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Original Communications.

GYNÆCOLOGICAL REPORT.

By E. H. TRENHOLME, M.D.,

Professor of Gynecology, University of Bishop's College.

Hysterectomy in cancer of the uterus.

Le Progrès Medical reports a case of vaginal hysterectomy performed by Dr. Tillaux for cancer of the neck of the uterus and metrorrhagia. As the womb was freely moveable it was easily brought down to the vulva with forceps. A sound was placed in the bladder, and having cut through the vaginal mucous membrane in front at its union with the neck, and detached it as far as the peritoneum, which was incised transversely, Dr. Tillaux then made a similar operation behind, where the womb was attached by the two broad ligaments only; these ligaments were then ligated and divided; the vaginal edges were brought together by one suture. A drain was placed under the peritoneum and the vagina washed out with iodoform gas. The drainage tube was removed on 4th day, and the patient discharged cured on the 21st day.

Dr. Terrier also reports a similar case, with equally favorable results.

The value of hysterectomy in cancer of the uterus is by no means a settled question. Much has been said against the operation—cases of cancer and the rate of mortality has been high—in fact, the operation is declared by some as unjustifiable.

From my own observation I am of opinion that it is a justifiable operation, when the disease is confined to the uterine organ and has not invaded the adjacent tissues. A case of extirpation was per-

formed by myself some weeks ago, and though the patient has recovered from the operation without any serious drawbacks yet, the result has not been satisfactory, on account of the development of the disease among the pelvic tissues, the eradication of which at the time of the operation it was found to be impossible to accomplish. One serious objection to these operations is the drainage of the peritoneal cavity, which must result when the infiltrated condition of the adjacent tissues prevents the coaptation of the divided structures.

Taken early, before the cancerous disease has gone beyond the uterus, the extirpation of the organ seems to me to be a proper and justifiable procedure

The operation for Restoring the Uterus by shortening the round ligaments has lately been performed by Dr. Alexander, of Liverpool.

If the conception of this operation cannot be accorded to Dr. Alexander, yet to him is due the credit of being the first to demonstrate its practicability. The mode of operating is given as follows:—The first incision is to be made upon the pubic spine, and then extended upwards and outwards in the direction of the inguinal canal for 1½ or 3 inches, according to the depth of the subcutaneous fat and the skill of the operator. The fat is cut through till the glistening tendon of the external oblique is reached. Sometimes a dense aponeurosis is met with midway in the fat, which may be mistaken for external oblique, and lead to trouble if search is now made for the tendon of the external oblique. The first stage of the operation ends with the exposure of the tendon of the external oblique and the external inguinal canal with the inter-columnar fibres crossing it. If these structures do

not appear then the aperture must be dragged over the surface of the tendon till the ring is found. The finger now pressed in the wound readily detects the spine at one end by its hardness, and the ring at the other by its lessened resistance. The spine and the ring are the two landmarks for further procedure. Poupart's ligament below should warn against any searching for the ring below that structure. There should be no groping in the dark, all must be closely ascertained before the next step is taken. Cut through the inter-columnar fascia and deeper structures over all the extent of the external ring in its longest diameter. A nerve, vessels, fat, tendinous bands, and the round ligament spring out of the canal immediately. In fat people the quantity of fat conceals all the other structures. There is to be no haste to seize the round ligament, which is brought into view by everting the structures upward. The genital branch of the genito-crural nerve runs close to and along the anterior surface. At this point the ligament is round, often delicate, but easily recognized by its flesh-colored structure. Care must be taken lest it be destroyed by the forceps. Bands will be seen binding it to the adjacent structures, these are best divided with the scissors, taking the greatest care lest the ligament should be cut into. With patience and care it is freed, and comes out so easily that one is apt to think it has been broken.

At this stage it is well to cover the wound with a warm sponge and operate on the other side. The best position for the operator is on the side opposite to the one operated upon, as it affords the best view, and also enables him to make traction in the direction of the ligament.

Bands of fascia and fasciculi of the internal oblique have been mistaken for the ligament. They are, however, more friable, and, though they seem to go along the canal in the direction of the ligament, they do not pull out and should not ever be seen if the operation is properly made.

Third Stage.—This stage consists in placing the uterus in position with a sound, and pulling out the ligaments till they control the uterus. This is determined by the operator drawing out both ligaments at once till the sound (held by an assistant) is felt to move. The ligaments are now held by an assistant while the operator stitches them to both pillars of the ring, two stitches of moderately fine catgut on each side.

The bruised ends of the ligaments are cut off

and the remainder stitched into the wound with the same suture that closes the incision. A fine drainage tube is inserted, and the wound well washed with antiseptic lotion before the sutures are secured. In private practice Dr. Alexander does not use the spray, but always employs a drainage tube. In cases of retroversion and prolapsus he uses a Hodge pessary to keep the organ in position during convalescence. Rest in bed is insisted upon for at least three weeks. The most important point in the 3rd stage is to secure the proper tension upon the ligaments. The drainage tube is removed on 2nd day.

The danger to life is *nil*, in an experience of over 3 years, whilst it has been successful in the case of retroversion and retroflexion as well as in cases of prolapsus of the uterus.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Annual Meeting, October 9th, 1885.

T. G. RODDICK, M. D., PRESIDENT, IN
THE CHAIR.

The annual meeting of this Society was held on Friday evening, October 9th, a large attendance of members being present.

The following were proposed for membership : Drs. R. F. Ruttan, W. McClure, F. G. Findley, S. Gustin and D. W. Eberts.

PATHOLOGICAL SPECIMENS.

Dr. TRENHOLME exhibited an *Ovarian Cyst* and *Two Extirpated Uteri*, and gave the following particulars :—

The ovarian cyst was removed from Mrs. I., of Shawville, aged 42, of spare habit and nervous temperament. Nine years married; no children. Her illness began 16 years ago, when her bladder troubled her. Feeling of pressure, pain in the back, inability to sit; bowels constipated; insomnia; menses always irregular, but for the last six months has no flow. At present time, pains are not so severe as formerly, and chiefly felt in the back and over the womb. Upon examination, the uterus is found high up and pressed above the pubis, but in the median line. A large dense tumor is felt to the back of the womb filling up the brim of the pelvis. This tumor is firm to the touch, smooth and uniform. On the left antero-lateral aspect of the tumor, a small

body is found connected with it. This was thought to be (as you now see it is) the left ovary. The tumor itself reached almost to the umbilicus. The depth of the uterine cavity was three inches. The tumor reached nearly as high as the umbilicus in the centre of the body, and well back toward the spinal column. The diagnosis was doubtful; at first inclined to ovarian cyst, originating with displaced ovary, but subsequently, from consideration of the history and the doubtful mobility of the uterus, etc., this was changed to uterine fibroid. As nothing special depended upon a more accurate diagnosis, the removal of the tumor was clearly indicated. The operation for this purpose was performed 12th Aug., 1885, assisted by Drs. Kennedy, Cameron, Perrigo and Reddy. There were also present Mrs. Lyon, Morrison and Saunders. The usual median incision, three inches long, was made, and when the tumor was reached its real character was apparent. There were many adhesions both to the peritoneum and the uterus, those to the latter quite strong. About 6 oz of clear fluid were removed by Fitch's trocar, which, by the way, disappointed me in its working. A few bleeding points were secured by hemp ligatures and the sac of the cyst removed. The abdominal incision was closed and dressed in my usual way. The patient did well, the chief after-trouble being due to her nervous condition and some irritation of the bladder. Though rather prematurely, she left for her father's home in Iroquois on the 3rd of September, just three weeks and one day after the operation.

Extirpation of a Cancerous Uterus.—This specimen was removed from a lady 42 years of age. The general appearance of the patient was that of good health. For some months past she had been suffering from pains in the pelvis and left groin, which had become so severe that she consulted me about her case early in August of this year. Upon examination, the os was found to be cancerous, and the disease had invaded the upper part of the vagina on the left side to a slight extent. The depth of the uterus was about three inches, the organ movable, and in normal position. Believing the diseased tissues could be removed with some chance of success, and of possible temporary relief—at the patient's repeated and earnest request—the extirpation of the uterus per vaginam was performed on 20th Aug., 1885—seven weeks yesterday. In this, the first and only operation of the kind in Canada that I know of, I

was assisted by Drs. Kennedy, Cameron and Perrigo—a number of medical men and medical students being also present. *Operation.*—After reaching Douglas' pouch, the fundus was brought down by means of a strong vulsellum; the right broad ligament was then ligated in small segments and divided. In this there was no very great difficulty; but when I attempted a similar procedure with the left ligament, to my dismay I found it so densely infiltrated with the disease that I had to content myself with dividing the remaining structures, guided by the sense of touch alone. There was but slight hemorrhage, and after the removal of the uterus I scooped out a quantity of cancerous tissue with Thomas' serrated spoon. There was some slight hemorrhage a few hours after the operation, which was easily controlled; and but for the escape of the peritoneal fluid, which has given the patient a great deal of trouble, and also kept her weak, she has done well, and is now able to walk around her room. I trust, in a few days, she will return to her home. One remarkable feature in this case was the almost entire absence of suffering from the operation itself. The opening of the cavity of the peritoneum, as in this operation, becomes a serious contra-indication to its performance, inasmuch as it cannot be closed by sutures on account of the infiltrated state of the tissues rendering impossible an approximation of the edges of the wound.

Dr. GARDNER congratulated Dr. Trenholme on the success of the operation, but thought the case not a good one to select for this operation, as there was ample evidence of infiltration of the broad ligament. In such cases, gouging or scraping is all that should be attempted.

Drs. KENNEDY and HINGSTON also spoke against operating in these cases.

Dr. ALLOWAY gave a short description of a similar case under his care. He thought operating unjustifiable.

Dr. SHEPHERD asked Dr. Trenholme if his patient was in a better condition now than before operating, or if she was going to live longer. Dr. T. said she would not probably live longer, but she was free from suffering, and therefore better than before the operation.

Fibroid Tumor of Uterus (2 lbs).—The second specimen of extirpated uterus is of more than ordinary interest to me, as well as to the profession, because it is the uterus of the first woman who, in January, 1876, was spayed for the control of uterine

hemorrhage. The first operation gave the patient nearly ten years' lease of a life that was rapidly drawing to a close when the ovaries were removed. In fact, last March she was robust and fleshy, but foolishly undertaking excessive laborious work, congestion of the uterus was developed, with a distressing train of nerve symptoms that of late threatened a termination of her life. Her attacks of nervous distress occurred every nine days and lasted for nine days, and were followed by loss of flesh and strength. During the attacks the uterus greatly increased in size, and her symptoms were all referable to that organ. As all conceivable treatment, including incision of the tumor, etc., was of no avail, she determined to have the uterus and tumor removed. *Operation*, 24th Sept., assisted by Drs. Kennedy, Perrigo, Cameron and Armstrong, and a number of medical visitors and students being present.—The usual abdominal incision had to be somewhat modified so as to remove the cicatricial tissue of the former wound; this, of course, necessitated the division of a few muscular fibres of the recti muscles. The tumor was firmly packed in the pelvis, and strongly adherent almost all over its surface. The attachments to the bladder were markedly so, and led to the mishap of incising that viscus to the extent of about half an inch. After separating the uterus from its supports, etc., as far as the neck, a wire écraseur was passed around the latter, and tightened just sufficiently to control any hemorrhage. The tumor and uterus were removed by the V incision (as performed by myself many years ago), in the same way as in the last case operated upon in London, Ont., in May, 1883. The flaps were adjusted—after carefully securing all the arteries—by the double-running suture, the material used upon this occasion being the prepared iron silk. The bladder was sewed up in a similar manner. The cavity was cleansed and the wound brought together in my usual way by deep silver and superficial horse-hair sutures. A carbolized gauze pad over the wound, held *in situ* by three short straps of adhesive plaster, completed the toilet. It is now two weeks and two days since the operation, and, as the chart of temperature, etc., shews, her convalescence has been a remarkable one. The bladder has given no trouble, and, from present appearances, it will not be long ere this lady, for the second time, will be restored to the active duties of life.

*Nephrectomy (first recorded case in Canada).—*Dr. HINGSTON exhibited a kidney removed by him for hydronephrosis. The kidney was made up of a lot of cysts, containing, when pressed, a fluid similar in appearance to ovarian fluid, which became of caseous appearance on evaporation. The parenchy-matous structure was all gone. No calculus or obstruction was found. The ureter, at the pelvis, was not discernible—nor exteriorly. The lateral operation was employed; there was no difficulty, and but very little general disturbance followed. The patient had suffered from hæmaturia and great pain in the right side.

