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CANADA MEDICAL JOURNAL

AND

Monthly Record

OF

MEDICAL AND SURGICAL SCIENCE.

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INDEX TO VOL. IV.

CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Surgical Cases in the practice of LOUIS BAUER, M. D., M. R. C. S. Engl. Reported by A. G. JACKES, M. D.

CASE III.

Spontaneous and diffuse osteomyelitis of the tibia caries of the tibio tarsal and tarsal articulations, multilocular abscess.

The exact knowledge of the pathological changes of the bony structure, and its complements, is the result of modern investigation. Most of them we owe to the use of the microscope and to the improved method of preparing pathological specimens by more minute injections, hardening by chromic acid &c.

It is pretty well conceded now that there is no such disease as true ostitis, and that the changes of bone structure by disease, are of a secondary character. There is indeed nothing in the bone *per se*, that could inflame.

Inflammations concerning the bone in its collective character, must always appertain either to the periosteum, or the medullary membrane that sends its ramifications in every direction of the bony structure, through the Haversian canals. It is within the cellular endowment of the medullary membrane, that those changes are initiated which eventuate into partial or total destruction of the bone; whence that cellular exuberance starts, which culminates in those fungoid granulations with which resorption and isolation of the bone goes on *pari passu;* whence suppuration emanates which disorganizes the medullary structure and displaces it by pus, and which, when limited in extent, gives rise to bone abscess.

Chassignac introduced the subject with its now adopted name, and furnished the first clinical, anatomical records; but the late Herman

Demme, * has given most perfect contributions more or less accepted as leading authority.

In comparing the statement of that author, with the clinical character of the case, which is the subject of this contribution, there is a material disparity noticeable, which renders it both interesting and instructive.

Demme presents the clinical character of osteomyelitis so strong, transparent and conclusive, that it seems impossible to confound it with any other disease.

As the most prominent symptom, he mentions deep-seated, continuous and violent pain, which he alleges to be present at a time when other symptoms are imperceptible. This pain is readily increased by pressure upon the affected structure.

From the history of our case it will be seen that there was no unusual degree of pain at any period, and certainly no more than belonged to the disintegrating condition of the joint and integuments. This most essential symptom of osteomyelitis was almost totally absent.

The next symptom mentioned by the author referred to, is the peculiar sensation of the patient that the affected bone is infirm, frail and incapable of bearing the superincumbent weight, hence the entire suspension of locomotion.

Our patient is a remarkably precocious child and able to qualify her sensations with great accuracy, however, she never mentioned such a feeling at any time during her illness.

Next is it alleged, that at the very begining of the disease, there is a diffuse and extensive swelling about the bone with contemporaneous superficial œdema, and a peculiar ashy paleness of the skin.

Although the Doctor took charge of the case but about a month after its commencement, that swelling was then moderate and circumscribed. The œdema was however present, the degree of either was certainly consistent with the diagnosis Dr. Bauer had formed.

Dr. Demme furthermore refers to large and diffuse abscess. The abscesses formed in this case were very small and proved to be direct outlets from deeper parts.

It is alleged that the affections of the adjacent joints, with the gradual detachment of the epiphyses, form a characteristic feature in osteomyelitis. There was no detachment of this kind in the present case.

In fine, osteomyelitis is considered inseparable from constitutional

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* Archive of clinical Surgery, by Langenbeck, Billroth and Gurlet, Vol iii. Berlin, 1862.

perturbations, mostly of the ichoræmic character, with corresponding typhoid symptoms. Nothing of this kind was observed in the course of this case, though there were material accelerations of the pulse, but without any other febrile accompaniment whatsoever, and the multilocular abscess seemed to be caused much more by phleothrombosis than any septic contamination of the system.

I will now proceed with the relation of the case, from the details of which the disparity of its symptoms may easily be apprehended.

The patient is a girl not quite eleven years of age. Though belonging to a very healthy family, and herself never before subject to any serious illness, yet she is of rather a delicate and nervous constitution.

At the beginning of August last, she was attacked with repeated rigors, and subsequent fever. From the regularity and typical character of these paroxysms, and the almost free intermissions, the attending physician inferred intermittent fever, and treated it accordingly. The trouble yielded readily to quinine, and seemed to be at an end; when, but a few days later, swellings appeared at the middle of the left tibia and left ankle joint. So clandestinely and painlessly had this symptom set in, that both physician and patient were taken unawares. Forming rapidly into abscess, they were opened and a moderate quantity of ordinary pus escaped.

Up to the 9th of September following, no symptoms of a grave character presented themselves. On this day the patient was transferred to Dr. Bauer's charge, on account of serious illness of the attending physician.

A careful examination being made by the former, the following conditions of the patient were noted: moderate debility, paleness of the surface (which is said to be the ordinary appearance of the child), pulse from 110 to 120 without a rise in temperature, no thirst, no disturbance of appetite or rest, tongue clean, evacuations in good order. When left alone the patient would pass her time cheerfully, but was easily excited by examining or dressing her limb.

At the inner surface of the tibia there was a small aperture surrounded by moderate thickening of the areolar tissue. The sero-purulent discharge was of mild character, without smell and moderate in quantity. There was a similar opening at the ankle joint with more circumferential swelling. Leg and foot moderately œdematous.

It will be perceived that except the accelerated pulse, the objective symptoms denoted no aggravated conditions, and the former might be satisfactorily explained by the excitable temperament of the patient, and the co-existing anæmia. Nevertheless Dr. Bauer attached to the

œdema of the affected extremity diagnostic import, inasmuch as there was no mechanical cause visible; a careful exploration of the affected localities showed the tibia, bared and roughened to a small extent, and the ankle joint perforated.

To all appearance the two abscess, had formed contemporaneously, but without any visible connection, the integuments between the two being comparatively healthy. The one presented itself as a circumscribed sub-periosteal suppuration of small extent, the other, what Volkman would call articular catarrh, with inexplicable disruption of the capsular ligament. This diagnosis was merely nominal, and the Dr. apprehended some graver trouble, although undefined and undemonstrable. Having made a counter opening at the joint, he directed fomentations with oiled silk cover to the affected extremity, gave the strictest injunctions as to hygiene and generous diet, and prescribed quinine with iron.

The case had thus proceeded with little change in its aspect for a fortnight when diarrhea set in. Ascribing the same to the effect of the iron the Dr. dropped the latter, and added the Liquor opii compositus of Squibb. On account of some gastric derangement and diminution of appetite at the end of the third week, the quinine was suspended. A few days afterwards a large abscess at the left hip was discovered; it had formed without additional constitutional disburtance and pain, and to all appearance in one night. The matter was let out by puncture, and the cavity closed by elastic compression (flannel bandage); it gave no further trouble. The matter was exceedingly white, without smell, and measured from six to eight ounces. Its peculiar color was owing to a large quantity of fat.

Although it was at least doubtful, whether the suspension of the quinine had any bearing upon the formation of that abscess, still it is remarkable that on three similar occasions the discontinuation of the quinine, was almost immediately followed by similar abscess, once in the right subclavicular space, and the last at the right hip.

From that time to the 25th of May, when the amputation was performed, the clinical records of the case furnish very little matter of pathological interest, and are almost entirely limited to the local changes observed. Quite a number of small fistulous openings formed successively along the lower too thirds of the tibia. From the upper apertures, a tolerably large shell of new bone, was removed about three months ago, having become detached. At the ankle joint the swelling and intumescence of the integuments became considerable, being gradually perforated by eight apertures through which the probe readily detected the extensive disinte-

gration of the tarsal bones. With all, the discharge, was comparatively moderate, of tolerably good quality; at various times small detritus of bone, cartilage &c. were eliminated from this locality.

The limb was kept bent at the hip and knee joints, and rested upon its outer surface during the whole sickness. Towards the end of the same, the foot became disproportionately everted, as if the articular connections had been in a measure destroyed.

At this juncture Dr. Bauer proposed amputation, not as an exigency, but as a remedy. The desintegration of the tarsal bones alone, was so great as to preclude all hopes of recovery. Postponement seemed to be so much loss of time. The upper fistulous opening of the tibia had closed and cicatrized after the removal of the piece of loose bone, and there was substantial hope to preserve the knee joint. Moreover the patient was in as good a condition for the operation as could be desired. In these views concurred some of his professional friends whom the Dr. had invited to see the case.

Having obtained the consent of the parents, the operation was performed on the 25th of May.

As soon as the patient was under the influence of chloroform, a thorough examination of the limb was made, when the upper part of the tibia was found to be so extremely soft as to preclude operation below the knee joint. The amputation was therefore made at the lower fourth of the thigh.

The operation passed off without any untoward circumstance and the patient is now in a fair way of recovery.

An examination of the specimen was afterwards made, when the following conditions were found.

The periosteum of the femur presented no marked change, though peeling off more readily than is usually found in healthy bone; on the cut surface, both longitudinal and transverse, there was a high degree of hyperæmia, and a moderate rarefaction of the osseous substance. The medulla presented very little consistency, and a high pinkish color. There was a slight degree of softening.

The knee joint contained more synovial fluid than could be expected in a healthy joint; its composition was however normal. The articular cartilages had assumed a milky color and opacity; they were slightly thickened and softened, they had evidently entered upon the first stage of fatty degeneration; the crucial and capsular ligaments were found to be healthy.

The upper part of the tibia has undergone no changes in form and size, there are no attempts at epiphysial detachment; it is, however, soft and compressible.

Three inches below its superior extremity the tibia is very rough and uneven, from the formation of new bone; there are no external marks of demarcation, both the new and old structures are essentially blended, the deposits of new bone are however more strongly marked at the upper third and at the internal surface than at the external and posterior. At the latter and towards the transverse section (which was made about the middle), caries has fairly commenced upon the new structure, with its consequent osteo-perosis. At the lower end of this fragment there is an ovoid cloaca leading to the medullary canal. At the point of section there was a soft homogeneous pus, and the posterior circumference of the old bone, the rest being carried off. At the corresponding part of the fibula, there is moderate thickening of the periosteum, and the formation of an involucrum, which, however, embraces only the opposite side of the tibia; the medullary structure of the fibula presents no marks of disease.

The lower third of the tibia exhibits mere fragments of the old bone in the shape of disconnected sequestra, embedded in pus and luxuriant granulations, and surrounded by new bone formation.

From the medullary cavity, three cloacæ lead to the surface of the tibia, of which one penetrates the tibio-tarsal articulation. The tarsal bones are entirely disorganized, osteo-perotic and soft from sero-purulent infiltration. Most of the inter-tarsal articulations are opened; the articular cartilages partly destroyed, partly detached, as loose fragments hanging about.

The osteo-plasm of the tibia in the neighbourhood of the ankle joint is very exuberant and connecting with the lower extremity of the fibula.

From this almost total necro-biosis of the tibia, it is readily seen that the periosteum was only in a measure involved in the process in question, and was capable of supplying the material to an almost complete involucrum of the disorganized tibia, for it was everywhere perfect, except where perforated by the cloacæ; it was neither thickened nor detached from the subjacent bone.

The causation in this instance is by no means clear. Dr. Bauer advanced the opinion that there had been a thrombosis of the medullary veins, which by ulceration brought about this disease.

The comparative painlessness of the disease may be accounted for by the early perforation of the medullary cavity, which obviated in a measure the consequence of enclosed pus.

Case IV.

Traumatic osteomyelitis of the right femur; slight loosening of the lower epiphysis; empyema of the knee joint; recovery.

This case offers no pathological or clinical peculiarities; it is, however,

characterized by the regularity of its phases, and therefore serves as a prototype of this class of disease.

The comparison of this with the previous case will place the latter in strong relief.

The patient is a jeweller by occupation, nineteen years of age, descended from healthy parents, and though of a delicate constitution, has nevertheless been healthy up to the 1st February last. On this day, while participating in gymnastic exercises, he fell heavily upon his knees, more particularly on the right, he experienced instantaneous and keen pain, which, however, soon subsided.

