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THE CANADA LANCET,

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Original Communications.

ECLAMPسيا, OR INFANTILE CONVULSIONS.

BY H. M. MACKAY, M.D., M.R.C.S. ENG., L.R.C.P. ED.,
WOODSTOCK, ONT.*

The spasms peculiar to infants are tetanus infantum, internal convulsions, chorea, and eclampsia or acute epilepsy. There is a difference of opinion as to the best name for infantile convulsions. Nothnagel uses eclampsia, restricting it to such cases as are similar to the true epileptic attack; some authors prefer the term epileptiform convulsions, others acute epilepsy. Smith, of New York, regards eclampsia "as being synonymous with clonic convulsions, sometimes general and sometimes partial, which affect the external muscles."

In the following paper, for convenience sake, I will use the term "Eclampsia," and in the latter sense. It is impossible for the physician to have an intelligent apprehension of the nature or treatment of a single case of any kind of convulsions, without first possessing a somewhat general knowledge of spasm and its nature, to understand the particular, without an acquaintance with the general.

I purpose to begin with a general consideration of the subject of spasms. Finding no authority pronounce definitely on spasm and its nature, but many who advance theories and conjectures which, however untenable future investigation may prove some of them to have been, are landmarks and beacons for the guidance of other enquirers. Now if you will bear with me, I am going to indulge in a little theorizing; not that I have discovered any new facts, but because a few generalities will enable me the better to introduce the conclusions to which a consideration of the subject has led me. I believe that all abnormal reflexes—as trembling,

* Read before the County of Oxford Medical Association, at Woodstock, January 8, 1880.

shivering, formication, chill, rigor, subsultus, chorea, eclampsia, epilepsy, etc., are the same in kind and differing from each other only in degree, the character of each depending upon the existing cause and the condition of the nervous system. We know that ordinary excitements affect persons very differently, one trembling and shivering from a trivial cause, while another resists and ignores much severer exposures. Two individuals, well, and apparently equally vigorous, become suddenly violently alarmed; one is affected with a temporary fluttering at the heart, while the other has an epileptic fit and is ever after an epileptic.* Taking epilepsy as the type of spasm, for there seems to be more written on it than on any other nervous disorder, we find high authorities declaring it to be a definite disease, having its point of departure, the "convulsion centre," situated in the pons and medulla oblongata. Nothnagel writes, "that the circumscribed spot from which the whole body of the voluntary muscles may be thrown into tonic and clonic spasms through reflex excitation is to be sought for in the pons." Nevertheless he agrees with Hughlings Jackson, writing in 1879, "we have not yet discovered the cause of epilepsy in any sense of the word cause." He also says, "when we turn to the principal question, In what does the essence of epilepsy consist? what are the morphological changes underlying it? "The answer to this must, unfortunately, even at the present day, prove very inadequate." He further adds, "Schroeder, Van Der Kolk, Brown-Sequard and Reynolds have already expressed themselves to the effect that we have to deal with an 'increased irritability' of the reflex nervous centres situated in these sections, an opinion in which we thoroughly agree; but we are certainly in the dark as to the influences which induce this exaggerated excitability." It is also urged, nay, demonstrated, that cerebral anæmia stands in a definite relation to epilepsy. The following are among the proofs: that depressing influences predispose to convulsions; that animals bled to death die of convulsions. In rabbits, ligature or compression of the arteries of the neck produces convulsions. Electricity applied to the cervical ganglia of the sympathetic produces convulsions by contracting the arterioles and inducing anæmia of the brain. So

* This has been corroborated by actual fact in the case of the Queen of Spain, since this paper was written.

we find two apparently opposite conditions assigned as factors in causing convulsions, "increased irritability" on the one hand and lowering and depressing influences on the other, *i. e.*, the reflex excitability, the inhibitory force that controls reflex action, or both, may be at fault. The brain is not at fault more for producing than for not preventing the spasmodic seizures. If I may use a familiar illustration: we see a man driving a spirited pair of horses; if the horses are manageable and the man a competent driver, all goes right, both conditions are necessary to safety; but let some surprise suddenly excite the horses or disable the driver, or both, then the probability is that the result will be disastrous. In the same way, sudden causes which excite unduly reflex action and depress the inhibitory or controlling force, prepare some of the conditions necessary for an abnormal shock. The nervous system may be compared to complicated machinery employed in some delicate manufacture and propelled by a powerful engine; when everything is in order the machine glides smoothly and harmoniously, each part moving in the performance of its function without a jar or hitch, as if it could not do otherwise; but once let a part become confused or entangled, and the accumulated force of the engine soon does mischief, unless it is immediately put under control. When all is right, the counterbalancing resistance of the function performed steadies and holds in check the power; but once disturb or remove that and it becomes an engine of destruction, instead of construction. It is the same power that was before doing good, that is now doing mischief.

