was opened on the 16th of March. A short description of its appointments may be of interest to those who are engaged in hospital matters, and others. The building is six stories high, having a frontage of 175 feet, built of compressed brick, with brown stone facings, and is fire-proof throughout. The first floor contains the dispensary and the rooms used by the governors, offices and other apartments for the faculty. On each of the next three floors above, there are two wards, each having twenty beds.

The walls are hard plaster finished; the wainscoting is of polished marble, and the flooring consists of colored unglazed tiles, laid out in pleasing designs resembling mosaic work. A double revolving fan, turned by steam, drives through the different wards a current of fresh air that keeps the apartments well ventilated. An electric annunciator at each bed enables the patient to communicate at pleasure with the nurse, whose station is in a room adjacent to the ward. Above the bed is a brass bar supported by an arm jutting out from the wall, to which a handle is attached whereby the sick person may raise or move himself in bed. The mattresses are of a flexible web of double wire. The laundry is on the top of the building, in the apartments set out under the Mansard roof, and is furnished with new and improved machinery for washing, drying, mangling, ironing, &c. Under the laundry is the kitchen, which is a model for convenience, neatness and economy of space. A well arranged series of dumb waiters are in use. "Non-absorbents" have been employed so as to prevent, if possible, an accumulation of poisons from lodging in the walls and floors.

Over the roof of the old hospital, and connecting with it by a glass lighted passageway, is a beautiful conservatory containing rare exotics. This tastefully laid out space is 120 x 60 feet, and is furnished with five aquaria. One side is devoted to male and the other to female specimens of the different species on view. This "solarium," or convalescing room, is on the fifth floor, and admits a flood of life-giving sunlight which only requires

to be transmitted through "blue glass" to make the place as perfect as modern art and science can make it. The children's ward, with beds for twelve little sufferers, looks out through immense, well lighted windows on Fifteenth street. The medical library in the old wing of the hospital contains some 15,000 volumes, and is supposed to be the most complete and extensive of its kind in America. The dissecting and lecture rooms, the dead house and cells are most appropriately appointed. Next door to the dead house is an office for the use of the coroner. The hospital is not a free one; board and attendance is charged for at the rate of \$1.50 a day. The medical superintendent is Dr. Weld. There is a large medical and surgical staff, in which all the medical schools are represented.

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THE MEDICAL SCHOOL AND JOURNAL MANIAS.—The *Louisville Medical News* says:—"These two maladies are at present exciting considerable comment. The first is by far the more serious complaint. There is no telling where it may reach, and how long it may last. The *materies morbi* is sown everywhere, and the virulence of its contagion is acknowledged. Light diet, which was vaunted as a cure, has proved a failure. It is found that a 'professor' can live indefinitely on glory. There seems to be no hope of checking the epidemic, until by repeated inoculation the disease will wear itself out. When the schools multiply to such an extent that the 'professors' outnumber the students, and the benches become more distinctive than the rostrum, perhaps the matter will stop. The journal mania is a lighter affair. It is in fact a self-limited disease, often not extending beyond the 365th day. Its critical periods may be reckoned as about the first of January and of July. As a result of subscribers' promises and advertising hopes the disease may sometimes become chronic, but a few doses of publishers' accounts frequently cut it short before the period named."

The same evils are cropping up in Canada. We have at present more medical journals than the wants of the profession demand, yet notwithstanding, we have it now and again stated that a want is felt in certain quarters, usually in connection with some medical school, and forthwith a new journal makes its appearance. Its support is next urged upon the graduates of said school, thereby displacing other journals and weakening instead of strengthening the resources of each. If a new journal is wanted, it is to supplement those already

in existence, not to displace them. The change of subscribers weakens some while it gives very little strength to the others, and the result in the end will be, as it has been in the United States and elsewhere, the fostering and encouraging of small poverty-stricken, weak and sickly periodicals. It is impossible to expect medical journals to be maintained and improved, if they are sooner or later to become a burden upon those who have the responsibility for their management. This however is a matter which must be decided by the profession. We have nothing specially to complain of so far, in this respect, having lost very few subscribers from the publication of new journals, and we trust that we shall be enabled in the future as in the past to make such improvements and advancements as the needs of the Canadian profession may require. Our ability to do so, will depend in great measure upon the support accorded us by the profession. If however, every medical school and society in the country, must have an organ to represent its particular views, we may bid good-bye to all efforts at independent journalism in Canada.

#### REMOVING FOREIGN BODIES FROM THE EYE.—

Prof. Dugas, of the Atlanta Medical College, says, in the *New Orleans Medical and Surgical Journal*, March, 1877 :—

It is extremely difficult for the surgeon, as well as painful to the patient, to dislodge the foreign body while the eye is instinctively avoiding every approach of the instrument. In order to surmount this difficulty, I have for many years been in the habit of placing the end of my index finger upon the eye just within the canthus, and retaining it there until I have removed the object. The contact of the finger produces a sensation which, while not decidedly painful, is yet sufficiently decided to engross the attention of the patient, and to prevent his removing the eye at the approach of the instrument or on its contact with the ocular surface.

By this plan the foreign bodies may be removed from the surface of the eye as readily as from any other part, and without the risk of scratching or otherwise injuring the organ by repeated and unsuccessful attempts to take it by surprise, if I may use the expression, by sudden thrusts of the instrument used for the purpose. I am in the habit of using Scarpa's cataract needle, and find it better adapted to the purpose than any other instrument, whether the mote be imbedded or in simple contact.

THE INHABITANTS OF UVEA, an island in the Loyalty group, have a notion that when a person gets a headache his skull is cracked, or that the bone is pressing down on the brain. Consequently they proceed to cure the trouble by cutting open the scalp, and scraping a hole in the cranium with a bit of glass, and then stopping the aperture with a piece of cocoanut shell rubbed smooth. Sometimes the surgeon scrapes too far and injures the *pia mater*, when the patient is killed ; but ordinarily the boring proceeds to the *dura mater*, leaving a hole in the skull. It seems that few adults are without perforated heads, and that the cocoanut patch is common.

TREATMENT OF CHOREA (*The Practitioner*, February, 1877).—M. Guérin, of Paris, at the conclusion of a pamphlet on chorea, makes the following observations. If consulted at the commencement of an attack of chorea, when it is, so to speak, in the acute stage, dry cupping should be applied to the vertebral column. Attention should then of course be paid to the cause ; and finally chloral, bromide of potassium, arseniate of soda, sulphur baths, and gymnastic exercise will often serve to complete the cure.

MONTREAL BOARD OF HEALTH.—It is an old saying that "wonders never cease," and so it seems, for recently through the Press we have been treated to the somewhat strange spectacle of the Mayor of the Metropolitan City of the Dominion, (which should be an example in civil administration to other less favoured municipalities), seeking by every means in his power, to disparage and bring into contempt, the admirable and efficient Board of Health recently organized in that city. He characterized it as a huge organization for the purpose of squandering the city funds.

This backward bound from the advanced position taken by the late Mayor of Montreal, Dr. Hingston, in health matters, is very much to be deplored, since the mortality rate of Montreal fully attests the great necessity that exists for active and systematic work to be done for many years to come, in order to remove from its reputation the foul blot which has stigmatised it in the past as the nursery of small-pox and the most unhealthy city on the Continent. We understand the aldermen and citizens comprising the Board of Health, instead of being discouraged at the slap in the face

thus given by the Mayor, are determined to persevere in their philanthropic efforts, come what will.

**THE AGE OF PROFESSORS.**—The age of German professors has been statistically examined at intervals of five years, beginning with 1870, by Dr. Etienne Laspeyres, of the University of Giessen. In 1870-71 the writer's calculations were based on the ascertained age of 997 ordinary professors; in 1875-76, of 1,056. In the first case the average age proved 52.9 years; in the second, 52.8, or almost exactly the same. Regarding the separate faculties, it appeared that the professors of theology were the oldest at both periods (54 and 55 years respectively); that the professors of philosophy came next, having the average age of the whole; and that the professors of medicine (50.8 and 51.9) and of law (52.9 and 51.4) were the youngest. While theology had but 10.3 and 12.3 per cent of its professors under 40, medicine had no less than 21.1 and 20.8—that is, medical students attain the professorship earlier than do the theological. On the other hand, 31 and 36.2 per cent of the theological professors were over 60 years of age, but only 21.2 and 25.8 of the medical.

In some medical faculties with which we are acquainted, age is not considered to be a qualification. Professorships are obtained in the schools of Canada more frequently by mere boys in the profession than by men of more mature age and experience; even the clinical professors are sometimes appointed at from 23 to 25 years of age. Perhaps precocity has something to do with it in this country.

AMONG the nominations recently made to the Senate of the kingdom of Italy are the names of four members of the profession, two of whom, Signori Mantegazzi and Moleschoott, are well known in the scientific world. The others are Dr. Verga and Dr. Berti.

**TORONTO UNIVERSITY.**—The following gentlemen successfully passed the examination in this University in May last.

**DEGREE OF M.B.**—There were 33 candidates for this examination, 29 of whom passed—J. P. Armour, R. H. Clarkwell, C. E. Carthew, A. Davidson, J. J. Esmond, B. Field, D. M. Fisher, J.

W. Good, G. Gordon, W. J. Gracey, A. Grant, G. A. Langstaff, M. Macklim, W. A. Munro, G. T. McKeough, A. H. Mackinnon, R. B. Orr, W. T. Parke, N. D. Richards, J. A. Sinclair, J. D. Smith, D. A. Stewart, W. T. Stuart, M. Sutton, W. Tisdale, F. B. Wilkinson, T. B. Wilson, W. E. Winskell, O. Young.

Of these, seventeen were from Toronto School of Medicine, and twelve from Trinity Medical School.

**PRIMARY EXAMINATION.**—Twenty-nine candidates presented themselves, of whom 28 passed:—J. Algie, A. Baines, W. H. Bentley, S. A. Cornell, W. Cornell, W. H. Doupe, H. A. DeLom, A. G. Geikie, S. Glasgow, J. Groves, J. B. Jones, W. Lehman, R. P. Mills, D. McCarthy, T. J. McCort, J. McGrath, J. J. McIlhargey, W. McKay, R. A. Pyne, J. B. Rankin, G. Rissell, A. Robinson, J. W. Ross, U. M. Stanley, M. Stalker, J. F. Vanderburgh, A. Wilson, D. D. Wilson.

Of these, twenty were from Trinity, and eight from Toronto School.

**MEDALISTS.**—University Gold Medal—W. T. Stuart, Trinity. University Silver Medals—1. R. B. Orr, Toronto; 2. N. D. Richards, do. Starr Gold Medal—W. T. Stuart, Trinity.

**SCHOLARSHIPS.**—Third year—H. S. Griffin, Toronto. Second year—J. Adair, do. First year—W. Cross, do.

#### EXAMINERS.

Chemistry—R. A. Reeve, B.A., M.A.

Botany—R. Ramsay Wright, M.A.

Physiology and Comparative Anatomy—C. Y. Moore, M.B.

Surgery and Anatomy—W. J. Wagner, M.B.

Medicine and Therapeutics—A. Beith, M.B.

Midwifery and Medical Jurisprudence—William Forest, B.A., M.D.

**OMISSION.**—In our last issue the name of Alex. Davidson, who passed a highly creditable examination was accidentally omitted in the list of successful candidates for the Degree of M.B., of Trinity College.

**VIBURNUM PRUNIFOLIUM.**—Dr. Jenks, of Detroit, *Clin. Record*, advises half a drachm to a drachm of the fluid extract, every two or three hours, during the menstrual period, as a remedy for dysmenorrhœa. He also advises it to prevent abortion, when the symptoms present, indicate danger of the expulsion of the embryo.

**SURGICAL OPERATION.**—An unusual surgical operation was performed in this city, on the person of Mrs. Alexander McGregor, by Dr. J. T. Finnie, and witnessed by several medical gentlemen, among them being ex-Mayor Hingston. The operation was the excision of a portion of the spine—the patient having been a sufferer from epileptic fits for many years. The operation has been successful in checking these epileptic fits—the lady not having had any since then. As far as the medical gentlemen who were present are aware this is the first operation of the kind on record in Canada.

The above extract is from a secular paper (*Montreal Witness*)—a mode of publication which we think should be deprecated by regular practitioners. Having said this, we are pleased to add that the case is one which reflects credit upon the medical gentleman in attendance, inasmuch as the patient had been a sufferer from epilepsy for years, and had been treated by a number of medical men, without success. The patient suffered pain in the coccyx from dislocation when sitting and during the act of defæcation and the fits of epilepsy were preceded by pain in that location. The connection between local injuries and epilepsy is not uncommon, neither is the operation for removal of the coccyx unique, but the merit rests in tracing the connection between cause and effect.

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### Reports of Societies.

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#### WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The meeting of the above named Association was held at Windsor on the 9th ult. The following members were present:—Dr. McLean, Sarnia, President; Drs. Casgrain, Fleming, Poussette, and Thompson, Vice-Presidents; Dr. Tye, Treasurer; Dr. Holmes, Secretary. Drs. Gaboury, (Windsor,) Gaboury, (Belle River,) Martin, Lambert, Bray, Bucke, Abbott, Brett, McKeough, Sivewright, Vanallen, Carney, Dawes, Murphy, and Fraser. Drs. Lyster and Shurly of Detroit, were also present. Letters of regret were read from Drs. Jenks and Brodie, who were attending the Michigan State Society at Battle Creek, and from Dr. Richardson of Chatham. The Society requested the President to notify the Medical Council of a resolution passed at a previous meeting of this Association, regarding the appointment of medical examiners.

After several resolutions had been passed pertaining to the successful management of the Society, and the continuance of the publication of its transactions, it was moved, seconded and carried unanimously, "That this Society views with great dissatisfaction the action of detective Smith in interfering with Dr. E. W. Jenks, of Detroit, while attending a professional consultation by request of Dr. McLean, of Goderich, believing that the spirit of the Ontario Medical Act does not justify such action on the part of the detective; and that the Secretary be requested to send a copy of this resolution to Dr. Jenks. Moved by Dr. Abbott, and seconded by Dr. Dawes, Whereas this Association is of the opinion that a member of the Medical Council ceases to represent the Division for which he was elected as soon as he ceases to be a resident of such Division; Resolved therefore that the President and Secretary of this Association be instructed to write to Dr. Edwards and inform him of the views of this Society, and ascertain from him what action he contemplates taking in the matter. Carried. Drs. Casgrain, Gaboury, Dawes, and Brett, agreed to prepare papers for the next meeting at Sarnia. Dr. Walter Lambert, of Amherstburg, read an instructive paper on Thoracentesis, in which he gave the history of seven cases upon which he had performed the operation. A discussion followed, in which nearly all present participated.

Dr. Fraser, of Sarnia, read an excellent paper on "Alcohol as a therapeutic agent," which elicited a prolonged discussion, in which Drs. Dawes, Bucke, Brett, McLean, Holmes, and Lyster, took part. Both papers were of great practical interest, and the writers received the cordial thanks of the Association.

Several new members were admitted, and a determination to continue the printing of the transactions seemed unanimous.

It was agreed that members of the Association wishing to attend the Dominion Medical Association, should be considered as delegates, and that the Secretary be authorized to grant credentials to those asking them. The meeting adjourned to be convened at Sarnia in August.

#### MICHIGAN STATE BOARD OF HEALTH.

The Annual Meeting of the State Board of Health was held in Lansing, April 10, 1877.

Dr. H. O. Hitchcock, President, presented his annual address on "The Laws of Heredity in their Relation to Public Health, and to Legislation in the Interests of Public Health," after which Dr. R. C. Kedzie was elected President.

Dr. Arthur Hazlewood submitted a report concerning a suggestion by Dr. W. H. Rouse, of Detroit, that the State Board of Health and the State Agricultural College co-operate in the production of Bovine Virus. Dr. Hazlewood reported that a reliable article could now be obtained at a less cost than by the proposed method, from persons who make a specialty of its production. The report was adopted.

Rev. C. H. Brigham read an essay on "Recreations in their Influence on Health." He reviewed the popular games and exercises of the day, and said "that the best recreation is that which gives the most exhilaration of mind and body, with the greatest economy of time and strength, and with the least danger to life and limb."

Dr. Barker submitted a proposed circular of information on the "Restriction and Prevention of Scarlet Fever." It embodied carefully framed rules for the prevention of this dreaded disease, and directions for different methods of disinfection, &c. The subject has been under consideration during the past year, by members of the Board, particularly by Drs. Hazlewood and Baker. The document was adopted and 20,000 copies were ordered to be printed in pamphlet form, for distribution in this State. A circular to the correspondents of the board, asking for facts concerning scarlet fever was ordered printed.

The Secretary read a report from Dr. J. H. Beech, of Coldwater, who at the request of the Board, had made an investigation of cases of diphtheria at Union City. The number of interments from this disease in the cemetery of that village, between April 27, and October 31, 1876, was 20.

At the last meeting of the Board, Drs. Kedzie and Baker were appointed a Committee to take such steps as circumstances might require, to place before the Legislature any information in the possession of the Board regarding the working of the law for the inspection of illuminating oils, and to act for the Board in endeavouring to maintain the present standard of inspection, so far as regards the flash test—140° Fahrenheit. Dr. Kedzie re-

ported that he had labored hard in the performance of the above duty, had delivered an address upon the subject before the Legislature, and had several times met with the Committees on Public Health in the Senate and House, but in the Committee of the Whole in the House, the test had been reduced to 120° Fahrenheit. The subject was discussed, and there was a unanimous feeling that in the interests of public safety, the present flash test of 140° Fahrenheit, should be maintained. The Secretary was directed to send a respectful memorial to the Legislature, setting forth the views of the Board.

The Secretary submitted his quarterly report, which mentioned the distribution of meteorological instruments to observers in different parts of the State; books to the number of 123 had been received and placed in the library; diphtheria has been reported by a large number of correspondents in different parts of the State; 36 letters have been written to correspondents asking for details, and 28 replies received; letters had been written to, and replies received from correspondents, who reported erysipelas and puerperal fever at the same time and place. Letters had been written to, and valuable replies received from correspondents where scarlet fever had prevailed. About 1,600 copies of the last Annual Report had been distributed during the quarter, and the usual number of former reports and documents had been applied for and distributed. Among these applications were many from other states, and some from foreign countries. Thirty-three replies had been received from correspondents, relating to diseases in the State during 1876; 13 replies relating to water supply in various localities; 345 reports of local boards of health had been received, and the question was raised whether more vigorous action should not be taken to obtain more of these reports. About 70 reports of prevalent diseases are received each week from correspondents in different parts of the State. These reports are carefully read as received, and have been compiled for the months of October and November. Circulars have been issued to health officers of cities, urging them to report in accordance with law.

#### TOLEDO BOARD OF HEALTH.

Dr. Fisher, Health Officer, in his Annual Report for 1876, makes the statement:—"English sta-

ticians have estimated that in that country for every death there are two constantly sick; in other words, that 'every death implies a total average of 730 days of sickness.' Basing calculations upon this estimate, 1480 persons have been constantly sick during the year."

The report goes on to show the evil results of overcrowding in tenement houses, especially with reference to other cities, notably New York. The city of Toledo takes foremost rank among the cities of the United States for healthfulness.

The following order was issued by the Board, to prevent the spread of small-pox in Toledo in the early part of last year:

"That the Health Officer, on the discovery or report of the existence of a case of small-pox in any house, building or premises in this city, is hereby directed and empowered to cause such case, or person having small-pox, to be removed forthwith to the small-pox hospital, if in his discretion he considers such action necessary for the protection of the public health, or to prevent the spread of the disease; and for the purpose of carrying out this order, he is hereby empowered to summon to his assistance the police force of the city, if necessary."

These measures seemed harsh and arbitrary, but the result proved the wisdom of the course pursued. Other cities where the disease occurred about the same time have been less fortunate, and are still battling with it.

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MEETING OF THE MEDICAL COUNCIL.—The annual meeting of the Medical Council is expected to take place on or about the 26th inst.

DIATOMS.—We have received a selection of these interesting objects from Dr. Peticolas of Richmond, Va., whose advertisement will be found in our advertising columns. They are most beautiful specimens, and those who take a delight in such preparations, should send for some mounted slides.

AN EXCELLENT REMEDY FOR ASTHMA.—Saturate with strong solution of nitrate of potash, one part of coarsely powered belladonna leaves and two parts stramonium and allow it to dry. On igniting a portion on a plate, combustion readily takes place and the fumes are to be inhaled. Relief is usually obtained in a few minutes.

MEDICAL EDUCATION IN THE UNITED STATES.—The medical department of the University of Pennsylvania has adopted a three years' graded course of study, similar to that in Harvard Medical College, with an examination at the end of each year. The salaries of the professors are fixed, and will be paid by the trustees, so that they are no longer dependent on the number of students in attendance. The University of Michigan has *decided to lengthen its term to nine months*, and there is also to be a gradation of studies extending over a three years' course.

OVARIOTOMY.—Spencer Wells has performed the operation of ovariectomy 800 times. The mortality in the fifth series of one hundred cases was 28; in the sixth and seventh, 24. He recommends drainage only in a few cases.

HYDATIDS OF THE LIVER.—A very interesting case of this kind is at present under treatment in the Toronto General Hospital. The patient, an Iclander, female of robust habit, first noticed a swelling in the region of the liver, about six years' ago. It has gradually been increasing ever since until it has formed a large tumour, presenting somewhat the appearance of ovarian disease. The "hydatid fremitus" is very distinct; the patient suffers very little pain from the tumor. An aspirator needle was introduced, and about 10 oz of clear fluid withdrawn which abounded with hydatids, and their characteristic hooklets. The operation will be again repeated in a few days.

CARELESS PRESCRIBING.—Several mistakes have occurred lately from carelessness in writing prescriptions. In one case a physician ordered *Hyd. Chlor.*, and the compounder put up corrosive sublimate. The patient had a narrow escape from poisoning. The drug produced emesis almost immediately after swallowing, and thus the patient's life was saved. In another case a physician wrote *Hydrargyri Chloridi* grs. vi, and the clerk put up six grains of corrosive sublimate. The patient took the dose, and only by prompt measures was rescued from poisoning.

William Wood, the well-known medical-book publisher and founder of the house of William Wood & Co., died in New York, on April 9th, of cardiac disease, aged eighty years.

THE BRITISH MEDICAL COUNCIL.—The annual meeting of the council took place on the 9th ult., and following days. Sir James Paget took his seat as the representative of the Royal College of Surgeons in the place of Mr. Quain. The annual address was delivered by Dr. Acland, President, after which the ordinary business was proceeded with. The "medical register" was ordered to be revised, and the subject of a conjoint examining board was again up for discussion.

Of 169 candidates recently examined at the Royal College of surgeons of England for the primary examination in Anatomy and Physiology 66 failed.

AMERICAN MEDICAL ASSOCIATION.—The twenty-eighth session of the association will be held in Chicago Ill., on Tuesday, June 5th, 1877. Secretaries of Medical Societies are requested to forward at once lists of their delegates, to W. B. Atkinson, M. D., permanent Secretary, Philadelphia Pa.

A meeting of the delegates from the Medical Colleges will take place on the Saturday preceding the meeting of the National Medical Association, to confer on matters regarding the teaching of of medicine in the United States.

MALE WET NURSES.—The *Journal des Sages Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet nurses. He excites the secretion of milk, independently of pregnancy. This is effected both in women and men. An applicant for a nurse is always asked whether a *male* or *female* is desired. The *former* is preferred by some families under the belief that greater vigor is thus imparted to the offspring.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—The following Canadian M.D.'s. have passed the required examination for the diploma, and were duly admitted Members of the College on the 24th of April:—F. R. Eccles, M. D., R. L. McDonell, M.D., and A. H. Wright, M. B.

APPOINTMENTS.—J. B. Freeman, M.D., of Newcastle, N. B., to be Coroner for the County of Northumberland.

E. Vernon, M.D., Hamilton, to be Associate Coroner for the County of Wentworth.

DIAGNOSIS OF PARALYSIS OF THE MUSCLES OF THE FOREARM.—To distinguish saturnine paralysis from paralysis produced by an affection of the radial nerve, Mr. Hardy points out one characteristic sign. In radial paralysis the *supinator muscles* are affected as well as the *extensors*, while in lead paralysis the extensors only are affected, and this explains why the patient can carry the hand supine.

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### Books and Pamphlets.

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ATLAS OF SKIN DISEASES, by Louis A. Duhring, M.D. Philadelphia: J. B. Lippincott & Co.

This is the second part of this admirable Atlas of Skin Diseases, which, owing to unavoidable difficulties in executing the portraits, has been delayed for some time. It contains four illustrations of excellent merit, viz: Acne rosacea; ichthyosis; tinea-versicolor, and sycosis non-parasitica. The accompanying text is concise and practical, and together with the portraits cannot fail to prove of great value to the profession. We have no hesitation in giving this work our highest commendation. Both as a scientific treatise and a work of art, it is deserving of the greatest praise.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY, by J. M. Carnochan, M. D. Part I., illustrated. New York: Harper Bros. 1877. Toronto: Willing & Williamson.

Dr. Carnochan is well known to the profession as a surgeon and an author, and this his latest work bears testimony to his abilities in both spheres. The present volume contains an elaborate description of the nature and treatment of Elephantiasis Arabum, preceded by an eloquent introductory address on the study of science. The Dr. successfully resorted to ligation of the femoral artery for elephantiasis of the leg, and he also ligated the common carotid of both sides for elephantiasis of the head and face with excellent results. Prof. Erichsen, of London, in his work acknowledges his indebtedness to Dr. Carnochan for the above method of treating this otherwise intractable disease. He has dedicated the work to Prof. Gross, of Philadelphia, and also expresses his acknowledgment to Dr. Mott, for "whatever of merit the essays display." We have only one fault to find with the book, and that is its inconvenient form, quarto and the large size of type.

## CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

Edited by Dr. von H. Ziemssen, Professor of Clin. Medicine in Munich, Bavaria. Volume XII. Diseases of the Brain and its Membranes. New York: William Wood & Co.

We have received the above volume from the publishers, and also another volume of the series, which we will notice in a subsequent issue. The work is now drawing near completion, and we have no doubt the American editor will feel a sense of relief in having so nearly finished his labours. The present volume is quite up to the standard of those that have preceded it. Prof. Northnagel treats of "Anæmia, Hyperæmia, Hemorrhage, Thrombosis, and Embolism of the Brain and its Membranes;" Prof. Obernier of "Tumors of the Brain and its Membranes," and Prof. Heuber on "Syphilis of the Brain and Nervous System." The latter is full of interest, and contains the latest researches upon the subject. Prof. Huguenin treats of "Acute and Chronic Inflammation of the Brain and its Membranes," and Prof. Hitzig on "Hypertrophy and Atrophy of the Brain."

This is one of the most interesting and instructive volumes of the series.

THE PRINCIPLES OF THERAPEUTICS, by J. M. Fothergill, M. D., M. R. C. P. London. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This new work on the Principles of Therapeutics has been most favorably received. It is a work of about 600 pages and contains a fund of valuable information on the physiological, pathological and practical application of the remedies chiefly used. It also contains some excellent chapters on assimilation, growth and decay, body-heat and fever, anæmia, plethora and congestion. A few defects in style and mode of expression are noticeable, but nothing to detract from the substantial instruction that is furnished in its pages. It is worthy of a careful perusal.

MYELITIS OF THE ANTERIOR HORNS, by E. C. Seguin, M. D. New York; G. P. Putnam's Sons.

THE ELECTRO-THERMAL BATH, by J. Hayes, M. D. Chicago: Jansen, McClurg & Co. Price, \$1.25

TRANSACTIONS OF THE AM. GYNECOLOGICAL SOCIETY. Vol. i, for the year 1876. Published by H. O. Houghton & Co., Boston. pp. 387.

THE RELATIONS OF ANCIENT MEDICINE TO GYNECOLOGY, by Edward Jenks, M.D., Detroit.

REPORT OF BRIGHAM HALL HOSPITAL FOR THE INSANE, for the year 1876, by Dr. Burrell. Canadaigua, N. Y.

CLINICAL NOTES ON SMALL-POX.—I. THE INITIAL RASHES. II. HÆMORRHAGIC SMALL-POX. III. A FORM OF HÆMORRHAGIC SMALL-POX.—By William Osler, M.D., Montreal.

CASE OF PROGRESSIVE PERNICIOUS ANÆMIA. (Idiopathic of Addison), by William Gardner, M.D., and William Osler, M.D., L.R.C.P., Lond. Montreal.

A SERIES OF AMERICAN CLINICAL LECTURES, Edited by E. C. Seguin, M.D. Vol. III. No. I. Transfusion of Blood and its practical application, by Thomas G. Morton, M.D. Philadelphia. No. II. Hydrocele, by D. Hayes Agnew, M.D., Philadelphia. New York: G. P. Putnam's Sons.

PERSONAL.—Dr. Lett, formerly assistant physician in the London Lunatic Asylum, will assume a similar position in the Toronto Asylum, on the 15 inst.

### Births, Marriages, and Deaths.

On the 15th ult., at the residence of the bride's father, by the Rev. John Bredin, of Barrie, N. A. Powell, M.D., to Mary A., youngest-daughter of Joseph Thomas, Esq., J.P., all of Edgar, Ont.

On the 16th ult., Henry McCrea, M.D., of Marlette, Michigan, U. S., formerly of Ontario, to Miss A. E. McLean, eldest daughter of the Rev. J. McLean, of Mount Brydges.

At Lancaster N. B., on the 23rd ult., Samuel Lewin, M. D., aged 44 years.

At Montreal, on the 24th ult., Dr. P. P. CARPENTER, in the 50th year of his age.

At Thamesville, on the 24th ult., HANNAH, beloved wife of A. TYE, M. D., aged 38 years.

\* \* \* The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps with the communication.



# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, JULY 1ST, 1877. No. II.

ADDRESS DELIVERED BEFORE THE BATHURST AND RIDEAU MEDICAL ASSOCIATION, AT PEMBROKE.

BY J. A. GRANT, M.D., F.R.C.S., EDIN., ETC.. OTTAWA.

Gentlemen :—Time is ever onward and progressive, and in its march intellectual development and scientific results have not fallen short during the past half-year. To-day it is my pleasing duty to congratulate the members of this Association on the increased interest taken in our annual gatherings, and also to mark in a fitting manner, the great kindness of our Pembroke brethren, for the magnificent entertainment extended to all, whose pleasure and good fortune it is, to have been present on so auspicious an occasion. Such re-unions tend to cement us together in the bonds of professional brotherhood, and strengthen those ties which tradition has handed down, from century to century. During the past few months our friend and once warm associate, Dr. Beaubien of Ottawa, has been numbered with the dead. For over a quarter of a century he filled the important position of physician to the General Hospital, and in both the domain of Medicine and Surgery, has made a record alike creditable to his name and that noble institution with which he was so closely identified. By his death the public has lost a warm and charitable man, and in the profession a blank exists, alike to the Anglo-saxon and the French element. Canada since its germinal stage of growth, has benefited by the well-timed co-operation of the English and French speaking population, and no where more so, than in the building up of our "medical institutions." The blending and fusion of these elements of national greatness, has given us that patriotic, zealous, and scientific outcrop it is now our privilege to enjoy. Thus in our new dominion, scientific investigation itself tends to strengthen and consolidate the very fabric that

cements us together as a homogeneous people. Not alone in Canada, but in England and Europe has death lessened our ranks, some of our most distinguished men having passed away. First among these must be named the honored veteran of clinical teaching, M. Andral, who died at the age of 78. Also Pitha of Vienna; Steiner of Prague; Traube of Berlin; Chelius of Heidelberg; also Ehrenberg and Stromeier. In London, no ordinary blank is felt by the death of Sir Wm. Ferguson, a name recognized as a household word in Canada. Letheby, Wilde, Burrows, Inman, Gibb, Laycock, Parkes, Begbie, Campbell de Morgan, and more recently, our much esteemed American brother, Surgeon Bucke of New York, so long identified with weight and pulley extension, in thigh fractures. The death list is far more varied and extensive. The duty of the departed dead was well performed, and the record, an imperishable monument in the scroll of fame.