On the fourth of February he was attacked with stitching pains along the right femur, which steadily increased to an alarming degree, forcing him to keep his bed. On the eighth a physician was called in, who ordered four leeches and a blister, without relief. On the 16th of March Dr. Bauer took charge of the case. The appearance of the patient denoted severe and continuous suffering, he looked pallid and anæmic, and was much reduced, bed sores had already made their appearance at the sacral region, his pulse ran up to one hundred and thirty, and he had a short hacking cough, there were however no changes noticeable in the lungs. His appetite was entirely destroyed and his bowels and kidneys acted sluggishly; the very expression of the countenance manifested the most intense agony. At intermissions of a few minutes he shrieked loudly, and complained of cramps in the affected extremity. The right thigh was swelled to four times the dimension of its fellow, the leg and foot were œdematous. The soft structures of the thigh were partly indurated, partly undermined by liquid, especially along its outer aspect, and in the popliteal space. The extremity was exceedingly tender to the touch, and motion of the knee joint unbearable; the integument was partly of an ashy, and partly of a reddish brown color.

The Doctor ordered large doses of quinine and morphia; poultice to the extremity; and put the patient on a water bed.

On the following day, the patient being under chloroform, a long and deep incision was made on the outer aspect of the thigh, and a large quantity of decomposed matter, with rags of necrotic tissue, were discharged. This gave the patient material relief, and for the first time after many weeks he had rest and sleep. In about a fortnight an undue mobility, with a rotation of the lower part of the limb, was noticed partly above and partly at the knee joint; very soon the latter filled with fluid, which gave new trouble and pain.

The puncturing of the knee joint, and copious discharge of very fluid pus, gave great relief. From time to time new collections of pus formed

above, below and behind the knee joint, requiring in all seven incisions and punctures. Gradually the discharge from all these openings has diminished and improved in quality, most of them have entirely closed, a few only remained, surrounded by infiltrated and œdematous tissue, discharging a clear, plastic and inoffensive liquid. The epiphysis has again consolidated; the joint is obliterated and rendered immovable by intra-articular adhesions: the bone is three times its normal size, and more especially in the neighbourhood of the knee joint, where abundance of new material has formed. The patient has most substantially improved in health, vigour, appearance and weight.

The treatment throughout the case has been sustaining, and tonic, quinine and iron being the chief remedies. The local treatment consisted in promptly giving free vent to matter, and the most scrupulous attention to the comfortable position of the affected extremity. In the beginning a straight splint of sheet iron was used, but had to be discontinued on account of the numerous discharging openings. The simple inclined plane answered the indications best. favoring the discharge of matter.

Those who have carefully perused the previous case, will not be astonished that no sequestra came away. Indeed the luxuriant granulation which is set up in the Haversian canals by osteomyelitis, destroys with great rapidity the old bone almost to a vestige, whilst the periosteum supplies in abundance the material for the new bony cylinder. It is in diffuse periostitis where we have to look for sequestra, not in osteomyelitis.

Case V.

Intra-uterine fibroma of six years standing; repeated hemorrhages; final enucleation.

The patient is forty-five years of age, of a wiry constitution and active habits. She has enjoyed the most perfect health until within the last six years, has regularly menstruated, and has borne four children, the youngest being eight years old.

About six years ago, Dr. Bauer was called upon to see her; her menstruation had been regular up to that period, and continued so during the succeeding two years, but it had become more painful and copious, and during the intervening period profuse leucorrhœa had prevailed, for which his advice was desired.

On examination, the uterus was found of a larger size, and somewhat harder in texture at the posterior circumference, but movable and without tenderness. The remaining parts of the pelvic cavity seemed to be healthy.

On introducing Simpson's sound, the uterine cavity proved to be longitudinally enlarged, but no other change was distinguishable. There was an undue discharge from the uterus of a transparent albuminous nature, and the neck superficially excoriated. Dr. Bauer held that there was an intramural fibrous tumor in the process of development, which accounted for all collateral symptoms, and declared that the troubles could only be palliated, until the removal of the tumor should be found practicable on a future occasion.

From that time he has seen the patient at intervals of months and had thus the opportunity of tracing the persistent growth and development of the tumor. On three different occasions the hemorrhage became so profuse and exhaustive as to require injections of persulphate of iron into the uterine cavity, tampon, and kindred appliances. On the last occasion about a year ago, incisions into the cervix uteri and subsequent dilatation with laminaria and compressed sponge had to be resorted to, to arrest the hemorrhage, preparatory to the prospective removal of the tumor, which however proved impracticable on the attempt being made. The reasons being the indistinctness of the border of the tumor, its deep seat in the walls of the uterus and the inaccessability of its lower extremity.

The dilatation had, however, a marked effect upon the condition of the patient, in completely arresting the hemorrhagic flow. For more than a year after this the patient was so much improved, as to be capable of fulfilling her ordinary household duties.

Of late however there was superadded to the original symptoms, a painful pressure upon the blader and rectum, a feeling of sinking as if something was protruding, and a most fœtid discharge from the vagina.

Having in the mean time removed to New York, she sent to a neighbouring physician for relief, who unequivocally pronounced it a case of cancer. This opinion induced the patient to send for her former medical adviser, who corrected the diagnosis without great difficulty. Indeed the case was clear enough to one who had seen and explored it in different stages of its progress, but was well calculated to startle and mislead a physician who had no other guide than the present condition.

On placing the patient in a convenient position on the table, and exposing the tumor by means of Sim's vaginal speculum, a disintegrating mass was exposed which was the cause of the fetid smell. The base of the mass was firm and apparently nodulated; three fifths of the os uteri seemed to be involved and identified with the tumor, but in front there was access to the uterine cavity, admitting the sound some five or six inches. The surface was perfectly smooth, the uterus could be raised

with the tumor, and its base felt two inches and a half above the pubic symphysis somewhat to the right of the linea alba.

The tumor being thus sufficiently accessible, Dr. Bauer proposed its removal; this was accepted and the operation performed on 26 June, ult.

The patient was placed in the recumbent posture in a good light. By means of Muzeux double hook, the tumor was grasped and drawn down and backward, the doctor then introduced his right forefinger into the uterine cavity, and succeeded in loosening the anterior attachments and gradually increased the separation in every direction; but not before the posterior attachment to the neck had been severed by the knife, could the tumor be circumvented and so completely isolated as to be withdrawn.

The patient was all the while under chloroform, experienced no pain, and the loss of blood certainly did not exceed two ounces. The vagina was then filled with cotton wool, and the abdomen surrounded by a well adjusted bandage holding compresses in situ.

Since the operation there has not been a single symptom to mar the happy results.

The exhibition of the specimen to the New York Pathological Society acquired a more vivid interest from the fact that a similar case, but with widely different practical results, was introduced.

The tumor presents the usual capsular investment, which, however, is broken through at one extremity, where the slough had commenced. It weighs one and a half pounds, and measures seven and a half inches in length and four and a half in width, is perfectly smooth, and on its surface vascular. On its anterior surface a portion of the uterine mucus membrane is still adherent, whereas the rest is covered with connective tissue. The microscope disclosed a purely fibrous structure without cellular and fat components.

That gradual dilatation by appropriate substances lends a most valuable aid in rendering intra-uterine growths accessible, is self-evident; and in some cases it is soon followed by their partial or total expulsion. But lately Dr. Bauer removed a medium sized uterine polypus, which was forcibly expelled from the uterine cavity consequent upon dilatation and injection of the tincture of iodine.

Chemical Selections: By E. S. BLACKWELL. Montreal.

The bituminous schists of Vagnas (Ardêches) are now being worked with very favorable results, producing about 10 per cent. by volume of raw paraffin oil. The texture of this schist is compact and massive,

very similar to that of carbonized and compressed peat, having numerous vegetable filaments disseminated through it, which help to prove its origin from peat. The schist is distilled in a large retort; the tar is separated by means of sulphuric acid and soda; the product is then redistilled and the result is a white opalescent oil, having rather an agreeable ethereal odour, with a specific gravity of 0.825. Its point of combustion is higher than that of American oil, the former being 158° F., the latter 113° F. The illuminating power of this oil is that of nine ordinary wax candles. The secondary products in this manufacture are useful; they are principally coke, acid tars, paraffin, &c., &c.

DR. BORLINETTE, of Padua University, has succeeded in making a new and very forcible powder for guns or for blasting purposes. He went through a series of experiments, beginning with a mixture of chlorate of potash and tannic acid, but this was found to be too detonating; he then tried substituting gallic and picric acids in the place of tannic acid, but found it was even then too dangerous; his experiments ended by his making a powder of these constituents:—Nitrate of potash, 10 parts, picric acid 10 parts, bichromate of potash 8.5 parts. This powder does not explode by friction or percussion, and leaves only a minute residue after combustion. During the combustion, at a red heat nitrate of potash is converted into *nitrite* of potash and oxygen, also a portion of the oxygen in the bichromate of potash unites with the carbon of the picric acid, giving rise to a white heat, which completes the decomposition of nitrate of potash. The bichromate of potash is necessary to give it an expansive force.

Cryptopia.—A new alkaloid in opium has been discovered by Messrs. T. & H. SMITH, which they have named cryptopia. The formula of this new alkaloid is $C_{23}H_{25}NO_5$. Its primary form is an hexagonal prism, and it is obtained in this condition if crystallized slowly in a tube from its alcoholic solution. Messrs Smith have succeeded in making the sulphate, muriate, nitrate, thebolactate and the acetate; these all crystallize in distinct forms, but the alkaloid itself has much better crystalline forms than any of its compounds. Four or five tons of opium only yielded five ounces of muriate of cryptopia.

Toluol and Benzoate Sulphurous Acid.—R. Otto (C = 12. O = 16.) Toluol Sulphurous Acid, heated with water to 150°C. in sealed tubes, splits up into toluol sulphuric acid, and a body of the composition C_7H_8SO, according to the following equation:—$2C_7H_8SO_2 = C_7H_8SO_3 + C_7H_8SO$. The new body is not acid, is insoluble in water, readily soluble in hot alcohol, from which it separates in rhombic crystals. Zinc

and sulphuric acid convert it into metabenzyl sulphydrate. The decomposition of benzoate-sulphurous acid takes place in the same manner. (Zeitschr. Chem., N. F., iii, 262.)

T. M. Crofts has been trying some experiments, which have been published lately, (Comptes R. lxiv. 700.) with the ethers of the acids of arsenic. He finds that the action of dry arsenic acid upon silicic ethide takes under pressure at 230° C., a gas escapes, probably ethylene, and silicic acid is precipitated. On distillation, arsenious ethide is obtained; it boils at 167°, has a specific gravity of 1.224 at 0°C., and is entirely decomposed by water. Its formula is 3 (C_2H_5) As O_3. Mr. Crofts also formed arsenic ethide 3 (C_2H_5) As O_4 by heating ethylic iodide, diluted with twice its volume of common ether, and argentic arseniate, slightly in excess, together in closed tubes to 120° C. The contents of the tube are extracted with ether, and the remaining liquid, after evaporation in a cement of carbonic acid, is distilled under diminished pressure. Arsenic ethide under ordinary pressure boils at 235°—237° but partially decomposes. Its specific gravity at 0° C is = 1·3264. It mixes with water in every proportion.

M. Nickles read a paper a short time ago before the Academy of Sciences at Paris "on some new solvents for gold." He has discovered that gold is soluble in ethereal perchlorides and perbromides. As the gold dissolves in the manganic compounds, the green colour of these gradually disappears, and a yellow or red solution of gold is left behind.

If the ether is then evaporated from this solution and the residue sufficiently heated, a coating of metallic gold is left at the bottom of the vessel. A great many sesquichlorides and sesquibromides also dissolve gold, those which are easily reduced answering best. The cause of the solution is evidently the instability of the per- and sesquichlorides and bromides, for which free chlorine and bromine are easily separated. Ethereal periodides also dissolves gold, forming an iodide, showing that nascent iodine is a solvent, although that metalloid in the ordinary state does not act on gold. An ethereal solution of hydriodic acid also dissolves gold leaf, owing, of course, to the instability of the acid and the liberation of free iodine in the nascent state.

REVIEWS AND NOTICES OF BOOKS.

Obstetrics, the Science and the Art: By CHARLES MEIGS, M. D., lately Professor of Midwifery and the Diseases of Women and Children in Jefferson Medical College, Philadelphia, &c., &c., &c. Fifth Edition, revised, with one hundred and thirty illustrations. Philadelphia: Henry C. Lee; Montreal: Dawson Brothers. 1867.