In health the vital energy is under control. There is a reserve of resisting power, not constant, but varying in quantity, in different individuals and under different circumstances. I need not multiply instances to show how persons, who are in vigorous health, can resist almost anything—as worry, pain, hunger, cold, malaria, etc., and seem to know no fear, while at other times, when under the influence of some depressing cause or causes, or in other words unnerved, they find themselves helplessly at the mercy of such influences. Infants are more impressible and have less resisting power than adults; having less mentality, and a more active organic system, they are more sensitive, being more under the influence of the sympathetic or emotional nervous system. Now assuming that

there is a definite "convulsion centre" and that increased reflex irritation, with depressed inhibitory or resisting power tends to produce partial or general spasms, I will proceed to a consideration of those convulsions more frequently occurring in infancy.

Dr. J. Lewis Smith of New York, to whom I am indebted for many of the facts in this paper, adopts the following divisions of eclampsia;—essential, symptomatic, and sympathetic. Essential, when there exists no appreciable cause which gives rise to the attacks. Example, a child dies in convulsions from fright. Symptomatic, when there is disease of the brain or spinal cord. Sympathetic, when it arises from disease elsewhere, as from pneumonia, teething, worms, &c. Now I believe that all cases of eclampsia may be regarded as sympathetic, and all the causes referred directly to the sympathetic nervous system. Take Smith's case of essential eclampsia; a child died of convulsions caused by fright. In the child fear is not a mental process, neither a rational nor intrinsic apprehension or recognition of danger; but purely an emotional excitement acting through the sympathetic, producing contraction of cerebral arteries—*anæmia* of the brain, and hence convulsions. His symptomatic division may also, in my opinion, be referred to the same class. Dr. G. Johnston, King's College Hospital, London, writing in reference to the convulsions which occur in almost every case of acute *apnœa* or sudden suffocation, says: "It is generally supposed that the convulsions of *apnœa* are excited by the circulation of black blood through the brain; but they are more probably due to the rapid and extreme *anæmia* of the brain consequent upon the impeded transit of blood through the lungs. That this is the true explanation of the convulsions of *apnœa* is rendered highly probable by the observation of Kussmaul and Tenner to the effect that the convulsions of *apnœa* in strangulation can be accelerated if the arteries are simultaneously compressed. It is obvious that if the presence of black blood in the brain were the cause of the convulsions, their approach would be retarded, and not accelerated by compression of the arteries which supply the brain. The facts are consistent only with the theory that the immediate cause of the convulsions in case of suffocation is a rapidly increasing cerebral *anæmia* resulting from the arrest of the pulmonary circula-

tion." Black blood, in so far as it is deficient of oxygen is equivalent to no blood at all. Uræmic and all convulsions arising from poison in the blood, as the exanthemata, scarlet fever and small-pox, &c., are explained as resulting from anæmia of the brain, caused by arterial spasm excited through the sympathetic by the presence of morbid blood. The so called symptomatic convulsions from cerebral diseases are, I think, on the same principle due to irritation in the brain caused by its own disease and exciting to reflex action through the sympathetic. That the sympathetic does exercise control over the circulation is proved conclusively by Claude Bernard's experiments, showing that division of the cervical sympathetic produced dilatation of the vessels of the head and neck on the side operated on, while on the other hand electrical irritation of the peripheral end of the divided sympathetic causes the previously dilated vessels of the head and neck to contract.

Amongst the causes of convulsions occurring in infants are the following;—all cerebral diseases, changing of milk in the nursing as when produced by violent emotion of the mother, as anger, fright, grief, the use of acescent or indigestible food, or derangement in the health; a case is recorded where the catamenia so affected the milk that the infant was seized with convulsions at each monthly period; fruit, when taken unripe or in undue quantity especially currants, raisins, cherries, and strawberries; constipation, worms, dysentery and dentition. The above enumerated causes are all located in some part of the digestive apparatus. Other causes are, all depressing influences, as violent emotion, unfavorable hygienic conditions, malaria, poison of eruptive fevers, &c. An excitable or impressible nervous temperament constitutes the chief predisposing cause. It will be noticed that the causes are divided into two classes, viz. those that depress or lessen the inhibitory power, and such as excite or increase reflex action.