## SURGERY.

In the domain of surgery, Dr. Marion Sims, for the first time on this continent, used Lister's antiseptic precautions in ovariectomy. The patient was 47 years of age, and the operation lasted forty minutes. The case terminated most favorably, and Dr. Sims anticipates the same results in ovariectomy; as obtained in other surgical operations where this method of dressing has been applied. Professor Billroth of Vienna, is one of the most renowned operators in Europe. How peculiar is the combination of qualities of this great man. He is a profound pathologist, an accurate anatomist, a bold and ready operator, great conversational power as a lecturer, an accomplished linguist, an admirable black board delineator. He is said to possess the strength and endurance of a blacksmith on the one hand, and a distinguished reputation as a composer and pianist on the other. In operations all his apparatus is after Lister. Carbolised guage, carbolised oil silk, carbolised caoutchouc, salicylic charpie, salicylic jute, and all the ligatures carbolised catgut, fine silk and fine flax, the two latter saturated in a carbolised solution. Also the instruments used laid out in a carbolised solution, (strength 3 per cent.) contained in shallow porcelain trays. Professor Billroth closes or coapts his wounds well and uses drainage tubes freely. Thus we observe Lister's dressing gaining

ground in some of the principal seats of scientific investigation. In a previous paper I adverted somewhat fully to the investigations of Professor Tyndall at the Royal Society. In January last a second series of experiments made by Tyndall, confirmed his previous statements. Such experiments require great skill, time, and matured thought in their elucidation, and our profession owes much to the practical pursuits of such men as Tyndall, tending greatly to confirm the advanced principles of surgical antiseptic dressings. I shall now advert briefly to the subject of "*Visceral Syphilis*," which has recently called forth considerable remark. Dr. Gee (Jan'y 20, '77) communicated a paper to the Royal Med. and Chirurgical Society on this subject. The conclusions arrived at, are, that in half the cases of early congenital syphilis, there was palpable enlargement of the spleen, and that in one-fourth the enlargement was considerable. "The degree of splenic enlargement is taken as an index of the cachexia. Out of 28 cases, under twelve months old it was found in 22. Of this peculiar enlargement, little is so far known. Dr. Barlow had one post-mortem and 'the enlargement was simple with hardness,' neither amyloid nor gummatous change." The next point of marked interest in syphilis, is the existence of "giant-cells." Dr. Paul Baumgarten of the Pathological Institute Konigsberg, describes the presence of "giant-cells" in syphilomata. These cells have been considered the specific histological criterion of tubercle. They are said to occur in a number of other growths. In one case, Dr. Baumgarten states, a diagnosis of syphilis was almost withdrawn, because of the presence of these giant-cells in a cerebral neoplasm, though the clinical history, and the post-mortem appearances, pointed most definitely to syphilis. Various other syphilitic growths examined most carefully, presented these giant-cells. On this subject we may anticipate much careful examination and the elucidation of many points of great interest both as to syphilis and tubercle.

While discussing cancer cells, I will just advert to the recent interesting experiment of Dr. Nowjnsky, of St. Petersburg. He has announced two successful cases, in which a small piece of medullary cancer, taken from the nose of one dog and implanted on a healthy wound on the back of another dog, produced *nodules*, at the seat of inoculation, whose structure resembled that of primary

cancer. The examination, was made in the first case, five months after inoculation, and in the second, six weeks afterwards.

The data on this point, although not sufficiently conclusive, (from want of more extended observation), are certainly of a most novel character, and if on further investigation, a substantial basis is arrived at, surgeons generally will use much greater precaution in all operations of cancerous character.

In a previous address I noted a few points, as to the means of controlling hæmorrhage by "*Esmarch's Bandage*." The main utility of this bandage is in cases of excision; of operations on bones; and of removal of tumours, chiefly of a deep seated character, cases in all of which, it is of vital importance that the tissues may be seen as clearly as possible. Mr. Holmes having noted fully 500 hundred cases, concludes: "The disadvantages which have been attributed to the use of this apparatus, I have never seen. I have never met with recurrent hæmorrhage afterwards, and this I attribute to the *free* exposure of wounds to cold till all tendency to hæmorrhage is over. Nor have we ever seen the least tendency to gangrene. The idea that *pus* may be diffused over '*the cellular spaces*' of the limb by the pressure is, I think, wholly theoretical. I have nothing but good to report of Esmarch's plan, though I do not think amputations are the operations best adapted to display all its advantages."—(*Medical Times and Gazette*, Jan. 6th, 1877.) In both hospital and private practice in and about Ottawa, the experience tends to confirm the admirable opinion of this distinguished surgeon, no unfavorable results having thus far been recorded.

#### RARITY OF STONE IN THE BLADDER IN OTTAWA.

It is a well attested fact, that cases of stone in the bladder are of rare occurrence in this section of country. During a period of twenty-five years, those noted are as follows: Protestant Hospital, 3; Catholic Hospital, 2; Private Practice, 4 cases. These cases were chiefly the result of local disorders. In this respect the Ottawa country corresponds with Finland, there being a marked absence of any endemic cause for the production of this disease. Dr. Estlander, of Finland, considering the etiology of stone, recognized two groups: "the one in which there is no disorder of the urinary organs, the stone seeming to

be of constitutional origin, and the other in which the calculus clearly depends on local disorder. With the first we have usually associated endemic causes; with the second local disorders, such as affections of the kidney and the various circumstances which prevent timely evacuation of the bladder. It is doubtless difficult to define the precise origin of calculus disease, still I am of opinion that the marked absence of it, in the Ottawa country, is chiefly owing to the great purity of our water, filtered through our extensive Laurentian and Silurian bases, and in addition the simplicity of diet of our people, and the congenial climatic conditions of these regions generally.

The recent meeting of the American Medical Association was one of considerable interest, and was largely attended from all States of the American Union, by the representatives of the various medical associations. The chief points of interest, in the various topics of discussion, were concerning extirpation of the uterus; plaster of paris bandages in fractures of the leg; shortening in fractures of the thigh and caries of the spine, treated by extension and the plaster of paris bandage. Extirpation of the uterus for fibro-cystic disease, is an operation which has engaged the attention of our profession during the past few years. On both sides of the Atlantic, this operation has been undertaken with varied success. Clay, of Manchester; Storer, of Boston; Kœberle, of Strasburg; Wells and Bryant, of London; Sims, of New York; Trenholme, of Montreal, and Dr. Kimball, of Lowell, U. S., number chiefly among those who have performed the operation. The paper of Dr. Kimball, presented to the Association, detailed thirteen cases of extirpation of the uterus, six of which were successful. In the great proportion of the cases, he had been mistaken as to diagnosis. Such, however, is not remarkable, as it is exceedingly difficult, by manipulation to define the exact extent of uterine disease. Bryant lost three out of four; Sims had but two cases, both of which died. Trenholme, two—one recovery, and such is the varied record of all who have operated. On this subject a lively discussion took place, into which Sims, White, of Buffalo, Peaslee and Kimball entered vigorously. The conclusion arrived at, was, that this formidable operation should only be undertaken when the tumour has acquired such dimensions as to threaten life or render what remains miserable.

Dr. Hamilton expressed his opinion, as against the use of Plaster or Paris bandages in fractures of the leg. After extensive observation he has come to the conclusion that this form of bandage soon relaxes its hold on the leg, or the reduction of the limb, soon leaves an interspace between the firm casing of the bandage into which the fingers may be placed, and the concealed action, thus given to the fractured limb, might result more unfavourably than anticipated. The subject of fracture of the femur, and shortening taking place as the usual result, notwithstanding the requisite care and all the modern appliances, was discussed at length in the Surgical section. Dr. Scott, of the Montreal General Hospital, published in the *Medical Chronicle*, of Montreal, Vol. I, (1853) a report of nineteen cases of fractures, all of which recovered without any shortening. Of these 3 were of the clavicle; 7 femur; 8 tibia; 1 fibula, and 1 condyle of humerus. In surgical science as in other departments of thought a degree of uncertainty exists. Hamilton in his admirable work on fractures and dislocations cites the opinions of many of our great authors and the conclusion arrived at in the aggregate is "that broken femurs do, in their experience, rarely unite, without more or less shortening." This opinion has been arrived at from the different plans of treatment adopted and in the hands of world renowned surgeons. The discussion at the American Association was vigorous and somewhat diversified and in the conclusion, a resolution was adopted confirming the expressed opinion. In 30 cases which came under my treatment, in hospital and private practice, I have remarked no after shortening, except in two, when owing to the great power of the thigh muscles and obliquity of these fractures, I found great difficulty in keeping the parts in position. I should not wish to express an opinion contrary to Hamilton who states, "that the average shortening in simple fractures, where the best appliances and the utmost skill have been employed is about *three-quarters of an inch*." In our courts of law such conclusive evidence is certainly worthy of timely consideration.

#### DIPHTHERIA IN THE OTTAWA DISTRICT.

In 1860-61 Ottawa city and surrounding country were visited with an epidemic of diphtheria of a severe form attended by an unusual degree of mor-

tality, notwithstanding the varied treatment then adopted. In the open country districts, where there was an ample supply of fresh water, good diet, and every degree of care and attention that could possibly be bestowed, the cases were of the most virulent character and in many instances death ensued suddenly. During the months of August, September and October the greatest mortality was observed. From 1860 to 1877 occasional cases of a much modified character have been observed, the tonsils moderately enlarged and presenting rather a punctiform, closely attached exudation, and just in proportion to the continuous character of the exudation, or membrane, I observed the constitutional symptoms most marked. These cases I classed rather as *pseudo-diphtheritic* being destitute of most of the true characteristics of genuine diphtheria. During the latter part of 1876 and January, 1877, I attended fully twenty-five cases, many of which were of an aggravated character and having well-defined constitutional symptoms. Begbie, of Edinburgh, in his instructive essay on "Diphtheria and its sequels," stated his unbiased opinion that we have no *specific remedy* for diphtheria, the disease and its sequels must be treated on the general principles which regulate our practice in fever, in inflammation, and in nervous disorders of asthenic character. To enter upon the treatment of this disease, now so well known to every educated physician is not my present object, but merely to state a few particulars which I have found, exceedingly efficacious in the management of those cases which came under notice in the recent epidemic.

Believing as I do most implicitly that diphtheria is a constitutional disease, with a throat difficulty; having the same relation to it, as the throat affection of scarlet fever, has to scarlet fever, I invariably within the past epidemic directed particular attention to the function of the greatest eliminating membrane, the skin. I at once placed the patient under treatment, in a mustard bath, for five or ten minutes, according to circumstances, and when removed, wrapped in flannel blankets for a time, and in a room (63° F.) avoiding currents of air, but having free ventilation and moistened atmosphere, by the escape of steam from a suitable pan on the stove. Should the throat difficulty not lessen on the second day, I repeated the bath, and afterwards used merely a foot bath, each night,

until such time as the urgent symptoms gradually subsided. In addition to gargling the throat frequently to remove irritating secretions, I applied once each day—simple tinct. iodine with a small brush, to the tonsils, pharynx, and other portions of muc. memb., as necessity required. When the glands became much enlarged, I applied externally sponges saturated in warm water, covered over with oil silk, and changed frequently, considering such far preferable to poultices. Beef-tea, chicken broth and milk diet, were administered freely. In those cases where the nasal muc. memb. became affected, free injections of warm water were recommended. The system adopted by Trousseau, of destroying by caustics, the false memb. as soon as it appeared in the pharynx or tonsils, I have entirely avoided for many years past, considering such a dangerous system of practice. As the local manifestations lessened in intensity, glycerine with tannin, also mel. boracis, were found to answer every purpose. Under this plan of treatment in fully twenty-five cases, I have not had a single death, although during the epidemic of 1860-61 I experienced a considerable degree of fatality, notwithstanding all the care and attention I was enabled to devote to this disease.

Beyond regulating the bowels, the usual medicines administered were Liq. Ammon. Acet. and Chlorate of Potass. mixture as required. Once the disease subsided, the system was built up by tonics, and dietetics, bringing about a change of air and scene as soon as circumstances would permit. Paget in his surgical lectures has well expressed, that meddlesome surgery is the worst surgery, and certainly to no disease, would this well timed aphorism more correctly apply than to diphtheria, in which meddlesome practice is the worst of all practice. If we admit the comparative powerlessness of the medical art to prolong life in these terrible diseases, we are not regardless of its value generally.

Sir John Forbes has ably written, that "unremitting attention to these seemingly smaller matters, and the administration of remedies rather as auxiliaries towards cure, will bring about results of an infinitely more satisfactory character than can ever await the efforts of the physician who disdains to take so humble a ground of action, but persists in seeking to vindicate for himself and for his *art*, the heroic character of a controller of nature and a conqueror of disease."

## CASE OF INTUSSUSCEPTION.

BY J. P. BROWN, M.B., GALT.

On the 6th of September, 1876, I was called several miles in the country to see Thomas S—, æt. 9 years. I found him suffering from severe abdominal pain. This had existed since the previous afternoon, and was accompanied by nausea and occasional vomiting. The bowels had been constipated for the previous two days. Opening medicine had been administered, but rejected immediately by the stomach. The pain was situated below the umbilicus, and extended to the upper part of the right inguinal region. The parts were tender to the touch and somewhat tympanitic; pulse, 95; temp. 100°. He had retained nothing on the stomach for the previous 24 hours. There was considerable thirst, but cold water and all other fluids were vomited immediately. The patient was naturally of a slight build and delicate constitution.

I ordered an enema, to be given as soon as a syringe could be procured; a mustard plaster to the abdomen, to be followed up by light hot fomentations, and minute doses of Morph. sulph. combined with bismuth.

Sept. 7th, 9 a. m.—Patient had rested better, though with little sleep. Nausea and vomiting slightly abated. Tympanites somewhat greater, also the tenderness on pressure; pulse, 105; temp. 100°. The grandmother, an efficient nurse; had twice used the syringe, but had succeeded in getting very little fluid into the intestine, and that little was immediately expelled without fecal matter. It was with the utmost difficulty that the boy could be persuaded to bear fomentations, their weight being too oppressive. Turpentine stupes were substituted. Former mixture continued *pro re nata*; also Hyd. submur. gr. i every four hours; enema to be repeated.

7 p. m.—No improvement; pulse, 110; temp. 101½°; pain relieved by the morphine mixture; no effect whatever from the enema; great tenderness over a spot the size of a half-dollar, below and to the right of the umbilicus, and radiating from this as a centre. I used the syringe personally, but without effect. Treatment to be continued; abdomen to be rubbed alternately with turpentine and sweet oil, as the lightest weight could not be borne.

Sept. 8th, 8 a. m.—Little perceptible change; tympanites somewhat greater. Suspended Hyd. submur; ordered wine and juice of the orange.

5 p. m.—Dr. Richardson kindly saw the case in consultation. He advised the passage of a No. 12 catheter, as far as possible, up the rectum, with the view of relieving the tympanites. This was done, but the instrument could not be inserted more than a few inches, and no relief was obtained. The pulse at this time was 125; temp. 102°; matter vomited was small in quantity and black. Patient lay on his back, with the knees drawn up. Dr. R. agreed with me in diagnosis and treatment, but recommended a slight modification. He also sanctioned my proposal of forcible injection at my next visit, as the case was becoming almost hopeless.

Sept. 9th, 8 a. m.—Patient, if anything, weaker, more haggard, and had passed a very restless night. Without delay I prepared an enema composed of soap and warm water, lard, and oil of turpentine, in all about a quart. The patient was placed on the left side with the knees drawn up. With the utmost difficulty I succeeded in forcing the fluid into the bowel, through an ordinary india-rubber syringe, while the cries of the patient were so piteous that the parents almost every moment begged me to desist.

In the expelled fluid, to our joy, there were traces of feculent matter, the first that had been seen since the commencement of the attack. As might be expected, the patient was very much exhausted. Perfect rest and quiet were enjoined, with small bits of ice to be sucked to allay thirst. In the afternoon I returned. The patient was somewhat easier, so the morphine had not been given. I administered another enema like the previous one, adding a dessert-spoonful of brandy. The difficulty encountered was as great as before; this time, however, the discharge amounted to almost as much again as the enema, accompanied with a large quantity of flatus. The feculent matter was finely divided, quite free from scybalæ, and yellow in color.

Directions were given to administer another enema if the bowels did not operate naturally within six hours; all medicine was suspended, and light diet in small quantities ordered. During the night the bowels operated twice, quite freely; and on my visit on the morning of the 10th the

patient was convalescing. There was still a good deal of tenderness, but the tympanites had disappeared, likewise the nausea; and as I entered the room the boy was asking for something to eat.

The patient made a good recovery, though ten days elapsed before the soreness left the bowels. The urinary organs remained unaffected throughout the attack. On the 19th of September, I called as I was passing, but the boy was away on a pleasure excursion.

Seven weeks subsequently his father brought him to the office, as he was complaining of loss of appetite and occasional pain in the abdomen. I prescribed a light tonic, with warmer clothing and nourishing diet. On November 26th I was again summoned. The boy had been eating very freely that day of ripe apples, and as a consequence was seized suddenly with violent vomiting and purging, and severe pain in the pit of the stomach. I prescribed bismuth and chalk powder, with a sinapism to the epigastric region, and warned the parents of the danger of a return of the old disease.

On my next visit my worst fears were realized. The pain in the stomach had ceased, but had returned again in the right iliac fossa. The bowels had ceased to move, while the vomiting was of its old paroxysmal character. I immediately resorted to the enema, but found it perfectly impossible to inject more than a few spoonfuls, and that was passed without change. The patient lingered 36 hours, and died.

My own theory is, that the vomiting caused by the attack of cholera morbus had restored the invagination, and that probably to a greater degree than in the primary attack. Twenty hours before the boy's death, there was a dark spot of mortification visible, as it commenced to form over the seat of the disease. I failed to obtain a post-mortem.

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## TWO CASES OF TRACHEOTOMY.

BY A. B. ATHERTON, M.D., L.R.C.P. & S., EDIN.,  
FREDERICTON, N. B.

CASE I.—July 5, 1876. Called hastily to see a little boy, Robert C, 22 months old, who, half an hour before, had swallowed from one to two drachms of creasote, which had been carelessly

left in his reach. Ipecac. wine had been given, followed by half an ounce of castor oil. These had produced a good deal of vomiting. I ordered some more castor oil and milk to be taken ad libitum. A croupy cough had showed itself almost immediately after the accident; and this continued for 5 or 6 hours, accompanied by paroxysms of spasm of the glottis. At the end of this period dyspnoea became so great that tracheotomy was demanded.

*P.M. Operation*—Chloroform was given, the trachea opened and a double silver canula introduced. The operation gave much relief. Steam was then ordered to be applied by means of a sponge wrung out of hot water. This treatment could only be carried out while the patient slept, as at other times he would not allow it near him.

July 6.—Had a pretty comfortable night; bowels moved freely several times. The tubes were left out this morning for 4 or 5 hours, but they had to be re-introduced after that interval. The inner one had, of course, been frequently removed during the night for the purpose of cleansing. A small moist feather was also used to remove mucus from the tubes and trachea.

July 7.—Breathing rather difficult during yesterday afternoon, but pretty comfortable during the night. Considerable fever present at times. Tubes taken out again this morning.

July 8.—A large plug of inspissated pus and mucus was expelled to-day, apparently from part of the air passages *above* the wound, and since then the patient has breathed much more easily, and mainly through the mouth and nose. The bowels have been rather loose for two days, notwithstanding the use of opiates and milk diet; otherwise doing well.

July 10.—Respiration continues better; bowels more quiet; tongue cleaning; pulse less frequent; appetite good.

July 12.—Bowels now normal. Wound healing under the scab. No dressing allowed by the patient to be applied.

July 15.—Doing well. Wound nearly healed.

CASE II.—Sept. 24, 1876. Bessie M., æt. 14 months, was brought to me from a distance in the country, with the following history. The patient was as well as usual till two days ago, when, while

gnawing at the core of a roasted apple, she was seized with a severe fit of choking and vomiting. Since then the breathing has been steadily increasing in difficulty. At times the spasms were very bad, and the child was thought to be dying more than once on the road hither. Swallowing, pretty good all this time.

When seen by me there was marked stridulous respiration. On sweeping the finger about the pharynx nothing was felt of a foreign body.

*Operation.*—Chloroform was administered and the trachea opened with relief to the breathing. A probe and French bougie were passed up through the wound into the pharynx. This caused vomiting, but no foreign substance was distinctly felt. A silver canula was put in the trachea, and steam ordered to be applied by means of a hot sponge. Milk diet.

Sept. 25.—Breathing easy; tube removed for 4 hours; had then to be replaced.

Sept. 26.—Tube again removed.

Sept. 27.—As the wound contracted the breathing became worse, and this morning I was obliged to re-introduce the tube. Its re-introduction was comparatively easy, the track of the wound keeping quite well open.

Sept. 28.—Tube removed.

Sept. 30.—Breathing became very difficult again in the night; and thinking that there must be still some foreign body in the pharynx, notwithstanding my inability to find it after several probings, I gave chloroform again and extended my former incision up into that part. By now letting the light from a lamp fall well into the wound I saw something projecting down into the passage from above. This was grasped by a pair of forceps and removed. Its removal required some considerable force, showing pretty firm impaction. It proved to be a piece of the hull of the apple, which had laid longitudinally in the larynx, thus accounting for the probe and the bougie passing up by the side of it, and failing to impinge against its narrow edge.

The tube was again inserted in the trachea.

Oct. 1.—Doing favourably since the removal of the foreign body. Tube removed this morning.

Oct. 3.—On closure of the wound with the thumb and finger, the patient breathes well *per vias naturales*.

Oct. 8.—Wound gradually healing. May be taken home.

Oct. 23.—Reported doing well.

REMARKS.—I have, in the two instances above reported (as also in several others) removed the canula from the windpipe very soon after the operation, in order to get rid of the irritation produced by such a body, and also to allow the respiration to be established as soon as possible by the natural channel. I think too, that in all cases, even when the operation is done for croup or diphtheria, it is better to remove the tube early, and though it may have to be re-introduced in a few hours, that interval of respite is of considerable benefit both for allaying local irritation and for the expulsion or removal of false membrane or inspissated pus and mucus. I believe I have seen the lives of patients considerably prolonged and sometimes saved, by allowing such opportunities for getting away a lump of dry pus and mucus which is apt to form at the extremity of the outer tube, though the inner one may be regularly removed and cleansed.

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### Correspondence.

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To the Editor of the CANADA LANCET.

SIR,—I send the following for *free* insertion in the LANCET. It cannot be too widely known:

DR. HAMILTON,

*SPECIALTIES:*

EYE, EAR, SKIN, CHEST, WOMEN,  
UPPER WALTON ST., PORT HOPE, ONT.

“And still the wonder grew,  
That one small head could carry all he knew.”

Like Barnum's Show, the above card seems to have an “overshadowing comprehensiveness.”

Yours,

N. A. P.

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### Selected Articles.

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ROTHELN.

BY DR. POLLOCK, CHARING-CROSS HOSPITAL.

The disease known as “Rotheln,” or German measles, is perhaps sufficiently rare to make a well-marked outbreak of some interest. It occurred in a family in the N. W. district of London, and nothing is known as to how the infection was originally introduced.

On the 7th of April, one of the boys, aged twelve, came out in a rash about 11 A. M., which had much increased by the evening. He had a

warm bath, and was sent to bed. The next morning he was covered with a red papular rash looking very like measles; the head, face, and neck were a good deal swollen, and the glands in the neck enlarged. There were symptoms of coryza, the eyes were suffused, and the throat rather sore. The rash was nearly gone the next day, and he was soon well.

No other case occurred until the 22nd of April, when one of the girls, aged fifteen, was found to have a mottled-looking rash under the skin upon getting up in the morning. After she was sent to bed, the eruption appeared to come out in red blotches, and then gradually spread all over the body. There were just the same symptoms of coryza in this case; the throat was sore, the tonsils enlarged, and the head, face, neck, and cervical glands a good deal swollen. She had violent headache, and felt very ill for one day and night, after which the symptoms subsided, she gradually became better, and the rash faded away, but left a mottled appearance of the skin, which lasted for several days.

On the evening of the 22nd, another daughter, aged eleven, developed the same symptoms, but in a much milder form, and was well again in a day or two. In this case there was no mottling of the skin left.

On the 24th of April another of the girls, aged sixteen, began to show symptoms of the disorder, and passed through a very severe attack. She was not able to get up until the 29th, when she still felt very weak, and the face remained mottled for some time.

On the 25th another boy, aged nine, came out with the rash, and had a mild attack of the disease, which left no mottling.

On the 30th of April the eldest daughter, aged nineteen, who had been absent from the house for six days, came home with a raised mottled rash under the skin, and feeling very sick and ill. After getting warm in bed the rash came out very freely all over her; and the face was swollen, the eyes suffused, the glands in the neck enlarged, the pulse 100, and the temperature in the mouth  $101^{\circ} 2'$ , at 5 p.m. The rash was papular and mottled, not crescentic in arrangement, and looked in places much under the skin, in other parts standing out boldly as red spots. The tonsils were red and swollen; the tongue slightly coated with a brown fur, its papillæ being enlarged and red as in scarlet fever. At the end of a few days she was a good deal better, and was allowed to get up on the 3rd May and lie on the sofa; but the attack left her very weak, and the face was much mottled for some time.

In all the severe cases some amount of "peeling" took place about the lips and nose. The treatment employed was of the simplest kind: rest in bed, light diet, and some saline mixture every four hours.

*Remarks.*—In the more severe cases the symptoms and appearance of the disorder were well marked, and it was readily recognised as "German" measles. The period of incubation would seem sometimes to be very long, as the first case occurred on the 7th April, and the next not until the 22nd. It may be assumed that the cases which developed on the 22nd, 24th, and 25th, were the result of contagion taken from the first case; but the last, which began on the 30th, was probably taken from one of the cases of the 22nd, as the patient left home on the 24th, and returned ill on 30th. Thus the period of incubation varied from six or eight to fourteen or sixteen days. It may be noticed that the disease was more severe in the older, less severe in the younger, members of the family.—*The Lancet.*

#### AMERICAN GYNÆCOLOGICAL SOCIETY.

The American Gynæcological Society held its second annual meeting in the hall of the Boston Society for Natural History May 30th, 31st, and June 1st.

The President, DR. FORDYCE BARKER, called the meeting to order.

DR. STORER welcomed the fellows to Boston, and expressed the wish that the present meeting might be as successful as the first had been. The secretary read a number of invitations which had been extended to the fellows of the society during their stay in Boston.

A paper was read by DR. JOHN BYRNE, of Brooklyn, on the Excision of the Cervix Uteri, its Indications and Methods. The writer alluded to the three principal methods of treatment now generally practiced, namely, the scissors or knife, the *écraseur*, and the galvano-cautery. The latter was by far the best method of operating, although a dangerous hæmorrhage might ensue if the wire were overheated and the parts in consequence cut too rapidly. In all cases the stump should be carefully examined, and any spot not thoroughly charred should be touched with the wire heated to only a dull red heat. He did not believe that any marked narrowing of the cervix ever followed the use of the galvano-cautery. He especially recommended an excision of the cervix in all cases of hypertrophic elongation, or in cancer involving only the cervix.

DR. GOODELL preferred the galvano-cautery in these cases, although he had seen fatal results from its use. In one case a severe attack of peritonitis followed the operation. In two cases a secondary hæmorrhage had proved fatal. He had never seen any occlusion of the uterine canal follow the operation, although he had seen a marked occlusion after the use of nitric acid and even the simple introduction of a sponge-tent. He thought that the



use of the cold wire had, however, this advantage, that it better allowed the mucous membrane to be subsequently brought over the amputated surface. He objected to the use of the phrase cancerous cachexia, and did not believe that such a condition was necessarily a contra-indication to the operation. Moreover, the fact that the uterus is fixed in its position does not necessarily prove that the cancerous disease has actually invaded the adjacent tissue, but it may be due to the fact that a sympathetic inflammation has arisen in the adjoining parts. He had operated in one case of cancer of the cervix in which a period of three years had elapsed without any return of the disease.

DR. DALTON then read a report of the examination of thirty-two sets of ovaries, examined with a view of ascertaining the relations existing between the corpora lutea of menstruation and those of pregnancy. He considered that the corpus luteum had a very close connection with the process of menstruation. He had found that it attained its maximum growth twelve days after the termination of the menstrual period. In those cases of suspended menstruation there were found in some cases corpora lutea, but they were much smaller, both in size and weight, showing he thought, that the act of menstruation had a very marked influence on the growth of the corpora. He touched very briefly on the difference found between the corpora lutea of normal menstruation and those of pregnancy, stating that he had not in any way materially changed his views on this point. The paper was illustrated with coloured drawings and models, and was of great interest.

The next paper was read by DR. LYMAN on Dilatation of the Cervix Uteri as an Efficient Means of arresting Metrorrhagia.

Dr. Lyman remarked that dilatation for diagnostic purposes was sufficiently common, but reported five cases of different types of metrorrhagia in order to call attention to the use of dilatation not merely as a means of diagnosis but as a direct method of treatment. He thought that the result in those cases justified him in the suggestion that possibly we may have been too ready to substitute cause for effect, and that the strangulation at the inner os may have been the primary element in the production of hypertrophy of the mucous membrane of the body, and that the practical point for inquiry is whether the real cause of metrorrhagia in all cases, whether of hypertrophy, hyperplasia, fibroid growths, etc., is not to be found in some peculiar condition of morbid innervation of the cervix, which strangulates the circulation, and the removal of which strangulation by laminaria tents arrests the flow as decisively as the removal of the bandage after venesection.

DR. SKENE then read a paper on The Principles of Gynæcological Surgery as Applied in Obstetric Operations. His object was to bring before

the society for discussion the advantage of using some of the implements and methods belonging to gynæcology in the practice of obstetrics. He considered that with the use of the speculum the operation of craniotomy could be performed in a much more skillful and surgical way, as the operator could be better able to see what he was doing, and would be much less likely to injure the soft parts of the mother, while at the same time the patient would be subjected to much less pain and inconvenience. He now always, in craniotomy, used Sims's speculum, and took small pieces of the cranium away after having first perforated with a Brauns' trephine. When it was necessary, even the whole child might be taken away in pieces without any fear of injury to the mother. He also recommended its use in those cases in which a dilatation of the cervical canal is desired, and always applied Barne's dilators in this way. In cases of prolapse of the cord, and indeed in most cases of obstetric operations, he thought the use of Sims's speculum of great advantage.

The president, DR. FORDYCE BARKER, delivered the annual address.

The secretary then read a paper by DR. VAN DE WARKER, on The Intra-Uterine Treatment of Flexions. The writer most strongly recommended the use of the stem-pessary, and gave a detailed history of the instrument. In all cases it should be so short as not to touch the fundus uteri. The support should be in the vagina and, to a certain degree, self-adjustable to the motions of the body.