Dr. Hingston, on being requested, promised to give a paper on this case at the next meeting. Dr. Shepherd, who had also removed a kidney lately, said he would read a paper on his case at the same meeting.

ELECTION OF OFFICERS.

Balloting for the election of officers for the ensuing year then took place, with the following results:—

President—Dr. T. G. Roddick (re-elected).

First Vice-President—Dr. J. C. Cameron.

Second Vice-President—Dr. Geo. Wilkins.

Treasurer—Dr. James Perrigo.

Secretary—Dr. D. F. Gurd (re-elected).

Librarian—Dr. T. D. Reed (re-elected).

Council—Drs. Geo. Ross, Kennedy and Rodger (re-elected).

Publication Committee—Drs. Kennedy, Geo. Ross, J. C. Cameron and Bell.

Dr. RODDICK thanked the Society for the honor done him, and said that at some future time he would give an address on the history of the Society.

A vote of thanks was tendered Dr. Molson for his past services as treasurer.

Dr. HINGSTON said that nine years ago, during an epidemic of smallpox, the Society passed several resolutions upholding vaccination, etc. He thought it might do good to endorse these now, and proposed the following resolutions:—

Be it resolved,—That this Society reiterates the opinion expressed nine years ago in favor of vaccination, and considers it to be the duty of every physician to diligently encourage, at the present time, the practice of vaccination and re-vaccination.

Resolved,—That the Secretary be authorized to publish the above resolutions in the city press.

Special Meeting, October 12th, 1885.

T. G. RODDICK, M.D., PRESIDENT, IN THE CHAIR.

A special general meeting of the Society was held to consider what action it should take with

reference to the proposed appointments by the Board of Health of a Committee of Physicians to visit at times and report upon the Civic Smallpox Hospital.

It was unanimously resolved:—

First.—That the Society has learned with much satisfaction of the completion of ample hospitals for the reception and satisfactory treatment of several hundreds of smallpox patients; that, judging from the reports of many medical gentlemen who have inspected the buildings, this Society is satisfied that the hospitals are eminently suited for the purpose intended, and will materially aid in giving the health authorities control over the present epidemic.

Secondly.—Whereas the members of the Society have learned of many incidents forcing upon them the conviction that the management of the Civic Hospital has been very far removed from what it should be to merit the confidence of the public, and they are aware that this feeling has prevented many physicians from advocating isolation of their patients by removal to the hospital, as well as caused many patients to refuse to leave their homes,—be it now resolved that, as it is of the utmost importance to secure public confidence in the entire management of the Mount Royal Hospitals, the Medico-Chirurgical Society respectfully urge upon the Board of Health the necessity for the appointment of a committee of well-known physicians whose duty it shall be to visit the hospitals at stated periods, examine into the management of all the departments, and report to the Board. Resolved, further, that it be a recommendation to the Board of Health that this committee consist of five members, to be composed of one from each of the medical schools and one, from the profession generally.

Thirdly.—Resolved, that the members of this Society, having learned that it is the intention of the Board of Health to appoint two resident physicians, one for each section of the Mount Royal hospitals, they hereby express their approval of such action, believing that it will be conducive to the best interests of the patients.

The Secretary was instructed to forward these resolutions to the Board of Health.

The meeting then adjourned.

Stated Meeting, November 6, 1885.

THE PRESIDENT, THOMAS G. RODDICK, M.D.,
IN THE CHAIR.

TUMORS OF THE OVARY.

Dr. WM. GARDNER presented two ovarian tumors which he had removed from the same individual; the right one had been removed by enucleation of the cyst, and the left by ligature of a very broad pedicle. Troublesome hemorrhage occurred, which was with difficulty arrested by ligature and the thermo-cautery. The patient did well.

Dr. TRENHOLME also presented a large ovarian tumor which he had that day removed, and which,

on the right side, contained a large solid mass, which he looked upon as malignant.

FATAL PULMONARY EMBOLISM ARISING FROM SIMPLE FEMORAL THROMBOSIS.

Dr. GEORGE ROSS exhibited the heart and lungs of a patient, under his care, who had died suddenly in the General Hospital. The pulmonary artery, on being laid open, showed its left branch plugged by a thick fibrinous clot, beginning an inch above the valves, the lower end lying loose in the main artery, and for some distance curled back upon itself. Still nearer the heart, and almost touching the valves, lay a second loose clot, about three-quarters of an inch long, having the same appearance as the first. The clotting extended far into the lung, and even some of the small bronchial branches were plugged. The right pulmonary artery and its divisions were quite similarly occupied by an extensive fibrinous deposit. The femoral vein was also shown, containing a clot several inches in length, and extending a long way down the internal saphenous vein.

The patient was a young woman who had presented the usual symptoms of a simple anæmia for some months, when she developed pain and swelling of the right leg. She was then admitted to the Montreal General Hospital, under Dr. Ross, when the existence of a femoral thrombosis was readily detected by the presence of a firm cord in the situation of the vessels. Her general condition was good, with the exception of a moderate degree of anæmia. One week after admission, after having passed a good night, she complained early in the morning of suddenly feeling faint; this soon passed off, and nothing more was thought of it. At 12.45 P.M. she became suddenly breathless and much distressed. Stimulants were administered, but in fifteen minutes she was dead. The occurrence of pulmonary embolism was immediately suspected, and at the postmortem the condition already described was found.

Dr. Ross remarked that, although very frequently meeting with femoral thrombosis, it was the first time he had ever observed this fatal accident following from it. It had been his misfortune a short time since to meet with a sudden death ten days after a natural confinement, and a perfectly natural puerperium. An autopsy in this case likewise showed the fatal result to have occurred from pulmonary embolism, as had been suggested. The present case was of interest from the syncopal attack in the early morning, which no doubt was

produced by surprise of the heart at the arrival of a foreign body. Dr. Ross said he had been very much struck in both these cases by the great extent of the clotting through the branches of the pulmonary artery which must have taken time to form, although no pulmonary symptoms prevailed during that period.

EXCISION OF THE SPLEEN.

THE PRESIDENT (Dr. Roddick) exhibited portions of a spleen which he had removed a few days ago from a man in the General Hospital. The man had been struck by a loaded bucket of coal whilst in the hold of a vessel. The bucket, containing about a half a ton of coal, had fallen from a height and crushed him against the side of the ship. When brought to hospital he was suffering severely from shock, greatly blanched, and almost pulseless. There was a small wound in the left lumbar region between the last rib and crest of the ilium, which was bleeding freely. There was also fracture of several of the lower ribs on left side. Dr. Roddick enlarged the wound, and found that he came immediately on the intestines, the intervening muscular structures being all torn away, leaving nothing but skin covering the intestines. Through this wound he removed a mass of tissue, which, on examination, proved to be a portion of spleen; the wound was enlarged still further, and the hemorrhage was found to come from a ruptured spleen. The vessels entering the ilium were ligatured, and the spleen was without difficulty taken away.

The man only survived the operation about six hours. At the post-mortem the lower six ribs on left side were found fractured, the left kidney lacerated in several places, and the bladder full of blood. There was only a few ounces of blood in the abdominal cavity.

GUNSHOT WOUNDS OF THE TESTICLE.

Dr. JAMES BELL read a paper on gunshot wounds of the testicle, and reported two cases which he had seen in the late Northwest rebellion.

The first case was that of a young soldier, aged twenty-eight, who, whilst skirmishing before Batoche, was struck by a rifle-bullet on the outer side of thigh immediately below and behind the great trochanter. On being brought to the field hospital it was discovered that the bullet had passed through the thigh, then entered the perineum at the root of the scrotum, and made its exit through the scrotum, carrying away a portion of

the testicle. The portion of testicle that remained was extruded from the lacerated scrotum. After removing several pieces of clot in the track of the bullet, the parts were cleansed with weak carbolic lotion, the injured testicle was returned to its proper place, and the scrotal wound closed with catgut sutures. There was no hemorrhage or other troublesome symptom, and the wounds were dressed with iodoform and carbolized gauze. The patient was now sent by steamer to the base hospital at Saskatoon. On his arrival (some days after the injury) he was found to be suffering from urinary infiltration, due no doubt to sloughing of the tissues and the perineum, injured by the bullet. Extensive sloughing occurred, and his life hung in the balance for days, but the scrotal wound never reopened, although most of the left side of the scrotum sloughed away. When last seen, July 1st, his wounds had all healed; the right testicle was about half its original size, firm, free from pain and tenderness, and freely movable in the scrotum. It had apparently quite recovered from the severe wound received two months previously.

The second case was that of a half-breed, *æt.* 32, who was found on the battlefield of Batoche, on the night of the 12th of May, severely wounded. He was brought to the field hospital for treatment, and was found to be suffering from a contused and lacerated wound, about two inches in diameter, on the back and outer part of left thigh, just below the great trochanter. The abductor longus muscle was torn and partially separated at its origin. The left testicle and the whole lower two-thirds of the scrotum were carried away. The right testicle hung down uncovered, and its lower half was filled with fragments of metal. The wounds were probably caused by the bursting of a shell. The wounds were washed and dressed, and the pieces of metal removed from the testicle. In a few days the lower half of the right testicle sloughed off, leaving an irregular granulating surface. The other wounds did well, and after a few days Dr. Bell dissected back the remaining portion of the scrotum, pared the edges, and brought them together over the testicle. The result was very satisfactory, for in a few weeks the scrotum was completely healed, and the remaining portion of the right testicle could be felt firm and painless within it.

Dr. Bell went on to say that the success attending the expectant treatment in these two cases

inclined him to the belief that hardly any laceration of the testicle could be so severe as to warrant castration, although from what he had been able to gather from the literature of the subject within his reach, immediate removal of the organ was recommended in severe injuries. All authors say that the injured testicle usually atrophies, and is sometimes the seat of neuralgic pain, so that, as far as future usefulness went, it might as well be removed at once.

The patients, however, are always pleased to have as much saved as possible. In the statistics in the surgical volume of *The History of the American Rebellion* the expectant treatment seems to have given better results than active operative interference; 586 cases are reported. The testicle was extirpated in 61 of these: 18 per cent. died. Of the remainder, treated by the expectant treatment, 11.9 per cent. died.

SEPARATION OF THE FIRST AND SECOND PIECES OF THE STERNUM.

Dr. BLACKADER reported a case of a young man aged eighteen, who, whilst exercising on the parallel bars in a gymnasium, felt something give away. On examination it was found that the first piece of the sternum was riding on the second; it was reduced without much difficulty, and kept in place with compresses and straps.

FRACTURE OF THE CLAVICLE WITH WOUND OF THE LUNG.

Dr. F. W. CAMPBELL reported a case of fracture of the clavicle, in a coachman, aged thirty, caused by falling off his carriage and striking his shoulder on the wheel as he fell. The outer fragment was driven backward, and the lung was evidently wounded, as there was a large amount of air in the cellular tissue. The man when first seen was in a semi-collapsed condition, and the whole neck was emphysematous. At first he was in doubt as to whether or not there was a fracture of the first rib, so he was sent to the General Hospital.

Dr. RODDICK remarked that wound of the lung is a rare complication of fracture of the clavicle, and that there are very few cases on record. The man had been under his care in the hospital, and it was with difficulty that he could get the outer fragment into position. But the man is now doing well, and the bones are in good position.

Progress of Science.

FOREIGN BODIES IN THE VAGINA.*

By THEOPHILUS PARVIN, M.D., of PHILADELPHIA.

The vagina has been more frequently the receptacle of foreign bodies than has any other cavity of the human organism, and the variety of these bodies has been greater.

Among those which have been voluntarily or accidentally introduced by the female herself, may be mentioned † hair-pins, toilet-pins, needle-cases, crochet-needles, pebbles, spools, a pepper-box, a cotton veil, sponges, the bobbin of a spinning-wheel, the reel of a sewing-machine, lead-pencils, jelly-moulds, pewter cups, the neck and shoulders of a corked vial, the cup of a drinking flask, the socket of a brass candlestick, and the head and bust of a china doll. In regard to the last foreign body referred to, the history ‡ of the case was briefly as follows: A mulatto girl, thirteen years of age, in June introduced a doll's head and bust in the vagina, and in the succeeding November first complained of the suffering its presence caused; she assured her mother that she had swallowed the doll—her name was probably Sapphira—and it was only when partially anæsthetized she confessed that she put it in her vagina; both the truth and the baby came out under the influence of chloroform.