Dr. Meigs is venerable in years and his experience in the particular department of medicine, which he taught so long, has been equal, if not superior, to that of any other Obstetrician on this continent. Hence we naturally look up to him as one capable of imparting much useful information, and of giving many valuable practical suggestions. Although this is the fifth edition of the present work, it is the first time that we have had the pleasure of perusing it. Its author made his first literary reputation on issuing his well-known book on the Diseases of Women, a work which was a valuable contribution to the medical literature on that most important subject, even although its style was peculiar, and at times bordered all but on the grotesque. In the present volume Dr. Meigs has, we are glad to say, not adopted this style, but has written it in plain and comprehensive language, and has arranged his subject matter into paragraphs, each of which are numbered, so that with ease and facility the particular portion of any subject can be hunted up in a moment. It is to the student that our author has more particularly addressed himself—but to the practitioner we believe it would be equally serviceable as a book of reference. No work that we have met with so thoroughly details everything that falls to the lot of the Accoucheur to perform. Every detail, no matter how minute or how trivial, has found a place. This is a decided desideratum, for often little things will occur to puzzle one, and it is no small advantage to be able to turn up and ascertain the opinion of such an experienced accoucheur as Dr. Meigs. At page 339, he says:—"The young practitioner and the student should be warned against falling into the habit of beginning too early to support the perineum. If the part should be too early pressed upon with a napkin it might become heated, and thus lose its disposition to dilate: it is assuredly unnecessary to support it until a certain degree of extension has put it in some danger of being lacerated." This is a piece of advice which is too often disregarded, and we can with confidence recommend its adoption. We are glad to notice the emphatic manner in which Dr. Meigs writes with reference to the time the parturient woman should remain in bed. Many patients feel so well on the third day after

confinement, that it is with difficulty they can be convinced of the necessity for still further repose. If it is at all possible, not on any account should a lying-in patient be allowed to leave her bed till the ninth day. Dr. Meigs says, regarding it: "It is a safe rule, the keeping of the bed for many days * * * * . Hæmorrhages, chill, prolapsions, and an evil train attend those imprudent women who leave the lying-in couch too early. A rest of nine days is a short rest after nine months of fatigue, crowned by the exhausting conflict of a labor." There are, however, some parts in the work that have evidently escaped revision and are not up to our knowledge of the present day. His remarks regarding both the application of chloroform and ether in labor are directly against their employment, first because he believes it is unnecessary, as the average duration of labor is but four hours, and the average number of labor pains fifty, lasting thirty seconds each. According to this estimate there would be twenty-five minutes of convulsed pain, quite an insufficient length of time to demand etherization. Second, he believes it improper, and thirdly, refers "to the doubtful nature of any processes that the physician sets up to contravene the operation of those natural and physiological forces that the Divinity has ordained us to enjoy or to suffer." This, we need hardly say, is against our own ideas, and we are sorry that so eminent an accoucheur should still adhere to them—for such has been his opinion ever since the introduction of chloroform. The work is exceedingly neatly got up, and is more than worth its cost.

Practical Dissections: By RICHARD M. HODGES, M. D., formerly Demonstrator of Anatomy in Harvard University. Second Edition. Philadelphia: Henry C. Lea. 1867.

The first edition of this work was issued in 1858, and its success seems to have called for a second edition. At this we are not at all surprised, for after a careful examination of the work we find it to be really excellent, and comprising in a limited space that which usually presents itself to the medical student, while pursuing the subject of practical anatomy in the dissecting room. Its smallness and conciseness without being at all meagre, is one of its great recommendations. All minute analysis and the details of arterial distribution, beyond what an ordinary system exhibits, or of nervous ramifications which only special dissection can demonstrate, have properly been omitted. We can very cordially recommend it to the notice of Canadian medical students.

PERISCOPIC DEPARTMENT.

Surgery.

ON THE DIAGNOSIS BETWEEN HERNIA AND ENLARGED INGUINAL LYMPHATIC GLANDS.

By JOHN W. OGLE, M.D., F.R.C.P., Physician and Lecturer on Medical Pathology at St. George's Hospital, etc.

At the recent meeting of the South-Eastern Branch of the Association, two very interesting cases were related by Dr. Bowles of Folkestone, illustrative of the difficulties which may arise in diagnosing hernia, by reason of the presence of enlarged lymphatic glands in the groin. In the last of these, the patient had worn a truss for several years owing to a swelling as large as a small orange in the inguinal region, which consisted of enlarged glands caused by gangrene of the toe, no hernia ever having existed. I am able to "cap" this case of Dr. Bowles by another of a like kind, in which, however, the result unfortunately proved fatal. The case occurred in St. George's Hospital, and the patient died on the day after admission. It was as follows:

William A., aged 80, was admitted October 5th, 1846. He stated that for ten years he had worn a truss over a tumour occupying the right inguinal region; that, three days before admission, this tumour enlarged, and became red and painful, and that pain in the abdomen and occasional vomiting had shortly come on. No relief from the bowels had been obtained since the symptoms began. When admitted, his expression was anxious and his pulse weak, and there was a tumour, about three inches in length, in the usual situation of an inguinal hernia. An incision was made in the long axis of the tumour (in order to ascertain its nature), which was found to consist entirely of enlarged suppurating inguinal glands. During the night, the sickness returned, the patient became much worse, and he died at 11 A.M. on the next morning.

On *post mortem* examination, the lungs were found to be much congested and the heart flabby, and extensive granular disease of the kidneys was met with. The spleen was soft, and adherent to the abdominal parties. The peritoneum and intestines were quite healthy. The enlarged glands were found to contain deposits of pus. The other parts of the body were healthy.

In this case, it is a matter of interest to inquire what was the cause of death. Into this question, however, I do not propose to enter, merely stating that I feel a difficulty in determining the point. The previous

history was at the time acknowledged to be very imperfect; and to what extent pyæmia may have acted in producing the fatal issue (suffering as the patient was from granular disease of the kidney), I will not venture to affirm. I merely quote the case as proving how one may be misguided as to the nature of inguinal hernia, and as showing for how long a time a patient may wear a truss for such a tumour which is not a hernia, and what may be the injurious results of such a procedure.—*British Medical Journal.*

A NEW REMEDY IN GONORRHŒA. BY J. S. PRETTYMAN, M. D.

In July, 1859, while narrowly observing the effects oil of erigeron administered in a fearful hœmoptysis, I was led to suspect that it would prove a useful remedy in the treatment of gonorrhœa. Acting upon this presumption, I immediately commenced giving it to a patient then under my care, in whose case all the vaunted specifics had most signally failed. He improved at once and was speedily cured. Since that date I have prescribed it in about fifty cases, with unvarying success. It arrests the discharge in about 72 hours, and effects a cure in from six to eight days. I do not recommend it as a specific in all cases, but design merely to bring it to the notice of the profession as an exceedingly valuable medicine in this disease. Of course all scientific medical practice is based upon the well known pathological condition of the structures involved, and this is our unerring guide. When in recent cases the urethral inflammation is severe, my plan is to precede the remedy with a full dose of some active hydragogue. A good formula is: R. Pulv. senna, ℈ ij: pulv, jalapa, ℈ j; pulv. aromaticus, gr. x. M. Add a gill of boiling water and a teaspoonful of sugar, and when sufficiently cool, agitate and swallow at a dose. As soon as this operates, give ten drops of the oil on sugar, and three hours later a full does of spts. aether. in infus. althea, and so on every three hours alternately until the urethral irritation is allayed. Then leave off the latter and continue the oil until the cure is complete. If the case is not recent, or there is but little urethral irritation, the oil alone is sufficient.

I have used it also in combination with copaiba and other articles, and found such preparations to answer a good purpose, but no better than the oil alone.

The oil which I use is reputed to be that of the *Erigeron Canadense* but I presume that from the *Philadelphacum* is equal, if not superior, for this purpose.—(*American Journal of Medical Sciences, July* 1866.)

CASE IN WHICH A PENNY COIN IMPACTED IN THE THROAT OF A CHILD WAS DISCOVERED AND REMOVED BY THE AID OF THE LARYNGOSCOPE.

By George Johnson, M.D., F.R.C.P., Physician to King's College Hospital, Professor of Medicine in King's College.

F. C. W., a fine healthy boy, aged a year and eight months, was brought to me on the 2nd May by his parents, who told me that, two days before, he had swallowed a copper penny. When the child was taken to his mother by a servant immediately after the accident, he was black in the face; his eye-balls apparently starting out, and he seemed to be in imminent danger of suffocation. These alarming symptoms soon subsided, and when the medical attendant arrived, he supposed that the coin had passed into the stomach.

The child's father, feeling alarmed and anxious, took him to one of the hospitals east of Temple Bar, where the house-surgeon, after learning the history, said there was nothing to be done; but he desired that the patient might be taken to him again on the following day.

When the child was brought to me, about fifty-two hours after the accident, I ascertained that, since the coin had disappeared, he had been quite unable to swallow solids, while the swallowing of liquids was attended with difficulty, and often excited coughing. Some water that I gave him to drink, made him cough. There appeared to be much irritation about the throat, and there was a frequent discharge of salivary mucus from the mouth; this discharge was occasionally tinged with blood. Respiration was attended with a moist rattling noise in the throat; there were frequent fits of coughing, which almost entirely prevented sleep: the child looked weary and anxious, and the distressing symptoms had gone on steadily increasing. With such a history, it could scarcely be doubted that the coin was impacted in the throat. Up to that time, the only treatment had been the administration of a dose of castor-oil.

Using a piece of soft wood to keep the mouth open, I endeavoured to reach the coin with my finger; but failed to do so. Then, while keeping the mouth open by the wooden gag between the teeth, I introduced a small laryngeal mirror. At first, I found that the surface of the mirror became instantly smeared over and dimmed by the profuse mucous secretion from the throat, so that I could see nothing. I next swept the mucus out of the throat by a brush on a bent whalebone; then quickly introducing the mirror, I saw the coin sticking in the upper part of the œsophagus, the surfaces front and back, and the upper margin just below the opening of the larynx.

I then took a pair of long, slender, curved forceps, opening front and

back, which I had purchased from Messrs. Weiss a short time before, and guiding the forceps by the throat-mirror which I held in my left hand, I seized the edge of the penny and brought it out.

Immediately after the removal of the coin, the child retched and coughed violently for a few seconds. I then gave him some milk and water; and it was pleasant to see the eagerness and the ease with which he drank it. From that time, all symptoms of irritation rapidly subsided; but it was not until the third day after the removal of the penny, that he could be induced to swallow solids. When I saw him again, a week after his first visit to me, he had lost all his discomforts, and he looked a model of health and happiness. It is probable that the alarming symptoms of suffocation, which occurred immediately after the coin got into the throat, resulted from the partial closure of the larynx while the foreign body was sliding over the epiglottis on its way to the gullet. That the continued impaction of the coin in the gullet would have been speedily fatal by the extension of inflammation and swelling to the larynx, scarcely admits of a doubt.

It is commonly supposed that the larynx of a young child cannot be successfully examined by the mirror. Without doubt, a laryngoscopic examination is more difficult in the case of children than in adults; but I find that, with care and tact, it is possible to explore the throat of even very young children. I have recently, on two occasions, in consultation with Dr. Arthur Farre, examined without difficulty and with completel success the larynx of an infant five months old.—*British Medical Journal, July* 6, 1867.

USE AND ABUSE OF POULTICES.

By Dr. Richardson.

In his lectures recently delivered at the College of Physicians, Dr. Richardson made the following remarks on the subject of poultices:

The application of moist heat in the form of poultice to suppurating parts requires, I think, remodeling, in order that it may be placed on a true scientific basis. I am afraid that the common recommendation, "You must put on a poultice," is too often among us all an easy way of doing something about which we are not quite sure, and concerning which it were too much trouble to think long. From what I have recently observed, I fear that mischief is often done by a poultice which might well be avoided. The people have always a view, that a poultice is applied to "draw," as they say—a term in truth which, though very unsophisticated, is in a sense a good term, for it means what it says. The question for us is, whether it be sound practice to carry out as a general rule the "drawing" process, either by fomentation or by poultice.

When a part is disposed to suppurate, the first step in the series of changes is an increased flow of blood through the capillary surface, followed by obstruction, and thereupon by an excess of sensible heat derived from the friction that is set up. Then follows transudation of liquor sanguinis into the connective tissue, and its transformation, under the influence of heat, into what is called purulent fluid. When to the part in this state we apply moist heat, we quicken suppuration, mainly by upholding the temperature; at the same time, we secure the transference of water from the moist surface into the fluids of the inflamed part, by which tension of tissues is produced, and in the end yielding of tissue at the weakest point.