DR. PEASLEE was entirely opposed to the use of stem-pessaries in cases of retroflexion, since the difficulty could be rectified by other methods. In cases, however, of ante flexion there was no other way of keeping the uterus in its normal position. There was no danger in the use of the instrument, if properly applied and carefully watched. In all cases the uterus should be allowed perfect freedom of motion. The instrument used should always be one which can be removed by the patient in case of threatening trouble. He thought that one of the best forms of pessaries in use was that which he had devised, and which was made of tempered whalebone. This will yield in every direction, and will readily adapt itself to the desired position.

DR. THOMAS thought that there was always more or less danger in all instruments which were to be left within the uterine canal. He had, in several cases, seen the most serious results follow their introduction. Cases of irreducible ante flexion cannot be cured, except by a surgical interference. In cases, however, where it is possible to reduce the ante flexion at all, it is usually possible by care to reduce the displacement altogether. He showed the peculiarities of several forms of pessaries which he had devised for different uterine

displacements, and explained in detail the methods of their application.

DR. NOEGGERATH believed in the use of stem-pessaries, not so much, however, with a view of curing the dislocation, as of relieving the symptoms. It is not possible to relieve an ante-flexion by the use of the stem-pessaries. Out of one hundred cases he had seen but three serious accidents follow the use of the stem-pessary. The fact that the patient complains of pain or symptoms of inflammation does not prove that the pessary is the cause of the trouble. The pessary should be introduced only at the patient's house. In cases of dysmenorrhœa the use of the pessary is invaluable. He believed that all cases of ante-flexion were congenital. The seat of the flexion is where the peritonæum begins to cover the body of the uterus. The pain at the menstrual period does not depend on the narrowing of the cervical canal at the point of flexion. A constriction of the os externum, as well as of the os internum is often accompanied with pain. All operations with the knife which extend to the inner os should be in all cases avoided.

DR. BATTEY discussed at length the question as to whether there was a proper field for the operation known as Battey's operation. He gave the details of two additional cases in which he had removed the ovaries successfully, and challenged any one to produce a single case in which the symptoms for which the performance of the operation was recommended continued after the removal of both ovaries. He summed up his paper with the following propositions:—

(1.) In those cases of absence of the uterus in which life is endangered, or the health destroyed by reason of the deficiency, the removal of the ovaries is at once the hopeful and the only means of permanent relief.

(2.) In cases where the uterine cavity or vaginal canal has become obliterated and cannot be restored by surgery, if grave symptoms be present, the removal of the ovaries becomes a last and only resort, and may be hopefully invoked in the case.

(3.) In cases of insanity or confirmed epilepsy, dependent upon uterine and ovarian disease, the operation is justifiable as a last resort and when other means of cure have failed.

(4.) In cases of long-protracted physical and mental suffering, dependent upon monthly nervous and vascular perturbations, which have resisted persistently all other means of cure, the question of a resort to the operation is to be committed to the prudent judgment of the conscientious practitioner in the particular case.

DR. TRENHOLME (Montreal) desired to add to these propositions a fifth, namely, that the operation was called for in cases where a severe and exhausting hæmorrhage occurred with the monthly flow, in support of which he cited two cases in which the operation had been successful.

DR. PEASLEE thought that while the operation was profitable in cases where the menstrual menses occurred with great suffering, and the mental powers begin to flag, yet it was not justifiable in many of the cases in which Dr. Battey considered it warranted. In women near the menopause, in cases of simple ovarian neuralgia, in cases of long standing, in all cases accompanied by a preceding inflammatory history, in all cases where pain is the chief symptom, he considered the operation unjustifiable.—*Boston Med. and Surg. Journal.*

#### EARLY OPERATION FOR THE CURE OF HARE-LIP.

In the following remarks, I propose advocating the practicability and desirability of operating for the cure of hare-lip very soon; I mean within a few hours after birth. It is no doubt true that this has been occasionally done; but the practice has, as yet, neither received the sanction of our surgical authorities nor has it been fairly tested by experience. As a matter of fact, most surgeons prefer postponing the operation till after the third month. This means that infants suffering from hare-lip are most frequently so feeble and imperfectly nourished, from the first ten days or so after birth till they are over three months old, that an operation cannot be undertaken without unjustifiably hazarding life.

It is perhaps not so well known as it might be, that the mortality attending the rearing of these unhappy little ones is very considerable, more particularly in large towns, where the attempts to hand-feed are too often very injudicious. If the fatality in these cases be so great as I am inclined to believe, at least among the poorer classes in towns, it is obvious that the cause is the absence of the natural nutriment, breast-milk. Consequently, we may safely conclude that if such infants, by early operation, can be placed in a position to obtain their natural nourishment, the cause of fatality will be removed. The practice of early operation, however, can only be recommended when there is a reasonable hope of the infant being afterwards able to take the breast; therefore, where there is no prospect of this end being attained, as in cases complicated with extensive cleft palate, the operation cannot be urged.

An argument in favour of the practice I propose, is the fact that infants, born with this class of deformity, are for the most part strong and in really good condition at birth, and continue so for a week or two, until the attempt to bring them up by hand, even when judiciously managed, begins to tell, and they more or less rapidly fall away, and often have a great struggle for life in the earlier weeks.

Does it not, therefore, appear a prudent thing to take advantage of the inherent vitality of the new-born infant, and operate within twenty-four or thirty-six hours after birth?

It is scarcely necessary to state that there is seldom difficulty in preventing the milk from leaving the mother, during the few days the lip will require to form a sufficiently firm union for the infant to begin to take the breast.

I have lately had two cases under my care, which tend to support the practice I recommend. In the first, which occurred in private practice, I operated, November 2nd, 1876, about twenty-three hours after birth. In this case, both hard and soft palates were completely cleft, therefore, I did not recommend operation, as sucking would necessarily be impossible; however, as it was the wish of the medical attendant, and the parents were extremely anxious it should be attempted, I operated. The fissure was on the left side, and into the nasal cavity. The intermaxillary bone projected very considerably, and required to be cut across on the right side and bent into position. The lip had also to be well freed from its bony attachments on each side. The bleeding was not excessive, and was well controlled by small pads of rolled lint pressed upon the cut surfaces for a few minutes. I used three silver sutures and one entomological pin (the hare-lip pin recommended by Mr. Stokes of Dublin). This latter I removed the following day, when I found union perfect, and in two or three days afterwards I removed the silver sutures. The child bore the operation remarkable well, and the result was extremely gratifying. I have lately been informed it is thriving as fairly well as can be expected, considering it is brought up by hand.

The second case was a feeble and imperfectly nourished infant, five weeks old, which came under my care at the Infirmary for Children, October 18th, 1876. The fissure was on the left side, exposing the nasal cavity, and the anterior half of the palate was cleft to a considerable extent. To my surprise, I found that the mother still retained her milk, and that with assistance by pressure the child was able to obtain a certain, but obviously insufficient, amount of nourishment. The cleft in the palate was very wide, and the intermaxillary bone extremely prominent, necessitating its being divided on the right side and pressed down into its place. The steps and mode of operation were similar to those in the preceding one. In this case, I feared that the immediate effects of the operation, and the interference with the infant's limited supply of breast-milk, might jeopardise its recovery; but I was careful to direct that all the milk drawn from the mother should be given to the child. The result was happily very satisfactory, for on the sixth day the infant was able to suck. It now sucks perfectly, and is thriving well. The cleft in the palate, I am able to state, is quite

closed, no doubt by the continuous pressure of the united lip.

The first case adds one more to the few recorded instances of newly born infants successfully operated upon for hare-lip. The second shows that within a few days after operation, an infant is capable of sucking. Indeed, the good results attending these two cases have encouraged me to bring the question of early operation before the profession.—*Dr. Rawdon, Brit. Med. Journal.*

### CLINICAL LECTURE ON STRANGULATED HERNIA.

G. F. MAUNDER, F.R.A.S., SURGEON TO THE LONDON HOSPITAL.

GENTLEMEN: By a curious coincidence a case of strangulated hernia has come under my care on the last day of each of my last three in-taking weeks. Each case has some special points of interest.

Case 1.—This was an instance of strangulated inguinal hernia of the left side, reduced *en masse* by the patient himself. I operated upon him successfully; and for the second time within an interval of ten years.

Case 2.—*Femoral hernia; operation: recovery.* (Reported by Mr. Herman Tribe.)—H. MacC—, aged fifty-eight, a blacksmith, was admitted on June 20th, 1876. Ten months ago he observed a swelling in his left groin, which sometimes disappeared. On June 17th the swelling became very hard and painful, and vomiting, which has persisted, set in. On examination to-day (June 20th) a hard globular tumour was found at the seat of femoral hernia. There was slight impulse on coughing (?). The finger could easily be passed into the inguinal canal. The patient still vomited, appeared to be very weak, and his countenance looked haggard. An operation was considered advisable, and the man at once consented. The taxis was not employed by Mr. Maunder, but he opened the sac, which proved to be very thin, at once. A small quantity of turbid fluid escaped, the knuckle of intestine was portwine-coloured, slightly roughened with lymph. A very tight stricture was nicked, and the bowel reduced. The wound having been closed with suture, and a compress and bandage applied, the patient was returned to bed, and a grain of opium administered. Milk diet.

June 21st. He complains of slight pain in the abdomen, but of no tenderness. Temperature 101.5°; pulse 102. To take a grain of opium every six hours. 22nd. Has slept well. There is a little redness and swelling about the wound. Lest decomposing fluids should be pent up, the sutures were removed, and the margins of the in-

cision forcibly separated. A poultice to be applied. 23rd. The redness about the wound has disappeared. The bowels are somewhat relaxed. The appetite is returning. Temperature 99.6°; pulse 96. 25th. The patient has suffered from diarrhoea since yesterday. To take chalk mixture. 26th. Diarrhoea has ceased. Wound suppurating freely. Replace the poultice by water-dressing. 27th. Diarrhoea came on again. July 6th. The patient is convalescent; the wound nearly healed. Zinc dressing. 14th. The patient is quite well, and awaits his truss.

Case 3.—*Strangulated inguinal hernia; operation; recovery.* (Reported by Mr. Herman Tribe.) Samuel S—, aged thirty-three, a builder, was admitted July 18th, 1876. Ten years ago, whilst at work, the patient ruptured himself. He had the rupture at once reduced by a surgeon. Since that time he has always been obliged to wear a truss; the hernia has never given him any trouble. On July 17th he neglected to wear his truss, and after he had been at work a little while the hernia came down. The patient attempted to reduce it, but could not do so. In about an hour's time he was compelled to leave work on account of vomiting. He went home to bed, was in great pain all night, and the vomiting persisted.

On examination a left inguino-scrotal tumour is found, pyriform in shape, tense, and painful. There is marked impulse on coughing (?) The tumour is not compressible. The patient vomits constantly.

*Operation, eighteen hours after descent of hernia.* The patient having been placed under the influence of an anæsthetic, the taxis was applied for fifteen minutes, but failed to reduce the swelling. Herniotomy was then done. The structures were successively divided by a longitudinal incision over the neck of the swelling until the sac was reached. In this structure a most marked annular depression was both seen and felt, and proved to be the seat of stricture. This grooved portion of the sac was carefully divided by repeated scratches of the knife. Through the small button-hole thus formed omentum showed; and now, when the taxis was again applied, reduction was effected. The wound was closed in the usual way, and a dose of opium administered.

July 19th. The patient is very comfortable. 20th. Sutures removed. 21st. Bowels spontaneously moved. Slight suppurating with some redness and swelling about the wound, the edges of which Mr. Maunder now forcibly separated. Poultice to be applied. 24th. Redness and swelling have disappeared from the wound. Zinc ointment to be used. August 1st. The patient is quite well, and is only waiting to have a truss.

With regard to Case 1—reduction *en masse*—I shall say nothing to-day, having taken every opportunity of drawing your attention to its importance when the man was in the hospital. It is pub-

lished in *The Lancet* (July 28th, 1876), and can be referred to by those interested in the subject.

Case 2 is an example of femoral hernia in the male—a lesion of comparatively rare occurrence, though probably less rare than inguinal hernia in the female. Possibly, out of at least 120 herniotomies, some half-dozen of femoral in the male have fallen to my lot. In the present instance the tumour was typical, being globular in shape, seated at the upper and inner side of the base of Scarpa's triangle, whence it could not be displaced to the inner side of the spine of the pubis.

In both Cases 2 and 3 the notes say "there was impulse on coughing." To this I have added a query, as there really was none. It is desirable you should understand, in connection with hernia, the value, as a symptom, of the presence or absence of "impulse on coughing." Supposing the sac to contain bowel, with impulse on coughing, that would be proof that the contents of the intestine, both above and below the point of protrusion, directly communicated, and strangulation would not exist. The absence of impulse would show an absence of intercommunication, and that stricture existed. To avoid error, then, with regard to the presence or absence of impulse, the hernial tumour must be lifted away from the abdominal wall, when the *propulsion*—sometimes mistaken for impulse—communicated on coughing will be no longer felt, and the question of impulse settled. Imagine a patient with a hernia on either side and symptoms of strangulation. The absence of impulse on the one side and its existence on the other would materially help you to decide which to select for exploration. This method of examining a hernial tumour will prevent a very usual mistake. The local tumour and persistent vomiting in both instances led to the conclusion that we had a case of strangulated hernia to deal with, and reduction became the first consideration. This may be effected by the taxis, with or without the aid of the knife.

*Question of taxis.*—The taxis, a most valuable agent when judiciously applied, may, under some circumstances, be most injurious. You will have observed that I did not employ it in Case 2, but resorted to it for a quarter of an hour in Case 3. Observe the history of the two patients before they came under care. Case 2 had a history of strangulation extending over three days and three nights, and had only been ruptured ten months. Case 3, on the contrary, had been ruptured ten years, and his present symptoms extended over eighteen hours only. As a rule, the longer a person has been ruptured the larger becomes the ring, and the less quickly injurious will be its effect upon the structures which it constricts; and therefore, for the above reasons, I proceeded at once with herniotomy in Case 2, feeling pretty confident that I should not effect reduction, and that I

ought to see the condition of the intestine before reducing it. With case 3, whose hernial history was quite the reverse of Case 2, I fully expected to effect reduction by the taxis, but failed. The unyielding neck of the sac, exposed by the operation, explained the reason. Speaking generally of the taxis, I say: Use it thoroughly once only, aided by an anæsthetic if admissible, or other adjuvant: should it fail, resort to herniotomy. Even a successful taxis cannot but bruise, and that to a dangerous degree, an already much inflamed portion of bowel. This often efficient remedy can be aided by position, the trunk and limb of the patient being so placed as to favour relaxation of all the structures interested at the hernial aperture. As an illustration, I may mention that many years ago a male, the subject of femoral hernia, was under my care among the out-patients. When the patient was recumbent, and his lower extremity, of the side on which the hernia was, extended, moderate taxis failed to effect reduction; but with the thigh flexed, adducted, and rotated inwards, reduction was easy. Doubtless this facility was due to a relaxation of the upper cornu of the saphenous opening of the fascia lata.

*Question of opening the sac.*—This used to be a much-vexed question, but I fancy surgeons are pretty well agreed that in femoral hernia it is almost immaterial whether the sac be opened or not. Personally I avoid doing so, except under special circumstances, on the good general principle of non-interference. But in the case of an inguino-scrotal hernia I am most reluctant to open it. You will recollect how I pointed out to you the probable position of the stricture in the case of No. 3, and which coincided with the external ring. This I nicked and enlarged, but even then could not effect reduction, and it was only when I reached the sac and showed to you a deep sulcus in this that the immediate obstacle was evident. Mr. Tribe has described the care and caution which I used, and the very small wound which I made in the serous membrane, with a view to enlarge the constricting neck just enough to admit of reduction. I allowed nothing—not even the point of a director, much less my finger—to enter the sac, so as to avoid every risk of peritonitis.

The after-treatment of the wound requires some consideration. I generally close it with the hope of getting primary union, and now and then this has resulted both in hospital and in private practice. But the surgeon must be on his guard, the parts being concealed by compress and bandage, lest decomposing fluids become pent up and give rise to both local and constitutional disturbance. Should one or both arise, as occurred in these cases, the treatment is evident. Some years ago a man of seventy, from Chigwell, had been submitted to herniotomy. He progressed very favourably for several days, when finding him drowsy

and somewhat light-headed, with loss of appetite, I examined the seat of the wound, which, though healed, fluctuated. I opened it up, and give exit to some stinking pus. A charcoal poultice was applied. On the next day all unfavourable symptoms had vanished, and the patient recovered.

Of these three patients two suffered a good deal from diarrhoea. It is reasonable to suppose that a portion of intestine injured by compression and inflammatory action would take time to recover its health. To give it rest that it may do so, we generally administer one or more doses of opium to arrest peristalsis, and administer liquid nourishment for a few days. Possibly a subacute enteritis, spreading from the damaged portion of bowel, may account for this relaxed condition. This might be prevented by a method of treatment which commends itself to my judgment, recently suggested by Mr. De Berdt Hovell. It consists in supporting the patient by nutrient enemata for a few days subsequent to operation. Certainly, by this method the small intestines would be left quiescent, and possible perforation be averted.

Your patient must not get up until provided with a suitable truss. No patient who is ruptured should be without his truss, except when he is recumbent. The danger of going without it is illustrated by Case 3. For ten years the man had not been without it, and the hernia had never given him any trouble. He omits to wear it, and becomes the subject of strangulation and herniotomy.—*Med. News and Library.*

#### HEART DISEASE IN CHILDREN.

In the course of recent visits to the *clinique* of Sir William Jenner, we have collected some notes of his teaching, in respect to current cases of disease under treatment.

In an attack of rheumatism, the disposition to inflammation of the heart and its membranes is in direct proportion to the youth of the patient; the younger the heart, the more readily it is affected; and this is a form of malady likely to increase with years. Parents often hope "the child will grow out of it;" the heart, of course, must grow; but, if the valves be imperfect, they must become more patent as the size increases; whereas, in other patients, the heart having ceased to grow, the mischief at least remains stationary. The fact is, then, that, as regards valvular diseases, children rather *grow into* their trouble than out of it. The pathology of heart disease is also largely a question of age; for instance, if I were to be affected, it would probably be of degenerative character; but if a child, or even one of you, it would almost always be rheumatic. You must, however, bear in mind its possible connection with albuminuria, with sy-

philitis, or with congenital defect. Independently of these, it will almost surely be the result of rheumatism, though the attack may have been so slight as to have been forgotten. If you find evidence of cardiac disease, and if you do not get a history of ordinary causes, you must have very equivocal evidence to prove they did not exist. The more improbable any point is, naturally the stronger must be the evidence of it. If Dr. Slade tells me he gets spirit-writing, his proofs ought to be above suspicion. If endocarditis in a child be the *only* symptom present, still it must be taken as strong evidence of rheumatism. I remember a boy who came with no definite complaint; but we found a loud friction sound over the heart; a week afterwards, he got swelling of the joints and other evidence of rheumatism. Another case was more striking, and occurred in the young child of a medical friend. It was found late at night suddenly suffering from great dyspnoea; I was sent for hurriedly in the absence of the father, and found a loud mitral *bruit*, which had never been suspected before. Half an hour afterwards the father returned, to find dead the child that he had left apparently well. It was two years old, and, after much consideration, they remembered that, about twelve months before, its limbs had seemed very tender, and it was uneasy in walking; but these symptoms had passed away and been forgotten; no doubt, they indicated the commencement of the attack. The least sign, then, of such trouble in children should be most carefully watched; and remember the great tendency of the malady to recur, so that, after one attack, care should be constant. *Chorea* has been considered a rheumatic inflammation of the spinal meninges. The rheumatism may be a coincidence, but it is certainly a common one. If there be active endocarditis at the time, I consider it certainly rheumatic; but, in estimating the importance of a *bruit*, inquire whether it varies, is absent from certain beats, or whether it be constant; for if the former, it will often be dynamic from irregular action of the papillary muscles. I remember a child with chorea and a *bruit* of organic character, but no other evident rheumatism. In a week, however, he got urticaria, and later a marked attack of acute rheumatism. Another baby with chorea was intensely fretful, and I found the explanation in signs of acute pericarditis, which, indeed, proved fatal soon afterwards.—*Brit. Med. Jour.*

REMEDY FOR PRICKLY HEAT.—A naval surgeon writes to the *Lancet*:—I should like to bring before the section of the profession practicing in tropical climates the following powder, as a cure for that troublesome skin disease, "prickly heat." I used to suffer myself dreadfully, and tried all the supposed remedies, without deriving any apparent

good. In some, carbolic acid, appeared to produce intolerable itching at night. Lately I have seen the local application of sulphate of copper recommended. The powder has the following percentage composition: sulphur sub., 80; magnesia oxidi, 15; zinci oxidi, 5. To be used morning and evening, in the following way: The dry powder being on a plate, a wet sponge is pressed down on it, and a certain quantity will adhere; this is firmly rubbed on the parts affected, fresh moisture and powder being from time to time supplied, the application being continued ten to fifteen minutes each sitting. The parts are then washed clean of the adhering particles. I have never seen the worst cases last beyond four or five days. So complete would the cure be that it would be impossible to say if the person ever had the disease. No smarting attends its use, and after the first application itching is practically at an end. Also in that form of prickly heat resembling urticaria it effects a perfect cure, and the powder used once or twice a week, as described, will keep the skin in a perfect condition.—(*Med. and Surg. Reporter.*)

#### THE TREATMENT OF SPINA BIFIDA BY A NEW METHOD.

GLASGOW ROYAL INFIRMARY.

In reviewing a *brochure* on the above subject by Dr. Morton, Glasgow Infirmary, the *Lancet* has the following:—The usual treatment of spina bifida by protection and pressure is so very unsatisfactory and so seldom successful, and the accidental or intentional escape of the cerebro-spinal fluid from the sac is so unimformly fatal, that any new method of dealing with this deformity which promises a good result is bound to commend itself to the attention of every surgeon, as these cases of deformity are so very common. The injection of a dilute solution of iodine has been used, more or less successfully, by Velpeau, Brainard, and others; but Dr. Morton has greatly improved on their plans of procedure by employing a fluid with less diffusibility. An iodo-glycerine solution, composed of ten grains of iodine and thirty grains of iodide of potassium, dissolved in an ounce of pure glycerine, is injected, in varying quantities according to the size of the tumours generally about half a drachm being sufficient. The details of the fifteen cases narrated in this *brochure*, most of which have already appeared in the medical journals, are eminently satisfactory, and lead us to hope that we may be able in future to cope much more successfully with such cases. Two precautions seem absolutely necessary, and on them much of the value of the operations depends. A medium-sized trocar and canula must be used, because the iodo-glycerine fluid will not pass readily through a

small canula; and the puncture must be carefully sealed up after the operation by collodion or collodion flexile, lest the cerebro-spinal fluid should escape and so cause the death of the child. The puncture should be made slightly to one side of the middle line and as near the upper part of the tumour as possible. If necessary, the swelling may be reinjected after the lapse of two or three weeks. Dr. Morton began this treatment in 1871; and in his earlier cases tentatively drew off the fluid contents once or twice before injecting the sac, but his later experience would show that this is unnecessary. If, apart from the spina bifida, the child is sound and thriving, and there is no paralysis of limbs or sphincters and no other important deformity, a permanent cure may be reasonably expected; but in case complicated with hydrocephalus neither this nor any other treatment is of much avail. Dr. Morton deserves great credit for having apparently placed under safe and speedy treatment a class of cases which were formerly considered almost beyond hope of recovery.

#### GENERAL PARALYSIS—FITS—DEATH.

For the report of the following case we are indebted to Dr. G. H. SAVAGE.

The following is a case of great clinical interest as well as of pathological importance. The patient was young, single, and sober in every way. He was of great energy. He had a sister suffering from chronic mania; he himself had had an attack of acute mania and had recovered, there being at the time no suspicion of general paralysis. The patient was Henry J. C., aged 31, a commercial traveller, single. Of late he had been known to have been very sober, and in 1874 he was also reported to have been well conducted in every way. In August, 1873, he was depressed for a time; his employers had pushed him to an extreme degree, and this depression was attributed to overwork. From August, 1873, to March, 1874, he varied, at times being sleepless and depressed, at others fanciful and imagining people made remarks about him. He then became slightly exalted, bought some costly wine, and fancied he was Jesus Christ. No doubt his two last initials suggested this. The patient admitted self-abuse from the age of thirteen till manhood, when for a short time he gave over to sexual excess. Of late he had been too busy and had become somewhat religious, so that recently there had been no sexual abuse. In March, he was admitted into Bethlem. He was typically maniacal, his hair being "electrical," his eyes bright, his complexion sallow. He shouted and rushed about all day, and was noisy and destructive all night. He was filthy in his habits, and spat constantly at doctors and attendants. The following medicines were tried without any good

result; bromide of potassium and Indian hemp; succus conii in half-ounce doses; tincture of belladonna in half-drachm doses; tincture of digitalis in drachm doses and morphia in half-grain doses. The excitement was intense till June, when he began to sleep better and his hair became smooth; and he then slowly and steadily improved. After a month at the convalescent home and two months at home, he was discharged, being as well as ever he had been in his life. There was not then the slightest sign of paralysis. From December 1874 to September 1876, nothing was heard of him. He obtained employment, and was careful and energetic as ever. Five days before admission, he suddenly became excited and had extravagant ideas. On admission, he was stout and well nourished. His pupils were small and irregular; his tongue was tremulous; speech halting and thick; skin oily and sallow. He was sleepless and destructive at night. For the first two months, he lost flesh, and the paralysis of the facial muscles became more marked; and, though he had exalted ideas, he no longer talked freely of them. In December, he was much better and attended the weekly dances, where he was rather demonstrative and amorous. In the next month a change occurred; he became quiet and dull, and lost flesh rapidly. If questioned, he said he could not explain his indolence and apathy, but felt as if something was going to happen. He complained of no pain, and no signs of lung-disease could be detected. His circulation became feeble, and his appetite bad. Till February 10th, he rapidly lost ground. On the morning of that day, at 10.30, he had a fit; he fell down unconscious, but had little or no convulsions. At 11 he had another; and in this there was complete insensibility, with clonic convulsions of both upper and lower extremities, no biting of tongue, and no stertor. His temperature was 98. (During the previous night, he had wet his bed.) The fits recurred, and he had eight before 1 P. M. In the afternoon, he became semiconscious again; but in the evening similar fits occurred; his breathing became stertorous; his temperature rose at 9.30 to 108.5, and he rapidly died.

A *post mortem* examination was made thirty-four hours after death. The calvarium was thin, hard, and congested, with the dura mater adherent throughout. The brain itself was the softest Dr. Savage had ever yet met with, it being almost a pulp and very hard to remove whole. The brain weighed forty-nine ounces and a half. The sub-arachnoid fluid was in excess. The vessels at the base were atheromatous. On opening the spinal column from below, a large quantity (several ounces) of dark fluid blood escaped from between the arches and the dura mater of the cord. On opening the spinal canal upwards, at the lower and middle cervical regions was found a large dark-coloured clot surrounding the cord. The cord

was somewhat wasted, but there was no marked softening. There were atheromatous changes in aorta, and the larger vessels were all deeply stained in their inner coats.—(*Brit. Med. Journal.*)

### PERIOSTEAL SURGERY IN THE UNITED STATES.

We have been favoured with a look at the New Lower Jaw-bone alluded to in our report of the Congress of German Surgeons at Berlin, and which we believe to be, if not a unique specimen, at any rate the first specimen of the sort seen in Europe. We allude to it with the more pleasure, as the operator, Dr. James R. Wood, Emeritus Professor of Surgery in the Bellevue Medical College, is entitled to the great praise of having been one of the pioneers of periosteal surgery, which constitutes such a creditable and instructive chapter in the recent history of surgery. This particular operation was performed more than twenty years ago; and the merit of it consists not only in its having been then a new kind of operation, but in the details of the procedure, which had to be thought out for the first time, and which have since become recognized principles.

It is a great feat of what we are disposed to call physiological surgery to take away a whole bone, and to do it so carefully and with such preservation of the periosteum as to have it entirely reproduced in perfect symmetry and perfectly *in situ*. The new jaw is smaller than the original one, but in no other respects, in form and position, it is a wonderfully perfect reproduction. The patient was a girl eighteen years of age, working in a match factory; hence the phosphorus disease of the jaw, leading to necrosis and the necessity for removal. The operation was done by halves, one half being left for weeks after the removal of the other, so as to steady the parts and determine the proper position of the new jaw, which would otherwise have been dragged down by muscles and cause great deformity. The patient perfectly recovered, and lived three years after. She then died of brain abscess, when the entire skull came into the possession of Dr. Wood. Both he and other operator have frequently repeated these operations with similar success. But the patients are mostly alive, and, as Langenbeck lately said at Berlin, there is not another such specimen in the whole of Europe as the one we now notice.—*The Lancet.*

**DEATH OF A MEDICAL PRACTITIONER FROM BLOOD-POISONING.**—We regret to notice the death of a practitioner in Greenock from blood poisoning, the result of a *post mortem* examination. About three weeks ago, a young woman named Macdougall, who was pregnant, died suddenly; and, there being a

suspicion that death was caused by poison, Drs. Dougall and Robertson, on Friday, April 27th, made a *post mortem* examination of the body, but failed, it is said, to find any appearances indicating death by poison; the intestines and stomach were, however, sealed up and sent to Edinburgh for examination by Professor MacLagan. On the Monday following, Dr. Dougall became unwell, but there was nothing to indicate the cause of his illness except a small cut on one of his fingers which he had made in the course of the *post mortem* examination; he became rapidly worse, and died on Friday last, just a week after the infliction of the injury. Dr. Dougall had practised for some years in Greenock, and was a highly respected member of the profession.—(*Brit. Med. Journal.*)

### SCHEME FOR A CONJOINT EXAMINING BOARD FOR ENGLAND.

The following scheme was presented by Sir James Paget at the late meeting of the British Medical Council:—

1. That a board of examiners be appointed in this division of the United Kingdom by the co-operation of all the medical authorities in England—that is to say, the Royal College of Physicians of London, the Royal College of Surgeons of England, the Society of Apothecaries of London, and the Universities of Oxford, Cambridge, Durham, and London; it being understood that, liberty being left to such co-operating medical authorities to confer, as they think proper, their honorary distinctions and degrees, each of them will abstain as far as allowed by law, from the exercise of its independent privilege of giving admission to the Medical Register.—“Section 1. Note *a*. Hereby is intended to secure that none of the qualifications granted by any of the co-operating authorities shall be conferred on any person who shall not have been examined and approved by this board.”

2. That the board be constituted of examiners nominated by a committee called herein “the Committee of Reference,” and appointed by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries, in such manner as they shall severally think fit.

3. That examiners be appointed to conduct examinations on the following subjects:—(1) Anatomy; (2) Physiology; (3) Chemistry; (4) *Materia Medica*; (5) Medical Botany; (6) Pharmacy; (7) Medicine; (8) Surgery; (9) Midwifery; (10) Forensic Medicine; or on such subjects as may be hereafter required.

Questions on Forensic Medicine are to be included among those asked by the examiners on Chemistry, Medicine, Surgery, and Midwifery.



4. That the appointments of examiners be apportioned according to a plan to be agreed upon by the three herein-before-named medical authorities.

5. That the examiners be nominated and appointed annually; that no examiner hold office for more than five successive years; that no examiner who has continued in office for that period be eligible for re-election until after the expiration of one year, and that no member of the Committee of Reference be eligible for nomination as an examiner.

6. That the Committee of Reference consist of two representatives from each of the universities and medical corporations of England.

7. That one-fourth of the Committee of Reference go out of office annually, but that the retiring members be eligible for reappointment, and that the proportionate number of members appointed severally by the co-operating medical authorities be always maintained.