The motives which have led woman or girls to voluntarily place foreign bodies in the vagina have been many, though not as numerous as the cases. A purse of money has been put in the vagina for concealment; a sponge has been placed at the mouth of the womb just before coition, in order to prevent conception, and forgotten until many months after, when deterioration of health, offensive discharge and hemorrhages from the vagina, and pain, led to the suspicion, if not the diagnosis, of cancer. In some cases the foreign body has been pushed, in thoughtless play, into the mouth of the vagina—sent on a sort of exploring tour, just as children drop pebbles into a well, or throw them in a cave; while in others, a morbid desire for sympathy, or to attract attention, may have been the motive for its introduction. In some cases the foreign body has been put in the vagina to stop the monthly flow; in two instances, girls menstruating for the first time—ignorant, surprised, and fearful at the discharge of blood—sought to arrest it by putting a spool in the vagina. In some cases the voluntary introduction

*Read before the Philadelphia County Medical Society.

† Some in the list are taken from Briesky, "Die Krankheiten der Vagina," Billroth's "Handbuch der Frauenkrankheiten," while the authorities from which many of the others have been derived will be mentioned in the course of the paper.

‡Dr. Smith, New Orleans Medical and Surgical Journal, February, 1884.

of these bodies can only be attributed to an insane freak, or an arbitrary and unreasoning exercise of will, just as we have given in one of Juvenal's Satires, an example of a mistress who has her slave causelessly whipped, declaring, if my Latin be not at fault, *Voluntas sit pro ratione*.

In many instances, the foreign body has been introduced purposely, but has been accidentally retained. Thus a girl* has used a needle to make her menstruation freer, or a woman a hair-pin to procure abortion, and the instrument escaped from her grasp.

In some cases the foreign body has been used for therapeutic purposes, and broken or become detached in the vagina. Thus a woman,* while taking a vaginal injection, loses the nozzle of her syringe; a troublesome leucorrhœa leads her after two months to consult a physician, and the lost body is found in the vagina. There are several cases reported where glass vaginal syringes have broken while in use, and the fragments remained in the vagina. In one of my patients, a married lady who had suffered from vaginismus, spontaneous fracture of one of Sims' glass dilators occurred when it was in the vagina, greatly to her surprise and alarm.

The foreign body may have been forced into the vagina by sitting down on it, or by a fall. A school-girl, on taking her seat, does not observe that a pencil is erect on it—the head below, the point above—and the pencil is thrust into the vagina, its point penetrating the bladder.

Jansen, of Ostend,† has reported the case of a woman who had an ale-glass, two inches and a half in diameter and three in height, in her vagina, which she asserted had entered from her sitting on it.

Trapenard‡ narrates the case of a woman sitting down on a faggot, being one of a pile; the faggot slipping, she falls some distance to the ground, and a triangular piece of glass and three spines of the acacia are forced into the vagina.

Salzer|| has narrated the case of a girl, thirteen years old, who in a barn, slid down a pile of hay several feet high, and thrust into the vagina the iron part of a "heurupfer," which was lying concealed in the hay near the floor; the part of the instrument entering the vagina was nearly four inches long, and included the pointed end, and the projecting hook two inches in length.

But according to Breisky,§ the most frequent accidental introduction of foreign bodies into the vagina has occurred in self-abuse—the body used escaping from the hand, and the party being unable to reach or to remove it.

The foreign body may be formed in the vagina. It is not uncommon to find in a patient who has suffered for some time from a large vesico-vaginal

fistula, calculous concretions on the vaginal wall in the vicinity of the abnormal opening.

The foreign body may have come from an adjacent cavity. In case of recto-vaginal fistula, or where there is complete rupture of the perineum-fœces may be in the vagina. So, too, this accident has occurred even when the rupture of the perineum is only partial, as in the case of a young physician's wife, detailed by Breisky.*

Intestinal parasites may pass directly through a recto-vaginal fistula, or over the perineum, into the vagina. Thus there have been found in the latter oxyures, and the *ascaris lumbricoides*; but these are estrays, not true parasites of the female sexual organs.

Hausmann, in his work upon "Parasites of the Female Sexual Organs," states that in two instances he has found not only the *ascaris lumbricoides* in the vagina, but also the eggs; moreover, he has found in the vagina the eggs of the *tænia solium*. He mentions, too, a very curious fact, finding the itch insect in the vagina of a woman who had no external evidence of the presence of this parasite, the skin entirely free from disease, and he regards it as not at all improbable that under such circumstances the acarus was introduced in coition, for, according to Kuchenmeister, the acarus in many cases abundantly reproduced upon the penis.

It may happen that a uterine fibroid undergoes calcareous degeneration, and some of the calcareous fragments, or the entire tumor, enter the vagina. Dr. Goodell† has given an illustration of the former, while Gaubius‡ has furnished one of the latter occurrence. The patient of Gaubius was a virgin who had a uterine calculus so large that after it entered the vagina he could not remove it until he incised the vaginal mouth.

The greatest number of vaginal foreign bodies are tents, tampons, and pessaries—introduced for therapeutic purposes and left, through carelessness or by accident, after these therapeutic purposes have been accomplished.

Uterine tents expelled from the uterus have remained injuriously in the vagina. Elliot|| has reported the case of a woman who, thirteen months after labor, suffered severe pain in the pelvis, and had such an offensive vaginal discharge that she thought she had "mortification of the womb." Upon examination, a tampon was found in the vagina, which had been placed there just after her labor to stop hemorrhage.

The number of cases in which pessaries have remained an injurious time in the vagina is very great, and hardly a practitioner of five years' experience who has not removed these foreign bodies. The late Dr. Atlee was accustomed to say in medical meetings, when the subject of pessaries was under discussion, that he had removed

*Schmidt's Jahrbucher, 1870, p. 308.

*Le Med. Practicien, January, 1882.

†Lancet, vol ii, 1850.

‡Archives de Tocologie, 1881.

||Berliner Klinische Wochenschrift 1875.

§Op. cit.

* Op. cit.

† American Journal of Obstetrics, May, 1883.

‡ Journal de Médecine, par Vandermonde, 1759.

|| Boston Medical Journal, 1837.

more pessaries than he had ever introduced; plainly it was impossible for him to accept Dr. Hodge's views of uterine pathology and therapeutics, as it was, for a time at least, for Dr. Hodge to accept Dr. Atlee's opinions and practice in the treatment of ovarian tumors. But, apart from exclusive views, very many pessaries, unsuitable in form or size, or unnecessarily applied, or worn for too long a time, need to be removed. In reading some of the histories of removal of such foreign bodies, one is often struck with the great length of time which they have been worn before their injurious effects compelled seeking professional advice.

Sutton* removed a glass ball pessary that had been in the vagina fifteen years; Desormeaux and Dubois† mention a case where a silver-gilt pessary had remained for twenty-five years; Goodell removed a glass disk after thirty years' imprisonment; and Sabatier‡ had a patient who had worn her pessary forty years.

It does seem extraordinary that the vagina ever tolerates these foreign bodies so long a time, and yet a case reported by Pearse|| is almost as remarkable: his patient had had a cotton veil in the vagina for twenty years. So, too, the case reported by Hauff is very remarkable. A nullip,§ twenty years of age, had introduced into her vagina a coffee-cup, eighteen centimetres in circumference, and three and a half centimetres in diameter; it was removed entire after having been worn two years and a half.

So far, reference has been made to foreign bodies that have been introduced into the vagina by the patient herself, or by accident, or by the physician for therapeutic purposes. Foreign bodies have been put in the vagina, by men, from thoughtless or designed cruelty. A country girl had worn for years, before coming under the care of Dupuytren,¶ a pomade-pot in the vagina; some brutal soldiers, after making her the unwilling victim of their lust, had thrust in this foreign body.

Among other of these abominable cruelties may be mentioned the introduction of the cone of a fir tree,* a turnip,† a large crystal of sulphate of copper,‡ a wine-glass, etc. Gunsberg|| gives the case of an idiotic woman whose husband forced into her vagina a wine-glass, the stem of which was broken off; twenty-four hours after the cruelty was inflicted the wine-glass was removed not without some laceration of the vagina, a for-

ceps and Sims' speculum being used in the removal.

Instead of one foreign body there may be two or more. Schroeder§ mentions a case under his care in which there were a cockchafer and a pomade-pot in the vagina; in Trapenard's case, previously stated, there were four foreign bodies; other illustrations are furnished by the fragments of a broken syringe, by some cases of vaginal calculi formed in consequence of a vesico-vaginal fistula, and by oxyures. But the largest number of foreign bodies is given in those instances where a needle-case has been introduced closed, and when in the vagina is opened, the needles then escaping; Grenier¶ has given two cases in which this occurred.

An interesting case has been given by Dr. Graham,** where there was not only a foreign body in the vagina, but there was also one in the bladder—a spool in the former and a hair-pin in the latter; the spool had been in the vagina three years, and it was supposed that the hair-pin, which was bent in the form of a crook, had accidentally entered the urethra when the patient was attempting to remove the spool.

In considering the consequences of foreign bodies in the vagina, the least frequent will be referred to first.

There may be a serious wound of the vagina immediately resulting from the foreign body. In several of the cases where glass syringes have broken in the vagina, the latter has been wounded. Dr. Oldham†† has narrated a case in which death followed such wound; the death occurred the twelfth day, from internal hemorrhage.

The foreign body may enter adjacent organs, or penetrate into neighboring tissues, partially or completely passing out of the vaginal canal. In a patient under the care of Dupuytren,* an ivory pessary, which she had worn for many years, had partly entered the bladder, and partly the rectum, so that it occupied not only the vagina, but the other cavities mentioned. The same condition was present in the case of Desormeaux and Dubois.†

In the case of the girl 15 years old, who had the vagina entered by a lead-pencil, the point penetrating the bladder, there was a calcareous deposit upon the part within the bladder. The removal, which was done six months after the injury was received, could not be accomplished until after an incision of the vesico vaginal wall was made.

Those cases in which the foreign body passes into the uterus, partially or completely, are most remarkable. The late Dr. Crowe, of Louisville, Ky., reported a case in which a Babcock's pes-

* Supplement to the American Journal of Obstetrics, January, 1882.

† Dictionnaire de Médecine.

‡ Médecine Opératoire, Paris, 1882.

|| British Medical Journal, vol. i., 1878.

§ Centralblatt für Gynécologie, 1879.

¶ Bibliothèque du Médecin-Praticien.

* Breisky, op. cit.

† Breisky, op. cit.

‡ Medical Times and Gazette, 1863.

|| Centralblatt für Chirurgie.

§ Diseases of Women.

¶ Theses de Paris, 1834.

** Nashvill Journal, 1858.

†† Lancet, vol. i., 1870.

* Bibliothèque du Médecin-Praticien.

† Op cit.

sary had in part entered the womb; in the *New Orleans Medical and Surgical Journal*, 1883, a case is given in which the socket of a brass candlestick, three inches and one-fifth in length, four-fifths of an inch in diameter, and having a rim an inch and a half in diameter, was found in the uterus; this foreign body had first been introduced into the vagina.

Dr. Lever † reported the following case: A woman while applying some ointment by means of a bone netting-needle, to allay irritation of the vagina, is disturbed by some one unexpectedly entering the room, and sits down suddenly; the instrument is forced into the vagina, and through the vaginal wall; in her efforts to remove it, it passes entirely out of the vagina and lies in an oblique direction to the right side of the latter. Nearly seven months after its introduction, this foreign body, which was six inches long, was removed, the removal being preceded by dividing it.

The foreign body remaining in the vagina may be incrustated by a mineral deposit. This deposit is composed of the triple phosphate and calcium salts. One of the most interesting specimens of such incrustation was presented, a few years ago, to the Philadelphia Pathological Society, by Dr. Getchell. †† This calculus had been removed from the vagina of a girl nineteen years of age: it was three inches long, one inch and a quarter wide, three-eighths of an inch in thickness, and had been formed about a hair-pin as a nucleus. In the discussion following the presentation of the report and the specimen, the view taken by those Fellows who discussed the origin of such formations, was that they were usually derived from urinary salts. Such origin may be admitted as probable, though by no means proved, if there be a genito-urinary fistula; but if there be no such abnormal communication, how can urine enter the vagina, especially its upper part, where the foreign body is most frequently found? Breisky, in describing the effects of these foreign bodies in producing irritation, etc., of the vagina, states that the deposit comes from the stagnant secretions in the vagina, and he compares the foreign body thus incrustated to a foreign body in the bladder which serves as the nucleus for a vesical calculus.