When the suppurating surface is circumscribed, the rapid induction of the process may be attended with little injury; when the surface is large, and when the exuded fluid is thrown into loose structures where it can burrow readily, the practice, I think, cannot be good to extend the mischief. Hence, in the treatment of carbuncle and phlegmonous erysipelas, it cannot, I opine, be sound practice in the early stage to apply moist heat. Experience also, not less than principle, warrants this conclusion.

In cases of carbuncle especially, I have of late altogether avoided the application of moist heat in the early stage, I feel assured, with good results.

But when in the course of local disease suppuration is actively established, and is naturally circumscribed; when the increased temperature of the part has fallen to or below the natural temperature—then the value of moist heat comes on with full force; then the tension which is exerted determines the escape of fluid at the weakest point of the surrounding tissue, and, when the fluid escapes or is liberated by the knife, the escape for a long period is aided by the application of moist heat.

The continued application of moist heat for a long time after the escape of purulent fluid is again, I conceive, indifferent practice. It sustains discharge; it sets up unhealthy decomposition of fluids; it produces a thickened, soddened condition of skin, most favorable to the production of sinus; and it retards recovery. When a surface is freely open and suppurating, dry, and not moist heat is the remedy. We are in want in these cases of a simple invention; we require something which we can apply as readily as a poultice, which shall keep up the temperature of the part, and at the same time take up moisture, and gently dessicate without injuring the tissues.—*American Journal of Medical Science*, Oct., 1866; from *British Medical Journal*.

Medicine.

MEDICAL TREATMENT OF CHRONIC DIARRHŒA WITH CREASOTE.

Dr. G. Westmoreland reported to the Atlanta Medical Society a case of chronic diarrhœa—treated with creasote. A young man, aged about twenty-two years, had suffered for six months with chronic diarrhœa, contracted at Apalachicola, Florida. He had undergone the usual dietic management, with astringent, alterative, opiate and tonic medication, without any permanent benefit. Under the use of two or three drops of creasote, suspended in half an ounce of acacia mucilage, the discharges were measurably controlled, and his strength greatly improved.

He mentioned this case more with a view of calling attention to the action of creasote in bowel affections, than to anything of interest connected with the disease itself. It had been the practice of some surgeons in the Confederate army to use this remedy in very large doses for the cure of obstinate, acute diarrhœa and dysentery. This practice, not being general, and not having heard or read anything of this treatment in civil practice, it is desirable that the experience of members should be given.

Dr. W. F. Westmoreland stated that at Aberdeen, Mississippi, in 1862, by the urgent request of an Assistant Surgeon in his hospital, he consented to the administration of *heroic* doses of creasote, in a case of malignant dysentery, in which excessively painful discharges occurred at intervals of only fifteen minutes. The patient was apprised of his danger, and of the seemingly hazardous experiment that was concluded upon. His consent being obtained, a teaspoonful of creasote in a tablespoonful of water was administered. In four hours the pain was much less and the evacuations reduced to half hour intervals, when the same quantity was repeated. This portion lessened the frequency of the discharges to one every two hours, and relieved almost entirely the excessive pain accompanying them. The patient was considerably exhilarated, exhibiting symptoms of ordinary intoxication. The quantity was reduced to thirty drops, and kept up at proper intervals to keep the bowels restrained until convalescence was perfectly established.

He had adopted the same plan with several cases in the hospital under his charge in Atlanta, with similar results in some, while in others no benefit was derived. In a few instances the symptoms were perhaps aggravated.—*Atlanta Med. and Surg. Journal.*

ALTERATIVE LAXATIVE PILLS.

By Gilman Daveis, M. D.

In the course of a long practice, extending over nearly thirty years, I know of no want that I have more constantly felt than that of some means by which the bowels could be kept in regular order without producing irritation or debility; especially in females and in sedentary gentlemen, who, with the necessity of unremitting brain-work, cannot, or at any rate do not allow themselves sufficient recreation and exercise to keep the system in a healthful state. To meet this want I prepared, three years since, the following formula: ℞. Pil. aloin cum ferro, gr. xxiv.; ext. nucis vom. alc., gr. vi.; pulv. ipecac., gr. vi. M. Fiant pil. No. xviii. Dose, a single pill.

In order to insure as uniform and perfect a result as possible, I procured the services of the excellent practical pharmaceutist of Boston, Mr. Hunnewell, whose aloin and iron I had used. From that time he has continued to make the pills for me, and to my entire satisfaction. So exactly and perfectly have they supplied the want that I had so long felt, that I have thought it worth while to offer them to my professional brethren, and I do so with entire confidence that none who use them will be disappointed in the result.

The pills are small, about one half the usual pill size. One of these, taken each night, keeps the bowels in a regular condition, operating without pain, and of course chiefly by its tonic power; while the whole system gently but surely feels the strengthening effect of the iron and nux vomica.

I think the formula cannot fail to commend itself to those who have considered the causes of this torpor of the bowels in the class of patients to which I have referred; and I am sure no one will be disappointed who will give the pills a faithful trial. I presume they can be obtained in any desired quantity of Mr. Hunnewell.—*Boston Med. and Sur. Journal.*

CHLORATE OF POTASH AS A REMEDY IN CATARRH OF THE BLADDER.

By S. F. Starley, M. D., of Fairfield, Texas.

I would call the attention of the profession to the chlorate of potash used as an injection in catarrh of the bladder. I was led to make trial of it last summer (1866) in a case that had resisted the whole routine of treatment laid down in our best works. The patient was an intelligent lady, of high nervous sensibility, aged about twenty-six years. The dis-

ease appeared soon after her first confinement, and I suppose resulted from prolonged pressure of the child's head against the neck of the bladder, as she informed me that her labor was a very protracted one. The affection was of more than twelve months standing when she placed herself under my care. She had been treated by her family physician in another county before she came to consult me, and I was informed that the treatment had included a trial of the uva ursi, copaiba, buchu, tinct. muriate of iron, etc., but no local application had been made to the interior of the diseased organ. Upon examination, I found the neck of the bladder exceedingly sensitive and the soreness extending in a less degree over the entire organ. The urine was thickly loaded with mucus, and pus globules were deposited in abundance at the bottom of the sediment. I treated her for more than two months, employing every remedy recommended by our best authors, and enforcing the strictest regimen. As a trial remedy, I used injections of nitrate of silver into the bladder, commencing with a weak solution, and gradually increasing the strength, until a solution of thirty grains to the ounce was tolerated. This remedy afforded some relief from the tormenting urinary tenesmus, but produced no permanent change in the quantity of deposit in the urine, and proved to be altogether inadequate to effect a cure.

Despairing of success with the usual remedies, I determined to test the effect of chlorate of potash, injected into the bladder. Accordingly, I prepared a solution of the strength of ℥ i to ℥ viii of water and injected four ounces of it into the bladder, directing the patient to retain it for half an hour. It gave scarcely any pain, and at my next visit I found that my patient was better than she had been for weeks, and that there was less mucus deposited in the urine. I then injected six ounces of the chlorate solution, and directed her to retain it as before. The next day I found her still more improved, and as the bladder was found to be perfectly tolerant of the remedy, I directed her to retain it for one hour. By my next daily visit, she had experienced an amount of relief that rendered her buoyant and hopeful. After continuing this treatment for a few days longer, she was able to bear a specular examination of the cervix uteri, which was found to be in a state of granular erosion. This was cured by a few applications of the nitrate of silver crayon. The injections of chlorate solution were continued daily for about two weeks, and afterwards once in two or three days, all other medication being suspended, in order to test the efficacy of the chlorate. The patient improved steadily under this treatment, and in one month from the time it was commenced was quite well.

It is proper for me to state, that since then I have tried the chlorate injections in a severe case of the same disease in an elderly lady, and that although some benefit followed its use, it did not produce the prompt effect that it did in the first case. The patient was finally cured by the usual course of treatment, including strong injections of sol. nitrate of silver into the bladder. The above is written with the hope of inducing others to test the efficacy of chlorate of potash as an injection in one of the most painful and distressing maladies that flesh is heir to, and one that too often baffles the skill of the best informed physicians.—*Southern Journal of the Medical Science.*

ON THE VALUE OF TARTAR EMETIC IN COMPRESSION OF THE BRAIN, AND IN CONTROLLING CONVULSIONS AND MANIACAL EXCITEMENT DEPENDENT THEREON.

By Hugh Croskery, L. R. C. S. I.

G. H., a young white Creole gentleman, had been suffering for some days from languor and pain in the right hypochondrium. On Thursday morning, the 31st. of October, 1861, he left his bedroom, about six o'clock, in his usual good health and spirits, and partook of the accustomed Jamaica dish—a cup of good coffee—usually served at that hour of the morning. He went out for a stroll, and was seen to walk with a steady and buoyant gait. An hour afterwards he was found, about five hundred yards from the house, in a fainting state, and with his body lying on the pathway leading through a pasture on the hill-side. Being in the house at the time, I was called to him at once, and found him with contracted pupils, a feeble pulse, a cold, pale skin, and completely unconscious. He was lying where a short time before he had been discovered; with his body up and down the hill, and in such a position as—if coincident circumstances did not point to a different conclusion—to lead to the belief that he had either lain himself down to rest there, or that he had felt faint, and had fallen down at the spot where he had been found; his head rested on a place by no means hard, and his hat was found not far from his person.

When I first saw him, he was in a state of syncope, which might have been the result of a heavy fall, and consequent concussion of the brain, or of sudden faintness from the exertion made use of in ascending or descending the hill. His state of health for some days previous—and the fact that no cuts or bruises about the head, or stones about the spot, could be discovered—tended to convince me of the probability of the latter being the cause of the mishap. With this belief he was kept a short

time where he was, in the horizontal posture, and a stimulating salt was applied to the nostrils. In a very short time, however, it became quite evident that he had suffered, in the first instance, a severe concussion of the brain, and that some rapid effusion was taking place as a consequence; the symptoms of concussion being rapidly succeeded by those of compression. (It was discovered afterwards that, in running down the steep ascent, the heel of his boot had slipped on the root of an orange tree which projected out of, and ran for some distance along, the ground, and that he had been, in consequence, precipitated down the hill—his head falling backwards, heavily, on the ground.) Unconsciousness soon merged into insensibility; the pupils became widely dilated; the face and neck suffused and red; and the body violently convulsed. I had him removed into the house at once, and, before many minutes had elapsed, twenty ounces of dark-blood had been taken rapidly *cum pleno rivo*, from the arm, and a bolus, of fifteen grains of calomel, had been washed down his throat. The convulsions, however, continued to be frequent and violent; and before another hour had passed, twenty ounces of blood, as dark as before, had, for the second time, been abstracted from the arm.

About nine o'clock, A.M., the convulsions had ceased, but a deep coma remained; the breathing continued to be stertorous; the pupils dilated; and the muscles, principally of flexion, rigid and contracted. A cold evaporating lotion had, from the first, been applied to the head; and evaporation was still encouraged and aided by the steady action of a palmetto fan.

An enema, containing olive oil, turpentine, and a few drops of croton oil suspended in thin mucilage, was given about ten o'clock, and this had the effect of removing, about two hours afterwards, a large quantity of very offensive matter. The pupils continued to be widely dilated; at times the heart would beat violently, and the eyes become suffused; but these bad symptoms were always kept in check, by the timely and judicious exhibition of small doses of tartar emetic, repeated as often as the pulse indicated an increased circulation; the hair had, of course, been removed.

The young man remained completely insensible for four days; and it was not until the evening of the fourth day that he became at all conscious.

I cannot speak too highly of the value of tartar emetic, and of its powers in such cases as an antipholgistic and sedative. I desire that this case should be placed in record to prove this; and also because it exhibited many points of interest, which, although, they can now be only cursorily referred to, might have been dwelt on at the time, when all was fresh in

the memory, with profit. In Jamaica,—and more especially in the country parts, where one has so much saddle-work, so many wearisome rides, through mountain passes, and under such a burning sun—it is impossible to sit down and write after the fatigue of the day is over; much of great interc t to the profession might be recorded otherwise; and one sometimes regrets that he has neither the time nor the inclination to place on record what he sees and observes.