It is a question often asked, does eclampsia predispose to epilepsy? It is very probable that those who have suffered from convulsions in infancy have a tendency to epilepsy, partly as a result, but chiefly owing to the predisposition that led to the early convulsions. Bristowe, in his new work on medicine, writes: "It is certain that many of those persons who subsequently became epileptic have suffered in infancy from convulsions which were

induced by teething or other accidental circumstances." Nothnagel says, "I cannot get rid of the idea that were the process purely functional which was set up in the central parts at the time of the teething, convulsions may have furnished the impetus for the development of the epileptic change." Smith wrote: "Patients who seem to have genuine attacks of eclampsia in infancy and childhood prove to be epileptic in subsequent years."

Disturbances of the general health are upon the whole but rarely observed, and when present are often consequences of the original disease. The mind usually early betrays symptoms of being involved, as dulness, loss of memory, &c., which probably is in most cases due to trophic changes in the brain cells as the result of mechanical pressure from too frequent interstitial congestion. Eclampsia as regards prognosis may be divided into three classes—

1st. That in which the cause is easily and early removable.

2nd. That in which the convulsions have continued long enough to create in the system a convulsion habit, and which has developed into regular epilepsy, even after the original cause has been removed.

3rd. That in which the cause is permanent and irremovable.

In the first class the convulsions usually cease spontaneously on the removal of the cause.

The second class are amenable to such treatment as will break the spasmodic habit, the cause having ceased to operate.

The third class are as a rule incurable, and admit of but little benefit from treatment further than to hold the attacks in check for a time when they almost invariably return with accumulated violence, except where in rare cases nature has accommodated herself to the cause, as tumours, foreign bodies, &c., in the brain.

In the treatment of those sudden seizures, so alarming to the friends and distressing to the patient, there are two very important indications to be observed by the physician; first to control the abnormal reflex excitability, and secondly to find out and remove as early as possible the exciting cause. If the latter is such as to be easily removable, the convulsions as a rule will cease with its removal; but when it is otherwise, and the cause

is either not ascertained or of such a nature as not to admit of immediate removal, then such remedies should be employed as control reflex action as chloroform, ether, chloral, bromide of potassium, &c., to put as it were a splint on the nervous system, while an effort is made to allay the exciting cause and repair any mischief that may have been produced. A large majority of the causes of convulsions in children are situated in the digestive tract, so that it is always advisable to carefully enquire into the condition of the whole alimentary canal. If the gums are inflamed, as in teething, they should be lanced, indigestible food or other irritation, as whole currants, raisins, worms, &c., in the stomach and bowels should be got rid of, and the physician should carefully inspect the egesta for himself, for it is a great thing to be satisfied that he has discovered the true cause. Some one has said, with a good deal of truth I believe, "that the most successful practitioner is he who is continually looking into the pot." It is frequently noticed that the irritation of teething is accompanied with looseness of the bowels, and an erythematous condition of the rectum and fundus, and it has occurred to my mind as a query, whether or not this secondary irritation, and not the teething, causes the convulsions, for it is proverbial that the bowels are the seat of melancholy, and we know that nothing causes melancholy and low spirits more than hemorrhoids or disease of the colon.

I have simply indicated in a general way my idea of the treatment of eclampsia, and will not do more at present having already occupied a fair share of your time. At some future date, if agreeable to the association, I may take up the subject of treatment in detail.

CASE OF IMPERFORATE ANUS.

BY S. L. NASH, M.D., PICTON, ONT.

On November 19th, 1879, I was called to see a male child, a few hours old. Found the child well nourished, healthy and perfect in all its parts and functions, with the exception of an entire absence of the anus.

As there was no bulging about the anal region, I decided to wait twenty-four hours before operating. Visited the child next day in company with Dr. Dafoe, of Madoc, the patient then being thirty-

eight hours old; active and healthy; nurses well; urine normal, and child to all appearance in perfect health; no bulging in anal region. I commenced the operation by making an incision one and one-fourth inches in length along the median line, from the coccyx nearly to the scrotum. I then carried the dissection backwards and upwards following the curve of the sacrum; by passing a probe in the urethra as a guide, I found it to approximate abnormally near the coccyx.