A remarkable case of vaginal, uterine, and vesical calculus under the care of Prescott Hewett* occurred some years ago at St. George's Hospital. The patient had introduced into her vagina, eleven years before, the neck and shoulders of a large corked vial. The portion of the vial was covered with calcareous matter, and was in the vagina; the os uteri was blocked up with a mass which proved to be the cork similarly incrustated, and there was a calculus in the bladder: this patient had a small urinary fistula at the fundus of the bladder.

In some of the cases where perforation of the vesico-vaginal wall has occurred, the tissues gradually worn away by the foreign body, it has not been mentioned that any urine escaped from the vagina, and yet the portion of the foreign body remaining in the latter was covered with abundant incrustations; in one of these cases where the rectum and the bladder had each been entered by a part of the foreign body, so perfectly were the openings plugged by the body, it is expressly stated there was neither a urinary nor stercoral fistula.

Another consequence of the presence of a vaginal foreign body observed in some cases is the production of abundant granulations from that part of the vaginal wall with which the body is in contact, so that after a time the latter is more or less completely imbedded, hidden from sight and touch, it may be. There may be associated with this a very marked stenosis of the vagina, the lower portion being of full size, while a small aperture leads to the upper part which contains the foreign body.

In the case where a large piece of sulphate of copper was passed into the vagina, sloughing of the entire vaginal mucous membrane resulted. The victim was a girl seventeen years old, and the perpetrator of the crime a young man who introduced the foreign body after having had intercourse with the girl. A few hours after its introduction it was removed, and then weighed six drachms and a half.

In general the effects produced by these foreign bodies depend upon their form, size, material, the greater or less violence done in their introduction, and the length of time they remain.

They usually produce more or less irritation of the vaginal mucous membrane, with increased secretion. In many cases an obstinate leucorrhœa, compelling the patient to seek professional advice, leads to the discovery of the foreign body. The increased vaginal discharge is at first mucous, then muco-purulent, or purulent, or it may be serous, but after a time becomes more or less offensive in odor—in some cases so offensive as to suggest malignant disease, a suspicion which may be confirmed by the occasional or frequent occurrence of hemorrhages. The foreign body may interfere with the functions of neighboring organs, especially those of the bladder and rectum; hence vesical irritability or dysuria, or rectal tenesmus, in some cases dysentery.

The vaginal surface may be abraded, or ulceration of the walls occur from pressure of the foreign body; adding to these the offensive character of the retained vaginal secretions, we have the conditions which may lead to septic infection.

Kottman* has reported a death from this cause in a woman twenty-five years old, who introduced a spool into the vagina, and who had suffered from leucorrhœa several years. The spool was found

† *Medico-Chirurgical Transactions*, vol. xxxi.

†† *Philadelphia Medical Times* 1873.

* *Medical Times and Gazette*, 1854.

* *Schmid's Jahrbucher*, 1875.

behind the cervix in the vaginal vault, and removed; symptoms of peritonitis were well marked, and the patient died; the post-mortem showed purulent exudation in the pelvic peritoneum, especially in the recto-uterine cul-de-sac at a point corresponding with that which the spool had occupied in the vagina.

Runnals † has reported a case of death from pyæmic pneumonia and peritonitis, occurring in a girl of twenty-four years, caused by the retention of a piece of sponge in the vagina; the measurements of the sponge, removed after death, were three and a half by two inches.

A girl, ‡ eighteen years of age, was admitted into Hotel Dieu, Orleans, apparently in the last stages of marasmus, and complaining of hypogastric pain, and diarrhœa. The next day she died, and upon post-mortem examination, there was found in the vagina a pewter cup, which had been introduced fourteen months before; it is stated that the cup could not be removed before dividing the pubic joint.

Dr. Kelly,* of Philadelphia, was consulted by a woman seventy-five years old, who had worn a pessary fourteen years without inconvenience, until recently difficulty in defecation and urination, together with an offensive vaginal discharge, led her to seek professional help. The doctor, not without considerable difficulty, removed the pessary, but the woman soon manifested a typhoid condition, and died three weeks after the removal.

The presence of a foreign body having been determined by vaginal examination, by touch, mediate or immediate, by sight, where possible, and the vaginal examination assisted, if necessary, by examination through the bladder and the rectum, the plain indication is to remove the foreign body.

Here one cannot refrain from stating the very great advantages the practitioners of to-day have given them by Sims' speculum and anæsthetics in such removal.

An anæsthetic is not necessary in all cases, but is especially in children, and when the foreign body is large.

So far as methods of removal are concerned, these vary with the size and form of the body, and its material, and as to its being free or fixed in the vagina. In many instances the conditions require a new method to be devised.

In some instances the foreign body can be best removed by acting on it through the rectum. Thus Meissner removed a pebble from the vagina of a girl $2\frac{1}{2}$ years old; of course very much less violence was done by the finger in the rectum than if it had been introduced into the vagina. Small round bodies can be best removed by throwing into the vagina a stream of water, while the perineum is retracted by Sims' speculum. The removal of fragments of glass, especially of a syringe,

is often difficult; if forceps be used there is danger of breaking the glass, or of wounding the vagina; in the only two cases I have had to remove the pieces of a broken glass syringe, this was done by the fingers, and, in general, flat bodies are thus best removed.

One of the most ingenious devices for the removal of fragments of glass was used many years ago by Dr. Levis. A woman had a broken glass pessary in the vagina, and the efforts that had been made to remove the pieces had only resulted in reducing them to smaller pieces, comminuting them in fact; a severe vaginitis—due chiefly to the fragments of glass, but in part, probably, to the attempts at extraction—was present when the patient came under the care of Dr. Levis. He threw into the vagina by means of a syringe a mixture of plaster-of-Paris, and after two or three days removed the mass, the solidified mixture having fixed in it the various pieces of glass. This unifying process, so ingeniously resorted to by Dr. Levis, seems like a material illustration of Plato's axiom that the end of philosophy is the intuition of unity.

In some cases it has been necessary to reduce the size of the foreign body before extracting it. Thus Dupuytren broke the pomade-pot, and, by means of strong forceps, devised for the purpose, divided the ivory pessary in the vagina and in the rectum, removing one part through the latter, the other through the former. In other cases the vaginal orifice has been enlarged by incision, as was done by Gaubius for the removal of the calcified uterine fibroid, and by Sutton for the removal of a globe pessary. If granulations have fixed the foreign body, these must be detached by the finger, or divided by scissors.

If the foreign body have its size greatly increased by mineral incrustations, it is advised to remove these first. Another reason for their removal lies in the fact that in some cases the rough, jagged surface may injure the vagina when extraction is done. Sabatier speaks of his fingers being wounded by the "asperities of saline incrustations," which had made the tumor "as rough as a rasp."

In some cases the ordinary polypus forceps is an excellent instrument for removal of a foreign body, but this removal should then be made by sight rather than touch—a Simon or a Sims speculum being used to expose the vaginal cavity.

In others the foreign body has been so large that the obstetric forceps has proved necessary for its removal. Roux, probably, was the first to use the instrument for this purpose, though some since his day have suggested its utility, imagining they were proposing something new; this is like many other novelties in the medical world which are exhumed from the grave of years, or even of centuries.

Whatever means, manual or instrumental, are used for the removal of foreign bodies from the vagina, it is well to be guided by the words which

† British Medical Journal, July, 1882.

‡ Lancet, vol. i., 1848.

* Medical News, Philadelphia, 1884.

Blundell said could be usefully inscribed on one of the blades of the obstetric forceps: *Arte, non vi.*

In all cases where there is an offensive vaginal discharge, or any erosion or ulceration of the vaginal walls, antiseptic injections should precede, and for some time follow, the removal of the foreign body.—*Phil. Med. & Surg. Reporter.*

THE INFLUENCE OF HIGH ALTITUDES UPON PULMONARY CONSUMPTION.

Dr. Irving M. Snow thus writes in the *N. Y. Med. Jour.*, June 13: The treatment of pulmonary consumption has, at all times, been unsatisfactory to the physician, by reason of the certain and often rapid progress of the disease to a fatal termination. The disease is, indeed, often palliated by medical skill, but relief is usually only temporary, and life is rarely prolonged more than three years. During an experience of thirty-eight years, Dr Austin Flint states that he has seen but seventy-five cases in which an arrest of the disease took place, and in most of these the improvement was for a short time. Every physician is called upon to examine and advise the victims of consumption. It is a disease in which the doctor is early and frequently consulted, yet one-seventh of all deaths are yearly attributed to this cause in the United States, and in Maine 50 per cent. of all deaths between twenty and forty years are from consumption.

From the failure of the materia medica to cope with this disease, attention has been drawn to the modifying influence of climate upon chronic pulmonary disorders. The conditions of soil and atmosphere favorable to the development of phthisis pulmonalis are well known. Damp, ill-drained land, cold, humid air, sudden changes of temperature, lack of sunlight, anti-hygienic surroundings—all contribute to depress the general health and to occasion the fearful prevalence of consumption in low-lying districts and in large cities. It is, therefore, evident that, in the search for a climate for the prevention or cure of consumption, dryness of air and soil and the invigorating influences of sunlight must be substituted, for the deleterious conditions of ground and atmosphere mentioned above. That climate is a potent agent in the prevention of phthisis pulmonalis is demonstrated by the fact that a region of comparative immunity from the disease is found in high altitudes. Consumption is excessively rare among the native population of New Mexico; and it is stated by Dr. Archibald Smith to be an exotic in the Peruvian Andes at an elevation of 6,500 feet. Kuchenmeister and Lombard have estimated the altitude of approximate immunity in Switzerland at 4,000 feet, and at the Equator 9,000 feet. Dr. Herman Weber, an unquestioned authority on medical climatology, has also testified to the rarity of phthisis upon elevated table-lands. We may also see the influence of altitude in our own country; that while the mortality in New York city is 20 per

cent., at an elevation of 2,000 feet above the sea, only 10 per cent. of all deaths are attributed to pulmonary consumption.

In America Dr. Denison, of Denver, has placed the altitude of comparative immunity from phthisis at 6,000 feet, and quotes the vital statistics of Denver, which, in four years and a half, show but fourteen deaths from consumption originating in the State, two of which were acknowledged by the attending physicians to have originated elsewhere. The analysis of the conditions of climate found in this area of so-called immunity in Colorado becomes an interesting study.

As the traveler passes from eastern to western Kansas toward the Rocky Mountains the landscape gradually changes. In place of luxuriant vegetation, vast cornfields, and numerous streams, the prairie becomes parched and arid, the water-courses waste to dryness, and the whole prospect shows the absence of rain. This difference can be appreciated when we learn that the annual precipitation of rain and melted snow at Denver, 5,300 feet above the sea, is 14.77 inches as compared with New York, where it is 42.70 inches a year. This dryness is favored by the loose, sandy nature of the soil, which absorbs and radiates heat and moisture far more rapidly than impermeable rock or clay. Constant humidity of earth and air predisposes most strongly to the development of phthisis and other pulmonary disorders, while dryness of soil and atmosphere gives to the inhabitant of high plateaux comparative exemption from disorders of the respiratory tract. Laennec mentions a locality where the dampness of the soil was of such a character, that two-thirds of the resident population died of phthisis. Variations of temperature are less acutely felt in dry than in moist climates, where cold is bitterer and heat more oppressive. The sun is obscured and hampered along seas and rivers by a veil of cloud or mist, but when we reach the plains of Colorado the atmosphere is of a silver clearness, and those who have felt the exhilaration and comfort afforded by the sunlight of Colorado will appreciate the increased power of the atmosphere in transmitting radiant heat. There is found to be an average difference of 43° between sun and shade in Colorado as compared with Washington, where the difference is 23°. A general rule is given by Dr. Denison that "there is a difference of 1° between sun and shade for each rise of 235 feet." This in part explains the enormous diurnal variation of temperature complained of by Dr. Alfred L. Loomis. The physiological effect of light is to stimulate respiration, as is demonstrated by the observations of Bidder and Schmidt, who, finding that animals at rest exhaled more carbon dioxide by day than by night, equalized the elimination of carbon dioxide by depriving the animals of light. To the consumptive, whose hope of life depends upon the amount of sunlight and outdoor exercise he can obtain, the value of a climate like that of Colorado may be appreciated when we contrast its 320 sunny days annually with Boston, where one-third of the year is cloudy.