8. That the duties of the Committee of Reference be generally as follows:—(1) To nominate the examiners for appointment by the three hereinbefore-named medical authorities. (2) To nominate on each occasion double the number of persons required to be appointed as examiners. (3) To arrange and superintend all matters relating to the examinations, in accordance with regulations approved by the co-operating medical authorities, or the majority of them. (4) To consider such questions in relation to the examinations as they may think fit, or such as shall be referred to them by any of the co-operating medical authorities, and to report their proceedings to all the said authorities.

(9) That, except as hereinafter provided, there be two or more examinations on professional subjects; and that the fees of candidates be not less than thirty guineas, to be paid in two or more payments.

10. That every candidate who shall have passed the final examination conducted by the board shall, subject to the by-laws of each licensing body and to the provisions hereinafter contained, be entitled to receive the licence of the Royal College of Physicians of London, the diploma of member of Royal College of Surgeons of England, and the licence of the Society of Apothecaries.

11. That every member of an English university who shall have passed such an examination or examinations at his university as shall comprise the subjects of the primary examination or examinations conducted by the board, and who shall have completed not less than four years of medical study, according to the regulations required by his university, be eligible for admission to the final examination; that every candidate so admitted to examination be required to pay a fee of five guineas; and that every such candidate, who shall have passed such final examination, shall on the final payment of not less than twenty-five guineas, and subject to the by-laws of each licensing body, be entitled to receive the licence of the Royal College of Phy-

sicians of London, the diploma of member of the Royal College of Surgeons of England, and the licence of the Society of Apothecaries. "Sections 10 and 11.—Note *b*. Provided that if women be admitted to examination by the Conjoint Board they shall not, in passing, be entitled to become licentiates or members of any of the co-operating authorities without the special permission of such authority."

12. That any or either of the co-operating medical authorities shall be at liberty to withdraw from this scheme, and the joint examining board to be constituted hereunder, at any time after five years from the 1st day of October, 1877, upon giving to each of the other co-operating medical authorities one year's previous notice in writing, dating from the 1st of October in that year, of their intention so to do, and that at the expiration of the time limited by such notice, the medical authority giving the same shall be released from all obligation to conform to the terms of this scheme or any rules or regulations which may hereafter be made for giving effect to it.

*Appendix to Scheme.*—That one-half of the fees received for the examination be appropriated to the payment of examiners, and other expenses incidental to the examinations, in such manner as the Committee of Reference may determine, subject to the approval of the co-operating medical authorities. That the remaining half of the fees received for the examinations be appropriated in the following manner:—Towards the maintenance of the museum of the Royal College of Surgeons as an institution of national as well as professional importance, for its unendowed professorships, and other allied expenses, two-sixths; to the Royal College of Physicians in respect to qualifications to be granted, two-sixths; to the Society of Apothecaries in respect to qualifications to be granted, one-sixth. (Carried.)—*The Lancet*.

CASE OF RUPTURE OF AORTIC VALVE.—Very thin pencils of caustic, such as are sometimes required for intra-uterine applications, may be prepared, according to A. Huber, in the following manner: silver nitrate is fused in capsule, and the liquid drawn up, by slow and cautious suction, into a glass tube, the calibre of which is a trifle larger than the required diameter of the pencil. Especial care is to be taken that no cavities filled with air-bubbles are produced in the contents of the tube. When entirely cold, the glass tube is warmed by turning over a spirit lamp, until the outer surface of the stick has become soft, when it may be easily pushed out by means of a knitting-needle. With a little practice, very handsome pencils, of considerable length may be obtained in this manner.—*Schweiz. f. Pharm.*, 1177, 103.—*New Remedies*.

## ECZEMA AND DIABETES MELLITUS.

Dr. J. Braxton Hicks, in a paper read before the Medical Society of London, (*Lancet*, March 31, 1877), said that it "comprises simply the result of my observations on the two diseases here named, without any attempt to do more than draw the attention of this very practical Society to a fact which, as it seems to me, has not obtained sufficient attention.

"Now, in doing so, it must not be supposed that I am ignorant of the observations made by many physicians, that there is very frequently in diabetes considerable irritation of the vulva in women, and orifice of the urethra in men, and that not infrequently this symptom has led to the first suspicion of the presence of diabetes. Dr. Dickinson and Dr. Pavy, amongst others, have pointed this out clearly enough, and more recently Dr. Wiltshire, in a paper before the Harveian Society, has pointed out that, beside simple irritation, there is reason to believe there is a change in the nerve-tissue of the vulva. But the fact to which I now wish to direct attention is, that in cases of eczema of the general surface, and notably of the female genitals, there is in a very large majority distinctly pronounced diabetes also. Perhaps I may state this more faithfully by saying that, of those women who have applied to me as obstetric physician on account of eczema of the genitals, I have found about eight or nine out of ten with diabetes mellitus in a decided form.

"But I have further to add that, although it was principally in consequence of the affection of the genitals that they applied to me, yet, at the same time, there was clear evidence of eczema on other parts of the body, so freely, that there could be no doubt but that the eczema was a general and not a local trouble.—I mean produced by local irritant. And one would expect to find that those who may think it worth while to carry out observations for themselves will meet with a like result.

"It may be that in a person predisposed to eczema the saccharine urine is more specially irritating, and thus may give earlier signs of the condition. But in almost every case the eruption has extended into the groins and lower portion of abdomen, far away from the contact of the urine. I am not in a position to say how far all cases of general eczema are associated with diabetes; this I leave to others with more opportunities of studying both diseases in both sexes. Yet one would not be surprised to find the frequency of the combination considerable, when it is borne in mind that blood laden with sugar is most probably irritating; and also that pathologists incline to the opinion that both diseases are dependent on neurotic states. Be this as it may, the practical value of this knowledge is this—that we may be in many cases treating the eczema for any length of time by

the most approved plans without any satisfactory result, till, on finding the diabetes, we treat this disease, and then very markedly there is a subsidence of the very distressing symptoms of the eczema, till, by continuing the treatment, in the majority we reduce the trouble, if not to a cure, yet to a very tolerable condition.

"The treatment which I have employed has been the usual avoidance of sugar and substances tending to its formation, but not carried to quite the rigid extent advised by some, because I have found a slight relaxation of the very irksome rules more honestly followed, and for a longer period, than where restriction is excessive. I have generally giving codeia twice daily. Patients remark that this remedy has a decided effect over the irritation—a result to be expected if only regarded as a general sedative; an effect it has in common with all opiates in alleviating the severe annoyance of the prickly itching of eczema. I have generally given bark with arsenic and other tonics, such as iron, etc., according to the condition of the patient.

"I have not brought forward a series of 'cases,' because the fellows of this Society are well acquainted with both diseases, and doubtless can call to mind the severe sufferings of women, often near the climacteric change, where the whole genitals, the upper thighs, and lower abdomen are covered with eczema, which often extends two or three inches up the vagina and between the buttocks, behind the ears, sometimes in the scalp and fingers.

"Before I had been in the habit of examining the urine of every case of this kind, I had a patient of about fifty years of age, some years of whose life were scarcely tolerable on account of this form of eczema, and who had been treated by all the remedies for that complaint. After two or three years she said to me, 'I do not know if it is of any importance to tell you, but I was many years ago pronounced to have a mild condition of diabetes.' I then examined her urine frequently, and found always full evidence of sugar.

"The nearly last case of eczema which came to me said her life for some four or five years had been a burden to her from eczema of the genitals, lower abdomen, and thighs. She had taken medicine continually for it, without any relief; and, as a last resource, had come to me. She had had no sleep at night, and was worn out. Her urine proved to be very heavily laden with sugar. She was treated for diabetes, and in a very few days the eczema was better, and in three weeks had so much relief that she could get sleep, and no longer dreaded the future; and I expect from my observation of other cases, so long as she diets herself, she will complain but little of the eczema.

"Since writing the foregoing I have found a

note in Trousseau as follows: 'With this perversion of the functions of the skin coincides another accident which has been observed rarely in men, much more commonly in women; it is an eczematous eruption attacking the genitals; and which is accompanied by a very distressing itching.' He then says, when in women of some age you find this eczema, not dependent on the leucorrhœa nor on menstruation, then our ideas should flow towards glycosuria; but I do not find any allusion to the general condition of eczema.

'Dr. Dickinson, in his new edition on Diabetes, cap. iv., notices the eczematous state of the vulva as peculiar to the disease, and often the first sign by which it may be recognized, and more rarely the orifice of urethra and glans is affected. At another part he remarks, 'Prout gives it as the result of his experience that carbuncles and malignant boils, and abscesses allied to carbuncles, are always accompanied by diabetes; this rule, however, appears to be by no means without exception.' He further says, 'Prout thought that there was a connection between cutaneous eruptions and diabetes, the eruption in his view preceding the disease; but later observations have shown this association to be at least infrequent; lichen has occasionally been noted in the course of the disease.'

'My experience shows me a very frequent association, and in a case I saw some weeks since of a lady with very severe but chronic carbuncular sloughs of the cellular tissue in all parts of the trunk, there had been most severe eczema for three years previously, and it was found on examining the urine that it was highly charged with sugar. My object in bringing this subject before this Society is to direct attention to the association of diabetes with general eczema, in order that our knowledge may be made more definite in the matter.'—*Monthly Abst. of Med. Science.*

OVARIOTOMY AT MELBOURNE.—A case of rather peculiar nature, which occurred at the Alfred Hospital, Melbourne, has given rise to considerable discussion amongst the profession at the antipodes. It was that of a woman operated upon in the hospital for ovarian disease, and in whose abdomen, after death, a sponge and a pair of small bulldog forceps were found. The *Australian Medical Journal* (No. 187) reproduces the report of the Hospital Committee, and gives a long account of the inquest held on the exhumed body of the patient. The post mortem was made by Dr. Glendenning, resident surgeon of the Alfred Hospital, who stated: "After prolonging the incision I found about three quarts of bloody fluid, and a sponge, about 2½ inches in diameter, semi-floating near the upper end of the incision. I then felt

about with my hand, and got the bulldog forceps outside the peritoneum. They were situated between the muscles and the peritoneum, secured to the blood vessel to which they had been originally attached. The vessel was detached from the surrounding tissue, so that the forceps hung by a strip of fascia." A great deal of evidence was offered at the inquest, some of which went to show that the presence of the foreign bodies had nothing to do with the fatal issue, inasmuch as the amount of cancerous disease found in the vicinity of the ovaries precluded all hope of recovery. Ultimately a verdict was returned that the deceased died from shock, exhaustion, and hemorrhage from a surgical operation, and that there was no blame attached to the operator, Mr. Robertson. The jury also begged that attention might be called to the way in which the consultation-book of the hospital was kept, and the manner in which consultations were held in that institution.—*The Lancet.*

HYDROBROMATE OF QUINIA IN DISEASES OF CHILDREN.—In a communication to the *Allgemeine Medicin. Central-Zeitung*, (No. 53, 1876), Dr. Steinitz, of Breslau, gives the result of his experience of the use of hydrobromate of quinia in children's diseases.

He used it in an extensively prevailing epidemic of whooping-cough, giving it generally in a mixture composed of three to five parts of hydrobromate in one thousand of syrup; the dose being a teaspoonful every two hours. In no case was it necessary to use any other remedies. The whooping-cough had in twenty-three cases lasted on an average ten weeks, and in fifteen others twelve weeks, and in the use of the remedy the paroxysms became, in the course of a week, less frequent and milder. No after-effects on the alimentary canal were discovered. Three deaths occurred, all in very atrophic and scrofulous individuals, in whom other complications were present. Dr. Steinitz takes the opportunity of remarking that he prescribed in several cases the extract of *castanea vesica*, which has been extolled as a remedy, but without good results.

He also used the hydrobromate of quinia in nine cases of spasm of the glottis. Three of the patients died after only a few paroxysms. The remaining six recovered. The medicine was prescribed as stated above, and was borne well. In all the six cases the attacks diminished, at times varying from the third to the fifth week in intensity as well as in frequency; and the duration of the disease was in no case longer than from four to six months. The result is satisfactory when compared with the previous course of the disease under the use of other medicines, such as bromide of potassium, oxide of zinc, valerian, and musk, none of which could be borne for several months together.

Dr. Steinitz has also given the hydrobromate of quinia in the dental convulsions of children, but

cannot as yet speak of its efficacy in this malady. He regards it, however, as deserving a trial.—*London Med. Record*, Feb. 15, 1877.—*St. Louis Medical and Surgical Journal*.

**EXTIRPATION OF THE UTERUS.**—Dr. Noeggerath performed the operation of extirpation of the uterus at this hospital on May 11th. The patient suffered from cancer of the fundus. The operation consisted in cutting through the vagina anterior to the cervix, and separating the uterus from the bladder. The galvanic knife was then used to divide the vagina posteriorly. A large gum-elastic catheter, armed with a ligature, was then carried up along the anterior and down the posterior surface of the uterus, entering in front of the cervix and emerging behind it. To this was attached the chain of the *écraseur*, which was tightened, and gradually one side of the uterus was freed from its attachment. A similar procedure resulted in separating the attachments on the other side, and then the uterus readily slipped out of the vagina. On examining the uterus the cervix was found to be perfectly normal. In the fundus, however, a cancerous mass was found, which extended down to the os internum. During the operation only a slight amount of blood was lost. This was due, in great part, to the fact that after incisions were made through the vagina a steel dilator was used, so as to enlarge the openings sufficiently to admit of the ligature and chain of the *écraseur* being carried around the fungus.—*N. Y. Med. Journal*, June, '77.

**TREATMENT OF HYDATID TUMORS OF THE LIVER** *The Lancet*, April 7, 1877).—Dr. Wadham, after reporting a case of double hydatid tumor of the liver, which was rapidly destroyed by paracentesis of each cyst and withdrawal of its fluid contents, proceeds to remark that the principal means suggested for the cure of these cysts were: 1. Simple acupuncture. 2. The electrolytic treatment (which consists in puncturing the cyst with two fine needles, attached, by means of metallic wires, to the negative pole of a galvanic battery, and applying over the integument in their neighborhood a moistened sponge connected with the positive pole). 3. Paracentesis, and withdrawal of the fluid contents of the cyst by some form of aspirator. 4. Puncture, with a view of allowing the cyst to be subsequently destroyed by suppuration. Of these methods he considered the last, in whatever way performed, needlessly painful, always tedious, and open to many sources of danger. Acupuncture and electrolysis, even if they could be relied upon, had also both of them the disadvantage of leaving for a long time in suspense the success or failure of the operation; the gradual dispersion of the tumor, when so treated, often occupying many months. If the cures following these forms of operation were, as he believed, simply due to the

gradual escape of the fluid contents of the cysts into the cavity of the peritonium, he considered that in paracentesis and withdrawal of the fluid by some form of aspirator, we had a safer and a far more expeditious mode of treatment. This latter was, therefore, the operation for which he had a decided preference. The instrument which he had used, instead of any form of aspirator, was the same that he had frequently employed in paracentesis of the chest. It was simply a double-action glass syringe, which admitted of the fluid being gradually withdrawn from the cyst without the admission into it of any air. It had, in his opinion, the advantage of allowing the operator to regulate, in a manner not possible with an aspirator, the amount of force employed in withdrawing the fluid, and enabling him to judge, by the resistance experienced, when the operation should cease.—*Medical Times*.

**TREATMENT OF CARBUNCLE.**—When the carbuncle is seen early, puncture it, and with a camel's hair pencil, or small pointed stick, introduce into the opening thus made the pure and undiluted acid. If the disease has made greater progress, and one or more small acne-like pustules have made their appearance on the tumor, these are carefully opened, which can be done without causing pain, and the acid introduced at each opening, as before indicated. The effect of the acid when first applied, especially if it touch a denuded surface, is to produce a sharp stinging pain, which is, however, of but momentary duration. The next is local anæsthesia, and the patient is, for a time, perhaps hours, free from pain. Carbolic acid possessing in a notable degree anæsthetic, antiseptic and caustic properties, would seem to be peculiarly adapted to the treatment of the disease under consideration, which is usually attended with great pain, sloughing, and an intolerable odor. Its use in my hands has certainly seemed to diminish the pain, correct the odor and arrest the sloughing process with much promptitude. After the acid had been applied, collodion should be several times painted over the carbuncle, and beyond it, a few lines, on the uninfamed skin. *All the openings are to be left free*, in order to give egress to discharges. Each layer or film of the collodion should be allowed to dry before another is put on. This dressing may be renewed once daily, and the collodion previously applied, if partially detached, should be peeled off before a new application is made. If the part on which the carbuncle makes its appearance be covered with hair, this should be cleanly shaved off, otherwise the collodion will be difficult to remove, and at the same time cause considerable pain. It is interesting to watch the collodion as it contracts upon the diseased tissues. The skin, previously red and swollen, will in a few minutes be seen through the transparent gun cot-

ton, to have become pale and depressed, as the pressure gradually empties the engorged capillaries. If the disease is advanced, and sloughs have become partly separated, they are not unfrequently forced out, or brought so near the openings as to be readily detached with scissors. The pressure does not give rise to pain, but on the contrary, generally affords much relief to the suffering patient. The application of collodion in this disease has other advantages. It limits the extent of the disease in decreasing the vascularity of the part, and in this way lessens the inflammatory action going on, and probably also prevents the absorption of pus. It also protects the surrounding skin from contact with the discharges, which, as is well known, are capable of producing, if not an extension of the disease, numerous small boils, which are of themselves an exceedingly annoying complication. Should, however, any such pustules or boils be formed in the course of the disease, they can be cut short by touching them with carbolic acid. After the carbuncle has been treated with the acid and collodion, it should be protected from contact with the clothing, by covering it over with a piece of old linen or cotton cloth, saturated with sweet oil, or spread with carbolic acid cerate.—(*Dr. Dibrell, Med. and Surg. Reporter, Phila.*)

OPERATIVE TREATMENT OF VARICOSE VEINS.—SCHEDE. (*Wiener Med. Zeitung, 1877. No. 8.*) In the first year the writer accomplished in ten patients the artificial obliteration of the varicose veins of the leg, by ligation, in the following manner: After a bandage was applied around the thigh sufficiently firmly to make the varices swell up, the latter were exposed by an incision, carefully isolated and ligated with catgut, at the distal and proximal ends. Then the veins were cut through, between both ligatures, and the cutaneous wound was closed by interrupted silk sutures. The whole operation was performed under the carbolized spray, and an antiseptic dressing was applied afterwards. The limb thus operated upon was placed securely on a splint, in order to prevent any motion, and to obviate the breaking off of thrombi and their introduction into the circulation. The first dressing was, as a rule, not changed till the fifth day, when the sutures were removed. Although then the wound was healed, the patient was not allowed to get up till the fifteenth day. The result of this treatment was perfect, concerning the complete absence of dangerous complications and of violent reaction. Lately the doctor has simplified his method by substituting the subcutaneous ligature. Where the vein is to be obliterated, a prepared catgut is passed around it, with a curved needle, without any cutaneous incision. The desired number of ligatures thus put in place, a piece of strong rubber tubing, of about the thickness of the little finger, is put on the skin,

following the course of the vein operated upon. The ligatures are tied over this tubing, while an assistant is compressing the latter. The elastic tension of the rubber suffices to keep the ligatures perfectly tight and the opposite walls of the vein in permanent apposition. After twelve hours, one half of the ligature is removed, and after twenty-four hours, the balance. By this time, the rubber has made a deep groove into the skin, and is kept in its place by an antiseptic bandage, at least one week. After this period, the cure can be considered as completed. As a remarkable fact is mentioned the total absence of any decubitus, though the skin has been so long submitted to continued pressure by the rubber tubing.—*Chicago Med. Journal.*

REMEDIES IN SLEEPLESSNESS.—In a recent exchange, Fothergill, after discussion of the cause of sleeplessness, tabulates as follows the remedies which have hitherto been most highly recommended for this complaint:—

1. Opium is indicated when sleeplessness is caused by pain; when irritation of the vascular system is present, aconite and antimony are to be combined with it.

2. Hyoscyamus is of service when sleeplessness depends on disease of the kidney.

3. Chloral hydrate is inefficacious in sleeplessness dependent on pain, though it is a hypnotic *par excellence* in the sleeplessness of fever, particularly in children. This remedy is injurious in ill humor, brain exhaustion, and in the sleeplessness of melancholy.

4. Bromide of potassium acts as a sedative either on the brain cells or the vessels of the brain; it is indicated in those cases where peripheral irritations are present, and it is very beneficial in the sleeplessness which is the result of maladies of the pelvic organs.

5. Alcohol is a powerful hypnotic in those cases in which sleeplessness comes from sorrow, ill humor, and mental disturbances.—*Boston Med. Four.*

ENTERIC FEVER; BEEF-TEA V. MILK; HÆMORRHAGE.—(*Clinic by Sir W. Fenner.*)—"In a case, now at the fourteenth day, there is looseness of the bowels. On examining the stool, I find a separate undigested curd of milk. This curd has acted as an irritant and induced the diarrhœa, therefore you must thin the milk, and replace it more or less by beef-tea. It has been too much the fashion to give much milk without due regard to its digestion. As remedies you may give some starch with bismuth in enema." At the next visit, some hæmorrhage (of which the patient was kept in ignorance) was reported by the nurse. On inspection it was found to be about half a pint of dark fluid blood. "Now, the most important point is, that this

patient do not sit up for any purpose. A case which occurred during my student days impressed me very much. He had had hæmorrhage like this, but did not seem very bad; his pulse was 84; his mind clear; he was allowed to rise to the night-stool; the hæmorrhage recurred, and ended fatally in a few minutes. A mesenteric artery had been opened. You must then, by position, take off the weight of the blood-column. Omit milk altogether, the curd might irritate; give beef-tea and arrow-root; a little softened bread; a little brandy, two drachms every three or four hours, to improve the nerve-tone; give him three grains of acetate of lead with acetic acid every four hours, and an opiate enema night and morning. Observe there is no great distension of abdomen, and there is no tremor. I conclude the ulceration is not deep. *When tremor is disproportionate to other nerve-symptoms, it indicates more depth of ulceration.*" The patient did well.—*Brit. Med. Jour., Oct. 28.*

**CONCUSSION AND COMPRESSION.**—The diagnosis between concussion and compression is easy enough in well-marked cases, but often the symptoms are so obscure and complicated that it is almost impossible, at first, to determine the exact nature of the case. Not unfrequently the case is clearly one of concussion at first, but, as soon as reaction sets in, symptoms of compression develop themselves, in consequence of cerebral hæmorrhage. The following are the chief points which enable one to diagnose the nature of the case:—

CONCUSSION.	COMPRESSION.
1. Insensibility always takes place immediately on receipt of injury.	Insensibility, although sometimes present from the first, generally comes on gradually.
2. Breathing difficult, intermittent, sometimes sighing, but never stertorous.	Breathing slow and laborious, sometimes stertorous and accompanied with "puffing" movement of cheeks and lips.
3. Pulse sometimes quick, small and thready, and intermittent.	Pulse slow, full and bounding, easily compressible.
4. Pupils generally contracted.	Pupils generally dilated.
5. Skin sensitive to prick of pin, or to pinching.	Sensation of skin lost.
6. Surface of body cold and pale.	Surface of body warm, and moist, and of natural color.
7. Patient can be roused so as to answer questions.	Patient cannot be roused.
8. Vomiting and retching very common symptoms.	Vomiting and retching absent.

**THE VALUE OF SCHOOLS OF MEDICINE TO HOSPITALS.**—Sir Henry Thompson presided at the anniversary festival of the University College Hospital on Wednesday evening last. A large company of the supporters of the hospital, including the principal members of the medical staff and some of its most distinguished former pupils, assembled. Going out of the ordinary routine of speeches on such occasions, Sir Henry Thompson entered upon

a forcible and lively vindication of the immense value to hospitals of the association with them of medical schools. Such a theme needs little enforcement for a medical audience; for we all know that the presence of medical students in a hospital not only gives force, vigor, and exactness to the work of the principal medical officers, but affords to the patients the valuable assistance of a large staff of skilled clinical assistants, whose daily work it is to investigate thoroughly the histories of their diseases and watch and report their symptoms, and to perform all those minor offices immediate between nursing and medical and surgical direction which are known as minor medicine and surgery. Sir Henry Thompson by no means exaggerated the value to every hospital of the presence in the wards of students of medicine. It is, however, very doubtful that benefit is fully appreciated by the outside public, who are much more disposed to be acted upon by vulgar prejudices in this matter. The excellent statements Sir Henry Thompson made, which we are glad to see reproduced at length in the leading papers of the day, will have a very useful effect, especially at the present moment.—*Brit. Med. Jour.*

**TREATMENT OF PLACENTA PRÆVIA.**—Dr. R. Davis, of Wilkesbarre, in his address on Obstetrics before the Medical Society of the State of Pennsylvania, in May last, advocates the following plan of treatment of placenta prævia, which is a material modification of Barnes' operation. As soon as the os uteri will admit two or three fingers, pass the hand into the vagina. Ascertain by sweeping the finger around between the placenta and uterus (without disturbing their connections) on what side the separation of the placenta is most extensive. That will always be the side of the least extensive attachments. Introduce two or three fingers, on that side, up between the placenta and uterus until the border of the placenta, where the membranes begin, is reached, severing the attachments as you go, if any remain; then hook the fingers over the border and draw the placenta forcibly down and pack it closely to the other side. The membranes will of course, come down with it, and will protrude through the open mouth of the womb. Rupture the membranes at once, and empty the womb of its waters as thoroughly as possible. The head, if it presents, and if pains are active, will now engage in the os, and will crowd the placenta to the side of the cervix, on one side, and will block up the open mouths of the vessels upon the recent seat of the placenta on the other, *and the hemorrhage will cease.* In every case in which I have resorted to this procedure, such has been the happy result, and I have been left free either to allow the labor to end naturally or to end it myself by the forceps.—*Amer. Jour. Med. Science.*

**HOT WATER A REMEDY FOR POST-PARTUM HEMORRHAGE.**—Dr. G. Jacobi, late graduate of Bellevue College, now assistant of Professor Schroeder, in Berlin, writes to his preceptor, Dr. Waterman, as follows: "I attended, last night, in the lying-in hospital, a case of profuse post-partum hemorrhage, which I was unable to control with the usual means, and had to send for Professor Schroeder, who immediately arrested the bleeding by an injection of hot water, 50° C."

**ANOTHER CASE OF GASTROTOMY.**—M. Lannelongue, of Bordeaux, reports that he has practised this operation under the following conditions: A man who had been suffering from stricture of the œsophagus for six months, found himself utterly unable to swallow any liquid food. Passage of instruments was impossible, and the patient was much enfeebled. Accordingly, gastrotomy was done in pursuance of the plan adopted by Me. Verneuil in his successful case. No difficulty was met with in the operation, and the patient was fed for twenty-six days, but pulmonary trouble led to a fatal issue. At the autopsy the disease was found to be epithelioma of the œsophagus, and perforation had taken place into the bronchi. It was also seen that the stomach was perfectly adherent to the abdominal wall. M. Lannelongue therefore gives in his adherence to the view that gastrotomy is a rational operation, believing that it is indicated wherever life is threatened from aphagia. To insure success, Verneuil's method should be rigidly followed, one of the principal points he lays down being that the stomach is to be firmly fixed to the abdominal wall by the careful insertion of numerous sutures before the artificial opening is made.—*Journal de Medecine*, May, 1877.—*Med. Review*, N. Y.

**BASEDOW'S DISEASE IN A CHILD.**—Chovstek describes (*Medizinskoie Obozrenie*, April, 1876), a case of Basedow's disease which occurred in a girl, twelve years of age, whose parents had always been healthy. The patient has always enjoyed good health, though she was paler than her sisters. During the course of the last two years the child gradually became more pallid, readily became fatigued, and frequently complained of pain in the chest. One month previous to entering the hospital her mother noticed a swelling of the neck and projection of the eyes. *Cardiophthalmus* was never noticed. On entering the hospital Dr. Chovstek noticed a remarkable protrusion of the eyeballs; the superior palpebræ were removed two to three lines from the cornea, and did not follow completely the movements of the eyeball upward and downward; the pupils were moderately dilated and reacted. The carotid and thyroid arteries were dilated, and pulsated more strongly than usual. The thyroid gland was remarkably increased in size; the cardiac impulse

was strong, and extended over several intercostal spaces. The heart sounds were normal. Other organs healthy. The patient was treated several days with a weak continuous current, three minutes at each sèance. No improvement noticed. There was a pulsation of the pulmonary artery, probably due to hypertrophy of the right ventricle.—*N. Y. Med. Jour.*

**MILITARY SERVICE IN THE TURKISH ARMY.**—In reply to several correspondents, Dr. Elmslie sends the following letter to the London *Lancet* in answer to those who desire to learn something of the position, &c. of English medical officers in the Turkish army. As I had a commission as surgeon in the Turkish army during the Turco-Servian war, I will state what the position then was, and which I have reason to believe still is.

1. He receives £25 from his Excellency Mus-hurus Pasha (the Turkish Ambassador, 1, Bryanstone-square, London) to defray travelling expenses to Constantinople. When he arrives there he presents himself to the Seraskierat (War Office), in Stamboul, and receives a month or six weeks' pay in advance.

2. The pay ranges from £12 to £20 a month, and each surgeon receives also rations and forage, which he is allowed to draw once a month in kind or money.

3. The field for practical work is immense, and, above all, the English surgeon is in *sole* and *full* charge of his regiment, ambulance or hospital, &c., and is not in any way hampered by the native doctors.

4. Each medical officer is provided with a *pharmaciën*, and also with a horse and two or three orderlies.

5. The climate, on the whole, is magnificent (though very hot in summer, and very cold in winter), and the scenery is grand in the extreme.

6. The best route is to leave London any Thursday evening for Paris and Marseilles, sailing from the latter place by one of the steamers of the Messageries Maritime Compagnie at five o'clock on Saturday afternoon, arriving at Naples on Monday, Athens on Wednesday, and Constantinople on Friday.

No one should take out more luggage than is absolutely necessary, but simply two suits of clothes (one thin, and the other thick), as he must wear Turkish uniform when out there, which is purchased wonderfully cheaply in the bazaars of Stamboul—drawers, jerseys, flannel shirts, paper collars, warm socks, two pairs of stout boots, a strong pint metal flask, a Whistler's British bulldog revolver and holster, a good strong knife, a Macintosh sheet, a few leather straps, and some soap. A large bottle of chloroform in a wooden case, a set of amputating instruments, with a good sound tourniquet, and a pair of bullet forceps and probe. Some good qui-

nine is a *sine quâ non*, as intermittent fever is very prevalent, especially under the mountains and near the banks of the Danube, Moritza, and Morava rivers, where miasmata abound, camps being pitched without the slightest deference to hygienic principles. Astringents (especially opiates or pills of nitrate of silver with opium, or sulphate of copper with opium) are invaluable, as obstinate diarrhoea or even dysentery attack the stranger at first. He need not take out brandy, as Mr. Nunn, at the English Stores, Constantinople, keeps the best; but a few tins of Du Barry's Revalenta Arabica and Liebig's Extract of Meat will be worth their weight in gold, should he be taken ill in camp, and, from personal experience, I don't think anyone should go into the Turkish camp without these things in the medical chest, as the food up the country is simply execrable!

He need not expect to make much money in Turkey; but if he cares for journalism, he will find, as I myself found (being the special correspondent of a leading London newspaper), that it is both pleasant, instructive and lucrative.

It is *imperatively* necessary to obtain a passport from the Foreign Office (price 2s.) and to forward it to the Turkish Embassy to be stamped with the Ottoman *visa*.