I have thus diverged a little from the subject, in order to explain why I am compelled to trust, principally, to memory for the details in this case. But to return to the facts:—I found that small doses of tartar emetic, combined with henbane and digitalis, given frequently, calmed the pulse and warded off many paroxysms of convulsive excitement—so to speak. Of course other items of treatment, viz: a blister applied to the back of the neck and head; mercurial dressings to the blistered surface, and mercury and opium given so as to touch the gums; all combined to check and ward off inflammation, and to effect a permanent cure. I wish, however, to speak particularly of the value of tartar emetic in this case, as I found it, and as it impressed itself on my memory at the time. Each apparently approaching fit, as indicated by redness of the face and conjunctiva, fulness of pulse, and jumping carotids, with muscular twitchings, &c., was immediately subdued by the tartar emetic, combined, as it was, with henbane and digitalis.

Strange to say, in this case, when consciousness returned, after a lapse of four days, this young man was a maniac; he had all sorts of fancies, and was at times very much excited; when paper was given to him for cleansing purposes (I will be understood when I so express myself), he would fancy, and insist, that it was all stuck over with pins, and he would pull out the imaginary pins and count them into a hand, or on the table, up to any number; he had lost the memory of names, but not of numbers; and he would wander about the house, and climb up and examine the top of the wardrobe, which his excited imagination would picture as something else. This maniacal excitement, too, was kept in check —and completely so—by tartar emetic, frequently administered; and, from the good effects thus, at all times, made apparent, I was able to assure the the boy's sorrowing friends that this excitement would pass over, and that reason would be left intact, after the lapse of a few days; and so it was.

Five years have since elapsed, and my patient of that time is now a thriving planter, and a clever young man.—*Dublin Quarterly Journal of Medical Science.*

PURPURA HÆMORRHAGICA IN CHILDREN.

Two Cases, with Remarks. By G. Stevenson Smith, R. S.C. E., formerly Resident Medical Officer, Royal Edinburgh Hospital for Sick Children.

Purpura is an affection of frequent occurrence in youth, and is most commonly met with in children whose general health has been deteriorated either by protracted illness or by insufficient supply of pure air and proper food. It does occasionally show itself, however, in an acute form, coming suddenly in a child who had previously enjoyed good health; and sometimes it manifests itself in the course of an acute disease, as in fever. During the past year we have observed it in its simplest form in a little girl who was under treatment for phthisis; and another patient aged eight, who was suffering from typhoid fever, numerous purpura spots made their appearance on the belly a day or two after a sharp attack of hæmorrhage from the bowels. It is usual, in medical works, to draw a distinction between purpura and scurvy, and the practioner is warned from mistaking the one for the other. In the treatment of such cases a combination of tonic and anti-scorbutic remedies is productive of the most beneficial results. The following case will illustrate the truth of these remarks:

Case I.—E. A., aged seven, was admitted to the Children's Hospital on the 4th of October, 1865, on the recommendation of Dr. Andrew Inglis. She had been falling off in health for some time, and a few days before admission had bled freely from the nose and mouth. On admission, her face was of a dingy green color, which contrasted strangely with the bright, pearly hue of the conjunctiva. The lips, gums and tongue were swollen and covered with a coating of black coagulated blood. The tumid gums bled on the slightest touch. Bloody saliva trickled away almost constantly from the mouth, and the teeth were incrusted with dark colored coagula. On the face, trunk, arms and legs were numerous variously tinted purpura spots, of rounded and oval form, which did not disappear on pressure. Some of them were of a dark claret color, some of a brighter purple hue, others of a dirty yellowish green appearance.

The pulse was rapid and feeble, and the child lay in a half sleeping prostrated condition. Nothing abnormal could be detected in the chest or abdomen. The urine was as dark as coffee, and deposited a thick, dark-brown sediment when allowed to stand a short time. On boiling it, a curdy albuminous deposit was produced, which occupied about three-fourths of the bulk of the urine in the test-tube. A microscopic examination showed that the urine was loaded with bloood-corpuscles, and a few membranous scales stained with hæmatin were also seen.

A mixture of chlorate of potash and tincture of the muriate of iron, four grains of the formre, and eight drops of the latter, was directed to

be given every three hours. A gargle of chlorinated soda was to be used for washing the mouth, and strong beef-tea with a desert-spoonful of sherry to be given frequently; she was also to take lemon-juice.

After two days' treatment there was a most marked improvement in the condition of the patient; the mouth was cleaning, and the urine was more natural. By the 8th, the patient was lively, and sitting up in bed, and the urine, though still containing blood-cells, was quite clear. After the 11th, no fresh spots appeared; the bleeding from the gums ceased, and she was out of bed and walking about the ward. The tincture of the muriate was continued in ten-drop doses thrice a day. She improved in strength daily, and was dismissed on the 28th of October.

In the next case the disease was more chronic; there were no scorbutic symptoms, no sponginess of the gums or bleeding from them; but there was hæmorrhage both from the stomach and bowels. But notwithstanding a great improvement in her general health and strength, fresh crops of purpura spots continued to show themselves for weeks, at intervals of four or five days.

CASE II.—J. T., a pale, unhealthy-looking girl, aged 11, was admitted to the Children's Hospital on the 27th of March, 1865. She belonged to an unhealthy family, and had been in poor health for some months. A brother of hers was admitted about the same time, suffering from well-marked rickets and general debility. Of late this girl had frequently vomited, and passed from the bowels dark colored blood in considerable quantity. Her feet and legs, too, had been œdematous, and she had for some time had pain across the stomach.

When admitted the legs were mottled with purple-colored spots, and there were a few on the arms also. Pulse weak; gums pale, but firm and sound. The urine was dark in color, albuminous, and contained blood-corpuscles.

The tincture of the muriate of iron was prescribed, eight drops to be taken thrice a-day, and she was to have a nourishing diet. By the 6th of April she was much improved in health and spirits, but fresh crops of spots continued to show themselves every now-and-then on the feet and legs. Dark spots were also observed on the roof of the mouth, and all over the surface of the soft palate. No blood was passed from the stomach or bowels, however. She got quite well in her general health, took her food with relish, and complained of nothing; but up to the day of her dismissal, the 17th of May, successive crops of dark red spots continued to show themselves at intervals, and her urine still contained traces of albumen. She was recommended to continue the iron in increased doses.—*Edinburgh Medical Journal.*

Midwifery and Diseases of Women and Children.

IODINE IN THE TREATMENT OF UTERINE LEUCORRHŒA.

The treatment of leucorrhœa is a constant subject of difficulty and vexation to the medical practitioner. Although the use of various astringents will often effect improvement, yet this is seldom lasting, and the recurrence of the symptoms is a continual source of annoyance. We have lately observed a plan which is being pursued by Dr. Murray at the Great Northern Hospital, and which promises to be a very useful addition to our means of treatment in this very troublesome condition. Dr. Murray first ascertains, by means of the speculum, that the discharge proceeds from within the uterus. He then introduces a small, short-haired brush (much like that used for washing phials) by a screw-like motion, so that the thick phlegm-like layer on the uterine wall is swept off with every turn of the brush. When this reaches the fundus he steadily withdraws it, charged as it is with the mucous deposit. Its place is then taken by a gum-elastic catheter with several apertures, through which is injected a lotion consisting of one part of the compound tincture of iodine to two parts of water. The uterine wall is thoroughly washed with this. The muscular contraction which follows this injection is remarkable, the tube being tightly grasped, so that its re-introduction at the time is extremely difficult. Dr. Murray has reason, after an experience of many cases treated by this plan, to feel highly satisfied with its success.

In this connection the use of iodized cotton, suggested by Dr. Robert Greenhalgh, as an application to the cervix uteri in chronic inflammatory enlargements and thickenings, and in subinvolution, with or without congestion or induration of tissue, is of interest. It is prepared as follows; Two ounces of iodide of potassium and one ounce of iodine are dissolved in eight ounces of glycerine, in which solution eight ounces of cotton wool are thoroughly saturated and then carefully dried. It should be applied through a speculum directly to the cervix uteri, using the precaution of securing it properly by a silk thread, and should be kept in position in the vagina for from twenty-four to forty-eight hours. Dr. Greenhalgh claims for it the following advantages: It is light, clean and portable; produces no irritation; destroys all fœtor; is considerably stronger than the compound tincture of iodine; is more readily absorbed, and can be kept for a longer time in contact with the diseased tissues; and, moreover, it does not soil the linen like many of the suppositories and medicated appliances in use for uterine affections.—*Lancet, Jan.* 6, 1867.

DUBLIN OBSTETRICAL SOCIETY.

Dr. Sayer, President.

On Rigid Perineum. By Dr. Beatty.

The management of the last part of the second stage of labor is often attended with difficulties that demand the utmost care, and are productive of serious anxieties in the mind of the individual charged with the conduct of the case. This remark applies more particularly to the phenomena of parturition in primipara; though at times circumstances of a similar nature are found to create embarrassment in those who have already borne a child at the full period.

All persons who have been any time engaged in the practice of midwifery are well acquainted with the tantalysing torments of a rigid perineum. Hour after hour the attendant sits by the bedside; every pain distending the soft parts seems destined to be the last; the structures, strained to the utmost, seem incapable of further resistance, yet they do resist, until finally a rent at the fourchette takes place, most commonly to a small extent, sometimes to a more considerable one, and the head of the child escapes from the pelvis. In many cases of moderate rigidity, the delivery is accomplished without any rent; but in the more obstinate cases, the greatest amount of care, exercised by the most skilful hand, will fail to prevent some amount of laceration. A knowledge of this fact should lead us to be very cautious in dealing with the reputation of the attendant who has the misfortune of having such a case under his charge. Every man in practice is likely to encounter such cases, and in some of them no man can prevent the accident. In speaking of this subject, Dr. Denman makes the following remarks: "That some degrees of laceration should sometimes occur will not be surprising, if we consider the great change and violence which all those parts sustain at the time when the head of the child is passing through them, or that when a laceration begins it should extend through a part rendered at that time extremely thin, and suffering an equal degree of force. When the perineum is indisposed to distend or if when distended it cannot permit the head of the child to pass with facility, the anterior part of the rectum is dragged out, and gives to the perineum a temporary elongation. The true perineum, and the temporary, as it may be called, thus forming an equal uninterrupted space; if a laceration should commence at any part it might, with the greatest care, extend through the whole.

"That kind of laceration of the perineum which commences at the anterior edge, and runs obliquely or directly backwards, is alluded to in every dissertation on this subject. But there have been many instances

of another kind of laceration, which may be called a bursting or perforation of the perineum at that part which is connected with the circumference of the anus, when the anterior part is preserved, and through such perforation, it is said, children have sometimes been expelled."

A remarkable case of this kind occurred in the practice of the late Dr. Beatty, in the year 1808, from whose case book I now quote: "October 17th, 1808.—I saw this patient in labor with her first child, about seven o'clock in the evening, after having had slight pains during the day with very little effect on the os uteri. I saw her again 10½ p.m., when the progress of labor appeared to be slow. While I remained with her the pains became more frequent, and in a very short time the head rested on the perineum; but what appeared strange to me was, that though the pains continued to be very severe, and the tumor caused by the head distending the perineum to increase, there was not the slightest dilation of the os externum beyond its original size. In about an hour the head of the child was entirely expelled from the bony pelvis, and the external parts formed a bag or cap for it, which was forcibly distended at every pain. My fears of a laceration now increased so much that I thought it necessary to explain them to an intelligent woman who was with us, and to make her examine the parts, that she might be convinced of the impossibility of preventing it, at the same time I used lubricants to satisfy the friends that I would do everything in my power for my patient. At length I found the perineum begin to chip or crack at the prominent part, and soon after give away to such an extent that the child was passed through the aperture, though it did not communicate with the os externum. The placenta was delivered through the same passage; and when I told the lady that she had had the most painful labor I had ever met with, she said she expected such, from a contraction which had taken place in those parts when she was young, after a fever, a contraction which had almost prohibited coition.

"The os externum had left an oval mark on the child's head, which I measured, and found to be 2½ by 1¾ inches, and which was the full extent to which the vulva would yield.

"October 28th.—This day examined the state of the parts, and found both the sphincters of the vagina and anus entire and undisturbed, and the rectum uninjured. The patient was able to walk a little through her room. The wound was in a healthy state, and likely to heal."