In proportion to the elevation above the sea, the atmosphere becomes cooler, the temperature being 1° lower for every 200 feet of elevation above the sea. This difference is not arbitrary, being subject to modification by soil and prevailing winds. The rapid absorption and radiation of heat give rise to great extremes of temperature. As compared with the sea-level, the fluctuations of temperature in Colorado are indeed large, the variation in Colorado Springs in July being 30° daily and 63° monthly, as contrasted with San Diego, where the difference is 13° daily and 31° monthly, the climate of the California resort being tempered by the moist warm winds of the Pacific.

Physiologically, heat is opposed to the stimulation of the nervous centres, as is shown in the greater energy of northern than southern races. Its influence upon respiration is also depressing. The observations of Dr. Parkes show the number of respirations to be about thirteen to the minute in the tropics, and sixteen and a half in England. The value of a cool climate in arresting incipient phthisis is well known. Dr. F. I. Knight, of Boston, has expressed the general sentiment of the medical profession by asserting that "the cold, dry air of high elevations is beneficial in cases of incipient disease of the lung." That the symptoms of consumption are often palliated by moist, semi-tropical climates is true, yet the digestive organs lack the stimulus of cold, the patient is exposed to the dangers of malarial poisoning, and the heat of summer forces the invalid to leave his winter sanitarium, and seek a cooler and less debilitating climate.

With the rise above the sea-level the air becomes rarefied, and the atmospheric pressure is considerably diminished. At the height of 5,300 feet the atmospheric pressure is twelve and a half instead of fifteen pounds to the square inch, and the proportion of oxygen is diminished 16 per cent. This extreme attenuation of the air produces important changes in the economy. The mechanical effect of the rarefied air is to increase the frequency and depth of respiration, and to accelerate the pulse. A greater amount of air must be inhaled to satisfy the demand for oxygen. Hence the lungs have a tendency to be completely filled, the elastic tissue of the vesicles is stretched, and the thorax is expanded to its fullest capacity. At moderate elevations the system quickly adapts itself to the lessened atmospheric pressure, but, when great heights are rapidly attained, as with aëronauts, copious hemorrhages from the lungs ensue, and even at the altitude of Denver hæmoptysis frequently occurs in consumptives in the stage of excavation. Dr. Denison says: "The lessened tension of the air and the increased frequency of respiration force the blood to pass more quickly through the lungs, and the rapid and perfect renewal of capillary circulation is opposed to the stasis of early and chronic inflammation. This improved capillary circulation, together with the more perfect expansion of the thorax, loosens and promotes the expectoration of mucus and inflam-

matory debris." Tissue changes take place more rapidly near the sea than at considerable elevations. The usual experience of new-comers to Colorado is that they lose flesh, and that the sensible perspiration is considerably diminished. With the expansion of the thorax and the increased depth of inspiration, a development of auxiliary muscles of respiration takes place, and the children born in Colorado have a wider girth of chest than children born in the Eastern and Middle States. As the natural stimulus of an organ is the element upon which it acts, a lung filled and obstructed with pneumonic, caseous, or tubercular matter is mechanically aided to throw off the adventitious substances which obstruct the air-passages. The symptoms of hectic fever abate, and the consumptive, relieved from his night-sweats, chill, and harassing cough, is placed in a favorable condition for recovery. Finally, the rarity of the air produces complete and constant ventilation, which invalids secure by active or passive outdoor exercise. The purity of the air in Colorado is preserved by elevation above the sea, a thin population, and the constant influence of the sun.

The elements of atmospheric electricity and ozonized air I will not here discuss. Authorities state that the electric tension of the air is increased with elevation, as is also the amount of ozone.

The advantages of Colorado for pulmonary consumption have been too recently appreciated to enable me to present extended statistics as to its benefits. Relief is more certain to the consumptive who seeks the aid of its climate in the preliminary stages of the disease, before there is much loss of tissue. Of 202 patients, having been ill an average of two years before reaching Colorado, at the end of a year and nine months 47 per cent. were much improved, 22 per cent. were slightly improved, in 11 per cent. there was favorable resistance to the disease, and in 20 per cent. there were extension and advance. Among those of this number in whom the disease had reached the stage of excavation, at the end of two years, 35 per cent. had died, 40 per cent. were resident in the State, and the remainder had been lost sight of. Even this is a favorable showing for the last stage of a fatal disease. Often patients who reach Colorado with tubercular lungs in the stage of softening are obliged to seek a lower altitude, the morbid process being hastened in Colorado. Cases of uncured or chronic pneumonia and fibroid phthisis are frequently aggravated by the altitude and dry air, and cases in which tubercular infiltration is actively progressing, and those in which much lung tissue is involved, are not favorably influenced by Colorado. A contra-indication to high altitude exists in consumptives of advanced years with rigid chest-walls, and in patients with valvular disease of the heart.

A disputed point now comes up regarding the influence of elevation in hæmorrhagic cases. Patients in whom large cavities exist, with denuded blood-vessels near the pulmonary excavation, are

apt to have profuse hemorrhages from the stretching of lung tissue induced by the rarefied air. Dr. Reed, of Colorado Springs, has analyzed 70 cases in his own practice. Of 34 cases in the stage of deposit, 15 had bled before reaching Colorado, and in only one did hemorrhage recur. Of 34 in whom softening had taken place, 17 had hemorrhage, before and 7 after living in the State. The *rationale* of the cure in hæmorrhagic cases is ascribed to the cause of hæmoptysis, the breaking down of tissue being arrested. Nervous disorders, chorea, neuralgia, nervous headache, and also cardiac diseases, are often aggravated by the altitude. Yet I know a lady with lungs infiltrated with tubercule, with mitral insufficiency of the heart, and a martyr to facial neuralgia, a resident in the State about three years, who passes eight hours a day in the saddle, and is fond of mowing and irrigating her own lawn, who is an enthusiastic and jealous partisan of Colorado and its climate. That good results in phthisis are accomplished by a prolonged residence on the plains of eastern Colorado there can be no reasonable doubt, and cases of complete cure are not uncommon. Here is found a region sheltered on the west by the Rocky Mountains, which rise precipitously from the plain, the prevailing winds being from the south and east, possessed of a cool, dry atmosphere and a sandy soil, the heat being tempered in summer by daily showers. It would seem that all these conditions are favorable to the consumptive. The nearly invariable warmth of the morning allows the invalid to take daily rides or drives in the bright sunlight of a Colorado sky. Here is also found the stimulus, occupation. Invalids who have reached that stage of improvement which an active mind shows by a desire for occupation are able to find profitable employment in the diversified industries of the State. The vast cattle ranches furnish work for those who are able to live in the saddle. Gardening is a favorite pursuit. An Oxonian, whose lungs became tubercular during a sedentary student life, found profitable employment in selling strawberries from his own garden to the citizens of Colorado Springs.

Dr. Loomis objects to the Colorado climate on account of the enormous diurnal range of temperature. A perfectly equable climate was found in the Mammoth Cave, yet nearly all of the consumptives who engaged in that disastrous experiment perished in its sunless depths. If the lesser thermometric range of London and New York is more favorable to consumptives than the large diurnal variation of Colorado, why does phthisis pulmonalis decimate the population of London and New York while its development is rare in Colorado? Cold is most acutely felt in damp climates, and, moreover, the daily range of temperature in Colorado raises the heat to a point where the invalid can spend some hours in the middle of the day in driving or riding. During the winter of 1883, which I spent in Colorado Springs, in February the thermometer often sank at night to from 12° to 20° below zero, yet at noon the day

was sunny and warm enough for hundreds of consumptives to drive up and down the streets of that pleasant little town; and it is further to be noted that this intense cold was not so disastrous to invalids as the damp, chilly winters common in the Eastern and Middle States. In conclusion, it may be said that the best results of the Colorado climate to consumptives are secured by a prolonged residence in the State, with the important auxiliaries of proper diet, clothing, and personal regimen, including discretion in taking active exercise.

THE IMPORTANCE OF SHAMPOOING AND GYMNASTIC EXERCISE IN THE TREATMENT OF EPILEPSY.

Dr. John Kent Spender thus writes in the *Brit. Med. Jour.*, May 2d: Whatever may be the healing virtue of "rest" in a surgical sense, there are diseases in the treatment of which too much bodily rest and too much sleep may be medically injurious; that is to say, they are injurious in adding to the lethargic dulness which is the natural sequel of certain morbid processes; so that our duty as physicians lies in counteracting, by outward means, the depressing effects of internal and invisible forces. I do not wish to say that drugs have been too highly estimated in treating epilepsy; their effects are more striking than in the treatment of most other diseases, and are one of the approximate certainties of medical art; but other remedial agencies have been valued too little. It may be proper to think of drugs first; but long ago Dr. Russel Reynolds recommended "wholesome mental exercise," and I wish now to add a plea on behalf of wholesome bodily exercise as well. Bodily exercise means bodily education, or the training of the muscles into stronger and more harmonious action; and by soothing and regulating the nerves, all the disorderly phenomena of epilepsy may be brought into comparative subjection and quietness.

Among the useful hints which have been offered by Dr. Radcliffe on this subject, he has warned us that the "sleepy epileptic" must be roused early, and made to leave his bed. Similarly, the stupid and idle epileptic must be summoned to his martial drill, and his senses kept "alive" by stir and movement. But even when the faculties are acute and femininely sensitive, the stultifying effects of the long-continued epileptic convulsion may be appropriately met by gymnastic exercises and systematic shampooing of the whole body. In February, 1884, Dr. Radcliffe kindly entrusted to my care an epileptic lady of middle age, refined in manner, but almost emaciated in form, and the mother of two healthy and happy young children. Medicines of a special kind had been long administered, including cod-liver oil; but, during the last few months, the steady improvement has been materially quickened by the following plan of action: The body is sponged with hot water every day; the arms are moved up and down frequently (this

expands the narrow chest), and clubs of moderate weight are raised with the hands. Walking in the open air has been encouraged on all possible days. Once a week, a professional shampooer comes and carries out a complete massage of the whole body. Two epileptic girls, children of farmers in a neighboring county, have rapidly improved under similar management.

What I have now written is probably quite familiar to experts in neurology; but Trousseau says nothing about it, and, in the best English monographs, the hygienic treatment of epilepsy receives scanty recognition. Assuming that a rational scheme of medication is adopted in any given case, I claim that regular shampooing and gymnastic exercises may greatly help our therapeutic work, and sometimes make all the difference between success and comparative failure.

APHASIA.

The *London Med. Times*, (April 11, 1885,) says: Aphasia may be briefly defined to be the loss of language owing to cerebral defect. This requires some further explanation. Language is to be taken in its widest sense as the faculty possessed by mankind of giving expression to the thoughts, either by word of mouth, gesture, or writing. The nature of the cerebral defect matters not, provided that its seat be the same; and, therefore, aphasia may come on with sudden onset or gradually, it may be preceded by coma and accompanied by hemiplegia, (with almost invariable custom) of the right side, and sometimes by anæsthesia also, or it may alone signify to the medical man the existence of cerebral disease, and may be a possible forerunner of even more grave mischief in the near future.

The loss of language may be, as the name would naturally imply, complete, but all degrees of incompleteness are also included. Some patients cannot utter a single articulate sound; others repeat one word in reply to every question or to express every want; the vocabulary of others is more extended, and may embrace half a dozen words, possibly all belonging to the same class; others again, misplace their words or only the terminations of them, a not uncommon form being that the patient uses the same termination to all his words. The intelligence in all these varieties may be unimpaired, and the patient is often much put out that he cannot succeed in so expressing himself as to procure his wishes being carried out. One of the most curious phases of this affection is where a person forgets entirely some one or more languages that he has been in the habit of using, but retains the power of conversing in another language which, it may be, he has had no occasion to use for many years past. It is possible that in such a case a close enquiry would elicit the fact that this particular language had been learnt at a different time from the others, perhaps at an earlier period of the patient's life, and consequently

the memory of it may have been entrusted to cells not in immediate proximity to those harboring the other languages since acquired, the function of the latter alone having been abrogated by the malady under which the patient is laboring.