### Medical Items and News.

**TAYUYA: A NEW REMEDY IN SYPHILIS.**—M. L. Faraoni, in a pamphlet published in the course of last year, states that Ubicini found in Brazil a tribe who suffered much from lues venerea, and who employed with success a plant having the local name of "Tayuya." The plant (*Dermophylla pendulina*) belongs to the family of Cucurbitaceæ, and grows in the primeval forests of Brazil. The alcoholic extract of the root is the part employed, and it may be injected subcutaneously in doses of fifteen grains. It is almost always successful, relapses are rare, and mercury and iodine are practically rendered unnecessary.—*The Lancet*.

**COLONIAL MEDICAL DEGREES.**—The *Lancet* says: "The project of registering colonial degrees involves the question of 'reciprocity.'" The colonies continue to re-examine men holding British qualifications before they are admitted to practice in those outlying provinces of Her Majesty's dominions. While this practice prevails, we fail to see the perfect fairness of requiring that degrees granted by universities over which the Medical Council of the home country has no sort of control, should be admitted as the sole ground of a claim to national privileges.

—Sir Thomas Watson, M. D., though now in his 86th year, continues to write for the scientific and literary journals with all his wonted grace and force of style.

TO PREVENT THE FORMATION OF MILK, Dr. Peaslee, of New York, recommends that the breasts, after delivery, be tightly strapped by means of adhesive plaster. In five cases he reports perfect results.

#### CHOLERA MIXTURE.

R Mist. cretæ..... ʒ j;  
Spts. chloroformi..... gtt. xv;  
Tinct. opii..... gtt. iv.

M. To be taken every two or four hours.

**CHRONIC GLEET.**—Chronic gleet is being cured in Vienna by medicated bougies composed of gelatin combined with tannin or other suitable astringent. The bougie is passed into the urethra to remain until it is dissolved.

Dr. Sutton, the last survivor of ninety-eight surgeons and assistant surgeons with Nelson at Trafalgar, died recently. He had been over seventy years in the English naval service.

**DEATH FROM NITROUS-OXIDE GAS.**—The *Lancet* of April 7th reports the death, in Manchester, on March 27th, of a surgeon who had taken nitrous-oxide gas for the purpose of having some teeth extracted. The anæsthetic was administered by the dentist in the usual manner, and the operation was completed, when it was found to be impossible to rouse the patient. The *post-mortem* examination disclosed fatty and valvular disease of the heart.—*N. Y. Med. Jour.*

**TO MAKE LEECHES BITE PROMPTLY.**—Place the leeches in a glass half full of cold water. Cleanse the part to which they are to be applied carefully with warm water, and then apply the glass containing the leeches to the part. They attach themselves with surprising rapidity. The patients often speak of the bites appearing to be simultaneous. When the animals have all become attached, allow the water to escape into a sponge, or cloth, so as not to wet the patient.—*Gaz. Med. Ital. Lomb.*, Dec., 1876.

**CITRATE OF CHINOIDINE IN FEVERS.**—From the original investigations of Buchner, recently repeated by Haller at the General Hospital of Vienna, it has been ascertained that the citrate of chinoidine is about as successful as the sulphate of quinine in the treatment of intermittent fever, while the cost of the former is very much less than that of the latter. Haller gives a drachm of the citrate in three ounces of water and half an ounce of cinnamon water, for two or three hours during the apyrexia. Of forty cases thus treated, only one had a return of the fever, and this one was also cured by larger doses.—*Ibid*; *N. Y. Med. Jour.*



# THE CANADA LANCET.

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TORONTO, JULY 1, 1877.

## THE METRIC SYSTEM.

Some medical gentlemen having expressed, in our hearing, the difficulty which they met with in understanding and converting readily the Metric system into the duodecimal (or prevailing) system of weights and measures and *vice versa*, we devote a small portion of our space in this issue to an explanation of it, and take advantage of the opportunity thus afforded to give our readers a very convenient table for practical use in reducing Apothecaries' weights to those of the Metric system, which will be found sufficiently exact for all purposes.

The Metric system is founded on the Metre, which is the length of a bar of metal carefully preserved in Paris, from which copies have been taken for use. This unit of measure was decided upon by a number of French philosophers who wished to establish an universal unit of weights and measures. The metre or unit of measure having been decided on, it was desired to have a simple relation between the measure of volume and that of weight, and they determined to take as their *unit* of weight, the weight of one cubic centimetre of pure water of the temperature of 4° Centigrade, 39½° F., weighed at Paris. This weight or unit of weight was termed a *gramme*, or in English *gram*, and is divided like the metre into tenths, hundredths and thousandths, called respectively deci-, centi- and milli-grammes, whilst to the tens, hundreds and thousands of grammes the names of deka-, hecto- and kilo-grammes are given.

The metre, on which the whole system hinges, is, like all other standards of length, an arbitrary length. When the standard metre was prepared, it was intended to give it a length which would have some reference to the earth's circumference,

and it was given the length of one ten millionth part of the distance from the equator to the pole as measured by the French geometricians. However, this was afterwards found to be not quite correct, as the distance from the pole to the equator has been found to be somewhat greater than was then supposed. But the correctness or incorrectness of this estimation of distance cannot affect the unit of an arbitrary system like this.

The measures of area or Square Measure and those of capacity or Cubic Measure are easily obtained; there are square metres and square deci, centi and milli-metres; there are also cubic metres and cubic deci, centi and milli-metres; and there are the square and cubic measures, derived from the multiples of the metre in the same way. The word Litre is used to signify one cubic decimetre, rather less than an English quart.

The metric system when familiarised will be greatly preferred to any other; its relation to weights of all denominations, to measures of length, capacity and surface, being so simple, as to be within the perfect comprehension of a child. Besides being a decimal system, it is in perfect harmony with the universal method of counting. Under the old system of tables, the various denominations of weights and measures have no such relation to each other. For the sake of affording the fullest information respecting this system, which, having already been adopted in most countries, is now sought to be made the universal standard among men of science in Britain, the United States and Canada, we give the units of the system with their multiples and sub-multiples.

THE UNIT OF LENGTH is the Metre, derived from the measurement of the quadrant of a meridian of the earth.

THE UNIT OF SURFACE is the Are, or the square of ten metres.

THE UNIT OF CAPACITY is the Litre, which is the cube of a tenth part of a metre.

THE UNIT OF WEIGHT is the Gramme, which is the weight of that quantity of distilled water, at its maximum density, which fills a cube of the one-hundredth part of the metre.

The following table, taken from "Attfield's Chemistry," will still further illustrate the subject; observing always that multiples are denoted by Greek words, as "Deka" (ten), "Hecto" (hundred), "Kilo" (thousand); and sub-divisions by

Latin words, as "Deci" ( $\frac{1}{10}$ ), "Centi" ( $\frac{1}{100}$ ),  
 "Milli" ( $\frac{1}{1000}$ ):

QUANTITIES.	LENGTH.	SURFACE.	CAPACITY.	WEIGHT.
1000..	Kilo-metre	.....	Kilo-litre	..Kilo-gramme.
100..	Hecto-metre	Hectare	Hecto-litre	..Hecto-gramme.
10..	Deka-metre	.....	Deka-litre	..Deka-gramme.
1..	Metre	.....	Litre	.....Gramme.
.1..	Deci-metre	.....	Deci-litre	....Deci-gramme.
.01..	Centi-metre	Centi-are	Centi-litre	..Centi-gramme.
.001..	Milli-metre	.....	Milli-litre	..Milli-gramme.

Were the system universally adopted, this table is all that is necessary to be learned. For the use of practitioners we give below a table, for the conversion of the different denominations :

Milligramme .....	0.01543	of an English grain.
Centigramme.....	0.15432	" " "
Decigramme .....	1.54323	" " "
Gramme .....	15.43235	" " "
Dekagramme.....	154.32349	" " "
Hectogramme .....	1543.23488	" " "
Kilogramme .....	15432.34880	" " "

The following comparison table, for reducing Apothecaries' weights to those of the metric system, will be found exact enough for all practical purposes :

Grain,	$\frac{1}{10}$	Apothecaries' weight	=	0.006 grammes.
"	$\frac{1}{8}$	"	=	0.008 "
"	$\frac{1}{6}$	"	=	0.011 "
"	$\frac{1}{4}$	"	=	0.016 "
"	$\frac{1}{3}$	"	=	0.032 "
"	$\frac{1}{2}$	"	=	0.048 "
"	1	"	=	0.065 "
"	2	"	=	0.13 "
"	3	"	=	0.194 "
"	5	"	=	0.324 "
"	7	"	=	0.453 "
"	9	"	=	0.583 "
"	15	"	=	1. "
"	20 (ʒj)	"	=	1.296 "
"	60 (ʒj)	"	=	3.89 "
Drachms, 8 (ʒj)	"	"	=	31.1 "

Men of science and promoters of the metric system hope, ere long, to be able to converse in any language intelligently on scientific subjects, through the adoption of an universal system of weights and measures.

Dr. Peacock has resigned the position of Physician to St. Thomas' Hospital, London, and Dr. Ord is a candidate for the vacant post.

HOME HOSPITALS.

A public meeting has lately been called by the Lord Mayor of London, England, to consider the advisability of establishing an Association for the following purposes:—1st. To provide hospital treatment, skilled nursing, a convalescent institution, and other accommodation for the benefit of all classes when attacked by illness who can afford to pay, and for the assistance of the medical profession generally. 2nd. To provide, furnish, maintain, and regulate such buildings with fittings and conveniences for the benefit and comfort of patients and others. 3rd. To cooperate with the managers of the present hospitals supported by private charity, with the object of preventing the abuse of hospitals by people who can afford to pay for their treatment. 4th. To provide for the assistance of the medical profession, and for the benefit of the public, a well-regulated hospital, to which the former can send, with confidence, private patients who can afford to pay adequately for the accommodation which they require, and in which the patients will have the advantage of being treated by their own doctor. With our very limited means, as contrasted with the great wealth of England, we could of course only in a far-off way imitate this scheme of our English brethren; but should it be found to be a paying investment in England, we doubt not that our capitalists here would embark small ventures in a similar institution. An English exchange says, regarding this subject:—"The gift of the philanthropist is no doubt one of the grandest offerings man can lay on the altar of humanity. The return he gets is not profit; he has made no investment—in the vulgar sense—but he reaps a harvest of comfort differing altogether in kind, from the mere receipt of dividends. But the proposal to establish a 'Home Hospital' for the well-to-do, to which admission should be on payment, and on payment only, might, we quite agree, be carried out on such a plan as to add the pleasures of profit to the ecstasies of philanthropy, and pay a fair rate of interest to investors who advance the funds for the foundation of such an institution." But the public should see that the scheme is not appropriated by persons who have private ends to serve. No institution of the kind can well command the confidence of the public if it is started

for the personal ends and advantage of one or two individuals. If appeals are made to found such a Hospital, there must be no cloud, nor the shadow of a cloud, over the motives behind the curtain. The machinery must be public, and all the names of the guarantors beyond cavil or question. There is no reason why the scheme should not pay. It ought to pay, for it responds to a want, which in its extent and ramifications might almost be called National. On this subject, the editor of *Financial Opinion* remarks:—"We have reason to believe, indeed we know, that the scheme has attracted most serious attention. We understand, however, that the sponsors have wisely determined to begin on a moderate scale, and to feel their way to success step by step, instead of plunging blindly into deep water. Twenty thousand pounds, with proper trustees, would probably suffice to begin with." We have for a number of years had private rooms for paying patients in our General Hospital, but the accommodation for such has been very limited, and the danger to patients whose complaints require operative procedure, from erysipelas, more or less prevalent in a general hospital, has been an insurmountable barrier to their general use. Could not a sufficient amount of money be raised on this scheme in Toronto, for the building of a small "Home Hospital" in some elevated and healthy locality of the city? We believe that the above scheme, if under proper regulation, will be the means of meeting a serious public want; that it will be of great service to the profession in treating a numerous class of cases in respect to which great difficulties at present often arise in the course of medical practice; and that it deserves to meet with the general support of the public and the profession.

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#### AMERICAN MEDICAL ASSOCIATION.

The twenty-eighth annual meeting of the American Medical Association took place in Chicago on the 5th, 6th, 7th and 8th ult., and was largely attended, upwards of 700 delegates being present. Dr. Bowditch, President, delivered the annual address. The Canadian delegates present—Drs. Hingston, Grant and Buck—were accommodated with seats on the platform. Meetings were held by the different sections, and many interesting and valuable papers were read and discussed. On the

subject of Union between the American and Canadian Medical Associations which was mentioned in the President's address, the committee reported against it, and expressed the opinion that the present system of intercourse by delegates served to meet the requirements. The session in its scientific aspect was more successful than many of its predecessors. The thorough organization of the sections is a great improvement on the old way of conducting the Association.

Dr. P. G. Robinson, of Missouri, delivered the address on Medicine, which was a review of the progress during the past year. He alluded to the outbreak of typhoid in Lancashire, Eng., from impure milk, and the cure of a case of rabies by strychnine. He then passed on to a consideration of the use and advantages of salicin and salicylic acid in the treatment of rheumatism; gelsemium in the treatment of facial neuralgia, coca and several other articles.

In this section Dr. Morris, of Maryland, read a paper on the effects of remedies in small doses. He believed that the true physiological effect of remedies might best be obtained by the administration of small doses frequently repeated; that the effect of remedies is greatly increased by combination and manner of preparation; and that large doses of medicine frequently acted as irritants, producing an abnormal state of the blood, as narcotism, iodism, ergotism, bromism, etc.

Dr. White, of Buffalo, gave the address on Obstetrics. He referred to the formation of the American Gynecological Society; he next passed in review the books and pamphlets published on this branch last year, and commented upon them. He concluded by noticing favorably the growing feeling in favor of the use of the forceps in midwifery.

In the section on Surgery, Dr. Hamilton opened the proceedings, after which Dr. Hodgen, of Missouri, read a paper on the value of extension in the treatment of fracture of the femur, which elicited considerable discussion. He was opposed to plaster of Paris dressings and pulley apparatuses, and stated his belief that oblique suspension was the only suitable method. With regard to shortening in fractures of the thigh, Dr. Hingston, of Montreal, offered the following resolution, which was adopted:—"That in fractures of the thigh, notwithstanding the judicious employment of every

mechanical contrivance hitherto devised, shortening of the limb is of frequent occurrence." Dr. Sayre, on the following day, entered his protest against the above resolution, on the ground that it was a confession that the profession could not properly treat a fracture.

In the section on State Medicine, Dr. E. M. Hunt, of New Jersey, read a very able and eloquent paper on Public Hygiene, in which he congratulated the profession and the public on the great and increasing attention paid to this most important subject, and recommended the more thorough teaching of sanitary science in all the medical schools.

The question of revising the U. S. Pharmacopœia was laid over for another year. Many matters of interest to the profession were discussed, and many papers read, which we have not space to allude to at present. Dr. T. G. Richardson, of Louisiana, was chosen President for the next year, and Buffalo was named as the place of meeting, on the first Tuesday in June, 1878.

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#### THE RELATIONS OF THE PROFESSION TO THE PUBLIC.

The duties and relationship of the medical profession to the public are of the most sacred and confidential character, and any breach of so sacred a trust strikes a ruthless blow at the general confidence reposed in the profession by a confiding public; and not only should society, but more particularly the profession, mark with its utter detestation all offences of this nature. We are led to this remark by certain occurrences which lately took place in Montreal and Halifax. Both gentlemen to whom we allude, were held high in the estimation of their friends, respectably connected and of good standing in the profession. Such conduct as theirs would have been inexcusable in any one, but a lunatic, much more so in members of the medical profession, whose relations with the public and duties to their patients demand the most rigorous fidelity and purity of heart. With regard to Dr. Mondelet, no young man could have started in life under more favorable circumstances, and no one probably could have made more speedy and hopeless shipwreck. Nothing short of sterling integrity will suffice

among members of a profession where fidelity to every interest is of such vital importance to their patients, to the public and to their own success. Every medical man, and we are happy to bear testimony to their general purity of conduct in these matters, should be like Cæsar's wife, "above suspicion."

"Detraction's a bold monster and fears not  
To wound the fame of princes, if it find  
But any blemish in their lives to work upon."

Even among members of the profession, calumny and detraction have too often been unsparingly used, openly and secretly, as a means of injuring a rival, by unprincipled men whose only stock-in-trade is made up of gossip and scandal-mongering, flaunted under the guise of sanctity and a high-toned sentiment for professional purity. By such means some of the brightest and best of our profession have from time to time had to suffer unmerited ignominy. Let the medical atmosphere be purified and kept pure, and let each other's characters be held a sacred trust, until some open violation makes it necessary to condemn, and then let the condemnation be unmeasured and effectual. At the same time let us stand ever ready to throw the broad mantle of charity over the weaknesses and foibles of our fellows, remembering that,

"That vermin, Slander, is bred in abject minds,  
Of thoughts impure, by vile tongues animate."

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#### COLONIAL MEDICAL DEGREES AND BRITISH MEDICAL COUNCIL.

Remonstrances have come from the Dominion of Canada against the exclusion of legally-qualified Canadian practitioners from recognition under the medical law of the mother-country, and particularly as to the grievance and detriment which they suffer in their relation to the *Merchant Shipping Acts* of the home Legislature. The grievance (stated in general terms) is, that medical degrees or licenses which have been conferred under the authority in British Possessions outside the United Kingdom, and which respectively entitle to practise in the particular Imperial Province in which they are granted, give at present no professional status in other parts of the British Empire; and the question of principle which the Council had to determine was that of admitting such degrees or licenses to be registered as qualifications under the Medical Act.

Mr. SIMON moved the following resolution, which was seconded by Dr. STORRAR, and carried :—

“That Medical qualifications granted under legal authority in any part of Her Majesty’s dominions outside the United Kingdom, and entitling to practise in such part should be registrable within the United Kingdom on the same terms as qualifications are granted within the United Kingdom, but in a separate alphabetically arranged section of the Register.

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### CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association will be held in Montreal, on the 12th of September. An Address and Reports are expected from the following gentlemen :—

Dr. Hingston, *President*,—Address.

Drs. George Ross, Mullen and Sweetland,—*Medicine*.

Drs. J. H. Richardson, Oldright and Kincaid,—*Surgery*.

Drs. James Ross, Strange and Rosebrugh,—*Obstetrics*.

Drs. Fulton, D. Clarke and Hornibrook,—*Therapeutics, New Remedies and Medical Jurisprudence*.

Drs. Osler, Graham and Farrell,—*Necrology*.

Drs. Howard, Hodder and Parker,—*Medical Education and Literature*.

Drs. Marsden, Playter, Baynes, Tye, Martin, Larocque, Ross (Quebec), Botsford, Canniff and Jennings,—*Climatology*.

Those having papers to read should notify the General Secretary, Dr. David, Montreal, to that effect. Arrangements will be made for reduced fares to those attending the meeting.

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VENTILATION OF SEWERS.—One of our exchanges refers to a plan of ventilating sewers, of a practical character, suggested by Judge Coursol, of Montreal. It consists in running up metal pipes at intervals along the road-side, higher than the houses, to carry off the sewer-gases into the air. The pipes could be made ornamental, and might be placed so as to be no obstruction. This idea is based on the plan now adopted in connection with ventilation of water closets in dwelling houses. It is practicable, and well worth a trial.

DISPOSAL OF SEWAGE.—The Massachusetts State Board of Health recommends, that no city or town shall be permitted to discharge sewage into any stream or pond whatever, without first purifying it by the most effective known processes, certain existing rights being duly allowed for, and an immunity from nuisances being guaranteed ; that no sewage, whether purified or not, be allowed to enter any pond or stream used for domestic purposes ; that irrigation be adopted, by way of experiment, where some process of purification of sewage is required, and that cities shall have power to take lands for that purpose ; and that every city and town having over four thousand inhabitants, be required to appoint a Board of Health. It is further recommended that no manufactory be established in the future for carrying on trades that yield refuse matter, or shall be permitted to discharge polluting substances into any stream or pond used as a source of domestic supply.

The only proper means of disposal for sewage and city offal is by converting it into *compost* suitable for gardeners’ use, thereby returning to the soil enriching elements of which it is constantly being deprived for the production of food.

SCHOOL FOR TRAINING NURSES.—It is proposed to establish a school for training nurses in connection with the Toronto General Hospital. Miss Goldie, Lady Superintendent of the Hospital, will assume the management. She has had considerable experience in the Franco-Prussian war and in British and Continental hospitals, and is therefore eminently qualified for such an undertaking. It is proposed to take in about twenty young women and distribute them in the different wards, where they will have to discharge the duty of the nurses already in the place. The period of residence will be about six months, and the fee will be \$50. for the period, which includes board and lodging. Appropriate lectures will be given during the session by medical gentlemen in the city. Those wishing to enter should apply to Miss Goldie at once.

WOORARA IN TETANUS.—The hypodermic injection of woorara, in quantities of from  $\frac{1}{10}$  to  $\frac{1}{2}$  a grain, has been used with excellent results in traumatic tetanus (Schmidt’s Jahrbucher).

**THE "SPHYGMOGRAPH"—NEW PROCESS OF REGISTERING.**—One of the most remarkable applications of photography is that by which it is now made to register, and in the most accurate manner, the mechanical action of the human heart. The device by which this result is attained is, indeed, a triumph of inventive skill. It consists of a thin india-rubber bag, to which a short glass tube is attached; sufficient mercury is poured into the apparatus to fill the bag and a portion of the tube, and the instrument is then placed over the heart of the person to be examined. Arranged in this manner every pulsation of the heart is indicated by a corresponding movement of the mercury in the tube, and, by suitable photographic apparatus, provided with a moving sensitive slip of paper, a perfect registration of the extent and rate of the pulsations is obtained. The interesting fact is made known by this process that the fall of the pulse sometimes takes place in successive horizontal lines and sometimes in ascendant lines, the column re-ascending two or three times before falling altogether.

**PRESENTATIONS.**—Dr. Lett, of the Asylum for the Insane, London, on his leaving for Toronto, was presented with a handsomely prepared address by the London Medical Association. It spoke of the regret felt at his departure, and the services he had rendered the Association in the contribution of papers on the special branch of the profession which he had followed. The address was signed by Dr. Payne, Secretary, and the members of the Association.

Dr. Metcalf, of the Toronto Asylum, was also the recipient of a beautiful silver service and an address from the employees, and a handsome piece of plate by the officers of the Asylum, on the occasion of his removal to the London Asylum. Dr. Clark, the Medical Superintendent, in a short speech expressed his sincere sorrow at losing the services of so efficient an officer. Dr. Metcalf would fill his new position with honor to himself and credit to the institution.

**ROYAL COLLEGE OF SURGEONS, ENGLAND.**—D. Fraser, M.D., Trinity College, Toronto, has successfully passed the examination of the Royal College of Surgeons, England, and was admitted a member of that body on the 23rd of May last.

**NEW METHOD OF CURING ANEURISM.**—In the June issue of the *N. Y. Med. Journal* is described a method of curing aneurism, which is somewhat novel. It consists in suspending, by means of a pulley, a conical shaped bag filled with shot, so as to compress the artery, above the aneurism. The apex of the cone, which is not pointed, but about an inch in diameter, has a piece of cork or india-rubber fitted into it. The weight of the bag of shot is about twelve pounds, and the pressure is regulated by means of the pulley suspended from the ceiling. The pressure is usually applied lightly for the first twenty-four hours, after which it is gradually increased.

**SPREAD OF DISEASE BY FUNERALS.**—There are no doubt many instances, both in town and country, where diseases are disseminated at funerals, by people congregating in and about the residence of persons who have died of scarlet fever, diphtheria, measles, whooping-cough and other contagious diseases. This consideration leads to the question of the propriety of private funerals in all such cases—instead of the old-fashioned public, or church funerals. The health authorities should also insist upon the family of the deceased publishing with the announcement of the death, the particular contagious disease of which the patient had died, so as to give suitable warning in advance.

**TRINITY MEDICAL SCHOOL.**—Trinity Medical School, whose affiliation as the Medical Department of the University of Trinity College was so unjustly cancelled by the Senate of Toronto University, and which received a separate Act of Incorporation during the last session of the Legislature in order to enable it to affiliate with any "University or Univerities," has become re-affiliated with Toronto University. A member of the Faculty will be placed upon the Senate of that University to look after the interest of the School. Students attending the School will have the fullest advantages of all the honors the Provincial University has to bestow.

**GYNÆCOLOGY.**—Authors of books, pamphlets, essays, theses, etc., upon Gynæcological or Obstetric subjects, in all languages, are requested to send such to Dr. Chadwick, Sec. to Am. Gynæcological Society, Boston, in order to insure the insertion of their titles in the current Bibliographical Index, which will be published each year in the Transactions.

**DELINQUENTS.**—It becomes our duty to speak a word or two to those who have for some time past received the benefits of this journal, without in any way contributing to its support. We cannot afford, in the face of these hard times, to continue sending it unless the arrears are paid up. We have endeavored to be as lenient as our circumstances would allow, and in many instances we have been amply repaid, both financially and by the gratitude of those we have favored in this way; but what shall we say of the attempt on the part of some medical men that we could name, to repudiate the payment of a just debt, on the paltry and dishonorable plea that "they never ordered the journal," and this, be it remembered, after having taken it from the post-office regularly and appropriated it to their own use, for two and in some instances *three and four years!!!*

**APPOINTMENTS.**—R. McDonald, Esq., M.D., of Ottawa, has been appointed Surgeon of the Penitentiary in Manitoba. Hon. Dr. O'Donnell has been re-elected President of the Manitoba College of Physicians. Dr. Haggarty, of London, has been appointed Medical Superintendent of the Northwestern Territory, charged with the duty of vaccinating the Indians; he will be stationed at Battleford. John Gunn, M.D., of Ailsa Craig, to be an Associate Coroner for the county of Middlesex. John Carroll, M.D., of Don Mount, to be an Associate Coroner for the county of York. A. J. Campbell, M.D., of Gravenhurst, to be an Associate Coroner for the District of Muskoka.

**THE CALEDONIAN SPRINGS.**—The Caledonian sulphur springs of the lower Ottawa have been long and favorably known as affording great relief in many confirmed cases of chronic rheumatism, more especially where the patients can avail themselves of the baths by a residence at the springs. A large hotel has therefore been erected, at considerable expense, in connection with the springs, and will be open from June to October in each year. Intending visitors will do well to secure rooms at the earliest moment, as there is likely to be considerable demand, especially during the warm weather.

The meeting of the Ontario Medical Council is announced to take place on the 3rd inst.

**VASELINE.**—This is a fatty extract, prepared from coal oil, free from smell, having an amber color, with a translucent, jelly-like appearance. It is now superseding lard, in Pharmacy, for the basis of ointments. It is also used in the New York hospitals as a lubricator for catheters, speculums, etc., instead of olive oil, having been found superior for that purpose. This substance possesses a well-known invigorating influence upon the growth of the hair, and prevents Alopecia. A pomade made of it, and perfumed with otto of roses, is *a la mode* as a hair dressing among the fashionable.

**REMOVAL.**—The Registry office of the College of Physicians and Surgeons, Ont., has been removed to old King's College building in the Queen's Park, Toronto. This change is in consequence of the Government having sold the building in which the Registry office was formerly located. The Registrar, Dr. Pyne, who is always attentive and obliging, will be found in the office as usual during office hours, between 1 and 3 o'clock p.m. His private residence is 219 Gerrard St. East.

**THE QUACKS.**—Detective Smith is still hunting up the quacks. At Burford, "Dr." Cuttle was fined \$20. At Bell River, "Dr." Lemire was fined \$25. J. H. Christie, of Merritton, was fined \$25; Christopher Zegher, of Tavistock, son of Peter Zegher, previously fined, was mulcted \$25, and N. Kenney, Woodstock, \$20 and costs. Informations have been laid against a number of others in the Province.

**AMERICAN DERMATOLOGICAL ASSOCIATION.**—The first annual meeting of this Association will be held at Niagara Falls on the fourth day of September next. The titles of all papers to be read at any annual session shall be forwarded to the Secretary, L. D. Bulkley, M.D., New York, not later than one month before the first day of the session.

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### Reports of Societies.

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#### BRANT COUNTY MEDICAL ASSOCIATION.

The regular quarterly meeting of the above Association was held in the Kerby House, Brantford, on Tuesday, June 5th. The following members were present:—Drs. Digby, (President,) Dr. Philip

(Vice-President), Dr. Harris, (Secretary-Treasurer), Drs. Griffin, Henwood, Cooke, Kitchen, Burt, Clarke, and Bown. A large amount of miscellaneous business was disposed of, after which the meeting adjourned to be convened again at Brantford on the first Tuesday in September.

#### BATHURST AND RIDEAU MEDICAL ASSOCIATION.

The annual meeting of the Bathurst and Rideau Medical Association was held at Pembroke, (or rather on Board the steamer *John Egan* as she proceeded up the Ottawa River.) There were about 40 members present, amongst whom were Drs. Grant, (President,) Hill, Sweetland, Wright, Mallock, McCrea, Carmichael, Lynn, Logan, Beatty, Baird, Mostyn, Patterson, Burns, Pickup, Ferguson, O'Brien, McEwen, Kellock, Munro, Giles, Irwin, Dickson, Lafferty, Desloges, McAdam, McIver, Forbes, Ward, McIntosh, Judge, Mann, Pare and Rattray. The minutes of last meeting were read and approved. The President then delivered an able and interesting address, which will be found in another column.

A vote of thanks was tendered the President for his eloquent and instructive address, with a request for its publication in the CANADA LANCET.

A discussion then followed upon the topics opened up by the President's address, in which Drs. Dickson, Mostyn, Giles, Pickup, Hill and others participated.

Dr. Pickup read a report of two cases occurring in the practice of Dr. Cranston, of Arnprior, the latter being unavoidably absent; the first case being of medullary cancer, occurring in the upper jaw of a woman and which was successfully removed. The second case related to a peculiar injury which was inflicted on the jaw of a man by a violent blow from a piece of wood, and the special steps taken for the restoration of the parts.

A vote of thanks was tendered to Dr. Cranston, and he was requested to publish his paper in the CANADA LANCET.

Cases for discussion were introduced by Dr. Lafferty on Traumatic Tetanus, by Dr. Giles on peculiar uterine discharge.

The President appointed Dr. Kellock, of Perth; Lafferty, of Pembroke; and Sweetland, of Ottawa, to prepare and read papers at the next meeting.

The committee on the code of ethics was re-appointed to report at next meeting.

Dr. Mostyn brought up the question of fees for examination in cases of life assurance, and a motion was adopted directing the secretary, Dr. Lynn, to ascertain, in writing, the opinion of each medical man in the division upon the matter, and report at next meeting.

Dr. Beatty submitted a motion opposing yearly examination of medical students who study out of Ontario, as prescribed by the Medical Council, as being unnecessary and expensive.

The election of officers was then proceeded with.

Dr. Sweetland moved, seconded by Dr. Kellock, that the Secretary be instructed to prepare and transmit to the widow of the late Dr. Beaubien a letter of condolence expressive of their esteem for her late husband, and sympathy in her bereavement.

Votes of thanks were then tendered to the President and officers, which were duly acknowledged.

#### Books and Pamphlets.

CHEMICAL AND MICROSCOPICAL ANALYSIS OF THE URINE, by G. B. Fowler, M.D., New York. Published by G. P. Putnam's Sons. Toronto: Willing & Williamson.

A CASE OF RECURRING SARCOMATOUS TUMOR OF THE ORBIT IN A CHILD, by Thomas Hay, M.D. Philadelphia: Lindsay & Blakiston.

DIAGNOSIS OF URETHRAL STRICTURE BY BULBOUS BOUGIES, by J. W. White, M.D. Philadelphia: J. B. Lippincott & Co.