But such an accident as this is not the worst that occurs under similar circumstances. A more frequent result is the extension of the rent, commencing in the middle and most prominent part of the distended perineum, and its prolongation through the sphincter ani behind, and

the vulva before, thus throwing the two passages into one, and entailing the misery of uncontrolled defecation upon the unfortunate patient.

As I have already said, no amount of the most careful attention on the part of the medical attendant can prevent some of these extensive lacerations at times. The split will begin either in front, and run back to the anus or into it; or it may begin in the middle and embrace both sphincters before it stops; or the head may come through the rent in the middle, and leave both sphincters untorn. In whichever of these ways the struggle terminates the result is very calamitous, and entails a vast amount of suffering on the patient and of trouble to the attendant in whose hands the accident has occurred, to whom the patient and her friends will attribute all the blame. These cases are, in the present day, not so lamentable as they were formerly, for plastic surgery and wire sutures enable us now to remedy the evils in a manner that would astonish our forefathers. I look back with regret to the case of a most interesting, very handsome patient, twenty-five years of age, the wife of a cavalry officer, who passed through my hands thirty years ago. I was engaged to attend her with her second child, and when her labor began I was surprised to find the perineum split into the rectum. I learned that this happened in her first confinement, which took place before she came to this country, and, as usual, the strongest invectives were heaped upon the head of the unfortunate doctor who had attended her. Her second labor, I need not say, was easy enough, and I saw her for a long time after her recovery. But her life was miserable; she could not venture into society, for she was unable to control the passage of feces or flatus from the bowels, and she never knew when one or other would escape. If I then knew and could have done what I now know and can do, I would have been able to restore that young creature to health and comfort, and to that position in society she was intended to adorn. I think it is extremely probable that cases like this are more numerous than is generally believed. Until very recently it was too well known that nothing could be done to relieve them, and unfortunate sufferers bore their misery in silence, not wishing, naturally enough, to make known their infirmity when of such a disgusting and incurable nature. Since the means of remedying the evil have been devised and successfully practiced, the number of cases that seek relief has been wonderfully increased; and in the last edition of Mr. Baker Brown's work on the surgical diseases of women, he gives the details of no less than 112 cases in which he has operated. When such a vast number has fallen to the lot of one surgeon, we may have some idea of the multitude that must be scattered over the empire.

Seeing, then, that extensive laceration of the perineum is of sufficiently frequent occurrence to arrest the attention; and knowing, as we do, that at times the most skilful care, as at present practiced, is impotent to avert the calamity, it behooves us to enquire more particularly into the nature of the cases, and ascertain the cause of the accident, with the view of discovering some means of preventing it, more effectual than those in ordinary use. When we look back on our own experience, and read accounts of such cases in authors who have treated the subject, we find that the conditions of the parts for some time preceeding the rupture is as follows: The head of the child has escaped from all bony resistance, and is well out of the pelvis, carrying the perineum and anterior wall of the rectum before it, these parts forming a cap or bag in which the head lies. The vulva, however, remains undilated, the efforts of the uterus seem unavailing to cause any extension of that opening, and the head, which in the earlier stage of this part of the process had been driven against it, has now, by the yielding of the perineum, sunk below its level; and every pain drives it lower, so that all the force is expended in an endeavor to tear through the bag in which the head is embraced. The soft parts finally give way, often in the middle, the most prominent part, and the rupture is effected. The term rigid perineum is, in fact, hardly applicable to these cases; it is the vulva that is rigid, and its resistance that causes the mischief. It is unyielding of the vulva that is the immediate cause of the danger.

Let us now turn to nature's book, and enquire what means she adopts to escape from the difficulty in cases somewhat less exaggerated than those I have just described. In minor degrees of rigid vulva the head is enabled to take a more forward course, a greater amount of it is permitted to emerge at each pain, but the tissues will not or cannot yield sufficiently to permit the head to pass through; the opening must be enlarged before delivery takes place, and accordingly in a vast number of such cases, it is notorious that some fibres of the fourchette give way, and immediately the head is expelled. A great deal may be done by supporting the perineum to prevent this rent going too far, but no amount of care will prevent some laceration in many of these cases. Nature I believe to be a very good doctor, and often accomplishes her ends better than the best of us, and moreover, often points out to us the right way to help her out of difficulties, if we study her proceedings, and are not too proud or too timid to imitate her.

The following case will show what can be done by taking nature as a guide:

On the 14th day of November, 1866, a remarkably fine, well made

lady, twenty-five years of age, and just nine months married, took labor at two o'clock a. m. I was sent for, and saw her at eight o'clock a. m.; at which time the head of the child was well down through the pelvis and nearly rested on the perineum. The head was covered by the still undilated uterus, the os uteri being the size of a two shilling piece. The vulva was very small, but did not seem rigid. The pains were natural, the os slowly dilated under their influence, and in another hour, at nine a. m., it was fully open, and the head distended the perineum at every pain. I looked forward to a speedy delivery, and took my place by the bedside. The head came lower and lower, pushing the distended perineum before it, and at each pain a small portion of a very hairy scalp was protruded through the vulva. In this position I remained from 9 a. m. to 2 p. m., just five hours, during which time the pains were increasing and more violent, distending the perineum to a frightful extent. I wished to give her chloroform, but she refused to have it. The perineum seemed like a bag into which the head was driven with every intention to tear through it. The soft parts over the head from the edge of the anus to the fourchette, measured nearly $3\frac{1}{2}$ inches; the anus was distended at every pain, showing fully an inch and a half of the interior of the rectum. During the whole of this time there was no further dilation of the vulva, and no advance of the head forward; the whole force of the uterus seemed to be directed towards driving the head either through the perineum or through the rectum. It became quite manifest that one or other of these must occur, for there did not appear to be the least chance of the head escaping through the vulva. When matters were in this state at the end of five hours' most desperate struggle, I argued with myself, that if nature so often puts an end to such difficulty by the yielding of the fourchette and anterior fibres of the perineum, the best way to rescue my patient from the frightful laceration that was so impending would be to imitate nature, and enlarge the opening of the vulva. Accordingly, seizing the moment when a furious pain, that almost drove the head through everything, had subsided, I introduced one blade of a probe-pointed scissors between the perineum and the head, and divided an inch of the soft parts. The very next pain passed the head out through the vulva with the greatest ease, without a single fibre being torn, or the slightest extension of the opening I had made. The recovery was perfect. No treatment beyond ordinary washing was adopted for the wound, which healed spontaneously, so that the nurse in attendance remarked to me some days after, that I ought to have taken measures to prevent its healing so well, for there would be the same trouble at her next labor. By this simple imitation of what nature so

often does I terminated a most difficult and perilous labor without the slightest ill result to the patient. I find, in two recent authors, allusions to an operation similar to that which I have just described. Dr. Hall Davis, in his very excellent work,* says: "In organic or structural rigidities due to hard cicatrices from former sloughings, sometimes depending upon plastic operations extended too far forward to admit of the éxit of the head, these means (chloroform, warm fomentations, unctuous applications, and warm water enemata) may fail. In two cases last year under my care, such cicatrices were the obstacles, and not yielding to chloroform, in one a rent was inevitable, which, however, left an adequate perineum behind. In the other case, rupture being expected every moment, I summoned the surgeon who had operated, and suggested his making a slight bilateral incision downward, and outward to the extent of a quarter of an inch. This sufficed, and the child, living, immediately passed out without any extension of the incision, which healed in two days afterward; thus the perineum was saved." In the last edition of the highly valuable work of Mr. Baker Brown,† he observes; "In cases where rupture seems inevitable during delivery, Dr. Blundell recommended and practised the plan of relieving the tension of the perineum by slight lateral or oblique incision during a pain, thus actually producing a laceration, but one of no moment, if it serve as intended, to prevent the tear along the meridian line, where it naturally takes place, and proves of serious consequence. This plan I concur with, and would practice when chloroform failed or could not be administered. MM. Paul Dubois and Chailly-Honore advocate an oblique incision of the vulva toward the perineum about the third of an inch long, either to prevent altogether the rupture of that region when much distended, or when the laceration is unavoidable, to favor it at a spot where it may produce the least mischief. The writers support their views by the history of successful cases." Since reading the above quotation I have searched through Dr. Blundell's work, and not finding any allusions to the operation in question, I inquired from Mr. Baker Brown, and he has kindly informed me that he attended Dr. Blundell's lectures, and heard him advocate the proceeding.

I am quite sure that none of the members of the society will imagine that I undervalue the well known means so advantageously employed to induce relaxation of the perineum and vulva, such as bleeding, antimony, chloroform, warm fomentations, and lubricants, or the protection

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* Parturition and its Difficulties.—p. 13. 1865.

† Surgical Diseases of Women.—p. 10. 1866.

to be obtained by careful support of the perineum; my object of this communication is to impress upon them, that in extreme cases, such as I have described, after all ordinary means have failed, and frightful injury is impending, a simple operation in imitation of what nature does will avert the danger, and place the patient and her offspring in safety. —12*th January*, 1867.

ON THE MANAGEMENT OF WEAK NEW-BORN INFANTS.

By Professor Depaul.

Professor Depaul remarks that while abundant attention is given in obstetric treatises to the treatment of healthy new-born infants, and those who are seemingly still-born, little space is devoted to the care of weakly. This want he endeavors in part to supply. He thinks that authors have not laid sufficient stress on certain deceptive appearances, which seem to imply that the infant is out of danger because it takes the breast, and seems to suck.

The fact is, however, one of very common occurrence; the infant apparently sucks, but does not increase in weight, and after a time discontinues its fruitless efforts, screams more frequent, and wastes away. In order to discover whether suction is efficiently performed, the child should at the time he appears to be taking the breast with most vigor, be removed from its nurse, and the presence or absence of milk in its mouth be ascertained. The paid nurses at the hospital are required every day to make this experiment. Mr. Depaul also endeavors by all means to rouse from their indolence the wet-nurses to whom puny, delicate infants have been intrusted, when the nursling takes the breast but imperfectly. Under these circumstances, it often happens that the infant has not strength to suck, and the finest nurses are provided in vain. The best nurse in such cases, is not the woman who has the largest supply of milk, but one whose milk flows easily, and drops without effort into the child's mouth. If a nurse of this kind cannot be procured, milk of good quality should be obtained, and given mixed with thin gruel. Mr. Depaul agrees with Professor Scanzoni, that ass's milk is the best for the purpose; but in most cases the practitioner must be satisfied with cow's milk. Every hour or two, day and night, from one to three teaspoonfuls of diluted milk should be administrated. Should this kind of food give rise to colic, Scanzoni recommends the addition of a little fennel or dill water; and as soon as the child has gained in strength, it is proper to procure for it a good wet-nurse; and this should not be too long delayed, lest the habit of receiving nutriment into its mouth without any effort, may prevent the infant ever

taking the breast again, a circumstance which occurred in the case of a young prince, at present living in exile ; the nurse should then be instructed to draw her own milk with an exhausting glass; but this can seldom be obtained from a mercenary nurse, and scarcely ever succeeds but with mothers who rear their own children.

It should further be remarked, that in primiparæ the nipple is often so large or so hard, that if the child is not very strong, its efforts at suction are unavailing. The mother is then in fault, and it is therefore highly expedient to ascertain the condition of the breast in gravid women, in order to form an opinion as to the possibility of their nursing.

It is absolutely necessary, in addition to the measures calculated to restore and increase the strength of the infant, carefully to shield it from the influence of cold, and to adopt every precaution to preserve the temperature of the body at the physiological standard. Warmth is for infants, especially for new-born infants, the indispensable condition of the continuance of life. None but the strongest children can bear any loss of temperature. The weak invariably perish if exposed to cold; and Hunter sagaciously noted the fact, and strongly objected to the practice prevalent in his day of bathing very young children in cold water for the alleged purpose of invigorating their constitution. When, therefore, a child is prematurely born, or naturally weak, it should be carefully enveloped in warm clothing, kept in a comfortable bed and guarded in every possible manner from adverse atmospherical influences. The thermometer should be daily consulted, and hot water bottles used, if necessary, to maintain the heat of the body at a proper height.

By means of these precautions, and, if required, by the exhibition of aromatic and stimulating remedies, Mr. Depaul has had the good fortune of restoring in the course of two or three weeks, children supposed not to be viable, to a normal state of development. Untiring supervision is always indispensable, as any neglect of these all-important points may entail irremediably fatal consequences.—*Half-Yearly Abstract.*

SORE OR EXCORIATED NIPPLES.