It will be obvious that, notwithstanding an eminent English authority, the present writer has decided to make no distinction between amnesia and aphasia. In so doing he is supported by all the most recent and most distinguished French writers, whose views have been very clearly summarized on this point in an excellent thesis lately published* which suggested the present paper. Amnesia, which really means loss of memory, cannot, it is believed, be usefully considered apart from aphasia, and it is for this reason that the definition of the latter term was made as comprehensive as possible.

Aphasia may be either sensory or motor. The former is the case when there is loss of the perception of spoken or written language; the latter includes the loss of articulate language, and of the power of writing. These various faculties may be lost independently, since they belong to different centres; but when the lesion is widespread they may co-exist. Word blindness consists in the inability to interpret the written symbols of language, and it is noteworthy that it may be present though the patient is able to recognize correctly the individual letters. It is invariably associated with either hemiopia or some concentric contraction of the field of vision. Moreover, it is always right hemiopia that co-exists with word blindness. Word deafness consists in the more or less complete loss of the recollection of the meaning of sounds; the patient is not deaf in the ordinary acceptance of the word, but is in the position of one who is addressed in a tongue with which he is not familiar.

This is not the least studied of the forms of aphasia, but in return it is the one from which recovery is most apt to take place.

Of the motor varieties, aphemias is the loss of the recollection of the co-ordinated movements necessary for articulate speech. It is at once the most important and the best-known form, being the most common. It is, in fact, the classic form investigated with so much care and success by Broca. Etymologically the term aphemias might be used, as it often has been, as synonymous with aphasia; but the writer of the present paper believes that the balance of advantages is immensely in favor of using aphasia in the widest sense. As has been already stated, aphemias may be present in any degree—from absolute speechlessness down to what hardly seems to amount to more than forgetfulness. It is worth bearing in mind that it is a symptom often assumed by the malingerer. Numberless synonyms have at different times been proposed for aphemias; a long list of them may be found in the thesis above-mentioned. Agraphia, the only

*De l'Aphasie, par le Docteur Bernard. Paris: Publications du Progrès Medical, 14 rue des Carmes.

variety which remains to be noticed, may be regarded as bearing exactly the same relation to writing that aphemia does to speech; in other words, it is amnesia of the co-ordinated movements necessary to writing. It is in every respect comparable to aphemia; indeed, the two often co-exist. It frequently passes unnoticed, owing to the co-existence of right hemiplegia.

ON THE TREATMENT OF MIGRAINE.

To me migraine seems to be one of the many sudden discharges of energy which takes place at more or less regular intervals, and in obedience to more or less inadequate irritations, which discharges are due to exhaustion or defect of volume in superior inhibitory centres. Migraine is a malady of neurotic persons, and a neurotic person is one who inherits relative incapacity of one or many nerve centers. We are unable to say which center or system of centres is of defective volume in migraine, but seeing that signs of exhaustion are found in the head, speech organs, special senses, and if in the limbs generally on one side only, we may presume that the defective control is somewhat in one cerebral hemisphere. Most sufferers from migraine suffer on one side only, some on either side, but there are usually a "favorite side." In either the attacks are bilateral, vertical or occipital, or vary in position, often beginning in the occiput, passing over the vertex and finally settling in one temple and eye-ball. In one of my cases the attack begins just behind the left mastoid process in a limited spot like clavus; this is a hereditary case, and vomiting occurs. The treatment of migraine is not so blank a page as many writers would say that it is. Too often we are impotent to relieve a patient in his misery, but we may do much to postpone or diminish the seizures. In the epileptic fit we may do little; our hope lies in prevention. Still, even in the attack of migraine, we are not without resources. I shall not enlarge on the usual household expedients—on the quiet room, the easy posture, the feet in hot mustard and water, and so forth; but of drugs proper, two have seemed to me to be useful. In some cases guarana is as signally successful as it is helpless in others. In those it has often restored patients of mine to the duties and pleasure of life who were almost crushed by recurrent migraine. It answers best in the cases which begin with some slight warning in the early day. Guarana thus given in two or three doses at short intervals often cuts short an attack or wards it off altogether. Pure caffeine ought theoretically to have the same effect, but I have not carefully compared the two agents. The other drug is croton chloral, used in like repeated doses up to about 20 grains in all. In some cases migraine may begin at any hour and may begin suddenly; in others it continues 30, 40 or 50 hours, the patient meanwhile lying in a semi-conscious state of helpless misery. For such states we have no help. Ergot, nitro-glycerine,

nitrite of amyl have not helped me much, but these drugs have able advocates nevertheless. Indeed as Burton says, "the manner of living is more to the purpose than whatsoever can be drawn from the most precious boxes of the apothecary." Looking upon migraine as I do, as a defect of development, and seeing it, as we all see it, as a disorder taking its origin in childhood, we must base our hopes of cure upon a healthful life, a healthful growth, and a healthful education. The principles of such a method of rearing neurotic children, and the terrible consequences of neglecting these measures, have been set forth with singular clearness and wisdom by Anstie, and I have not a word to add to his teaching.

Dr. Eustace Smith, an able and practical physician, finds that a combination of ergot and strychnia is of great value in addition to means of a more general kind. Dr. Ross also relies greatly upon ergot.

When we have to deal with fixed morbid habits of adult life, we can no longer hope to eradicate the tendency to migraine by promoting equable encephalic development; we have now to do with a finished machine, but yet with a machine not incapable of modification.

The great rule for the migrainous is an even life—a course of life which makes no rapid and no excessive demand upon nervous expenditure, and which favors steadiness of nervous action by an almost slavish adherence to routine. If an unwonted indulgence at table will cause a migraine, so will an unwonted abstinence from food. Sleep, work, food, must, both in quality, quantity and time, be regulated with such care that the nervous functions may be impressed with a like uniformity. In woman the catamenial period disturbs this serenity of conditions. Migraine has no essential connection with uterine changes, for a woman who has "catamenial migraine," as it is sometimes called, may inherit it from her father and transmit it to her son; indeed, such a transfer is in my experience very common. The catamenia only set up the migraine as any other oscillation may set it up—as a dyspepsia may do it, or an annoyance or an unusual effort. The migraine, indeed, bears no definite relation to the flow: in some patients it precedes the flow, in some it accompanies, and in some it follows it. Menorrhagia and leucorrhœa are, of course, common abettors of migraine, but by virtue only of their general tendency to bring about anæmia and exhaustion. When in respect of healthy home and climate, and a regular mode of life, we have put our patient under favorable circumstances, we must search in no routine spirit for any defect of nutrition or disorder or function which may exist. If we are satisfied that all these matters are cleared up and set in order, we may turn to specific remedies. In my hands a combination of bromides with quinine has, on the whole, and in a great number of cases, answered best. After this comes *cannabis indica* and ergot, and after these chloride of ammonium. Arsenic,

advertised by Watson, has answered well with me in some cases, but not, I think, better than Strychnia and such general remedies as the compound tonic syrups and so forth. One more important point remains. Piorry pointed out thirty years ago, that migraine was due to the strain upon some local defect in the eye, although he was necessarily then without more precise knowledge of these defects. That headaches—severe and recurrent headaches—are often to be traced to such defects is now well known, but Mr. Heweston, of Leeds, on a recent occasion produced several patients who had been cured of migraine properly so-called, by correction of astigmatism. Mr. Heweston's paper was a remarkable one, and his statements required the closest attention. Migraine however spares no rank and no age, and has in the past no fewer victims among the illiterate than among the learned. Dr. Liveing has suggested that even epilepsy itself may be excited by optic defects in persons so disposed; in any case the researches of the next few years will do much to enlighten us on these points and I trust to increase our power of relieving one of the most harassing of the minor ills of mankind.—*Medical Times and Gazette*.

INCONTINENCE OF URINE IN CHILDREN.

Dr. J. Lewis Smith read a paper on this subject (*Obstetric Gazette*), in which he mentioned eight causes, two of which might sometimes be present in the same case:

1. Too great acidity of the urine, causing undue contraction of the bladder.
2. Increased quantity of urine.
3. The presence of stone in the bladder, in which case the incontinence is both diurnal and nocturnal.
4. Abnormal contractile power of the muscular coat of the bladder. The importance of this cause is shown by the fact that belladonna, which controls muscular irritability, is useful in such a large number of cases of enuresis.
5. Weakness of the muscular fibres constituting the sphincter of the bladder. This is rare in children in good health, and Dr. Smith gave an account of one case in which it was associated with spina bifida.
6. Reflex action through the agency of the nerves supplying other organs in addition to the bladder. In this class are the cases due to structural disease of the spine, ascariades in the rectum, phimosis, preputial adhesions, etc.
7. The dreaming of the child that it is in a convenient place for urinating. To this psychological cause attention has been directed by Dr. Roberts Bartholow. That the enuresis is to a considerable extent under the control of the will is shown in cases where the habit has been broken up by the sending of the child among strangers or to a boarding school, where the sense of shame has constituted an influence sufficient for the purpose.

Numerous instances are also on record where a flogging has permanently broken up the habit.

8. Malformation of the bladder or its appendages. Dr. Madden has reported the case of a young lady who suffered from a constant dribbling of urine, both by day and night, in which he found, on examination, that there was a malformation of the right ureter, which discharged the urine from the kidney on that side directly into the vulva instead of into the bladder.

In the treatment the great point was to discover the cause. If the affection seemed to depend on the character of the urine, this was to be rendered as bland and unirritating as possible, and Dr. Smith said that since he had recognized the acid character of the urine as a frequent cause of incontinence he had been able to treat very satisfactorily quite a large class of cases which had formerly proved troublesome. It was his practice to endeavor to render the urine as bland as tepid water. If there was acidity he gave from three to five drops of liquor potassæ, well diluted, three, four, five, or six times a day, until the urine became neutral in reaction, and then to continue the alkali in just sufficient quantities to maintain the neutral condition.

When there was increased functional activity the great reliance was to be placed on belladonna. The tincture was the preparation commonly used in this country, and of this five drops might be given every night and morning, the dose being increased by one drop each day until the desired effect was obtained or the physiological action of the drug had become apparent. When belladonna was found efficient it was to be kept up for some weeks in full doses, and the quantity then gradually diminished. This agent had been highly lauded by Trousseau, who used it in large doses. Dr. Smith related a case in his own practice in which a girl eleven years old, who suffered from both diurnal and nocturnal enuresis, and who had previously taken belladonna and other remedies, was cured. The urine was highly acid, and the treatment which he prescribed was five drops of liquor potassæ three times a day (or more, if this was necessary to keep the urine neutral in reaction) and tincture of belladonna in nine-drop-doses, the quantity gradually to be increased to fourteen or fifteen drops.

If the enuresis were simply due to the large quantity of urine secreted, the liquid food was to be restricted, especially toward evening, and if diabetes were present, of course the treatment appropriate to that disease was to be adopted. In diabetes insipidus ergot was found to be of great service. Suspicion of the presence of a stone in the bladder would be excited by painful micturition, increased quantity of mucus in the urine, and sudden stoppage of the full stream. The use of the sound would confirm the diagnosis, and the stone could then readily be crushed. In every case of incontinence it was important to make a careful examination of the parts contiguous;

to the bladder, such as the rectum and the genital organs, for the existence of ascarides, phimosis, preputial adhesions, hardened smegma, etc. If the enuresis were due to paresis of the sphincter, a treatment very different from that of belladonna was required, and here ergot, either alone or in connection with nux vomica or strychnia, was found very useful in restoring the impaired innervation and stimulating muscular contractility.

A considerable number of remedies which were formerly employed to a large extent for incontinence of urine were now seldom used, but some of them were still deserving of confidence in certain special cases. Among these was strychnia. In children under four years of age there was some danger in giving it, and it was better to employ nux vomica under the circumstances, but above that age it was perfectly safe to use it. Tincture of cantharides, although, as a rule, an unpleasant remedy, could sometimes be employed with advantage if given in small doses. Cubebs and vegetable tonics and astringents were also sometimes called for.

Dr. Smith referred to the use of baths, and douches, and to the suggestion of Trousseau, that the patient should be required to urinate as frequently as possible during the daytime.