#### Births, Marriages and Deaths.

At Londonderry, N. S., on May 16th, the wife of James Kerr, M.D., of a son.

On the 29th of May, A. L. McDiarmid, Esq., M.D., of Bryanston, to Mary Amelia, daughter of the late Robert Ferguson, of London township.

On the 5th of June, George W. Wright, M.D., of Berlin, Ont., to Mrs. Carrie Walker, widow of the late Robert Walker, Esq., M.D.

On the 6th of June, A. J. Sinclair, M.D., of Paris, Ont., to Amelia, daughter of Captain McBride, of Port Burwell.

On the 1st of May, of gastric fever, E. B. Sparham, M.D., of Kemptonville, aged 58 years.

\* \* \* The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps with the communication.



# THE CANADA LANCET,

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## Original Communications.

### FISTULA IN ANO, COMPLICATED WITH FISSURE AND TUMOR IN THE REC- TUM. CASE II.—PROLAPSUS ANI.

BY JAMES CATTERMOLÉ, M. D., L.S.A., LONDON, ONT.

I believe that no class of surgical diseases receive a less share of attention from the great body of medical and surgical practitioners than those of the anus and rectum. The greater number of these cases are but too frequently very imperfectly examined prior to treatment, and as a matter of course, terminate unsatisfactorily, to the chagrin of the doctor, and disappointment of his patient. By ascertaining the real nature of the case in the first place, such results might be generally avoided, as most operations on that region may be done with safety and success, provided due attention be used in the after-treatment, for when this is well carried out the relief of these most disagreeable and painful affections is generally complete and lasting. Seeing that so few cases of the sort are given in our medical periodicals, I am induced to report the following:—

Early in November, 1876, I received a letter from a gentleman aged 48, living in the Northern States, who for many months had suffered from some painful affection of the rectum. The local doctors treated him for piles. After trying their remedies for some time, without the desired relief, he proceeded to Chicago in the end of September, and there was examined by two surgeons of that city, who assured him that he had neither piles nor fistula, but fissure. These gentlemen immediately applied forcible dilatation; this proceeding gave most intolerable pain, followed by extreme exhaustion for several days. On a subsequent examination a small tumour was discovered about two inches up the rectum, which they supposed to be a polypus.

This, or a portion of it, they excised. After this little operation the patient felt better, and experienced much relief for about a fortnight, when again the old symptoms returned in a modified form, the pain during and after defæcation not being so great as before the treatment, but there was still much uneasiness, attended with some discharge of matter from the rectum, and to use his own words, he felt as if he had a sore boil an inch or too up the bowel. Certain medicines and injections were used, which only afforded temporary relief. By this time his health and strength had greatly diminished, and in this condition he came under my care in December.

On examination by my friend, Dr. Niven, and myself, an incompletely healed fissure was seen, extending from the extremity of the coccyx more than an inch-and-a-half up the bowel, with three much smaller fissures, running parallel with it, nearly reaching the base of a tumoid growth of the size and shape of a large nutmeg, rather broad at its base. On the right side of this tumor was an opening in the mucous membrane, into which I passed a bent probe. This blind fistula—for such it was—extended from that point down to the verge of the anus. The fistula was immediately divided, cutting freely through the sphincter. The tumoid growth was then cut away with a very sharp scalpel, and a dossil of lint well soaked in carbolic acid left in the bowel.

In consequence of the patient's weakness, the fissures were left to be dealt with at the end of the week, when they were divided in the usual way with a straight knife, and the carbolic acid used for a few days longer. The tumor before spoken of, began to sprout up again, and required another application of the scalpel, the surface was well cauterized with the acid nitrate of mercury for some five or six days and its growth completely arrested. The intestine was cleansed every morning with warm water enemata previous to dressing.

Owing to the low and enfeebled state of the system, the wounds were somewhat tardy in healing. They were improved by the occasional use of the nitrate of silver, but finally I found the old Ung. Resino, passed daily into the rectum, through a suppository tube, to answer an excellent purpose, under which the bowel healed at the end of the sixth week, and the patient was sufficiently strong to return to the far west, the second week

in February. A letter from him, a few days since, tells me he is quite well.

In this wide-spread Dominion there must be many similar cases, of equal or even greater practical importance than the above, constantly coming under treatment in private and hospital practice, yet few are deemed worthy of notice in our medical journals, while it must be obvious, at least to the junior practitioner, that a plain and truthful account of such cases would prove practically useful, probably quite as much so, as the most erudite narration of many capital operations.

#### CASE OF PROLAPSUS ANI.

In June, 1876, a lady, aged thirty, consulted me in consequence of having for the last five years endured much pain and annoyance from prolapsus ani and hemorrhoids. During that time she had been frequently under medical and surgical treatment. About six months ago, *i. e.*, November, 1875, several external piles were removed by ligature and excision, but without affording any relief to the prolapsus, the chief trouble still remained. The anal orifice was left unusually large, and very large mucous folds protruded not only during defæcation, but the mere act of walking or any slight exertion would bring them down. Trusses and various appliances had been tried, also any amount of ointment, astringent lotions, and not a few quack remedies, without benefit.

June 8th.—The patient was chloroformed, and by the aid of strong toothed forceps, scalpel and scissors, I excised three good-sized flaps from the verge of the anus, consisting of skin, mucous membrane and some few fibres of the sphincter; the hemorrhage was but slight and easily suppressed; the wounds were dressed with lint and very weak carbolic lotion. Ordered half a grain of morphine to ease the pain and keep the bowels quiet.

9th.—Rested well last night, parts somewhat swollen and painful; repeat morphine and apply poultices till to-morrow.

10th.—About the same; weak lead lotion to be constantly applied. Repeat morphine, *h. s. s.*

11th.—Swelling and pain subsiding; continue lotion. To have castor oil this afternoon.

12th.—Quite comfortable. Oil acted well; wounds look healthy; appetite good, continue lotion.

14th.—Progressing well; wounds clean and closing; to be dressed with simple ointment on lint which was continued up to the 26th, when the parts had quite healed, and the anal orifice which for some three or four years had been much too capacious, was now reduced to moderate dimensions, neither has the opposite condition occurred, *viz.*, that of undue contraction. Twelve months have now elapsed, and the lady is quite free from her old malady.

#### CASES IN PRACTICE.—1. REMOVAL OF SUPERIOR MAXILLA. 2. SEVERE INJURY TO THE FACE.

BY J. G. CRANSTON, M.D., ARNPRIOR, ONT.

(*Read before the Bathurst and Rideau Medical Association.*)

MR. PRESIDENT AND GENTLEMEN—It was my intention to have read on the present occasion a paper on the causes, symptoms and treatment of Typhoid Fever as I have observed it in this section of the country; but my time has been taken up, in fact, overtaxed since our last meeting, by things and circumstances outside of matters medical, that I have reluctantly been compelled to forego my intention in this respect. But as a slight atonement for the disappointment which my failure to do what you had a right to expect I should have done, may have occasioned, I will, with your permission relate the history, treatment, and results of two cases which have occurred in my own practice during the last fourteen years, and taken almost verbatim from my book of memoranda of cases, which I considered worthy of being recorded.

CASE 1.—On the 20th of April, 1863, I was called to see a farmer's wife, a Mrs. Mooney, living about two miles from the village of Arnprior, aged 56, large and robust, and the mother of a large family, and who had up to a month or so previously, enjoyed, during the whole of her life, the most perfect health. I found her suffering from a good deal of constitutional disturbance, deep-seated and lancinating pains in the right superior maxilla. There was great enlargement and extreme tenderness of the cheek on this side, the hard and soft palates were considerably depressed, the gum much swollen, of a dark and livid colour,

soft and spongy, and would bleed when slightly touched. The two molar teeth, the only ones remaining on the right side, were loose in their sockets. Thinking the difficulty might be caused by an abscess, or the collection of fluid in the maxillary cavity I extracted one of the molars, and through its cavity pushed a small-sized trocar into the antrum, but nothing escaped except a few drops of, what seemed to be, dark-colored blood. I prescribed some alterative medicines, a soothing poultice to the cheek, and directed her to gargle her mouth frequently with warm water containing a little tincture of opium.

I saw her again on the 26th of April. The tumor had been steadily and rapidly enlarging and was now projecting into the fauces, and mouth. There was great bulging outwards in the direction of the cheek, interfering with articulation and the movements of the lower jaw, and her sufferings were so great that she begged me to give her some relief or she would die. After considering all the circumstances of her case, the rapid growth of the tumor, its steady encroachment upon the adjacent parts, its sharp, darting pains, its somewhat soft and elastic feel, the livid aspect of its buccal portion, and the absence of matter in the antrum, which I again explored, I came to the conclusion that this was a case of encephaloid disease of the superior maxilla, having its origin most probably in the cavity of this bone. I told my patient her case was a desperate one, and that the only means of affording her relief would be in removing, by an operation, the whole of the upper jaw, and explained to her carefully at the same time, that after this was done the disease would sooner or later most likely return. She consented, indeed was anxious to submit to the operation, and appointed the 4th of May for it to come off. I requested my friends, Drs. Sweetland, then of Pakenham, and Smith of Bristol, to assist me: both kindly consented. When the time came Dr. Sweetland, owing to some unforeseen professional engagement, could not attend, so Dr. Smith and I had to perform this formidable and somewhat difficult operation alone. From amongst the crowd that had assembled on the occasion, we selected two of the most trustworthy and reliable to act as assistants.

We placed the patient recumbent on a strong table, with a broad and rather thin pillow under the head and shoulders, and inclined the face to

wards the left side, and, contrary to the teachings of Miller, and other English writers in regard to operations on the mouth, brought her thoroughly under the influence of chloroform, of which Dr. Smith took charge, and rendered what other assistance he was able during the operation.

The operation was commenced by extracting a tooth in front; next a long curvilinear incision was made, extending across the most prominent part of the tumour, from the commissure of the lips to the zygomatic process of the malar bone terminating within an inch of the external angle of the eye. A second incision was then made horizontally along the inferior border of the orbit to the side of the nasal process, and the flaps indicated by these incisions carefully and quickly dissected from the tumor and held out of the way by an assistant. The mucous membrane of the mouth was then divided with a scalpel in the middle line as far back as the pendulous velum of the palate, and by a cross cut this structure was severed from the diseased parts. A saw, resembling a Hey's saw, but somewhat longer and stronger, was carried through the alveolar process in front, and the horizontal plate behind was divided by a pair of long pliers, one blade in the alveolar and palatine groove, the other in the nostril, as far back as the corresponding portion of the palate bone. With the same instrument the malar bone was divided near its junction with the maxillary, and the nasal process on a level with the lower margin of the orbit. Finally the jaw being separated at its junction with the pterygoid process and palate bone with a bone chisel and scalpel, and the tumour pressed downwards, it was severed from its connections, and with a little cutting of soft parts where required it was removed entire and was nearly as large as an ordinary sized tea-cup.

The parts were now carefully sponged out, and any diseased or suspicious-looking substances removed with a gouge and other instruments, and the mouths of any bleeding vessels secured by ligatures. The cavity made by the removal of the tumour was then filled with lint, wet with a solution of alum and tannic acid, to prevent oozing of blood from the deep portions of the wound, and give support to the cheek. The edges of the flaps were now carefully approximated by the twisted suture, a compress applied over the cheek, and the parts supported by a roller passed around the head and chin in the form of a figure 8. Very little

blood was lost during the operation, the facial and other arteries being compressed by the fingers of the assistants and care being taken to keep well beyond diseased structure while operating. No trouble was experienced in keeping the throat clear of blood with a sponge mop. The after treatment was strictly anti-phlogistic. The external wound healed kindly by the first intention, and the needles were removed on the fourth day. The internal wound suppurated freely for some time, but gradually healed and contracted, and at the end of two months the surrounding and associated parts had so accommodated themselves to their new situation that the function of deglutition, at first so difficult, was performed with its wonted ease and facility. My patient had now regained her former good health and spirits and was strong in the belief that her disease would not return, but alas! her hopes were doomed to disappointment, for in ten months after, it re-appeared, ran a rapid course, and death kindly closed her sufferings.

CASE II.—In the early part of December, 1871, I was called to White Lake, a distance of 13 miles, to see a man named Stewart who had met with a severe accident while employed in a saw-mill. He was standing in front of, and at some distance from a large circular saw, used for slabbing or siding logs, and the man who was running the saw accidentally allowed a heavy piece of frozen slab, (4 inches long, 1 inch wide and 4 inches thick) to fall upon it. The slab was instantly driven forward with great force, striking Stewart with its end in the face, and knocking him down, thoroughly stunned. In an insensible condition he was carried to his boarding-house. I saw him six hours afterwards when he had quite recovered his consciousness. The blow seemed to have expended its main force on the nasal bones, at their junction with the frontal, and on the left malar bone. The nose and cheek were contused and swollen, and both eyes closed from extravasation into the surrounding tissues. There was a well-marked caving-in of the whole of that portion of the face occupied by the upper jaw, the palate bone resting on the back part of the pharynx, the front teeth of the under jaw being fully  $\frac{1}{2}$  an inch in advance of the corresponding teeth in the upper. The superior maxillæ were in fact completely separated, and displaced from their connections, taking with them the nasal bones which were detached from the frontal.

The line of fracture could be easily and unmistakably felt, by passing the finger from the articulation of the maxilla with the malar bone on one side, around the inner angle of the eye, and over the union of the nasal processes and nasal bones with the frontal to the corresponding point on the other. Taking hold of the alveolar process in front with the finger and thumb, the jaw could be moved backwards and forwards with ease, it making at the same time a distinct grating sound. The same grating sound took place whenever he attempted to swallow. With the finger and thumb I had no difficulty in bringing the jaw into its proper place; but as soon as I loosened my hold it would drop back into its abnormal position. Finding I could not secure a permanent re-adjustment of the parts, I left my patient with instructions to keep cooling lotions to the face until I should return with an apparatus that would probably retain the bones in their place. I called on Mr. Lang, a gunsmith in Arnprior at that time, now of Pembroke, a man, by the way, of almost universal genius as a mechanic, and got him to construct an instrument suitable for the purpose.

It consisted of a steel band an inch wide and partly covered, and made to encircle the head and buckle under the occiput, by a strap about 2 inches long. A steel bar 7 inches long,  $\frac{1}{2}$  inch wide, and  $\frac{1}{8}$  of an inch thick, and highly tempered to give it strength, was passed through the band at right angles to it in a mortise and descended from the middle of the forehead over the nose, but some distance from that organ to a point 2 inches or so, out from, and opposite to the middle of the mouth. This bar was retained in the band by a set screw, and could be lengthened or shortened at pleasure. Through the lower extremity of the bar, and from without inwards towards the mouth passed a slender thumb-screw, and on the end of this screw next to the mouth was fixed by a shoulder on each side, a loose or revolving nut an inch long and half an inch wide, which had at each end a small perforation. The instrument being applied a piece of silver wire was passed around the molar teeth on each side and brought out between the lateral incisors, and passing through the perforations in each end of the nut was then secured. The bar formed a fixed point for the thumb-screw, and the end of the screw revolved in the nut, so that by turning the screw the

jaw was drawn by means of the silver wires into its normal position and retained there. An idea of the instrument will probably be more readily obtained by a glance at the accompanying sketch.



Without this instrument the patient could replace the jaw, and retain it by keeping the lower jaw closed upon it, but the moment he attempted to swallow anything it would become displaced. With the instrument he had no trouble in this respect. In ten days all motion of the displaced bones had ceased, and the instrument was dispensed with. In twenty-five days the parts were completely restored, and without the slightest indication of any deformity. Considering the extensive lesion which must have taken place in this case, namely fracture of the ethmoides and pterygoid processes of the sphenoid bones, for these must have been broken, otherwise the maxillæ could not have been forced in, causing the palate bone to rest against the back part of the pharynx, it is surprising how quickly and perfectly the parts were restored. It is an evidence that with a little judicious assistance, nature will in her own case rectify what is wrong.

#### NOTES OF A CASE OF FRACTURE OF THE BASE OF THE SKULL.

BY ALFRED J. HORSEY, OTTAWA.

(One of the attending surgeons, Co. Carleton Hospital.)

Wm. S—, groom, aged 22, weight 140 pounds was thrown from a horse which he was riding, at 10:30 o'clock, p.m., on the night of the 24th of June. A few minutes after the accident, he was seen by a medical man at the place where he fell. He was sitting up, supported by by-standers, bleeding freely from his left ear, breathing heavily and unable to speak. He was cursorily examined by the light of a match and by manipulation, but

no serious injury found. He was helped up and walked by the assistance of a man on either side taking his arms, a distance of one hundred and fifty yards, when he sat down upon a door step. After resting a few minutes, he walked, assisted as before, about fifty yards farther, to a house where he was more carefully examined, but nothing more detected. He appeared to be conscious, but did not reply to questions asked him—but said, "take me home," got up alone and walked out into the street and vomited. He seemed strong and walked with little staggering. He said, "give me a drink of brandy and I will keep quiet," which request was not complied with.

He was now put in a carriage between two assistants and driven to his master's house, about half a mile off. He walked by assistance up two flights of stairs, and was put to bed. A female servant of the house entering his room said William you have got a bad hurt? when he answered yes Mary, I am done for. The clots were removed from the ear by syringing, but the source of the blood was not visible. Cold water was applied to the head and a sedative given, this was about 11:30 o'clock, p.m., or an hour after the accident. Half an hour after this he was seen by his non-medical assistant, who reapplied the cold water and retired to his room on the floor next below. About 1 o'clock the assistant heard a thumping on the floor. He went up and found the patient sitting on the edge of the bed holding his head between his hands, while his elbows rested upon his knees. He was told to lie down, and assisted in doing so, blood still trickled from his ear; after staying with him a few minutes, the assistant left the room. About 2:30 a.m., the thumping was repeated; the assistant went up and found him sitting as before, his nose bleeding slightly; when told to lie down, he stood up alone, turned around and lay down. Grasping his attendant's wrist, he shoved him from him as though he wanted him no longer, turned over and sighed. Assistant left him, retired to his room and sat up reading, so that he might hear any noise, but heard none. In the morning he was found dead in the position in which he was last left, his body still retaining some warmth.

*Post Mortem.*—The *post mortem* revealed a contused and swollen portion of the scalp over the left parietal bone; (his hat, a stiff felt one, also

bearing evidence of his having fallen on this part of the head). On reflecting the scalp, it was found to be deeply ecchymosed over this part, and when the calvarium was removed, the membranes and brain substance were found much congested on the side struck; but more especially on the opposite one. The middle meningeal artery was ruptured, as likewise the tympanum. A fracture extended from the centre of the superior border of the squamous portion of the temporal bone downwards through the meatus auditorius externus posterior to the styloid process into the foramen lacerum posterius. On the interior of the skull, it could be traced through the petrous portion into the foramen lacerum anterius.

Leaving the readers of this case to draw their own deduction, I would add a short note bearing upon the sign hemorrhage, from a case \* happening the day after the one related.

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### Correspondence.

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To the Editor of the CANADA LANCET.

SIR,—In looking over the columns of the May number of your valuable and much sought after Journal, we were surprised, as well as grieved, at some of the unjust statements made by your correspondent over the signature of one who arrogates to himself the title of "One Who Knows."

In reference to his "seeking not to raise one institution by lowering another" we will leave your intelligent readers to judge whether he has not *thus* completely ignored the introductory part of his letter, and allowed his natural proclivities to overcome his better judgment, and fallen into the very error which he intended to avoid.

It is not our purpose in this letter to answer the invidious remarks of your correspondent, concerning some of the medical staff of this hospital, as we are quite confident that the reputation of the gentlemen to whom he has referred, are already too well established to be in any way affected by the adverse criticism of your correspondent. His equally un-called-for assertions regarding the "ac-

\* A man aged forty, fell from the upright position forwards, prone upon the ground, striking upon his chin. He bled freely from his left ear, (he says half a gallon). His injuries as far as made out, besides a cut on the mental protuberance and tenderness in and about the articulation of the inferior maxilla on the left side, were rupture of the membrana tympani, followed by deafness on the same side. He has recovered without any bad symptoms.

commodation, crippled finances, &c.," of an institution, which has been the home of a greater number of our Canadian medical brethren, than any other hospital in the great metropolis, need only be mentioned to be despised. But we cannot put aside the impression that your correspondent has thrown the gauntlet to the Canadian students of St. Thomas's Hospital to deny the charges and statements made by him; and we most cheerfully take it up, and embrace the earliest opportunity, with your kind permission, to establish by incontrovertible facts the unjust and incorrect statements of your unknown, though knowing? correspondent. Of the correctness of such facts, your correspondent can fully satisfy himself by referring to the books of the St. Thomas's Hospital Medical School, applying either to the Librarian or Registrar. In doing so, we wish it to be distinctly understood, that we have none other than the most friendly feelings towards all the hospitals of this great city; and of the kindness to us of the various medical staffs, we cannot but speak in the highest terms of praise. During the last twelve months the following appointments have been held by Canadians: 5 obstetric clerks, 5 out-door dressers, 7 in-patient clinical clerks, 3 in-patient dressers. And the appointment of Resident Accoucheur, and that of Surgical Registrar, has each been held by Canadians during that time. Few, if any, have been refused the appointments for which they applied. We leave it to your readers to determine whether your correspondent "One Who Knows," was correct when he states, "I know as a fact, that it is exceptional for Canadian students to become in-patient dressers, &c."

In regard to the random statements concerning obstetric clerks, attending 50 maternity cases, in the short space of two weeks, we agree with your correspondent that it is "exceptional," and we think that *they* are still more exceptional who would undertake such a wholesale practice of midwifery, and expect to do justice to their patients—remembering that these patients have to be attended at their homes.

As St. Thomas's has been the first metropolitan hospital to open its doors to Canadian graduates, at a reduced fee, we consider it a very uncourteous act on the part of your correspondent to speak so disparagingly of either the institution, or its medical or surgical staff.

Signed on behalf of the Canadian graduates,

F. R. ECCLES, M.B., M.R.C.S.E.  
D. FRASER, M.B., M.R.C.S.E.

St. Thomas's Hospital,  
London, June, 1877.

## Selected Articles.

### THE RELATIVE VALUE OF DIFFERENT LOTIONS IN ULCERS OF THE LEG.

Dr. William Alexander, Visiting Surgeon to the Liverpool Workhouse Hospital, contributes to the *Medical Examiner* (May 3 and 10) an interesting communication on this subject, and from it we make the following extract:—

The treatment naturally divides itself into constitutional, mechanical, and topical. All our patients were in fair health, and were subject to no organic disease. The urine, lungs, and heart were examined in every case, and if there were any symptoms indicating mischief, or if serious disease was found, the patients were transferred to other wards. The diet in all was similar, sufficient, and unstimulating; medicine was rarely given; so that we may dismiss constitutional treatment with the remark that when necessary it is most important, but that it is most difficult to tell when a patient is in good general health, as far as an ulcer is concerned, as very often the strong and apparently healthy are more difficult to cure than the delicate and apparently unhealthy. I think that in such cases the constitution has little to do with the treatment, but that the slow cicatrization depends to a great extent on the mechanical derangement of the limb. This brings us to the second and most important mode of treatment, the *mechanical*. It is to the perfecting of this that we believe the attention of surgeons must be directed in future; but we will dismiss it also for the present, as it was used, in addition to the topical treatment, in all cases in which it was considered suitable or necessary, and does not invalidate, or to a very slight extent, the result of our experiments on the relative effects of topical applications. *Strapping* by means of soap plaster is the simplest mechanical means we have used by itself, and it is the grand remedy for indolent ulcers which are not spreading in a fleshy leg that possesses a moderate amount of vitality. The test of success in any remedy was that the ulcer became healthy or kept healthy, and continued healing until the patient was either discharged cured or at his own request. As soon as the sore became stationary or retrograded the lotion was changed.

Caustics were used in several cases, but only for destroying sloughs, the ulcers being treated afterwards by some of the above-mentioned lotions.

I will now explain the indications for the use of each of the lotions.

*Boracic ointment* is made, after Mr. Lister's formula, of one part boracic acid, one part white wax, two parts paraffin, and two parts almond oil, modified and softened by a little glycerine, as recommended by Dr. Macfie Campbell. This is the

only unctuous application in which we have any confidence, a trial of some others having proved their inferiority to lotions. Boracic ointment is most useful in slowly healing ulcers; it keeps them clean and healthy-looking for any length of time.

*Chloral lotion* has two distinct properties, cleansing and healing, the former being its pre-eminent one. In eighty-nine cases its healing qualities were not properly tested, as it was and is extensively used by us to all ulcers on admission preparatory to the application of other lotions which are used when the sore is clean; so that many more than thirty-five would have healed to the end had the lotion been continued. If I were asked to name the most generally useful lotion that would save all trouble to the surgeon and secure a comparatively good result, I would at once name chloral lotion. In a healthy sore, where there is no mechanical obstruction to cicatrization, the lotion most rapid in producing the desired effect is *chloride of zinc*; the sulphate appears to be much inferior. Much caution is required in the use of these two applications, least over-stimulation and sloughing, or ulceration should result. In superficial ulcers the rapid effect of the chloride is very little superior to our next application, *lotio boro-salyetica*. This was first introduced with the object of checking a profuse discharge of pus from a chronic abscess, Langenbeck having used it for that purpose in a case of excision of the larynx. It does not seem to me to have much value in that direction, but it is very useful in superficial ulcers.

The old *spirit lotion* still holds its ground as a most useful application to healthy wounds; and *lotio ferri* can be highly recommended in pale anæmic ulcers with their watery discharge in unhealthy anæmic individuals.

In eleven cases of obstinate resistance to treatment in long-standing ulcers, a *seton* was inserted near the tubercle of the tibia, with the object of securing the accustomed "drain for the body." In five cases it was useful; but the theory is incorrect, as the body does not require the drain. We have never seen bad effects from stopping it when we could, and in many of the cases that resisted the seton, we found afterwards, from the effect of more suitable treatment, that the cause was quite different.

*Lead and opium lotion* holds an enviable position in clean but irritable ulcers, with a deep-red and painful state of the integument around. This seems to be its special niche, as it nearly always leads to disappointment when used in other varieties of ulcer.

*Water-dressing* was used only in two cases. It may do very well in private practice, but it is a dangerous remedy where many ulcers are congregated. On this ground it was given up.

We now come to *carbolic acid*, either as a lotion or mixed with olive oil. I look upon it as our

greatest safeguard and sheet-anchor in hospital practice, and especially in *workhouse hospitals*. If pyæmia, erysipelas, or phagedæna threaten, to carbolic acid we resort at once; and I think it is an almost conclusive proof of its efficacy in preventing these scourges of hospital wards that in our hospital, where patients are admitted with every possible grade of unhealthy, dirty, and sloughing sores, only two cases have as yet been attacked with erysipelas after operation. Pyæmia, also, after operation is almost unknown; and I think that the prevention of such diseases shows the great practical use of this acid; but its efficacy in healing chronic ulcers is much inferior to many other of the remedies employed. It will keep the ulcers clean and sweet for almost any length of time; but they will not heal, and at length assume a soft, light-red, parboiled appearance, which they retain.

*Chapman's* treatment by bandages, dipped in water in which a little glycerine is added, was tried in six cases. Two of these healed uninterruptedly; but in the others the result was so unsatisfactory that no further trial was made. I believe it to be useful in small, irritable ulcers, for which I intend to try it in future.

What I have called "*antiphlogistic lotion*" is one proposed by Mr. Hutchinson, composed of acetate of lead  $\zeta$ iv. ac. acet. dil.  $\zeta$ ij  $\text{H}_2\text{O}$ . and rectified spirit  $\zeta$ viiij. Five out of eleven cases healed under its influence. These legs generally exhibited numerous small ulcers, with the skin around in an unstable condition. The skin was strengthened, and the ulcers soon became glazed over and assumed a reddish-brown tint, quite peculiar to this treatment.

*Antiseptic dressing* consisted in steeping and thoroughly washing the ulcer in carbolic acid, strapping it with several layers of lac and cotton-wool, and applying a firm bandage from toes to knee, the limb being enveloped during the operation in a cloud of carbolic-acid spray. It produced a permanently good result only in two cases. After the first few applications the sore looks healthy, the beautiful thin cicatricial line can be seen creeping inwards, but in a short time the healing process is at a stand-still, and the re-ulceration begins either in the surrounding skin or in the cicatrix. If the lotion is changed while the sore is healing, cessation of the process immediately takes place, the cicatrix resembling a "forced" plant that will not live in the open air.

*Electrolysis and grafting* may be classed together as different methods of *forcing* cicatrization. In healthy granulation surfaces, where everything is favourable, cicatrization may be much hastened and facilitated thereby, but in chronic ulcers electrolysis resembles the application of the spur to an exhausted horse, and grafting is to the ulcer what over-feeding is to an exhausted stomach. Only

one case healed after electrolysis and two after grafting, out of nine and eleven cases respectively. Latterly I have grafted ulcers with the thin and almost hairless skin from the inside of rabbits ears, and with as good a result as with human skin, though not with such a good result as would induce me any longer either to sacrifice rabbits or to undertake such troublesome methods of treatment. During my later experiments in grafting, I covered the grafts with a fine piece of iron wire gauze, surrounded by oakum. The discharge from the sore was absorbed by the oakum, which could be changed without disturbing either the gauze or the grafts. More recently still I have used pieces of gauze alone without any grafts. They are applied for two or three days, when the ulcer becomes thoroughly cleansed, and the appropriate treatment for bringing about cicatrization is then adopted. I believe that the effects are as good as those of electrolysis or grafting, as far as regards the increase in the vitality of the sore, although there is an absence of the scientific display and the operative manipulation by which the latter methods are distinguished, and which cause the ulcer to have a very dirty appearance.

I have already alluded to the importance of mechanical appliances in the treatment of ulcers, and I wish now to mention a few situations where mechanical forces prevent cicatrization.

1. In small ulcers, having a longitudinal direction, upon the sharp anterior border of the tibia in its middle third, the muscular mass of the calf drags upon their edges, and either prevents cicatrization or breaks up the cicatrix before it is strong enough to resist the tension. A well-padded back splint, to which a foot-piece is added, and to which the leg is firmly strapped, secures a good result.

2. A depressed concave ulcer on the inner side of the calf, just above the spot where the muscular tissue joins the tendo Achillis. In such cases the calf is unusually prominent. Soap strapping for a considerable period is the most effectual application.

3. A strap-shaped ulcer above the ankle, with infiltration and atrophy of the subcutaneous cellular tissues, the leg being the same diameter for three to four inches above the malleoli, when it suddenly enlarges into the calf. The cicatrix moves with every movement of the tendons, and requires a long time and many fresh ulcerations before it so accommodates itself to the necessary movements of the part as to be no longer injured.

4. Ulcers on the malleoli require rest, soothing lotions, and much patience for their treatment.

5. Ulcers on what might be called the "bursting leg," where the skin is tense, but not glazed or red. The ulcers are small, often numerous, and usually occur in young, strong, healthy persons, and are mostly associated with hypertrophy of the tibia.



In conclusion, I am justified in laying down the following propositions regarding chronic ulcers of the leg ;—

1. That an ulcer on a comparatively healthy leg will be healed by every mode of treatment that secures cleanliness, and that does not interfere with the healing process.

2. That in the majority of cases the causes preventing cicatrization are mechanical, and can be best treated by removing or counteracting these obstacles, and that until this is done any benefit to be derived from topical applications will be but temporary and evanescent.