Although Dr. Dafoe and myself very carefully examined the region along the curve of the sacrum, posterior to the urethra and bladder, to the extent of two inches, we failed to feel anything like the distended gut.

The narrowness of the pubic arch, together with the close approximation of the tuber-ischii, forced us to use a probe, instead of the finger, for examination, as it was with extreme difficulty that the little finger could be introduced through the pelvic outlet. We carried the operation no farther, when we became satisfied that so much of the bowel was deficient that nothing would be gained by reaching it.

The child lived eighty hours, and before death passed with the urine by the urethra, a black fluid like meconium. A post mortem revealed entire absence of the rectum, the descending colon having a pouch-like enlargement one inch in diameter, occupying the ordinary site of the sigmoid flexure. This pouch was connected to the posterior part of the fundus of the bladder, by a small tube three-fourths of an inch long, by about one-fourth of an inch in diameter, admitting a small probe one line in diameter. The probe passed readily from the colon to the bladder, but could not be passed in the opposite direction, as there was a valve guarding the vesical orifice.

EARLY SEXUAL PRECOCITY.

(Translation from the Spanish of the "Enciclopedia Medico-Farmacutica," of Barcelona).

BY J. WORKMAN, M.D., TORONTO, ONT.

The following details of a case of sexual precocity have been furnished by Drs. Codina, Pons, Planellas, Comet, Badia and Alborna, and under so respectable a sponsorship we may assume their full credibility.

"A female child was born on 7th September, 1877, in Lucca, in the province of Valencia; at the age of two months the mother observed a scanty leucorrhœa, which continued; the size of both mammæ promptly increased to the bulk of nuts, and continued to augment. At seven months the menstrual flow appeared, and returned regularly (lasting for three days) every lunar month, preceded by a leucorrhœal discharge. At the time of appearance of menstruation, there was a marked mammary activity, giving to the glands a rapid development. We should mention, besides, that the mons veneris, especially, and habia majora in a less degree, were covered with soft hairs; the voice became modified in key, and though no medium of expression except that of crying was at command, the sound of this had become more grave, completing the true picture of puberty announced in a manner so precocious."

The following is a description of the individual at the age of twenty months:—"She is of a sanguineo-lymphatic temperament and robust constitution. In the apparatus and functions of nutrition there is nothing abnormal. The first dentition has been completed, and she eats a quantity of food proportionate to her age, and digests it well. Notwithstanding numerous attempts made by the examiners to ascertain the exact rate of the pulse, they have been unable to do so more than approximately, in consequence of the impatience of the child, who prevented more than five pulsations being numbered at any time. The respiration and all other functions are quite normal, and the reparation of losses and the requirements of growth are perfectly accomplished, as the following figures will show:

Weight of body, 15 kilogrammes, = 23 lbs.
 Height, 86 centimeters, = 34 inches.
 Circumference of thorax, subaxillary, 56 centimeters, = 22 inches.
 Major circumference of pelvis, 53 centimeters.
 Do. " of the head, 49 "

The anterior fontanelle is still open. The sensibility and motility correspond to her age. She walks without support. The senses and their organs are quite sound, but as yet she has no other means of expression than sonorous crying. The organs and functions of reproduction are the only notable peculiarities."

The commissioners give a number of other details and measurements, which our readers might

find more tiresome than instructive; they relate to the genital externals and the breasts and nipples, and may be left to the fertile imagination of those who find pleasure in such depictions. It is rather interesting to be finally informed by the commissioners, that in consequence of change of climate, the return of the menses had not taken place in the last month, and that the child was out of health at the time. We should not be surprised hereafter to learn that the "*vello de monte de venres*" has disappeared, or has, at least, lost its "*color rubio claro*." The tardiness of speech arrival, in a girl, is ominous.

Correspondence.

A BAD CASE.

To the Editor of the CANADA LANCET.

SIR,—Believing that when any member of the profession is dishonored or injured in a public manner, that the whole body suffers, and when such is the case some of the best interests of the people are endangered, I have concluded to ask you to publish the following "skeleton" of a case, in the hope that it may assist in some way to agitate the question of reform and protection generally, which are much needed, and serve as a warning to the medical men of this county in particular. The case is a bad one and I trust is "endemic."