Dr. J. W. S. Gouley said the most frequent causes of the enuresis were lithuria and polyuria, the latter being often met with in nervous children. Children, after they became two or three years old, did not wet their clothing in the daytime, but only at night. In some instances such children retained the habit until they were grown, and he had seen men twenty-five, thirty and forty years of age who were still subject to it. No amount of whipping could cure a child of wetting the bed on the contrary, corporal punishment could do harm and only make the condition worse. Lithuria was much more common in young subjects than was generally supposed. When this was present there was not an accumulation of urine, but a constant enuresis, both diurnal as well as nocturnal. He believed that there should be both general and local treatment. He thought, however, that it was a mistake to attempt to make the urine as "bland as tepid water," as Dr. Smith spoke of doing. This would only increase the enuresis, as very bland urine, like pure water itself, was known to be irritating to the bladder. But in connection with the internal administration of iron, more particularly the old-fashioned tincture of muriate of iron, he had often afforded great relief by the introduction of the sound or catheter every two or three days. As a rule, the steel sound, if skillfully used, was preferable to the gum catheter. In both girls and boys (although the number of the former he had seen suffering from enuresis was quite small) he had observed excellent results from his practice.

Dr. Smith said, in regard to chloral, that he had not tried it in this connection, but it seemed to him that if it was given in nocturnal enuresis it would only tend to aggravate the trouble by inducing more profound sleep.

ACUTE PERITONITIS TREATED BY ABDOMINAL SECTION.

Mr. Frederick Treves thus writes in the *Med. Press*, May 6, 1885: A female, æt. 21, was admitted into the London Hospital on January 21st, 1885, suffering from chronic pelvic peritonitis following severe gonorrhœa. On February 25th, two months after the commencement of the chronic peritonitis, she suddenly developed the symptoms of acute diffused peritoneal inflammation. The sequel showed that a large chronic purulent collection, containing very offensive matter, had formed near the left pelvic brim. The walls of the abscess were formed partly by the pelvic peritoneum and partly by many coils of small intestine that had become matted together. The acute symptoms were due to the bursting of this abscess and the extravasation of its contents into the general peritoneal cavity. On February 26th the abdomen was opened under antiseptic precautions, the patient being at the time apparently in a very critical condition. The general surface of the peritoneum showed the ordinary appearances of acute peritonitis. The intestines, where in contact, were lightly glued together. A quantity of semi-opaque fluid mixed with flakes of lymph and pus escaped. The whole peritoneal cavity was washed out with many quarts of water and a drain introduced. The patient made a good recovery, and was allowed in the garden on the fortieth day.

Remarks.—The extreme fatality of acute diffused peritonitis—especially of that form due to perforation—and the acknowledged futility of the modes of treatment that are at present employed, give some support to the proposal that acute peritoneal inflammations should be treated by the same methods that are successfully applied to other acute inflammations, viz., by free incision and drainage.

This common and general surgical procedure has been already applied for the relief of the inflammations of certain of the serous membranes. It was at first adopted in connection with the smaller serous cavities, as those of the joints. It has been gradually and with increasing freedom applied in the treatment of inflammatory conditions involving the pleura. It has finally become a recognized means of treatment in certain forms of localized and chronic peritonitis, especially when purulent collections have formed. The author would urge the adoption of this principle in treatment in connection with acute and diffused forms of peritonitis.

TANNIN AS A SPECIFIC FOR CARBUNCLE.

Tannin is claimed to be a specific for carbuncle. The dry powder should be sprinkled on as long as it will dissolve. Every day the carbuncle should be washed and re-sprinkled with tannin. It is said that under this treatment the carbuncle soon heals, and without much pain.—*Cour. Rec.*

MEDICINES WHICH STIMULATE THE LIVER.

Podophyllin in small doses, is a stimulant of the liver. During the increased secretion of bile, the percentage amount of special bile solids is not diminished. If the dose be too large, the secretion of bile is not increased. It is a powerful intestinal irritant.

Euonymin is a powerful hepatic stimulant. It is not nearly so powerful an irritant of the intestine as podophyllin.

Sanguinarian is a powerful hepatic stimulant. It also stimulates the intestine, but not nearly so powerfully as podophyllin.

Irisin is a powerful hepatic stimulant. It also stimulates the intestine, but not so powerfully as podophyllin.

Leptandrin is a hepatic stimulant of moderate power. It is a feeble intestinal stimulant.

Colocynth is a powerful hepatic as well as intestinal stimulant. It renders the bile more watery, but increases the secretion of biliary matter.

Jalap is a powerful hepatic as well as intestinal stimulant.

Menispermim does not stimulate the liver. It slightly irritates the intestinal glands.

Babtinin is a hepatic, and also an intestinal stimulant of considerable power.

Phytolacin is a hepatic stimulant of considerable power. It also slightly stimulates the intestinal glands.

Hydrastin is a moderately powerful hepatic stimulant, and a feeble intestinal stimulant.

Juglandin is a moderately powerful hepatic and mild intestinal stimulant.

Chloride of ammonium is credited with cholagogue properties, but it is questionable; nevertheless it certainly stimulates the intestinal glands.

Calomel is a powerful purgative, but whether it stimulates the liver is still *sub judice*.

Corrosive sublimate is a potent hepatic stimulant, but acts feebly on the intestines.

Sulphate of potash is a powerful intestinal irritant, but its action on the liver is variable and unreliable.

Taraxacum is a feeble hepatic stimulant.

Dilute nitro-muriatic acid has a moderate stimulant action on the liver.

Boldo, bromide of potassium, nitrite of potash, and hard soap have each some stimulant action on the liver.

THE TREATMENT OF EPISTAXIS.

Introduce into the nostril, to a considerable distance upward, a piece of fine sponge, cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face for a length of time, with the sponge in place. This, says *Lyon Medical*, is the procedure employed by M. Siredey for controlling epistaxis in typhoid fever patients.—*N. Y. Medical Journal*.

HOW TO SHRINK HYPERTROPHIED TONSILS BY CAUSTIC APPLICATIONS.

Among various caustics for local use in causing shrinkage of tonsillar hypertrophies, Dr. Chisholm (*Virginia Medical Monthly*) has found the chloride of zinc the most available and the least annoying to the patient. He employs it in the following manner: A wire the size of a fine knitting needle, is roughened for a half inch from one end so that it may hold a fibre of absorbent cotton twisted upon it. Dip this into a saturated solution of chloride of zinc and thrust it to the very bottom of the crypt, and keep it there for several seconds. When withdrawn the whitened orifice marks the cauterization. By renewing the cotton for each follicle several may be thoroughly cauterized at the same sitting without causing any annoying irritation to the throat. A very few applications will cause the gland to shrink, as will be seen one week after the destructive cauterization has been made to the interior of the follicles.—*Medical Record*.

CARBOLIC ACID IN INDIGESTION.

Berdoo has frequently treated acid dyspepsia with small doses of carbolic acid. He uses a solution suggested by Dr. Fenwick, containing one part of the crystalized acid in four parts of glycerin, and gives from five to ten minims as a dose, either merely diluted or mixed with nux vomica or liquor opii sedativus, the latter being added in case of pain. He does not attempt to explain the action of the drug, but suggests that its efficacy may be due either to its anti-fermentative power or to the anæsthesia which it induces in the gastric mucous membrane.—*N. Y. Medical Journal*.

IODIDE OF POTASSIUM IN INFLAMED BREAST.

Dr. Samuel Welch thus writes in the *Med. Press*, April 22d: Having been frequently disappointed with the ordinary remedies in the highly troublesome condition arising from the presence of milk in the breast after the death of the child, or in cases of still-born children, and having found that the effects of belladonna are often uncertain, and that purgatives, although certainly useful, are frequently unreliable, I determined to try the effect of iodide of potassium applied locally in the form of an ointment, and I have met with great success from its use in this manner.

The system I pursue is the following: I have the breast suspended in a sling to prevent all dragging, and pressure exerted on it by means of folded napkins. I then order a free inunction of the iodide of potassium ointment three times a day, administering purgatives internally. For the first two or three days, should it be necessary, I have the milk drawn off once daily by the nurse, and find almost invariably that after a few days all troublesome symptoms pass away, and any anxiety on the score of the milk is removed.

PRURITUS OF WOMEN.

LOCAL TREATMENT.—All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause, must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arise from the presence of prurigo, urticaria, eczema, herpes or whether it exists without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localised at the groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment, consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalised, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills with liquorice powder, of which from two to six should be taken daily, either half an hour before, or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six (three milligrammes) is attained.—*Dr. Chévon, in Le Progrès Medical.—Med. Times.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

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MONTREAL, NOVEMBER, 1885.

The *Canadian Pharmaceutical Journal* for November says the following decision was recently given by Hon. Justice Johnson in the case of the College of Physicians and Surgeons of Quebec, vs. Theobald Chive. The action was brought in the Circuit Court for \$50 penalty under the Stat. 42 and 43 V., c. 37 and amendments, for practising medicine without being a registered licensee (10th April, 1883). "Two instances are specified :

First, one Ad. Martel, whom he treated, and received thirty cents; second, Jos. Archambault, whom he treated, and got eighty cents (20th March, 1884). He pleads that he never practised medicine contrary to the Statute, but that he is a licensed chemist and druggist, and has a right to sell and recommend his drugs and wares, and that he did no more. Secondly, he pleads prescription. The plaintiff, in his declaration, alleges that the reason he did not bring the action before was the absence of the defendant from the province. There is no evidence of practising medicine or prescribing it in the sense of the statute. In the first case, the man Martel was suffering pain from inflammation of the bladder, and told the defendant so, and the latter recommended a lotion or liquid in a bottle for which he charged thirty cents. This would seem a small fee for a prescription by a physician, and was evidently only the price of the physic or stuff that he used and had a right to sell. In the second case, the witness says he was weak and wanted a tonic, and got two bottles for which he was charged and paid forty cents each. It would be straining the law to apply it to such a state of facts as this. The defendant is proved to be a licensed druggist, and he had a right to recommend his wares, and receive the price of them, which is all he did. I see nothing about prescription or limitation of action in the statute, and nothing was cited, but that is unimportant under the evidence.

No. 3,466. This is another case against the same man for another and different offence under two sub-sections of sec. 88, *i. e.*, for illegally assuming the title of doctor, physician, or surgeon, or any other name implying that he is legally authorized to practice medicine or surgery, etc., or for assuming in an advertisement, a written or printed circular, or on business cards or signs, a title, name or designation of such a nature as to lead the public to suppose or believe that he is a registered or qualified practitioner of medicine, etc. There is a demurrer pleaded to this action; but I think the allegations are sufficient. They say that the defendant held himself out as a practising physician by printed labels on bottles of medicine which he sold, but using the words *Dr. Chive* on them. But there is besides a specific allegation that he has assumed a designation of a nature to cause it to be supposed that he is practising as a physician. Therefore, if he has by these labels

or otherwise assumed that designation to himself, so as to have the effect alleged, it is sufficient. The plea to the merits is the same as in the other case. There are two labels on which the words "Dr. Chive" appears: one on a bottle of "extract of tobenambour for flavoring ice cream, custards, etc." The other is said to have been removed from a bottle, and reads "Pharmacie normale. Elixir bechique pulmonaire du Dr. Chive ex interne des hopitaux de Rouen remede souverain pour la guerison des toux, etc., etc." The questions are: did the defendant assume a designation for himself, or were the printed labels of a nature to cause it to be supposed that he was a practising physician here? It could not be doubted, I think, that this man who pleads and proves that he is a licensed druggist has a right to sell flavoring extracts, or cough remedies. The only possible doubt would be whether in selling and labelling them in this manner he meant to pass himself off as a licensed doctor here. The words "Dr. Chive" are there on the two bottles. Do they refer to himself or to another Dr. Chive of Rouen? or, if they refer to himself, cannot he say lawfully that he was once Dr. Chive of Rouen, and I have no doubt of the fact from the certificate of the mayor of Candelier, which is produced, and that he sells under his druggist's license here the things he learned to make there? There are three other bottles also produced. They neither of them have the words "Dr. Chive" on them: but "dir. Chive" which is said to signify that he is, and wants to be known as *directeur* of this "Pharmacie Normale" which he keeps, and has a right, under his license, to keep. It may be, perhaps, a device or trick—and that is what is contended for by the prosecution; but there are two reasons why I do not act upon that view of the case. First, in a penal action, I want clear proof; second, the principal witness, in the case, and indeed, admittedly, the instigator of it, is Dr. Thayer, who says he bought out this man's business a couple of years ago on condition he was not to return and resume it, but that he has returned and resumed the business, and is now being sued by the same person for \$10,000 damages. That is not evidence of a kind that I can implicitly rely upon to convict of an offence against this statute, where the intent of the party is to be made apparent, an intent which is to be shown, not so much by direct proof as by the inference and reasoning of the witness. I think there is a fair doubt whether the defendant

meant to pass himself off as a doctor, or merely to vend under his druggist's license, things that were made by another, or even by himself in another country where he could truly call himself a doctor. Upon the whole case—and considering the whole extent of the evidence, I think that the defendant cannot fairly be held to have assumed to practice as a doctor here, because he said on his labels that when he was in France he had been a doctor there, and made stuffs which he sells here under his license as a druggist.