3. That large ulcers of the leg require a certain time to cicatrize ; that periods of rest in the process are necessary for the maturing and contraction of each fresh piece of a sicatrix, and that we ought to devote more attention to the signs that will indicate whether an indolent ulcer should be stimulated, or whether the apparent indolence is only a rest, as necessary for its future exertions as our daily sleep is to us.

4. That we must shun the over-use of wet applications ; the lotion should be applied to the ulcer *alone*, and the surrounding skin should be kept as dry as possible.

5. That where wet applications are resented by the skin or ulcer, oxide of zinc powder dredged over the limb is most useful ; and where the ulcer is healing, but the surrounding skin unstable, the zinc lotion to the ulcer and the powder to the skin, have seemed to me the most appropriate treatment.  
—(*Monthly Abstract of Medical Science.*)

#### LATENT CANCER OF THE STOMACH.

In an important thesis, lately published, on this subject (abstracted in *Journal de Médecine et de Chirurgie Pratiques*, April, 1877), M. Chesnet, basing his conclusions on numerous observations, brings to light the fact that not only may cancer of the stomach reveal itself by no other signs than a little dyspepsia, or by a cachexia of which we cannot ascertain the cause, but that it may produce ascites like cirrhosis, anasarca like Bright's disease, that it may perfectly simulate tuberculosis, chronic bronchitis, cardiac affection, etc.

The author has divided his observations into ten categories. In the first, he deals with cases in which the malady has been absolutely latent, nothing during the life of the patient having drawn attention to the stomach, whilst the lesions found there by chance after death were much advanced. In the second category are found the cases in which the only symptom observed was dyspepsia. In the third class, uncontrollable vomiting during pregnancy led to the idea that one only had to deal with the ordinary accidents of this condition, whilst they were maintained by a cancer, probably pre-

existent. In another class M. Chesnet places a case in which the patient presented, as the morbid symptom, anasarca, and died of purulent pleurisy. There was no albumen in the urine ; this fact, as well as another given by M. Rendu, shows that, in cases of anasarca, accompanied by cachexia without albuminuria, we may suspect cancer of the stomach, even when there are no gastric symptoms. The ascites due to a latent cancer of the stomach, has often caused a false diagnosis, either of cirrhosis, or tuberculous peritonitis, as many cases ranged under the succeeding category show. In the form of latent cancer of the stomach, called thoracic by M. Chesnet, very different cases may occur. Thus, at first, we may suppose that there is pulmonary tuberculosis, and then that there is nothing serious in the lungs, but that the stomach is the seat of the lesion. M. Bucquoy, however, did not commit this error in a case where a patient presented most of the usual symptoms of tuberculosis, without auscultation revealing serious pulmonary lesions ; basing his opinion on the cachectic state of the patient, not regarding the state of the lungs, this physician, although there were no gastric symptoms, diagnosed a cancer of the stomach, which was verified by the necropsy. In other cases, where pulmonary tubercle and cancer of the stomach co-exist, it is the last which, though the most important, escapes observation. Lastly, this cancer may have for a consequence cancerous angiopleucitis of the lungs, which betrays itself by grave symptoms, as cyanosis and dyspnoea, which prevent the cancer of the stomach from being recognized. There are, also, cases in which palpitations, dyspnoea, even pericarditis by propagation, have been considered, in persons affected with cancer of the stomach, only as the expression of a primary cardiac affection.

Some patients present gradual emaciation, progressive anæmia, a slow cachexia without manifest local symptoms, and differing much from the cancerous type of cachexia ; in these cases, we must always think of cancer of the stomach. Lastly, in some cases the cancer is multiple, and is very manifest in other parts than the stomach ; this last organ is almost always neglected in the diagnosis.

Why, then, is it that there are cancers which give rise to such slight symptoms, while others signalize their presence in so unmistakable a fashion ? It is difficult to answer this question ; it is, however, probable that their seat is in a part far removed from the orifices of the body ; the reactional state of the subject (idiosyncrasy, age, etc.), and the more or less altered condition of the mucous membrane in the vicinity of the lesion are the principal elements of the problem. However this may be, it is established that the manifestations of latent cancer are, as local symptoms, anorexia, gas tralgia, vomiting of food or glairy mucous ; as gen-

eral symptoms; œdema, local or general, emaciation, loss of power; and, lastly, as secondary phenomena, diarrhœa or constipation. All these symptoms, whether single or combined, when they occur in an obscure pathological condition, should induce careful examination of the stomach; and, in certain cases, would even warrant the diagnosis of cancer of that organ.—*Lond. Med. Record*, May 15, 1877.

### NEW DRESSING FOR FRACTURE OF THE PATELLA.

Procure the bottom and top pieces of a cigar-box, and split two pieces two inches wide, and hollow out one end of each to a semi-circle (only a little shallower.) Trim the board back of this somewhat in the shape of the handle of a paddle; take a few nails from the cigar-box, and fasten close to the hollowed end of each of these pieces a block of wood an inch long and half an inch square. Groove out the block a little on the end, away from the semi-circle, for the purpose of retaining a piece of cord in the way of a pulley. You will next procure a straight board to reach from the middle of the thigh to the middle of the calf, a roller and some lint or old muslin, and a piece of stout cord, and you will have all you will need.

First apply a thickness or two of lint or muslin to the under surface of each of your short splints, and apply one above and the other below the fractured patella, permitting the semi-lunar end to grasp its part of the bone accurately; line the long splint, and apply on back of limb; let an assistant hold them so, whilst you apply a roller from the toes to the middle of the thigh, observing as you do so that the short splints are in line on top of the limb. You will then be ready to bring the fragments together, which you will have no trouble whatever in doing, by taking a couple of turns of a stout cord around the little blocks, and drawing gently but firmly on them. Tie the cord and you are done. You will perceive that the bones are held firmly in apposition and can not readily be displaced. If you have a compound fracture, or much bruising of the soft parts, your dressing has left the whole surface open for treatment, and the straight splint allows no pressure upon the popliteal vessels, at the same time giving extension and a firm basis for fixing the short splints. Put your patient on his feet with a crutch, and send him out of doors; he need not be kept confined an hour.

I have used this dressing several times, just as



given above, and with the happiest results. If this bone can have ossific union, I think I have attained it, as I have been unable to detect either separation or ligament. In fact, this simple affair has been more satisfactory in results than any fracture dressing of any kind I have ever seen.—*Dr. Poynter in the Clinic.*

### REMOVAL OF RECTUM FOR EPITHELIOMA.

SERVICE OF PROF. AGNEW—PHILADELPHIA.

April 18, 1877.—Ellen F. presented herself at the clinic to-day, stating that about eight months ago she began to notice pain and difficulty at stool. This has gradually increased, and has been accompanied with excruciating pain, which she can only compare to the touch of a red-hot iron.

Upon examination I find a small ulcerated mass about the size of a cherry protruding from the anus. On introducing my finger into the rectum I find that it is almost occluded by a dense mass of granulation-tissue which occupies the lower two and a half inches of the rectum. On vaginal examination the posterior wall of the vagina is found slightly indurated.

From the history of the case, the appearance and progress of the disease, I conclude that it is an epithelioma of the rectum.

What can be done for the relief of the patient? This is a form of cancer which runs its course with great rapidity, so that an operation, if desirable, should be done at once.

Removal of the involved portion of the rectum in these cases is sometimes followed by great relief; but the advisability of the operation depends much upon the condition of the patient, the position of the disease, and the amount to which it has involved contiguous structures.

If situated in the lower part of the rectum, so that the dissection for its removal has not to be carried too near the reflexion of the peritoneum, if it is limited to the walls of the rectum, and the patient's life is rendered miserable by the intense pain which accompanies it, then I think its removal is justifiable as a palliative operation, and promises the patient the only chance of relief. In the case before us we have very much these conditions, except that there is a slight involvement of the posterior wall of the vagina. Her bowels having been previously opened, she will be etherized.

Being ready for the operation, she will be brought to the edge of the table, her legs supported by an assistant on either side. I shall make my first incision from the anus to the coccyx; my second incision will be made from the anus to the vagina, in the median line of the perineum;

these two incisions being connected by semicircular incisions following the verge of the anus on each side, the skin being reflected.

The bowel is then enucleated by working up in the connecting tissue around the rectum, using the handle of the scapel and finger, except where the tissues are too dense. The vessels, which are very numerous, are tied as they spring.

I now remove the diseased portions of the vagina, and having reached healthy tissue in the rectum, I bring it down and remove it.

The perineum and posterior incision being brought together by sutures, I shall stitch the edges of the bowel to the reflected skin. The ligatures, about thirty in number, will be brought out of the posterior portion of the wound.

The amount of blood lost has been less than that from the amputation of a limb.

A dressing of lint saturated with carbolized oil will now be applied, and as soon as she reacts from the ether she will be given opium enough to relieve her pain and keep her bowels quiet. Patient reacted well from ether, and has very little pain.

The patient did very well until April 23rd, when symptoms of septic poisoning set in and she died on the 25th.—*Med. Times*.

CONSTITUTIONAL CONDITION—A GUIDE TO TREATMENT.—Dr. Fothergill says: "It is of far greater importance to be able to estimate accurately the true constitutional condition of the patient than to be able to form a complete diagnosis of the precise seat, extent and depth of the local mischief. It is a fatal error, too often committed, to attach too much consequence to the recognition of the local malady and to attach too much importance to the character of the constitutional disturbance attending it. \* \* But if paying little attention to the local affection, except so far as its characters indicate the general type of the disease, we make the constitution of our patient our guide, and deplete or stimulate according to the state in which we find it, and thus, perhaps, treat two patients with the same disease, so far as the name is concerned, on totally opposite plans, we shall not act inconsistently, but in strict conformity with the natural condition of our patients and of his disease." His views on tubercle which are peculiarly expressed, are as follows: "Tubercle is not a strange intruder, of foreign race and blood, amidst the mild and inoffensive cell aborigines of a viscus with grim front and lowering mien—a sort of Spanish *conquistadore* amidst inoffensive and harmless Indians—exerting a destructive and malign influence on all sides and everywhere; it is the 'ne'er-doweel' of the tissue family, the degraded 'nought-weel' of whom there is little hope of regeneration, who will scarcely ever be converted into anything

more than a harmless tax upon its blood relations, and which more frequently becomes a source of great danger to them. Tubercle is a degraded form of connective tissue, and there are various forms of degradation—some higher, some lower—but all below the standard of health. The less degraded the type, the less unfavourable the prognosis; the more degraded, the more hopeless."

PROPERTIES OF THE HUMAN GASTRIC JUICE.—M. Charles Richet has been studying these matters upon the person of the patient on whom Verneuil successfully performed gastrotomy. He has reached the following conclusions: 1. The acidity of the gastric juice, whether pure or mixed with food, is equivalent to 1.7 grammes of hydrochloric acid to a thousand grammes of fluid.— 2. Acidity increases slightly at the end of digestion, and is independent of the quantity of liquid contained in the stomach. Wine and alcohol increase, but cane-sugar diminishes it. 3. If acid or alkaline matters are introduced, the gastric juice tends to return to its normal acidity. 4. The mean duration of digestion is from three to four and a half hours and more. Food does not pass successively but in masses. 5. According to four analyses made by a modification of Schmidt's method, it was proved that free hydrochloric acid exists in the gastric juice. 6. It is possible to extract all the lactic acid contained in the stomach, and to prove that there is one part lactic acid to nine parts hydrochloric acid. 7. Following the method of Berthelot, that is, by agitation with anhydrous ether and deprived of alcohol, it can be shown that lactic acid is free in the gastric juice. 8. The question so long in controversy as to the nature of the free acid in the stomach seems almost solved, and it may be said that in every 1,000 grammes of gastric juice there are 1.53 grammes of hydrochloric acid and 0.43 of lactic acid.—*Lyon Medicale*, May 13, 1877.—*Med. Record*, No. 3.

NUSSBAUM'S NARCOSIS.—(*Nenes Rep. of Pharm.*, 1876. *New Remedies*, Mar. 15, 1877). The peculiar state called Nussbaum's narcosis, produced by the subcutaneous administration of a few centigrammes of morphia, about fifteen minutes previous to placing a patient under the influence of chloroform has already been known for some time, and made use of with great benefit during operations in the mouth or in the fauces, as the full anæsthetic effects of the chloroform are preserved while the loss of consciousness is by no means complete. Still better results have lately been obtained by substituting a subcutaneous injection of a few centigrammes of muriate of narceine for the morphia. The hypodermic solution is best made as follows: 0.2 gm. of muriate of narceine are mixed with 20 gm. of distilled water in a flint or test tube; the latter is placed in a water motor and heated until the salt is dissolved.—*Detroit Medical Journal*.

A NEW PREPARATION OF IODINE (*The Practitioner*, May, 1877).—Mr. J. Crouch Christopher calls attention to a new preparation, which, he says, in his hands has proved to be more useful and to have fewer disadvantages than other remedies of like nature in more general use. It consists of twelve grains of cinchona flava, one grain and a half of iodine in the form of hydriodic acid, and one grain of protoxide of iron to a fluidrachm of liquor. The fact that the iron compound remains in the state of proto-salt (whereby its value is enhanced), and that the liquor never, either by time or exposure, becomes inky through the action of the tannin in the bark, tends to show that there is something more in this case than a mere mixing of ingredients.

The cases in which this preparation or compound has been found most useful were, for the most part, cases of secondary and tertiary syphilis, particularly those in which mercury has been lavishly used or abused,—cases in which it was difficult to determine to what extent the diseased condition was due to syphilis, to the abuse of mercury, or to a combination of both. Great benefit has been derived from its employment in cases of persistent and frequently recurring boils at a time when what may be termed a furunculoid epidemic existed.

It has been serviceable also in cases wherein it is important to give iodine in some form without incurring the risk of depressing the patient unnecessarily,—such as cases of scrofula, anæmia, and glandular enlargement. Some of these, intolerant of the officinal preparations of iodine, tolerated this, and were benefited by it.—*Medical Times Phila.*

THE TREATMENT OF TAPEWORM.—Prof. Mosler has been advocating a system of treating tapeworm which, according to a Swiss medical journal, has been attended with remarkable success. Its chief characteristic is the injection of large quantities of warm water into the colon, after the administration of the anthelmintic. The diet is first regulated, food being given which is supposed to be distasteful to the tapeworm—bilberry-tea, herrings, sour cucumber, salted meats. The intestines having been, as far as possible, emptied by laxatives, a dose of the extract of pomegranate-bark is administered, prepared from the fresh bark, and then a large quantity of warm water is injected into the rectum. The theory is that the worm, previously brought down into the colon, is prevented by the water from attaching itself to the wall, and is brought away by the liquid on its escape. It is asserted that in every case in which this treatment was adopted the head of the worm was removed.—*The Lancet*, June 23, 1877.—(*Clinic.*)

The University of Michigan has lengthened the term of lectures to nine months.

COCOA AS A FOOD FOR INFANTS.—The great advantages to be derived from the employment of cocoa in the feeding of infants, especially of the poor, are obvious, for, beside its heat-producing flesh-forming ingredients, it is cheap, simple, and readily available. A teaspoonful, more or less, of a sound preparation of cocoa to half a pint of fluid, partly water and partly milk, even skimmed milk, when boiled for a minute or two, affords a wholesome meal to a hungry infant, and will *cæteris paribus* be thoroughly digested.

To present nutriment to the infant stomach, especially before the teeth are developed, in a perfectly fluid form, I have long since regarded as indispensable to the health of a child, inasmuch as the pepsin or solvent principle does not, as in adults, seem capable of reducing solids, not even pap, to such a state of solution that the lacteals or absorbent veins can act upon it with the same energy as in after life. The consequence is that the child, though largely fed is still hungry, accumulations take place in the intestines, its limbs and body waste as much from inanition as from vitiated secretions, and the countenance assumes the canine ravenous expression of starvation and bad treatment.

I beg, therefore, respectfully to commend cocoa, as an article of infant's food, to the notice of my professional brethren.—*Wm. Faussett, Dublin Medical Press.*

REMOVAL OF THE SPLEEN.—Billroth extirpated an enlarged spleen in a woman 45 years old, the report of which appears in a recent exchange. The incision extended from a hand's breadth above to the same distance below the umbilicus, and the spleen came out readily; there were no adhesions. The gastro-splenic omentum, together with the enlarged splenic vessels, were divided into six portions by strong hempen ligatures doubled. No blood was lost in cutting away the spleen. The ligatures were cut short, drainage tubes were introduced, and the line of incision was closed with sutures. The spleen was twenty-eight centimetres long, eighteen broad, and eleven thick; its weight was 2075 grammes. For four hours after the operation the patient was very well; she then had a sudden, urgent desire to go to stool, and passed a few very hard fecal masses, suddenly grew pale, and in consequence of hæmorrhage, both internal and external. The autopsy showed that the ligatures, which were put on close to the pancreas, were all stripped off, evidently at the moment when the patient was straining at stool, at which time the pressure in the splenic vein became much increased. The professor proposes in his next case to inclose a small portion of the pancreas in the ligatures, to avoid the above accident.—*Boston Medical and Surgical Journal*

## ONTARIO MEDICAL COUNCIL.

## MINUTES AND PROCEEDINGS.

The annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario, was held in Toronto, commencing on the 4th ult. All the members were present except Dr. Dewar, who was prevented through illness, and Dr. Hodder. The President, Dr. Clark, took the chair at 3 p.m., and addressed the Council. He expressed his regret at the illness which prevented one of the members from being present; referred to the removal of the Registrar's Rooms from the Mechanics' Institute to Old King's College in the Park—and expressed the hope that the latter building would be obtained for the permanent use of the Council. He alluded to the proposed Anatomy Act, and stated his belief that a few clauses would be all that would be required, as it was not a pleasant subject for Parliament to discuss. He had to state, moreover, that the question of Government aid had been asked, and he thought that if the matter were fairly brought before Parliament, a grant would be given to aid them in their Medical Examinations. The Veterinary College receives such aid, and aid to their Institution would, he felt sure, be also granted. He had much pleasure in stating that the question of reciprocity between medical practitioners in this country and in Britain had been considered in a very friendly way by the British Medical Council. They had evidently got to have a better estimation of the high standard of medical education in Canada.

When word had been received here that Canadian medical graduates were to be denied the privilege of acting as surgeons on the Allan line, he wrote to the Premier of the Dominion about it. Mr. Mackenzie communicated with the Board of Trade in England concerning it, and a satisfactory settlement had been arrived at. The President further said that there had been no particular business before the Executive Committee during the year, and there were in consequence few meetings of that committee. He concluded by thanking the Council for the hearty support they had given him.

Dr. Clarke and Dr. Campbell were re-elected President and Vice-President respectively.

On motion, it was agreed that the standing committees be the same as last year.

The credentials of Dr. Geikie as a representative

in the Council of the Trinity Medical School, were read.

Dr. Grant moved, seconded by Dr. Edwards, "That Drs. Clarke, Campbell, Morrison, Bethune, McLaughlin, and Lavell, do constitute a committee to examine the credentials, which may be presented and report to the Council. Carried.

Several petitions were received and referred to the proper committees.

## REPORT OF THE BOARD OF EXAMINERS.

Dr. Workman's report on behalf of the Board of Examiners was read. The document was a very flattering one in regard to the educational advancement of medical students. The total number of candidates who presented themselves was 194, of whom 188 passed—45 as first year's men, 63 primary, and 80 finals. The proportion subjected to oral examination was small.

Dr. Lavell, Chairman of the Committee on Credentials, reported to the following effect:—The Committee on Credentials beg leave to report that they have examined the credentials of Dr. W. B. Geikie as the representative of Trinity Medical College to this Council, and being assured that said School is separate and distinct from the University of Trinity College, and not a part thereof, recommend that the said Dr. W. B. Geikie be admitted to a seat in this Council as such representative.

This was objected to by the Council on the ground that, Dr. Hodder, the representative of the University of Trinity College, and a professor in Trinity Medical School, had not sent in his resignation, as a member of the Council. On the other hand it was urged and admitted that Dr. Geikie was duly elected, and was the legal representative of Trinity Medical School, and that Dr. Hodder's position was a separate question. After considerable discussion *pro* and *con*, it was moved by Dr. Muir, and seconded by Dr. Ross, "That one teacher of Trinity Medical School being already a member of the Council, that institution cannot, under the Medical Act, send another representative here." Carried.

The Committee appointed to draft a resolution of regret at the absence and serious illness of Dr. J. F. Dewar, reported the following:—

That it is with great sorrow we miss our zealous and courteous colleague, Dr. J. F. Dewar, from his accustomed seat at this Council. We feel we lose in his absence much wise counsel and vigorous labor in the service of our responsible duties.

The report was adopted, and a copy was instructed to be sent to Dr. Dewar.

## SECOND DAY'S PROCEEDINGS.

The Council met at ten o'clock the President in the chair. The minutes of the last meeting were read and approved.

Dr. GEIKIE appeared before the Council and claimed the right to take his seat as a member. He stated that he had been duly elected to represent Trinity Medical College. He did not know what action the Council might take with any other member, but as far as he was concerned he had a perfect right to a seat in the Council.

Dr. LAVELL moved, seconded by Dr. McLaughlin, "That the question of admitting Dr. Geikie to the Council Board be reconsidered."

Dr. BETHUNE held that the position of Dr. Hodder was now changed from what it was when he was elected. He had been chosen to represent the University of Trinity College, and not Trinity Medical School. The legality of Dr. Geikie's election he considered was beyond a doubt.

Dr. GRANT held that Dr. Geikie had been duly elected, and it was all nonsense to try to refuse him his seat. He was legally a member of the Council.

Dr. EDWARDS moved in amendment, seconded by Dr. Aikins, "That Dr. Geikie cannot take his seat in this Council as representative of Trinity School, as Dr. Hodder, a teacher of that school, is now a member of this Council." Carried.

Dr. GEIKIE rose and stated that, under legal advice, he intended to take his seat.

The PRESIDENT said he had allowed Dr. Geikie the courtesy to make an explanation to the Council, but from the resolution that had just been passed he could not recognize him as a member. If he considered he had a right to a seat in the Council he must take legal steps to prove it.

The TREASURER, Dr. Aikins, read his annual report, which was referred to the Finance Committee. The receipts for the year were \$10,519.81, and the balance on hand was \$5,208.14.

#### "RE" TRINITY MEDICAL COLLEGE.

The following letter in "re" Trinity Medical School was read.

"TORONTO, 4th July.

*Dr. Daniel Clarke, President Ontario Medical School, Toronto:*

"SIR.—We are instructed by the Faculty of Trinity Medical School to take immediate action against the Council of the College of Physicians and Surgeons of Ontario in reference to their illegal action yesterday evening in excluding Dr. Geikie from a seat at the Council Board, the duly accredited representative of the School.

"From the case submitted to us it appears that the credentials of this gentleman were examined by your Committee appointed for that purpose, who found them correct, and unanimously recommended that the representative of the same school be admitted to a seat in the Council. But notwithstanding this it was decided that the report of the Committee on Credentials be not adopted,

and that the representative of Trinity Medical College be not admitted to a seat in the Council. We understand that this decision was based upon a misconception of the effect of sec. 8 of the Ontario Medical Act, 37 Vic., chap. 30; but the Council will observe that that section simply provides that no professor or teacher in Trinity Medical School shall hold a seat in the Council as the representative of any other college or body, which is not the case under consideration. We, therefore, on behalf of the School demand the admission of their representative to a seat at the Council Board, and shall await your decision until four o'clock to-day, so as to give you an opportunity of consulting your legal advisers, whose opinion, we venture to say, will coincide with our own as to the illegality of yesterday's proceedings. Should the Council still refuse to comply with their duty in the premises, we are instructed, without delay, to take legal proceedings to compel the admission of the representative of Trinity Medical School, and also to obtain damages for his illegal exclusion. We may mention that the Council is not a Parliament, but a Board of Trustees appointed to discharge certain public duties, and that if they willfully exclude from the management of the trust, those who have an equal right with themselves to a voice in its management, their whole proceedings may be declared illegal and void.

"Will you kindly read this letter to the Council, and mention to them in the event of their refusal to comply with the demand therein contained we shall use this letter as evidence against them in the legal proceedings which we are instructed to take.

"Yours truly,

"BEATTY, CHADWICK & BIGGAR."

Moved by Dr. HYDE, and seconded by Dr. Muir, "That the President be instructed to procure legal advice in the matter." Moved in amendment by Dr. McLaughlin, seconded by Dr. Lavell, "That the letter respecting Dr. Geikie, be laid on the table." Carried.

Dr. ALLISON then moved the following resolution:—"That as the Medical Council of Great Britain at a recent meeting has signified its intention of conceding the principle of reciprocal medical registration between the colonies and the Mother Country—the recognition of which principle is hailed by this Council as one fraught with mutual advantage to the two countries—as soon as that body is empowered by Imperial statute and gives effect to said statute by the passing of a by-law or otherwise, and upon this Council receiving due notice of the same, the same reciprocal privilege be accorded to the registered graduates and licentiates of the parent country who may desire registration in the Province of Ontario on paying the usual fees; and also that a copy of this resolution be forwarded by the registrar, duly

authenticated by the seal of this Council, to the Medical Council of Great Britain."

A discussion arose as to whether the Medical Council of Great Britain had signified its intention of conceding the principle of reciprocal medical registration, and whether the Council were justified in considering as official documents, some correspondence that Dr. Campbell, the Vice-President of the Council, had received from the Registrar of the Medical Council of Great Britain.

Dr. BERRYMAN held that the Council had no right to recognize any correspondence received by their Vice-President unless he had been authorized by the Council to procure it. He considered it a bold step for Dr. Campbell to take on himself to communicate with the English Medical Board in the name of the Council, without receiving its consent.

With the consent of the mover, Dr. Campbell made an addition to the resolution, to the effect that old country medical graduates should be allowed to practice in Ontario only those branches of medicine in which they had graduated at home.

The motion was lost on a division of 21 to 3.

Dr. ALLISON moved the following:—"That in consequence of the widespread feeling of dissatisfaction that exists among the members of the medical profession throughout the Province with the manner in which the medical examiners are annually appointed, it is hereby resolved that in future no member of the Council shall be appointed to that office, but the appointment of the medical examiners shall be made from among the qualified members of the profession outside the Council; that five of the examiners be chosen from among the members of the College of Physicians and Surgeons in the territorial divisions who are unconnected with any of the teaching bodies or schools of medicine, and the remainder from among the said teaching bodies or schools of medicine, or other qualified bodies, now or hereafter existing in the Province of Ontario."

Lost on a division of 20 to 4.

Dr. W. CLARKE moved, seconded by Dr. Grant, "That it be an instruction to the Executive Committee to obtain either from the Government, or by purchase or lease, a proper building for the meeting of this Council, subject to the ratification of the Council." Carried.

Dr. GRANT wished to address the Council on an important question. He had lately visited Chicago, Philadelphia, and Detroit, and he found the medical bodies of those places exercising a great deal of influence on public opinion, and he saw no reason why the medical profession of Ontario should not have a great influence in the body politic. At Chicago recently nine entertainments were given to the Medical Association assembled there, and at not one of these was there any alcoholic liquor allowed on the table. The medical

men of England were also doing all in their power to suppress the evils of intemperance. He thought that they should take up this important question in this place. The amount of money expended for liquors would pay for all the educational and other institutions in the Province. After some further discussion a committee was appointed to draft a resolution upon the subject.

#### REPORT OF THE REGISTRATION COMMITTEE. 7

The Committee reported as follows:—1, That after examining the papers in regard to A. Alt, they were referred to the Committee on Education.

2. Having considered the application of Dr. Forbes, of Duart, we cannot recommend him for registration.

3. With regard to the petition of Dr. Comfort, your Committee would recommend that he be allowed to register as a matriculant.

4. That your Committee cannot conscientiously recommend the registration of Drs. Whiteford and Farley without an examination.

5. Your Committee would recommend that Dr. O'Falvey, who has been twenty-two years in practice, in Ontario, and who served in the Crimean war, after having attended four courses of lectures in the Royal College of Physicians and Surgeons, Dublin, be admitted to registration.

6. Your Committee also examined the Registry Office and found everything correct and in good order. The number of students who have entered as matriculants since our last report, is 151, and the number registered as members of the College was 112. Fourteen deaths have been reported to the Registrar since last report.

The report was adopted.

The President stated with reference to Drs. Whiteford and Farley, that at the last session a bill was introduced into the Legislature allowing all Canadian graduates having additional British degrees to practice here. He did not hear of the tenor of this Bill till the day appointed for the second reading. He believed that the Bill was introduced principally for the purpose of admitting to registration Drs. Whiteford and Farley, who were influential persons in their district. Dr. Aikins, Dr. Pyne, and himself, and others at once went to the House, but were informed that there was no hope in defeating the measure. A compromise was effected by the deputation agreeing to use their influence with the Council to admit the two gentlemen to registration without examination, unless that were a formal one. He (the President) admitted that they had done wrong, but pressed by the urgency of the occasion they agreed to the compromise, and the bill was withdrawn.

Dr. Brouse said, to admit these gentlemen without examination would be to create a precedent that would destroy the influence of the Council. He suggested that the President or some one else

should plainly state the case to the two applicants, and if they were men of honour they would submit to a practical examination.

Dr. AIKINS said that the deputation did not pledge the Council to anything definite. They merely promised to use their influence with the Council to get them registered. He did not care what the Council did with the application. He had fulfilled his promise to Mr. Wills, M.P.P.

Dr. HYDE said that it was evident that the Council had not the sympathy of the profession. He failed to see the propriety of refusing to register Canadian graduates duly qualified in Britain. If the Council mounted the high horse the whole country would be against them.

#### THIRD DAYS PROCEEDINGS.

The Committee met at 10 a.m. The minutes of the preceding session were read and approved.

Dr. GRANT presented the report of the Committee appointed to draft a resolution setting forth the views of the Council on the use of alcoholic beverages. The report read as follows:—

“This Council feels that the excessive use of alcoholic beverages is decidedly on the increase in our midst. We, as representatives of the profession in Ontario, beg to assure the public that it shall be our constant endeavour on all occasions, by our exhortations and scientific explanations of the danger of such excess, to suppress it to the utmost, by our united and collective influence.—

The Printing Committee brought in their report, which was read and adopted.

#### EDUCATIONAL COMMITTEE.

The report of the Educational Committee which was adopted is as follows:—

1. That hereafter the matriculations be held on the first Tuesday and Wednesday after Good Friday, and the third Tuesday and Wednesday in August of every year.

2. That in connection with the matriculation examination a note of warning be added that the examination includes writing from dictation; and further, that correct spelling and legible writing shall be indispensable.

3. Matriculated students in arts of any University in her Majesty's Dominion will be exempted from passing the matriculation examination of the Council, only when such University Matriculation is equivalent to that of this Council.

4. That botany be removed from the matriculation and placed in the second year's examination.

5. That a three months' course of lectures on botany be required as heretofore.

6. That until June, 1878, any pupil in his matriculation examination failing to pass on botany, but passing on all the other subjects, be not considered as rejected, but required to attend the course on botany and pass on it subsequently.

7. That in the case of graduates in Arts, botany be not required where evidence is given that they have already attended a course of lectures and been examined upon it; and also, that theoretical chemistry be not required of such graduates if they produce evidence of having attended two full courses and passed an examination upon it.

8. That in the published announcement, page 12, item (b) first line, instead of the words “after this date” the precise date be inserted.

9. That in the first year's examination, the subject of anatomy of the bones of the head be omitted, and that chemistry be limited to the metalloids or non-metallic bodies.

10. That botany and the physiology of the First Year, be added to the present subjects of the Second Year's examination.

11. That descriptive anatomy as a whole form a part of the examination of the Third Year.

12. That instead of surgical anatomy, as at present, forming a part of the Third year's examination, medical and surgical anatomy be placed among the subjects of the Fourth Year's examination.