Suit was brought by A. Fleming, M.D., to recover fees for professional attendance, in the latter part of 1872 and first part of 1873, upon Mrs. Crowsen, afflicted with uterine disease. The writ was issued 19th October, 1874, and entered on the docket of Westmoreland County Court, for trial, December term, 1874. The case was tried at Dorchester, N. B., 10th May, 1876, Judge Botsford presiding. Dr. F. produced credentials and proved services rendered, etc., the lawyers going into all particulars of the disease and treatment.

Dr. Roberts, of Dorchester, testified that the charges were reasonable. For the defence, Mr. and Mrs. Crowsen swore that the Dr. made a contract, "No cure, no pay," and that the Dr. told them that he had "deceived and wronged them," and also that he had injured Mrs. C.'s health by the treatment. Dr. Wilson, of Dorchester, was next called by the defendant, who tried to prove malpractice. He had seen Mrs. Crowsen the last time, about "one or two months" before Dr. Flem-

ing was called. The next time he saw her was after Dr. F.'s attendance, and she was "very much prostrated generally." He (Dr. W.) gave no evidence as to her local condition before or after being treated by Dr. F., except that she had leucorrhœa before being treated by Dr. F. He never used instruments in such cases, but sometimes used injections. He also said that leucorrhœa might be a cause of disease of the uterus.

Rebutting evidence was produced for plaintiff. Several most respectable witnesses were called, who contradicted many of the defendant's statements, and also proved that Crowsen had frequently expressed himself well satisfied with Dr. F.'s treatment of his wife. Also two or three witnesses testified that they had employed Dr. F. in similar cases and were well satisfied, as his treatment was successful. Drs. Black, of Amherst, N. S., Chandler, of Dorchester, and Moore, of Sackville, N. B., swore that the treatment (instrumental and otherwise) described in Court was appropriate in such cases. The trial occupied six days, and a verdict for plaintiff was rendered. Defendant appealed, and although all reasonable means were used to get the case argued before the judge, it was not argued till 18th September, 1879; and on 9th December, 1879 (three years and six months after the verdict was obtained), an order was given by Judge Botsford for a new trial, on the ground that the "evidence brought by plaintiff to prove that his treatment was successful in other similar cases was inadmissible."

Should it not be the duty of a judge to look after the interests of both parties and guard the case by excluding irrelevant evidence as it is presented? If the law is such that a judge must decide as in this case, there is surely something wrong in the law itself, or such trifles could not properly overrule the spirit and intention of law, which is to secure justice. Is it of more importance to institute and sustain *forms in the law* than to execute *justice by the law*? Are not the complexity and convertibility of law crying evils of the present day? How often are gnats strained at and camels swallowed with the greatest ease! Is it usual when a doctor sues to recover his fees, for the defendant to plead malpractice, as in this case? If so, should evidence to establish the ability of the practitioner be ruled out, or, if admitted, admitted only to upset the legality of the prosecution? These

are questions which it is well for the profession to consider.

You may think that in this case redress might easily be obtained, but surely the above particulars are far from encouraging any further effort and expense; for it took five years to get a legal decision (a very common occurrence in Westmoreland County Court), and the defendant has had several law suits since this case was entered. He is at present in litigation with his former witness (Dr. Wilson) and may have nothing left.

Yours faithfully,

ALEX. FLEMING, M.D.,
L.F.P.S., Glasgow.

Sackville, N.B., Feb. 2, 1880.

COMPLETE CONSOLIDATION OF ONE LUNG.

To the Editor of the CANADA LANCET.

SIR,—I have a patient (a little girl) under my care at present, in whom there is complete consolidation of the left lung from base to apex; wooden dulness from the clavicle to the base of the lung behind; no enlargement of the left side or displacement of the heart. She lies easier on the right than on the left side. She has been ill about a week or more. The greater part of the lung was solid when I was called in four days ago. The pulse was then 136; it is now 116 and treatment about discontinued. I had a similar case about four years ago; both cases were anæmic. They were treated with cupping and tartrate of antimony. The former recovered rapidly, and the present one no doubt will. These are the only cases of complete consolidation that I remember having met with in thirty-five years' practice. I used to think that complete wooden dulness over one side would indicate effusion. The most striking and most readily noticed diagnostic sign is bronchial respiration with broncophony in consolidated lung.