By Daniel V. Folts, M. D.

" When fevers burn, or ague feezes,
Rheumatics gnaw, or colic squeezes,
Our neighbors' sympathy may ease us
Wi' pitying moan ;
But thee—thou hell o'a' diseases,
Ay mocks our groan."

If an aching tooth could thus arouse the Scottish bard to the utterance, if not of " thoughts that breathe," at least of " words that burn,"

I was wondering the other day, when his natal anniversary was being celebrated, what he would have said of the agony of nursing with sore nipples, especially had he been a mater, instead of a pater-familias! Perhaps no other disease apparently so trifling, and never fatal, has caused a tithe of the sufferings in the lying-in chamber that this has. For centuries the profession has been devising means for its cure. On the shelves of every physician's library are found volumes containing long lists of remedies for this affection. The mineral, the vegetable and animal kingdoms have all been laid under contribution. The salts of silver, of copper, of lead, of zinc and mercury, as well as those of alumina and potassa, have had their advocates. Time would fail to speak of all the washes and lotions—narcotics, emolliments and astringents—to say nothing of the unguents, plasters and fomentations that have been employed. And yet so common is this complaint that a distinguished professor in one of our large universities writes, " I am surprised when I hear one of my patients say that she does not suffer from it." It, however, affords me pleasure to be able to put it on record that my experience differs from that of the professor—for a large majority of my lying-in patients, in a practice extending over more than a quarter of a century, have been free from this source of suffering. And yet but too often have I been compelled to witness the terrible struggle between bodily pain and maternal affection, when the infant called for its natural food and the mother was attempting to supply it. When the attention of the surgeon was first called to the value of collodion in closing incised wounds and healing abraded surfaces, I thought surely, now we have it! But after having brushed over many an excoriated nipple, thereby adding suffering to misery by the smarting caused by the ether in the compound used, I was compelled to abandon it. For, aside from the pain caused by its application, I found that the artificial cuticle formed was as worthless as the narrow strips of adhesive plaster recommended by Dr. Physick, the power of the orginal infant pump being usually sufficient in one application to disarrange the whole arrangement. At one time, in common with others of the profession in this city, I had some confidence in " Parker's oil and ventilating nipple shield." In some cases, indeed, it answered a good purpose, but in more it utterly failed, so that of late I have ceased to recommend it. It has always been my opinion that, to cure a sore nipple, absolute rest of the part was as necessary as to heal an incised wound ; and generally, I think, we shall find, as Dr. Gooch has it, that " we are rowing against the stream so long as the cause, viz., the action of the child's mouth in sucking, is renewed at short intervals." To succeed, then, the chapped or excoriated surface should be protected from the friction of the infant's

tongue and gums; and this not for a few hours, or days even, but until it is healed and covered by sound integument. To fulfil this indication and not wean the child, has hitherto been a task difficult to accomplish. The various shields of wood, metal and glass, with all manner of teats attached, have been called into requisition; and besides those found in the shops, I have had others constructed by skilful mechanics. With these I have sometimes succeeded, but more generally the matter has ended in mortification to myself and disappointment to my patient. * * * * [Dr. Folts then speaks of certain other nipple shields which he had found possessed of much merit, but gives the preference to the one described in this articles.] It remained for Mr. Kent, a well-known apothecary of this city, in his "Metalic Nipple Shield and Caoutchouc Teat," to supply this long-felt need. This is the only artificial nipple that I have ever used with unvarying success, and so admirably does it answer the purpose that the worst cases of sore nipples have entirely recovered without any local application whatever to the excoriated surface, beyond cleansing the parts and wiping them dry when the shield was removed. Glycerin unguent or some other emollient application, might, in some cases, be advisable to soften the skin and promote granulation. Mothers who had suffered untold agony in nursing, and had resorted to all other means in vain, have been at once relieved by this simple appliance. The valvular arrangement is so simple that it is almost impossible for it to get out of order, and yet so efficient that a few inspirations of the child cause it to adhere so firmly that nursing proceeds much as if no artificial medium were interposed. What the infant thinks of the arrrangement, we shall not, perhaps, at present be informed; but the mother says, "blessings on the head of the man who invented it!" I will only add, for the benefit of those who may be so unfortunate as to need this mechanical substitute. and for the information of the profession at large, that T. Metcalf & Co., 39 Tremont St., are the general agents for its sale.—*Boston Med. and Surg Journal, March* 14, 1867.

PROLAPSE OF FUNIS.

Read before the Norfolk (Mass.) District Medical Society, July 10th, 1867, by CHARLES E. STEDMAN, M.D., of Dorchester.

AT half past twelve in morning of June 19th, I was called to Mrs. C. D., a thick set little woman, 22 years old, in labor for twelve hours with her first child. On examination, the forefinger just reached the head which was high up, and something presented within the unbroken

membranes. The os being well dilated, the waters were evacuated, and the bunch in advance of the head proved to be, as conjectured, the entire cord, pulsating and rolled up into a tight ball of the size of the fist; the head was in the first position. The patient was requested to take her position on the elbows and knees, which she readily did when the necessity for the posture was explained. After carrying the right hand into the vagina, I succeeded, by a little manipulation, in returning the whole cord behind the ear of the fœtus. The hand was kept on the aperture where the cord had disappeared till two slight pains had occurred, and after twenty minutes the woman was released from the constrained posture, and allowed to come over on her left side. There being no further appearance of the cord, and the pains being feeble and slow, she was allowed to leave the bed and walk about the room. In two or three hours the contractions of the womb grew vigorous, and after a very hard labor she was delivered at one o'clock of a large, live boy.

It may be unnecessary to state that this treatment of prolapse of the funis is the "postural treatment" of Dr. T. Gaillard Thomas, and has already given a large proportion of successful cases: if there have been any failures, I have not seen them reported, though several favorable results have been detailed in the journals.

Dr. Churchill says that more than one half the children are lost in cases of prolapse of the cord. If the accident is so fatal, the profession owes much to Dr. Thomas for pointing out so simple a remedy as the taxis combined with such a posture of the patient as will allow the weight and slippery nature of the funis to rectify the presentation. Version, unless performed immediately after the rupture of the membranes, is generally fatal to the child and is not always safe for the mother, while the operator's trouble is thrown away if the child is not born rapidly. Late writers mention Dr. Thomas's practice, but do not give him all the credit he seems to deserve. Dr. Bedford says in a foot-note that he "should not omit to mention an ingenious plan suggested by Dr. T. Gaillard Thomas for the reposition of the cord." Dr. Hodge says, "it may be well to follow the suggestion of Dr. Thomas . . . . . this probably is an effectual method . . . . should it fail, some of the numerous expedients which have been proposed may be adopted."

Dr. Bedford says further:—"I have very little confidence in any of these contrivances. They may sometimes succeed in dexterous hands, but very frequently they fail. . . . It is amusing to hear the facility with which the reposition of the funis can be effected. But, gentlemen, it is one thing to talk and quite another to act."

My friend, Dr. W. C. B. Fifield, tells me that in two cases of prolapsed

funis, after unsuccessful attempts to replace it, he had performed version and delivered dead children. Not long ago he was called to a case where a midwife was in charge: he found a soft and dilated os, through which the cord depended, pulsating. Placing the patient on her elbows and knees he carried the cord above the presenting head by his hand introduced into the vagina, administered ergot, and kept the funis back with his hand till the head plugged the brim of the pelvis. The child, though born with little pulsation, responded to treatment in half an hour, rewarding the Doctor's exertions by a gasp, and is now living.

It is to be borne in mind that a position on the *hands* and knees does not give slant enough to the plane, which must be inclined as much as possible by the patient's resting on her elbows or even shoulders, while if needful a pillow may be placed under her knees, to elevate the hips: and I have heard of a woman's shoulders reposing on a chair while her knees remained on the bed.

If this method requires little dexterity in its execution, and is successful in cases where the doctor is called before the head is jammed into the lower strait, it is no small gain on the old practice of fishing for the cord, and trying to poke it back with whalebones, and tapes, and bags, and wreathing it in graceful festoons about the limbs of the fœtus.—*Boston Medical and Surgical Journal, July* 1867.

A CASE OF UTERINE PREGNANCY OF MORE THAN FIVE YEARS DURATION.

By Dr. T. B. Cox, Frankfort, Indiana.

Mrs. A.—Married at about eighteen years of age, was seized with convulsions on the 30th October, 1861. She was then, as she supposed, in the seventh month of utero-gestation. She had more than forty convulsions; two or three physicians were in attendance; she was bled, and the convulsions ceased—whether in consequence of the bleeding or not, deponent will not say. No uterine pain or contractions occurred at this time. A few days subsequently she had pains which were supposed to indicate commencing labor. A physician was sent for. He administered an anodyne, and she passed along without anything unusual occurring until the 17th day of November, when, just eighteen days from the first of the attacks of convulsions, uterine pains recurred. Dr. W. P. Dunn visited her; believed her in labor; made a digital examination; thought that he felt some part of the fœtus presenting, but does not now remember the presentation. The pains seeming of an irregular character, he gave an

opiate and retired, expecting, however, to be called up before morning, as this visit was made early in the evening; but, to his astonishment, when morning came the patient was quite free from pain.

A few days subsequently there was a free secretion of milk, which continued several days, and was with difficulty arrested.

For a month or six weeks the catamenia appeared, and occurred regularly for nearly four years; then free hemorrhage, which lasted several days, the patient passing large clots of blood. The hemorrhage gradually ceased, nor was there, after this, any discharge from the vagina, nor any vicarious menstruation.

I first saw the patient on the 10th day of May, 1867; found a large pyriform abdominal tumor occupying the median line, perhaps a little more prominent upon the left side, and extending an inch and a half above the umbilicus; it seemed solid and of but slight mobility.

The patient was apparently laboring under an attack of peritonitis; there was intense soreness over the entire abdomen, fever, red tongue, occasionally profuse perspiration, etc. But under the influence of opiates, hot fomentations, and subsequently tonics and nutritious diet, she rallied and was able to be up most of the time.

Subsequently she had chills, fever and sweating, and the tumor appeared to point on the right side, about two inches and a half lower than the umbilicus, and about the same distance from the median line.

After having become fully satisfied of the adhesion of the peritoneum to the abdominal walls, and there seeming to be fluctuation in the enlargement, an exploring needle was introduced, and an offensive liquid and gas escaped by the groove of the instrument. The patient being at this time very weak—indeed, extremely prostrated—and averse to any further surgical interference, it was deemed best to relinquish all attempts at further investigation until she should again rally. She was ordered stimulants in increased doses, anodynes, tonics and nourishing diet; in short, a general supporting treatment.

Under this course the patient improved somewhat in strength. Soon the tumor again become more prominent, and increased in size. It was now cut into with a sharp bistoury, an incision of three-fourths of an inch being made; a considerable portion of gas and very thick, offensive fluid, so very offensive that one could scarcely stay in the room, were discharged. From this time there was a continual discharge until the patient's death, which occurred on the 4th of August, some four or five weeks subsequent to the time when the puncture was made. The patient was so very feeble—indeed, only living, as it were, from day to day, and was so unwilling to have the opening in the abdomen enlarged sufficiently to enable

us to ascertain what was the true condition, that we were still, to some extent, feeling our way in the dark. Of this much we were certain, tha there was a fœtus in a decomposed state. But whether the pregnancy was intra or extra-uterine, was something of a question. Dr. Dunn who had been with the woman in her first sickness, as previously stated, was quite confident that it was true pregnancy.

Post Mortem, twelve hours after death, was made by me, assisted by Drs. Dunn, Douglass and Brown. An incision was made from the ensiform cartilage to the os pubes. Intestines healthy, with the exception of peritoneal adhesions. The uterus partially adherent to the abdominal walls; its fundus had been destroyed by ulceration, and yet the adhesions were so perfect that none of the uterine contents had escape into the peritoneal cavity. Part of the body and of the neck of the womb was healthy; the rest of the neck was enlarged, elongated, and felt rather flabby. Just above the neck the walls of the womb had adhered, and were perfectly united to the extent of three-fourths of an inch,—the adhesion so thorough that it could not be broken up. The remains of the fœtus were found lying in this ulcerated cavity, and the head seemed to be in the left iliac region. The flesh had nearly all sloughed off the bones, and as a natural result, the tumor had gradually decreased for some time previous to the death of the patient.