13. That at the annual examinations the percentage upon each subject required for passing be as follows: First Year 33 per cent.; Second Year 50 per cent.; Third and Fourth Years 60 per cent.

14. That at the several examinations the examiners are hereby required to make their examinations as demonstrative or practical as possible.

15. That at the examinations a period of not less than ten days intervene between the last written examination and the first following meeting of the examiners.

16. That as soon as the Legislature has made such amendments to the Anatomy Act as shall have resulted in a sufficient supply of material being available for the schools, every candidate for the final examination be required to produce a school certificate that he has attended a full course of operative surgery on the dead subject; and also, another certificate to the effect that he has himself performed on the dead subject under the eye of his teacher all the ordinary operations in surgery.

17. That as soon as abundant material is available for the Council a part of every student's final examination shall consist of dissections and operations on the dead subject.

18. That a new annual announcement be published as soon as possible after the adjournment of the Council.

The President read a summons from the Court of Common Pleas, issued against the Council for refusing to give a seat to the representative of Trinity Medical School.

Dr. LAVELL, seconded by Dr. GRANT, moved, That the President, Dr. Wm. Clarke, and Dr. Aikins, be a Committee to take legal advice *in re* Trinity Medical School.—Carried.



A communication was read from Mr. W. H. Howland, Chairman of the Hospital Trustees, stating that—

The Toronto General Hospital Trustees have received the following large contributions towards building a fever hospital.

W. Cawthra . . . . .	\$5,000
W. Gooderham, Sr. . . . .	5,000
Jas. G. Worts. . . . .	3,000
	\$13,000

They had also received in smaller contributions, something over \$2,000, all of which, and very much more had gone for improvements.

They had further received considerable support from the country municipalities who had largely purchased \$50 tickets, allowing them to send in four patients for that sum.

The Trustees also invited the Medical Council to pay the Hospital a visit.

Dr. BERRYMAN moved that a select committee be appointed to draft a petition praying for certain amendments to the present Act, entitled an "Act for the Registration of Births, Marriages, and Deaths." The principal changes he wished in the present Act were that proper medical certificates as to the death of everyone should be furnished before the corpse was buried, and that better provision should be made for furnishing statistics.

Dr. BETHUNE objected to the present Act inasmuch as it allowed anyone to certify to the clerk of the municipality the cause of death. He held that the certificate of a medical man only should be valid.

FOURTH DAY'S PROCEEDINGS.

Council met at 10 a.m. Minutes of previous session read and approved.

The Prosecution Committee recommended the dismissal of a man named Moore, who had been prosecuting legally qualified men.

The Education Committee presented their second report, which was adopted.

1. That graduates in arts shall be required to pass the first and second annual examinations, but may pass the third and fourth at the end of the third year.

2. Pupils who are or have been required by the regulations of this Council to go up for any annual examination, and who refuse or have refused to do so, shall lose one year for each such refusal.

3. That the written portion of the next professional examination commence in Toronto and Kingston towards the end of May, 1878, the precise date to be fixed by the President.

4. That the President make all necessary arrangements for properly carrying out the examinations, and further, that he arrange that the questions submitted to candidates shall be printed, and not dictated.

5. That hereafter no rebate shall be allowed to

unsuccessful candidates at any of the examinations.

6. The primary examinations shall cease after July, 1877.

7. That attendance at a course of 25 lectures on Sanitary Science shall be required of every student, except such as have already attended two winter courses of lectures.

8. That several applications on behalf of certain persons to be exempted from examination be not entertained.

9. That tickets of attendance on lectures after July, 1877, must, in order to be valid, show the number of lectures which the student has attended, the same rule to apply to hospital students.

10. That all students of medicine having matriculated and afterwards studied with a qualified practitioner one year preceding October, 1876, be allowed to go up for the first and second years' examination in 1878, and the third and fourth in 1879.

11. That a Committee consisting of the President, Drs. McLaughlin, Campbell, and Morrison, be appointed to report to the next meeting on the whole subject of matriculation, having special reference to the Intermediate Examinations of the High Schools.

12. That, when through amendments to the Anatomy Act sufficient material would be available for dissection, pupils will be required to give evidence of having twice dissected the whole body.

13. That medical schools are recommended to lengthen their Winter Sessions, or to establish a three months spring or summer session in which to deliver the shorter courses, viz.: on Botany, Medical Jurisprudence, Sanitary Science, Microscopic Demonstrations, &c.

14. That hospital authorities are respectfully requested to make every reasonable arrangement to facilitate the hospital studies of medical students.

The PRESIDENT invited the members of the Council to visit the Lunatic Asylum and make an inspection of its working. The Council decided to accept Dr. Clarke's invitation. The members of the Council proceeded to the asylum in cabs, and after visiting the different wards and apartments, partook of an excellent luncheon provided for the occasion. The members expressed themselves as highly pleased with the neatness, cleanliness, and orderly appearance of the internal arrangements of the institution, and the kindness and urbanity of the worthy superintendent.

The Council met again at 3 p.m.

Moved by Dr. BETHUNE, seconded by Dr. Logan, that the thanks of the Council are hereby tendered to W. H. Howland, Chairman of the Board of Trustees, Toronto General Hospital, and to Dr. O'Reilly, House Surgeon, for their kind invitation to visit the hospital, and the members of the Council will be happy to accept if they can find time before adjourning.

The Committee appointed to report on the visit to the Lunatic Asylum, reported as follows, which was adopted :

"That this Council would beg to tender its thanks to Dr. Daniel Clark, for the invitation kindly proffered them to visit the Toronto Provincial Lunatic Asylum, thus affording them an opportunity of investigating the details of management of this important institution, so much required for the treatment or safe keeping of a large and unfortunate part of our community. We are truly glad to see that in the extent of its buildings—the costliness of its internal appointments, our Government has shown no niggard hand in attending to the comfort and possible recovery of this unfortunate class of our fellow-creatures. We must congratulate the Government on their selection for its superintendent of our worthy colleague and President—a gentleman in whose hands such an important trust will be perfectly safe—both from the high and scientific attainments which he possesses, as well as his great urbanity and kindness of manner. We feel the more gratified in this our expression of feeling when we remember that we as a body were sponsors by our recommendation for his fitness for his responsible office. This Council would at the same time beg to express their feeling of thanks to our worthy President for his zeal and constant urbanity in his position of Chairman of this Council for the past year.

Dr. Bethune moved, seconded by Dr. Brouse, "That a new register be published before the 1st of January, 1878."

The Committee of Registration reported that they had examined all the papers in connection with the registration of the Rev. James Edgar, and were quite satisfied that he had no right to registration, and that his name be removed from the Medical Register.

#### EXAMINERS FOR THE ENSUING YEAR.

*Matriculation.*—Mr. McMurchy and Mr. S. A. Wood.

*Medicine, Medical Pathology, Diagnosis and Botany.*—Dr. Fowler, Kingston.

*Surgery, Surgical Pathology, and Microscopic Anatomy.*—Dr. McLaughlin, Bowmanville.

*Midwifery and Diseases of Women and Children.*—Dr. Workman, Toronto.

*Anatomy, Descriptive and Surgical.*—Dr. Bergin, Cornwall.

*Materia Medica and Sanitary Science.*—Dr. H. H. Wright, Toronto.

*Physiology.*—Dr. J. Kennedy, Toronto.

*Chemistry, Theoretical and Practical.*—Dr. Morrison, Newmarket.

*Medical Jurisprudence and Toxicology.*—Dr. Logan, Ottawa.

*Homœopathic Examiner.*—Dr. Morden, London.

On motion, the petitions of Drs. Best, Farley,

Whiteford, Henderson, and Chaffey, were referred to the Executive Committee with full power to act.

On motion of Dr. Campbell, the by-law to regulate the proceedings of the Council having passed its second reading, was also referred to the Executive Committee.

Moved by Dr. Berryman, and seconded by Dr. Wm. Clarke, "That this Council has watched with great interest the active efforts put forth by Dr. W. Brouse from his seat in the House of the Dominion Parliament in connection with the organization of a bureau of statistics—we cannot too strongly urge on the Government the importance of this enquiry—all important to the public at large, and the medical profession from a sanitary and hygienic point of view, and to the Government especially for internal statistical purposes or national polity; we trust he may not flag in his onerous but important work. Carried.

After a vote of thanks to the Senate of Toronto University for the use of the Hall for last spring's examination—to the Mayor and Corporation of Kingston, for a similar favor; to the County Council of York, and the President, the Council adjourned *sine die*.

ELECTRO-MAGNETIC PROPERTIES IN CERTAIN PLANTS.—THE *Gazette* of Nicaragua publishes some notes on a plant of the order of *Phytolacca*, which is believed in that country to possess electro-magnetic properties. When a branch is cut the hand experiences a sensation like that of a *Rumkorff* battery. Surprised at this phenomenon, the author made an experiment with the aid of a galvanometer. At seven or eight paces distance, the influence of the plant made itself felt immediately. The deviation of the needle was in the ratio of the distance; on closer approximation the movements became irregular, and finally, when the instrument was placed in the centre of the branches the rotation became accelerated. The soil underneath did not contain any iron or other magnetic metals, and there is no doubt that this quality is inherent in this plant. The intensity of this phenomenon varies during the day; at night it is almost absent; at two o'clock in the afternoon it attains its maximum, but in stormy weather its power increases. When it rains the plant withers. The author never saw birds or insects perched upon the *phytolacca electrica*.—*Med. Press and Circular*.

"It may be safely said that the physician who reads several good journals faithfully, is always two or three years ahead of him who awaits the more elaborate but tardier finish of books. Distrust the man who buys no new books and takes but one or two journals; but cut his acquaintance entirely, who is found with neither. He trifles with human life, and disgraces his profession."—*Holcomb*.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BAILLIERT, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, AUG. 1, 1877.

## THE ONTARIO MEDICAL COUNCIL.

The late meeting of the Council, the proceedings of which are reported in another place, though in many respects an improvement on some of the former meetings, was, as usual, the scene of a good deal of wrangling.

The high-handed proceeding which resulted in the exclusion of a legally elected representative from a seat at the Board, brought out in a strong light the fact, that the Council, as at present constituted, is ruled by a few individuals, who, in this instance, have made it the cat's paw to subserve their own private feelings and interests. This action has involved the Council in an expensive law suit, which the good sense of the majority should have prevented. There can be no doubt that Dr. Geikie, as the representative of the newly incorporated Medical School, is entitled to his seat. Never before has any one so elected been excluded. The only case of exclusion, or rather expulsion, which has taken place in the history of the Council, (but which does not apply as a precedent to Dr. Geikie,) was that of Dr. Covernton, who having accepted a chair in Trinity College Medical School in 1871, was deprived of his seat in the Council as the representative of the Gore and Thames division.

The action of the Council also in reference to the promise made by the President and others to Mr. Wills, M.P.P., in order to induce the latter to withdraw his Bill last session is not very creditable, especially to those who pledged themselves to use their influence with their fellow members, but deserted their colors at the last moment. What will the medical men in the House who were cognizant of all the facts think of it? It would have been infinitely better for the Council to

have registered these two men, than have to face the House and oppose fresh legislation, which is now almost certain to be carried through. The President came before the Council and said he did wrong in making a *quasi* promise to Mr. Wills. Dr. Aikins did not go so far, but neither of these gentlemen made any great effort to influence the Council as they promised.

The amendment of Mr. Wills was for the purpose of admitting to registration without examination and *the fees*, Canadian graduates who subsequent to graduation obtained British diplomas after an extra year's study in England, and who were entitled to registration in Great Britain. We have long felt that such individuals should be admitted to registration in Ontario, without any further examination or fee. The object of the examination by the Council is to protect the public against the licensing of incompetent practitioners in medicine. In such cases as those above referred to, the public interests are thoroughly protected. Two young men matriculate and commence the study of medicine at the same time, and spend four years in its pursuit. At the end of that time they both take the M.D., in some Canadian University. One of them goes before the Council Board, obtains his license, and settles down in practice. The other goes to England, spends a year in some of the large metropolitan hospitals, passes a rigid examination, and obtains a British diploma, entitling him to registration in Great Britain. On the return of the latter to Canada, he asks to be registered, but the Council refuses to yield him the slightest consideration, and insists upon his passing an examination to satisfy the Board that he is as well qualified to practice as his comrade who passed the year before, with much less experience so far as the practical part of his profession is concerned.

Many of the regulations passed at the late meeting are exceedingly arbitrary, and some of them *ultra vires*. The regulation requiring the students to remain in Toronto until the end of May before they are allowed up for examination, is exceedingly harsh, and wholly unnecessary, entailing great expense and loss of time upon the young men, many of whom can ill afford it. The regulation regarding matriculants in arts, is in direct opposition to the Act, and must therefore become a dead letter. Of course no harm is done in this case; but the

time of the Council is frittered away making regulations one year which are upset or replaced by something equally crude the next. This constant tinkering and changing of the regulations is quite confusing even to members of the Council themselves, and yet they expect young and inexperienced students to follow them through all their gyrations, and if not able to do so, they must pay the penalty by being put back a year in their studies. It would be greatly to the interest and credit of all concerned, if a little more time were given to such deliberations, and if the Council would weigh the changes in the curriculum a little more carefully before adopting them, as cut and prepared for them, by one or two individuals much given to the tinkering business. For example, Botany formerly among the subjects of the first year's examination was last session, placed among the subjects of Matriculation. This year it is taken from the subjects of Matriculation and put in the second year's professional examination. Where it may be placed next year, by the whims of the law-makers, it is impossible to forecast.

It is every year becoming more apparent that the Council does not fairly represent the profession, and we hope soon to see some radical changes in its constitution. We trust that some of the medical men in the Legislature will bring in an amendment giving, among other things, each territorial division *two* representatives instead of one. After 1879, the five representatives at large of the old Eclectic body retire, so that the change herein proposed will only add *seven* members to the Council.

#### UNWHOLESOME AIR IN BEDROOMS.

Many persons complain of always getting up tired in the morning. This is very often due to defective ventilation of the bedroom, or from using an undue amount of bed-clothes and bedding. Feather beds are too soft and yielding, and partially envelop the sleeper, thus producing profuse perspiration. The habit of lying too much under blankets is also very pernicious, by reason of the carbonic acid gas exhaled by the sleeper being respired. Again it is a common error to suppose, that by simply opening a window a little at the top, a room can be ventilated. People forget that for proper ventilation, there must be an inlet and

an outlet for the air. In bedrooms there is often neither, and if there is a fireplace, it is generally closed up. Again it is a mistake to suppose that foul air goes to the top of a room. Certainly the heated air goes to the top, but the chief impurity, the carbonic acid, falls to the bottom. There is nothing so efficacious in removing the lower strata of the air, as the ordinary open fireplace, especially if there is a fire burning. The usual defect in ventilation is the want of a proper inlet for the air. If the window be open, the cold air, being heavier, pours down into the room, causing draughts; if the door be open or ajar, the same thing occurs. The perfection of ventilation may be obtained in any room with a fireplace, by simply providing proper inlets for the air. By means of upright tubes, the heavier external atmosphere ascends vertically through the tubes like the jet of a fountain, displacing the warmer and lighter atmosphere of the room which finds exit in the chimney. The tubes should communicate with the outer air on a level with the floor, and should be carried vertically upwards in the room for about four or five feet. A constant supply of fresh air is thus insured without the slightest liability to draughts, as the current goes directly upward until it strikes the ceiling. It is then diffused downward, mixed with the heated air of the ceiling. The same principle can be carried out in any room with a sash window, by cutting out two or three holes an inch wide and three inches long, in the woodwork of the upper sash, where it joins the lower one. The columns of air ascend directly upward, just inside the window, and unite with the heated air in the upper part of the room. If this system were universally carried out, we should hear less of rheumatism, and chills caught by sitting in draughts.

Persons should also cultivate the faculty of detecting sewer gas in houses. Typhoid fever is often caused by the escape of this gas into the house through defect of the traps and drains. However bad the drains may be outside of the house, there is little to fear, provided the gas can escape externally. The following two very simple precautions would naturally diminish the causes of typhoid fever. First; every main drain should have a ventilating pipe carried from it, directly outside of the house, to the top of the highest chimney, (or if there is a fire burning), better, into it. Secondly; the soil pipe inside the house should be carried up through the roof, and be open at the top.

## PUTTING ON THE CAP.\*

In a late issue of the LANCET we remarked that there were too many Medical Schools and Medical Journals in Canada, and pointed out the evils likely to result from the establishing of school organs. We also alluded to the fact, that in some medical schools mere boys were appointed professors. Our remarks seem to have touched a tender spot, although no allusion was made to any journal or medical school in particular. Our contemporary, the Ogden-Zimmerman *bantling*, as the editor christened it, (see Vol. I No. 1) and the organ of the Toronto School of Medicine, finding our remarks applicable, has put on the cap, and drawn it so tightly over its eyes that it cannot see the inconsistency of its position. We are sure our statement has the endorsement of every medical man in the country, when we repeat that there are too many medical journals and medical schools in Canada, in proportion to the requirements of the medical profession and the public, and that the publication of journals as organs of medical schools and societies should not be encouraged. Our contemporary claims not to be the organ of "any school or branch of the profession," although conducted entirely by members of the staff of the Toronto School of Medicine. If proof were wanting to show that it really is a "school organ," it will be found in the fact, that almost the entire editorial of the number alluded to, is devoted to school matters, instead of the discussion of subjects of general interest to the profession. The allusion to our having accepted an appointment in a medical college at an early age, is very silly. We were finding fault with the authorities for appointing so many young and inexperienced men on the medical faculties, and not with the young men for accepting such tempting offers. There was, therefore no inconsistency in our position. With regard to the authorship of a book, it is quite unnecessary to say anything further than that any person is at liberty to write a book whether connected with a medical school or not, and those who disapprove of it, need not read it, nor recommend it to their friends. The book (Fulton's Manual of Physiology) to which allusion is made, however, has been read by students in all the medical schools, which is a great deal to be said in its favor, where so much is done to belittle one's rivals. We have no doubt that the success

of both the author and the book is a thorn in the side. We do not understand the allusion to the untimely end of *two* schools. Victoria, we know, is dead, and if it is meant that because Trinity College Medical School has changed its name to Trinity Medical School, it has come to an untimely end, (and we have no doubt the wish is father to the thought) no greater mistake could take possession of the mind of our contemporary. Trinity Medical School has taken a grand step forward, and the organ of the Toronto School of Medicine will have to do a considerable amount of grinding, before the latter will be able to make any headway against the ever-increasing success of the Trinity Medical School. We can assure our cotem. that we have every confidence in the realization of "What Darwin says about the 'survival of the fittest,'" both in regard to medical journals and medical schools, and we also agree in the statement that "age does not always give discretion nor grey hairs wisdom." We apologize to our readers for having trespassed this much on their patience by alluding to a subject in which they can have little interest, and shall take no further notice of such matters, but endeavour, in the future as we always have done in the past, to carry out the end for which the LANCET was inaugurated, that of being the organ of the profession in the Dominion, and allow our contemporary to play the hedge-sparrow to its heart's content.

## THE CANADIAN MEDICAL ASSOCIATION.

The next meeting of the Canadian Medical Association, will be held in the City of Montreal, on the 12th of September next, and it is looked forward to as likely to be one of the most interesting gatherings the Association has ever held, as the names of the gentlemen upon the several committees, and from whom reports and addresses are expected, are such as to guarantee the various subjects being dealt with in the most exhaustive and masterly manner. Very much, too, may be expected in the address from the able President, Dr. Hingston, than whom no one is better able to shed lustre on the position he holds, or more light upon the subject with which he may be expected to deal. Being a surgeon of the highest standing, we may expect, that advanced surgical science will receive

special attention. He is also a physician of eminence, and as such will not be shortcoming in his intimacy with, and comments upon the pathological and therapeutical progress being made by the profession. His will be the duty of sifting the chaff from the wheat of recent contributions to medical and surgical science, and from him may be expected a well considered digest of "winnowed" opinions.

It is to be hoped, that the meeting may be very numerously attended by members of the profession from all parts of the Dominion, not only because of the mutual advantage which must result from a free interchange of thought on interesting medical subjects, and the advantage that must be gained from being brought into contact with the leading minds in the profession, but also there will thus be afforded an excellent opportunity of visiting the great metropolitan city of the Dominion, with its many objects of interest and pleasure. The hospitality also of the people of Montreal is known to be unbounded, and the members of the profession there, are not one whit behind the people. Hoping that, like the meetings of the British Associations for the advancement of science, this may prove a gathering of *earnest workers* for the advancement of medical science. We wish it all success, and look forward hopefully to the good results that may follow.

Several papers are expected from able members of the Profession, in the Province of Quebec. We have yet learned of only one paper forthcoming from this Province. We trust, however, that Ontario may not be behind in this respect, but may carry with her a basket laden with the choicest fruits of her observation and experience, which should be such as to give her first place in this, as in other respects, in the Dominion.

The Maritime Provinces are sure to be well represented, both as to men and contributors. Thus, may we hope that this meeting may prove a step in advance of all its predecessors in numbers and interest.

**PNEUMONIC FEVER.**—Dr. Flint, of New York, seems to regard inflammation of the lungs as more a fever than an inflammation, and that the inflammation is a local manifestation similar to what occurs in the solitary glands in typhoid fever. He proposes to call it "pneumonic fever."

**ADULTERATION OF MILK.**—The public analysts that were appointed in accordance with the provision of the act, which came into effect last March, made the analysis of numerous specimens of milk, in different cities, and in all, it was found to be adulterated, chiefly with water. We have not yet seen the report of the gentlemen appointed in Quebec and Halifax, but Dr. Ellis of Toronto and Dr. J. Baker Edwards of Montreal, have presented their reports some time ago. Both these gentlemen found considerable quantities of water present in a large per centage of the samples of milk they analysed. In some instances common salt was also added to the milk, in the proportion of about 2 to 3 per cent., to the average of about 20 per cent. of water. Some of these milkmen may be so ignorant as not to know that they may be actually starving some poor innocent babe whose little life depends upon the milk they supply, but they do know that they are acting wrongly and rendering themselves amenable to the law.

**DEATH FROM CHLOROFORM.**—The death of a woman while under the influence of chloroform took place in the Toronto General Hospital a short time ago. She was about to undergo an operation for the removal of an abnormal growth from the os uteri and after the administration of about 2 drachms of chloroform, she commenced to vomit, turned suddenly pale, the heart ceased to beat and respiration stopped; every means was used to resuscitate the patient without success. A *Post mortem* examination revealed fatty degeneration of the walls of the right ventricle of the heart. About 9 months ago, chloroform was administered to complete anæsthesia, without producing any unfavourable symptoms.

**ELIXIR OF PHOSPHATES AND CALISAYA.**—We have on more than one occasion called the attention of the profession to this preparation, and if we do so again, it is because we are more than ever convinced of its excellence. This preparation is manufactured by T. B. Wheeler, of Montreal, and has been in use by the profession for some time past. It is no new and untried remedy, but one which has proved itself worthy of confidence, and on which the practitioner may safely rely in the treatment of convalescing patients, and all diseases attended with weakness of the nervous and muscular system.

**SUGAR-COATED PILLS.**—Messrs. Wm. R. Warner & Co., of Philadelphia, manufacturing chemists, recently furnished the medical department of the Egyptian army with a large supply of sugar-coated pills, for use in the army, and Dr. Edward Warren, (Bey,) Surgeon-in-Chief, wrote that the pills were "portable, indestructible, and yet most potent in their operation; they were easily and safely carried throughout every portion of Northern and Equatorial Africa." The same firm has just received an order by cable for two hundred thousand quinine drageés (sugar-coated pills) for use in one of the large government hospitals in Rome, Italy.

**A NEW MATERIAL FOR DILATING THE OS UTERI.**—The root of the Tupelo tree, a species of *Nyssa*, indigenous to the United States, is now being used very successfully for dilating the os. The roots when dried become very much reduced in size and light as cork. The fibre is fine grained, and capable of being made very smooth, and therefore easily introduced. They absorb water readily and swell up to their original size. It is superior to sea-tangle in absorbing power, and does its work more readily.

**AMPUTATION AT THE JOINT.**—A correspondent asks if it is proper to amputate at a joint, and if so, is it necessary to remove the articular surface in so doing? Amputation at a joint is in many cases to be preferred to an operation above or below, and is quite *en règle*. It is not necessary to remove the articular surface, unless another portion of bone is to be brought up to it for union, as, for example in Pirogoff's operation.

**PLEASING INCIDENT.**—Dr. Chamberlain, of Frelighsburg, Que., who has been one of the Governors of the College of Physicians and Surgeons of Quebec since 1847, and who is now 50 years in practice, was presented by his confreres by a series of resolutions, which were ordered to be engrossed, congratulating him on his uniform courtesy, efficiency, and integrity, and his zeal for the welfare of the institution with which he was connected. We are always pleased to see and note these kindly manifestations of good will among our medical brethren toward each other.

**THE NEW LIVER MICROSCOPE.**—We have just received one of the "Liver" Microscopes,

manufactured by G. S. Wood, of Liverpool, Eng., and are highly pleased with it. This microscope which is of excellent make and finish, is not put forward as a *cheap* instrument in the ordinary sense. It is intended chiefly for medical men and students, and will be found well suited to their requirements. The object glasses 1 inch and  $\frac{1}{4}$  inch are equal to any we have ever used. The  $\frac{1}{4}$  inch is more than sufficient to display with distinctness, all the ordinary objects required by the student and general practitioner. It retains well its defining power with sufficient working distance, and is capable of resolving the ordinary tests sharply and well.

**THE GENEVA INTERNATIONAL MEDICAL CONGRESS.**—The International Medical Congress this year takes place at Geneva, September 9-15th. Drs. Lebert, Zahn, Esmarch, Ollier, Marey, Broadbent (of St. Mary's Hospital, London), Vogt, Warlomont, and many other well-known physicians, propose to take part in the proceedings.

**SULPHATE OF ZINC IN CHOREA.**—Dr. Dickerson, in the London *Lancet*, recommends the sulphate of zinc as the remedy *par excellence* in chorea. Give a grain three times per day, and gradually increase the dose until fifteen or twenty grains are reached. If sufficiently diluted it will, he says, caused no sickness, but the nervous jactitation will cease.

**SALICYLIC ACID.**—It has been ascertained that salicylic acid possesses a strong affinity for the calcareous salts of bone, so that its free and prolonged use would tend to caries and necrosis.

An exchange says, "9 beats of a healthy pulse represents 10 seconds." There must be some mistake; 72 per minute being the average healthy pulse, it would require 12 beats to represent 10 seconds.

**HONORS TO A CANADIAN.**—Dr. F. LeM. Grasset, of Trinity Medical School, Toronto, has recently been elected to the F.R.C.S., Edin., on motion of Prof. Lister.

**ELECTION TO THE SENATE OF TORONTO UNIVERSITY.**—Dr. J. Fulton, editor of the *Canada Lancet*, has been elected to the Senate of Toronto University, as the representative of Trinity Medical School.

APPOINTMENTS.—J. C. Mitchell, M.D., of New-  
ton, to be an Associate Coroner for the United  
Counties of Northumberland and Durham.

R. McDonald, M.D., of Hagersville, to be an  
associate coroner for the County of Haldimand.

### Books and Pamphlets.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, by  
Dr. H. Von Ziemssen, Vol. XV., on Diseases  
of the Kidneys, by Professors Bartels of Kiel,  
and Ebstein of Goettingen. New York: W.  
Wood & Co.

THE SOUTHERN SIDE: OR ANDERSONVILLE PRISON,  
with an Appendix showing the number of  
prisoners that died at Andersonville, the causes  
of death, &c., by R. R. Stevenson, M.D.,  
formerly Surgeon in the Confederate Army.  
Baltimore: Turnbull & Bros.

This book which is well written, is interesting  
both as a historical work and a statistical one from  
a medical point of view. It is well printed, and  
neatly bound. The author practised his profession  
for some time in Nova Scotia.

THE QUESTION OF REST FOR WOMEN DURING  
MENSTRUATION, by Mary Putnam Jacobi, M.D.,  
New York, being the Boylston prize essay of  
Harvard University for 1876. G. P. Putnam's  
Sons. Toronto: Hart & Rawlinson. Price \$3.

The above essay is worthy the attention of all  
those who are interested in the social advance and  
higher culture of women. Great labor has been  
bestowed upon the work in the way of obtaining  
statistics, comparing facts and analyzing the mate-  
rial gathered together bearing on the subject.  
Forty-six per cent. of the women from whom she  
obtained statistics suffered more or less pain dur-  
ing menstruation, due in many instances to patho-  
logical conditions. The conclusion she reaches  
is, "that there is nothing in the nature of men-  
struation to imply the necessity, or even the desir-  
ability, of rest during that period, for women whose  
nutrition is really normal."

THE CURE OF RUPTURE, REDUCIBLE AND IRRE-  
DUCIBLE; also of Varicocele and Hydrocele, by  
New Methods, by George Heaton, M.D. Bos-  
ton: H. O. Houghton & Co. Toronto: Wil-  
ling & Williamson. Price \$1.50.

The author's plan for the cure of reducible her-  
nia is by what is called "tendinous irritation,"

which is accomplished by the hypodermic injec-  
tion of an irritant in the canal. The substance  
used is a solution of quercus alba, made by dis-  
solving 14 grains of the solid extract in half an  
ounce of fluid extract. "A small amount of the  
irritant should be placed in the extreme upper  
portion of the canal, so as to operate upon the  
fibres embracing the internal abdominal ring."

Owing to the presence in the upper part of the  
canal of a few muscular fibres of the internal ob-  
lique, the sensitiveness to irritation here is extreme,  
and the slightest amount of material produces all  
the effect that is usually desirable. This is fol-  
lowed by thickening and consolidation of the tis-  
sues around the opening. In large herniæ the  
author sometimes substitutes a paste made of the  
solid extract, which is introduced by an appropriate  
instrument. In many cases the operation requires  
to be repeated several times. The treatment of  
irreducible hernia consists in converting it into  
the reducible form, and then adopting the same  
line of treatment as above mentioned. The chap-  
ter on Varicocele offers nothing that is novel. In  
the treatment of Hydrocele, the author introduces,  
into the sac, powder of *red precipitate* instead of  
tincture of iodine.

SULPHUROUS ACID IN CHRONIC URTICARIA.—  
J. V. Shoemaker, A.M., M.D., in the *Medical and  
Surgical Reporter*, May 26th, relates a case of this  
trouble in which he tried all the remedies likely to  
benefit his patient, among which were alkaline and  
vapour baths. Different remedies were tried with-  
out success, until finally the patient was placed  
upon one-drachm doses of sulphurous acid in  
syrup and water three times daily. The patient  
speedily recovered.—*Practitioner*.

### Births, Marriages and Deaths.

On the 13th ult., at Cumberland, the wife of Dr.  
James Ferguson, of a son.

On the 10th July, John Stalker, M.D., of Har-  
wich, to Helena Ross, youngest daughter of H. R.  
Archer, of Newbury.

On the 10th ult., R. C. Butler, M.D., Kirkfield,  
to Clara L. Burton, youngest daughter of John  
Burton, Esq., Barrie.

On the 19th ult., N. Agnew, M.D., to Jane,  
relict of the late E. McEwen, Barrister, Kingston,  
both of Toronto.

At Belleville, on the 4th ult., E. G. Henderson,  
M.D., suddenly, aged 68 years.

At Kingston, on the 4th ult., H. A. Betts, M.D.,  
aged 68 years.