Both actions were dismissed with costs."

LOCAL AND GENERAL.

Dr. Santvoord lately read a paper on "Obscure Cases of Weak Heart" before the New York Academy of Medicine—a paper that will amply repay perusal. I am sure it must occur to most of us that there are many cases of continued dyspnoea vertigo and headache, and combinations of these symptoms which point to cardiac trouble, and yet which cannot be referred to distinct valvular or other lesions of the organ. Dr. Santvoord in the treatment frequently used digitalis and nux vomica or strychnia with admirable results.

In these cases of weak first or second sounds, weakened cardiac impulse and reduplication of first or second sounds, caffeine often does good where digitalis is found to be inefficient.

The reader inclined to the belief that in acute diseases where there is cardiac weakness caffeine is to be preferred to digitalis. He thought Bramwell's explanation of the phenomena of reduplication, viz: that it is due to a synchronous action of the ventricles, to be the true one.

In the discussion that followed this paper it was pointed out that tobacco, digestive troubles, and faulty metamorphoses were very frequently the causes of weakened heart.

Some years ago Dr. Young of Hong Kong published in this journal a very interesting account of the condition of native medicine in China. Quite recently there has been published by the Methodist Episcopal missionaries, under whose control the institution is, the second annual report of the Soochow Hospital and Soochow Medical School.

The School has eleven native students, and the course laid down is very complete comprising a five years' curriculum, nine months session, and a thorough preliminary examination in Chinese Classics.

The lectures are in the native language. The students now have an amply supply of Chinese text books.

The Railway Age has an account of a certain physician out West who tried "to sell an abscess on the posterior part of his anatomy to a railway company for \$10,000." The doctor, it seems, was going by train to Indianapolis for the purpose of attending a Democratic meeting there. The cars were full, and he was obliged to seek refuge in the baggage car and sat down, not only upon an egg-crate, but also upon a nail which protruded from the said crate, and entered, penetrated, and pierced that portion of the doctor's body which must necessarily come into use if one sits down at all. It further appears that the railway company had negligently omitted to scour this nail with brick or sand-paper, and had permitted it to become rusty. The result of the puncture, it is alleged, was an abscess, which caused the doctor great trouble, and even endangered his life. As a plaster to this wound, he now asks the railway company to pay him \$10,000, and has called upon the court to enforce his request. The case is full of fine points—fuller of them than the egg-crate. Did the company invite and request the physician to enter the baggage-car and sit down on the egg-crate? Is it the duty of the company to polish up the nails in the egg-crates which it carries? Should not the doctor have looked out for nails before he sat down? Was the sore really an abscess, or only an old-fashioned boil? Was the doctor's blood in good order when he sat down on the nail, or did he inflame it unnecessarily by getting mad, and prancing around in warm weather, when he discovered that the nail had gone where it ought not? Can a man's blood be in good order in the midst of a "heated" Presidential campaign, and when he is on his way to a big political meeting? Might not the doctor in his enthusiasm have taken that method of nailing his colors to the mast, and only become sorry for it when inflammation ensued? Altogether the case embraces many very interesting medico-legal questions, and will, no doubt, result in settling many points hitherto undecided. It is a case of which it may truly be said that there is a point in it."

The exact value of the salicyl compounds in the treatment of rheumatism and rheumatic diseases is pretty well indicated in papers by Dr. J. S. Bris-

towe (*British Medical Journal*, August 22nd) and Prof. T. R. Fraser (*Edinburgh Medical Journal* July, August and September, 1885) and by discussion of the former paper by Drs. Latham of Cambridge, Dr. Pavy, Dr. Sidney Coupland and other well-known physicians. It is generally conceded that the anti-rheumatic action of the compound of salicin is to be classed with quinine in ague, and of iodine and mercury in syphilis. When twenty-grain doses of sodic salicylate or salicine are administered every two hours the temperature usually becomes normal in a day or two, and remains so if the treatment is continued.

Both Prof. Fraser and Dr. Bristowe point out that salicyl compounds fail in several important instances, viz: where there are complications of important viscera, persistent inflammation of a single joint, chronic rheumatism, gonorrhoeal rheumatism and in rheumatic gout. Fraser also claims that these compounds are equally good in ordinary acute polyarthritis, in the variety that is associated with chorea and scarlatina, in acute muscular rheumatism, rheumatic scleratitis and iritis, and in acute gout. Most Canadian practitioners can testify to their value in lumbago when it appears as a true acute muscular rheumatism.

This is how the Editor of the *New York Times* made himself merry over an article on microbes. After describing the prevalence of these minute forms of life, he says: It is very evident that all must make persistent effort to reduce the number of microscopic animals to at least the extent to which their predecessors reduced the number of wild beasts. Every man must become the protector of his own household. The cautious man will hereafter never venture to open his door without sweeping the front yard with his microscope, to see if the foe is at hand; and no one will venture out of doors without a gun loaded with carbolic acid, and without a microscope worn like a pair of spectacles, ready for instant service. Man will probably have to abandon his present house, as it affords little or no protection against the fierce bacillus; and he will be compelled to live in glass houses surrounded by ditches filled with carbolic acid, and provided with ventilators so contrived as to forbid the passage of the enemy. Governments will doubtless offer rewards for the capture or killing of microbes; and bands of scien-

tific policemen, equipped with powerful breech-loading microscopes, will ceaselessly hunt down the foe.

At last the Montreal Board of Health have decided to enforce the law regarding compulsory vaccination. In the meantime the variola fire has burned low for want of fuel, there being only eleven deaths from the disease on one day of last week.

It has been decided to serve a copy of the *Official Gazette* containing the law on the subject upon everyone who refuses or who has refused to permit himself to be vaccinated. Whether the matter will be further pressed or not remains to be seen.

At least one Municipality refuses to take any precautions or to adopt any effective method of repressing the disease. There is no placarding, no attempt at isolation, no public vaccination—only a stupid, apathetic, and ignorant trust in *le bon Dieu* who sent the scourge. It looks as if the disease will die out there only when every unprotected person has taken it. Why not bring matters to a crisis? If every one there *must* have small-pox why not have a grand mass-meeting for the purpose of contracting it—so get the agony over at once.

Unless the Central Board are determined to enforce vaccination in the locality referred to this appears to me to be the most logical procedure that can be devised.

P. A. LAVER, M.D.

MONTREAL, NOV. 24, 1885.

MRS. SOUTHWORTH'S FAMOUS BOOKS.

Messrs. T. B. Peterson & Brothers, Philadelphia, Pa., have just made a large reduction in the retail price of all their popular duodecimo publications, including the well known and popular books written by Mrs. Emma D. E. N. Southworth, Mrs. Ann S. Stephens, Mrs. Caroline Lee Hentz, Mrs. Catherine A. Warfield, Miss Eliza A. Dupuy, Alexander Dumas, and their several well-known and standard Cook Books by Miss Leslie, Mrs. Hale and others. These popular books will be found for sale by all booksellers, and they will now get a fresh impetus by the large reduction made in their retail price. The Messrs. Peterson will send their new Catalogue to any address, if written for, with the new and reduced retail prices annexed, and all Booksellers are requested to write for special wholesale rates, as

Peterson's books always meet with large sales wherever shown and properly introduced, and they give large discounts and easy terms to the trade.

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THE SMALLPOX EPIDEMIC.

We are sure all our readers will be glad to learn that the death-rate from smallpox in Montreal is rapidly decreasing. There is every appearance that, by the end of the year, the disease will probably have disappeared. We regret to hear, however, that it continues to spread throughout the Province.

PERSONAL.

Dr. Shaw (M.D. McGill, 1882,) has commenced practice in St. Johns, Que.

Dr. Robert Howard of St. Johns, Que., has been confined to bed for the past two months, suffering from a form of spinal disease. His condition is considered very critical. We are sure his many friends will hear of this with great regret.

Dr. Rowell (M.D., McGill College, 1884) has commenced practice in Montreal. At present he is lecturing on anatomy at Bishop's College for Dr. Gardner, the professor of that branch, whose whole time is occupied with his duties as physician to

the Protestant portion of the Smallpox Hospital. We hear that Dr. Rowell is a great favorite with the students and a first class lecturer.

Dr. Codd, of Winnipeg, has, we believe, been appointed Surgeon to the Mounted Infantry corps (regulars), which is being embodied in that city.

Dr. McNeece, (M.D. McGill) has resigned his appointment as assistant health officer in Montreal.

CORRESPONDENCE.

The following extracts from a letter written from the London Hospital to one of the Editors of this Journal may prove of interest to our readers:— Yesterday I saw a child with hydrophobia. "Oh, God, that I could paint a dying groan," then might I paint the unearthly expression of that infant's face when but the word "water" was pronounced. what a prolific ground for painters a hospital would be! But why should *we* seek the shadow when we have the substance before us? It is very useless for me to begin to write to you of London on less than ten sheets of foolscap, so I will drop the tempting subject and go to the hospitals for a moment. Sir Andrew Clark you know: he is a great man, but he is also among great men, and he fails to convince his associates that he has established his peculiar views on *Fibroid Phthisis*. I believe, however, that there have not as yet been found any bacilli in any case which he has called *Fibroid Phthisis*, and that will go a good way towards proving the non-identity of the different forms of *Phthisis*. Sir Andrew does not think, however, that bacilli are the cause of tubercle, but he is willing to say that where tubercle is there also are bacilli, and *vice versa*. As far as my experience goes I am of the opinion that the bacilli are not discoverable in the sputum until after a period when physical signs have made the diagnosis clear. In fact it is rare to find bacilli prior to a period when elastic tissue may be found in sputa, an absolute test of the existence of a cavity and usually of a tubercular cavity. Sir Andrew is an excellent ward teacher. He speaks in a clear voice, and is thoroughly systematic and practical. The name of Hughlings-Jackson is almost a household word in England. His acuteness in the diagnosis of nervous diseases has made him the greatest authority in England on that particular branch. His theory that chorea and epilepsy are caused by multiple emboli in the small vessels of the cortex and other gray matter of the

brain is not considered proven, inasmuch as they fail to find such emboli *post mortem*, except in a very limited number of cases. The theory has this in its favor, however: *every* case of death at least of chorea has, *post mortem*, shown vegetations on the valves of the heart and in *half* of the cases endocardial murmurs have been made out before death. On the other hand, again, it is noticed that in nearly every case of *slow* death, the autopsy shows vegetations on valves, whether caused by chorea or not. However, his theories turn out, when he gives you a thing as a fact you need seek no better proof. He is one of the most careful men I ever knew, and for his great reliability, if for that alone, he is of priceless value as a clinician. Dr. Sutton who is not so well known as his colleague, Sir William Gull, is a great thinker and worker. He knows neither law nor rule in treatment of diseases. He is showing to the world by statistics that more of his cases get well without drugs than with them. You will smile when I tell you that I have seen him prescribe whiskey alone, in a case of acute articular rheumatism. I have known him as the sum total of the treatment to advise a patient with lobar pneumonia to sit up an hour a day and indulge in plenty of good, cheerful conversation! Whilst he is one of the most successful of physicians he is the rock on which many a student founders when he comes up for his final examination.

Of the surgeons at the London Hospital, Mr. Treese is the most popular teacher. He always prepares his case thoroughly, and gives it to you fully, yet concisely and to the point. He has a host of followers in the wards, and a large audience in the amphitheater. Mr. Bryant of Guys is known to every one by his excellent work on surgery. Not only is he authority on surgery but he is a born teacher. His voice is clear and musical, and not a word need escape the listeners. Mr. Bryant says, however, that he cannot keep his wounds sweet with corrosive sublimate solution, and uses a solution of iodine instead. The carbolic spray is still used in most of the London hospitals, but other matters of detail in antiseptic surgery are not so well carried out as in New York. The extreme politeness and cordiality received from the men whom I have met here is very pleasing to one. As I accepted a short season of work at the London hospital, I have not seen much outside, but may write you again in future.

"W. P. S."