Such is a brief and very imperfect history of the case in point of details, but substantially true in reference to facts, as learned from her friends, from the patient herself, and from the physicians who were in attendance upon her during her first sickness.

Many physicians saw and examined this woman during the long interval that elapsed between her first illness and her death, and not one of them was fully satisfied as to her true condition. Some were inclined to the opinion that the tumor was ovarian, while others thought it extra-uterine or abdominal pregnancy. The case was perplexing to me. It had then been over five years since the woman had been supposed to be pregnant.—*Western Journal of Medicine, Indianapolis, Ind.*

LABOUR TERMINATING IN EXPULSION OF HYDATIDS.

By Edward Crossman, Esq., Hambrook.

The case I wish to report is by no means unique, but has, I think characters of practical interest sufficient to warrant a brief record. It is a case of pregnancy and labour at full time, terminating in the expulsion of a large mass of spurious hydatids.

My patient, aged 28, the wife of a well-to-do farmer, in October 1865 bore a healthy child, which she suckled till the following July. In August she menstruated, and then became pregnant again. The usual symptoms of pregnancy were present, and all went well with her till January of this year, when a slight hæmorrhage commenced, and, notwithstanding appropriate treatment, persisted for more than a month. From the middle of February till the middle of April, she was pretty well. Occasionally a slight sign appeared, but not enough to call for more than a few hours' rest upon the sofa. She felt the movements of the child, frequent, but very weak. Her arrangements were accordingly made for lying in during the month of May.

On April 20th, while spending the evening from home, she experienced a sudden and severe hæmorrhage, with slight uterine pains. The pains subsided, but the hæmorrhage continued more or less until the morning of the 3rd of May, when active labour appeared to be coming on, and a message was sent to me to hold myself disengaged.

Six hours later, I was summoned. The pains had steadily increased, accompanied by considerable but not alarming hæmorrhage; and, just before my arrival, two large masses of an hydatidform growth, together filling a chamber-pot, had been passed. The pains continued; and half an hour later, a third portion, equal in volume to either of the others, was voided; after which the pains subsided, and the uterus was felt hard and contracted, as after natural labour. Altogether a considerable quantity of blood lost, and my patient was very faint; but at the expiration of an hour, I was able to leave her in as good condition as that of woman recently delivered of a child, with after-pains and lochia fully established.

The sequel was most satisfactory. She went through the usual routine of a lying in. On the third day, there was a profuse secretion of milk; and the involution of the uterus subsequently proceeded as after childbirth.

I made a careful examination of the substance expelled. It filled a chamber-pot and a half. So far as I could ascertain, there was little or no fluid discharged from the uterus. I could find nothing representing fœtus or placenta; but several large massses of solid half-organised coagulum, and pieces of tough white membrane. The bulk of the mass was made up of transparent vesicles, varying in size from one-eighth of an inch to an inch and a half in diameter; and these were arranged in lines and clusters, like branches of grapes, and were attached to the pieces of membrane and coagula.

I need hardly say that I was unprepared for the advent of such a

"baby." My patient had so often spokem to me of feeling the movements of the child, that I did not for a moment doubt the presence of a *fœtus in utero*. The hæmorrhage I had accounted for, by supposing there was some malposition of the placenta.—*British Med. Journal, July* 13, 1867.

Materia Medica and Chemistry.

DR. RICHARDSON'S STYPTIC COLLOID.

This preparation was brought before the Profession at the first of Dr. Richardson's lectures, to which we have previously directed attention. It consists of ether and alcohol, saturated with tannin and gun-cotton. When diluted with an equal quantity of ether, it may be used in the form of spray. Undiluted, it is applied with a brush. The fluid coagulates the blood, serum, albumen, liquor sanguinis, and pus. When brought into contact with a wound, the ether and alcohol are volatilised by the heat of the body, and the tannin and gun-cotton are left intimately combined on the surface. The tannin converts the albumen into tough leathery membrane. The cotton gives a certain consistency. Numerous experiments, some of which were repeated at the lecture in question, show that solidification of the fluids is not the only effect, but that deodorisation is produced by this application. As the animal tissues form a combination with the dressing, the exclusion of the air is perfect, and the healing process uninterrupted. After operations, or in recent wounds from accident, the treatment by this process is most simple, and reduces the cases to a state similar to that of sub-cutaneous lesion.

The edges are to be brought carefully together (with a suture when necessary) in the usual way. Then the *styptic colloid* is to be applied freely with a brush. A thin layer of cotton wool soaked in the colloid may then be laid along the line of the wound, and, if thought advisable, a further layer of the liquid laid on with the brush. In a suppurating wound it is only necessary to brush over the surface, so as to leave a layer of colloid upon it.

Compound fractures may, in Dr. Richardson's opinion, be most advantageously treated with this new remedy. The styptic colloid may be poured into the wounded cavities, and thus the case reduced to one approaching simple fracture.

A great advantage of this dressing is that it need not be removed unless there were fœtor from the wound prior to its application, or unless it should be raised by fresh discharge, or symptoms of suppuration should occur.

Finally, this styptic forms a base for other remedies, among which may be named creasote, carbolic acid, quina, iodine, iodide of cadmium, bichloride of mercury, morphia, cantharidine,&c.—*Dublin Medical Press, May* 8, 1867.

PHOSPHORUS PILLS.

Dr. Radcliffe having tried various means of administering phosphorus, has at length succeeded in effecting this in the form of pills; and as other medical men are now ordering phosphorus in this form, we have thought it desirable to publish the formula for the information of our readers. Take of phosphorus six grains, suet six hundred grains, melt the suet in a stoppered bottle capable of holding twice the quantity indicated; put in the phosphorus, and when liquid, agitate the mixture until it becomes solid; roll into three-grain pills, and cover with gelatine. Each pill will contain one-thirty-third of a grain of phosphorus.—*Pharmaceutical Journal.*

NARCEINE.

Narceine is coming into great fashion amongst the French to replace morphia. The dose generally given internally, is from a sixth to half a grain. At the outset it diminishes the pulse, but subsequently accelerates the pulsations. It does not seem to produce constipation, but rather a free action of the bowels. It is said to retard menstruation. Dr. Eulenberg prefers it to any other narcotic, and gives it in neuralgia, in painful affections generally, and articular disease, iritis, cystitis, and orchitis, stating that it produces sleep "which is soft, tranquil, uninterrupted, and followed by a quiet awaking." Narceine is reported to be preferable to morphia as a general rule, and to act effectually in those cases in which morphia fails.—*Philadelphia Med. and Surg. Reporter.*

Burns or Scalds.—The following is one of the best applications we know of in cases of burns, or scalds, more especially when a large surface is denuded of the cuticle:

Take one drachm of finely powdered alum and mix thoroughly with the white of two eggs and one teacup of fresh lard; spread on a cloth and apply to the parts burnt.

It gives almost instant relief from pain, and by excluding the air prevents excessive inflammatory action. The application should be changed at least once a day.—*St. Louis Medical Reporter, May* 1867.

Syrup of Santonine.—The following formula has been suggested as an agreeable vermifuge: Santonine, 55 grs.; Syrup, 10 oz. (Troy.) Dissolve the santonine in a little alcohol, and add to the syrup, boiling hot.—*Ex.*

Canada Medical Journal.

MONTREAL, JULY, 1867.

AN HOSPITAL FOR SICK CHILDREN.

The excessive mortality amongst children, which takes place annually during the months of July and August in Montreal, has at length, we are glad to say, aroused the attention of a few philanthropic individuals, and, if we are not mistaken, an Hospital for sick children, is a means which seems to them capable of doing not a little to lessen this really sometimes frightful death rate. Just so long as we have weather which for days sends the thermometer up to the nineties, with sudden falls of thirty and forty degrees—will we have hundreds of cases of cholera infantum, especially among the lower classes—where foul air and an improper diet starts the disease in children whose systems are predisposed to disease from the irritation of dentition. We are constantly asked in the daily newspapers the cause why so many children are cut off during the months we have named, and in truth, perhaps the question is one which is difficult to answer to one's entire satisfaction. The intense heat, with sudden changes, is no doubt one of the primary reasons to inaugurate the disease, but the cause of the excessive mortality is, we believe, to a certain extent, under control. It is perhaps not generally known, but we believe we can assert it as a fact, that hundreds of children die during what we may term the sickly season, without ever having received advice from or being seen by a physician. Their parents are too poor to employ professional assistance, and there is no institution where these little sufferers can be admitted and cared for. Even in cases where professional assistance has been obtained, many cases prove fatal, simply from want of proper care, and the inability of parents to purchase articles essential to sustain life. There is perhaps no disease of infancy and childhood which requires such close watching and prompt treatment, as does that known under the name of cholera infantum, and, as we have already said, many perish simply from a lack of it. Were an Hospital for sick children in existence, how many mothers would gladly avail themselves of it, when

sickness struck down their little ones. At home but little kindness can be shown them—perhaps a half dozen others claim attention while household duties, such as cannot be postponed, occupy much of the time that would otherwise be devoted to the sick child. Again, many a time the crowded room, and vitiated air, closes for ever any chance the little one may have had. This and many other disadvantages which the children of the poor suffer from when ill, would be all obviated had we a children's hospital. Experience has proved their benefit, and if those who have taken the matter in hand can only get the sympathy of our population, we hope ere many months have passed away to be able to chronicle the successful starting of such an institution in Montreal. In Edinburgh, a city not much larger than our own, an Hospital for sick children has been in full working order for some nine years, and with a success that has done not a little to reduce the infantile mortality of that place. At the sixth annual meeting of the Edinburgh children's Hospital, held in 1864, Sir John Don Wanchope said that a few years before the death rate among children under five years of age, was never below 45 and often reaching 50 per cent. It was then but 27 per cent, and he felt sure the Sick Children's Hospital has done not a little to produce such a gratifying result. In Montreal, we have the enormous death rate of fully fifty per cent of all children under five years of age. If such results as we have mentioned followed the establishment of the Edinburgh Hospital, surely we can hope for a similar result, should we follow their example, in the foundation of such an institution. We sincerely hope that those gentlemen who have taken the matter in hand will not let the subject rest, but will agitate it, and press it to a successful issue.

THE ETHER-SPRAY IN UTERINE HÆMORRHAGE.

Dr. T. C. Thompson, of Matagorda, Texas, in a letter to the *Philadelphia Medical and Surgical Reporter*, relates the case of a lady "three months *enceinte* threatened with abortion; and, after failing with usual remedies to prevent it, an alarming hæmorrhage followed, which defied all treatment by opiates and astringents, cold applications and buckets of water; and, while arranging some cloths for a tampon, I was induced to try rhigolene spray to a circle of about two inches in diameter immediately over the womb. Contraction of the inert uterus followed, and, of course, cessation of hæmorrhage. How much less inconvenient and disagreeable such simple means of relief is to the patient, than by flooding the bed, and chilling your patient with buckets and cloths of water."

We take pleasure in calling attention to the notice in our advertising sheet, of the private course of lectures to be delivered by Dr. H. R. Storer, of Boston, upon the "Surgical Diseases of women." The course is intended exclusively for graduates, and will cover in as thorough and practical a manner as possible, all that experience up to the present time has shown to be available in the relief of this class of disorders.

It is needless to allude to Dr. Storer's qualifications for this task, as he is already widely known in this country, and as the associate of Sir J. Y. Simpson, of Edinburgh, in 1854-5, and one of those selected by him to edit his obstetric works, his reputation abroad is enviable.

CANADIAN MEDICAL SOCIETY.—A movement has been started under the auspices of the Quebec Medical Society, to establish a Medical Society for the Dominion of Canada. The following resolutions were unanimously adopted at a recent meeting of that Society;

Resolved, 1. That in the interest of the public and the Medical Profession, it is desirable to adopt such means as will insure an UNIFORM system of granting license to practice Medicine, Surgery, and Midwifery, throughout the Dominion of Canada.

2. That in future, all medical degrees or diplomas of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licenses to practise Medicine, Surgery or Midwifery, in the Dominion of Canada, shall be granted by a Central Board of Examiners, in each Province, before whom all holders of Degrees in Medicine, or Diplomas for Surgery, or Midwifery, shall appear for examination.

3. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which all candidates for license to practise medicine in the Dominion of Canada, shall be examined.

4. That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, &c., in the Dominion of Canada; to meet at the city of Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the formation of a CANADIAN MEDICAL ASSOCIATION."