JAMES LANGSTAFF, M.D.

Richmond Hill, Feb. 17th, 1880.

To the Editor of the CANADA LANCET.

SIR,—I desire to state in reply to the remarks in your journal for February, anent "another delicate operation," that I had not the slightest knowledge of the publication or *intended publica-*

tion of an account of the operation referred to till I read it in print.

If necessary to vindicate myself, I am prepared to prove that I neither wrote, dictated, nor even remotely suggested it. I attributed its authorship at the time to the editor who has studied medicine, but did not ascertain who the writer was till after reading your criticism. The use of the expressions quoted can be satisfactorily explained, but I should have thought "bungling" and absurdities were sufficiently evident throughout the article, as given in full to convince any one, that a novice, and not a "member of our own craft" was its author. I can quite understand and approve of your desire to maintain a due regard for the code of medical ethics, but the imputation of unprofessional conduct was in this instance hasty and undeserved.

Yours truly,

JOHN A. LANGRILL.

Jarvis, February 16th, 1880.

[We have great pleasure in publishing Dr. Langrill's letter which fully exonerates him from all complicity in the matter referred to. We have but one object in view, in thus holding up to professional censure all cases of presumed violation of the code of ethics, and that is the general good of the profession at large. It may occasionally happen, as is apparent in this instance and much to be regretted, that the innocent suffers with the guilty.]—ED. LANCET.

Selected Articles.

LISTER'S STATISTICS.

Prof. Lister, has often been challenged to produce his statistics, and his opponents have been generally thought to consider his failure to do so as an evidence of a disinclination to let them bear the light. At last, however, we have them:—

"The great Royal Infirmary of Edinburgh, while it is the metropolitan hospital for Scotland for surgical disease, is not a hospital to which very many injuries come, and the great majority of injuries are treated as out-patients, and hence I have only seventy-two cases of injuries to speak of in those five years and three-quarters. Nevertheless, they were somewhat severe injuries; thirty-three compound fractures, seven wounded joints, thirty-five other severe wounds. In seventy-two cases of injuries there were four deaths, which gives 5.7 per cent.; whereas the St. Bartholomew statistics are, 7.7 per cent.; and none of those seventy-two cases

of injuries died of blood poisoning. Then we come to operations. All the operations that I had that have been recorded in the case-book are 845; of these thirty-seven died, or 4.4 per cent. Now Mr. Savory includes in his operations only the major operations. It is a very vague matter what we are to call the major operations and what are minor operations. I thought it would be better, therefore, to put down all my cases of operations, without excluding, as Mr. Savory has done, any group for any reason whatsoever. But, going over the operations as Mr. Cheyne has done, there were 120 that can be fairly called minor operations. A great number of minor operations have been treated as out-patients. I may remark that with antiseptic management, you are justified in treating as out-patients a large number of cases which, without antiseptic treatment, I consider you would be bound to take into a hospital. Now, subtracting these 120 minor operations, I have 725 major operations; of 120 minor operations, not one died. I, therefore, by subtracting the minor operations, increase my death-rate. There were thirty-seven deaths in the 725 major operations, and these give 5.1 per cent. The St. Bartholomew's statistics give 5.2 per cent., somewhat greater, not very much greater, I confess. I cannot help remarking how easy it would have been for me to manipulate the statistics a little, to make the thing look much better for myself. For example I have had several operations, which I have included among the major operations, which have been very minor. There were three cases of spina bifida treated antiseptically. The operation consisted of introducing with a needle two or three, as the case might be, horse-hairs; and one case of hydrocephalus was treated in the same manner; most minor operations, certainly; but each one of these was followed by death. And, considering the consequences, and the greatness of the interests involved, it was only right to regard these as major operations; and every case in which I have had a death I have included in my major operations. If I had chosen to say those were minor operations although they were fatal, the result would have looked different; and I could have reduced very much the percentage. But I prefer to do as I have done; and my mortality is 5.1 per cent. of major operations, against 5.8 on the St. Bartholomew statistics. Now, as to the deaths, we come to the great question of blood-poisoning. I had six deaths from blood-poisoning in my 725 operations, or 4.82 per cent. The St. Bartholomew's per centage was 1.44 per cent. of blood poisoning. The cases of blood poisoning were two of pyæmia in those five years and three-quarters, two of septicæmia, and two of erysipelas. The cases of blood-poisoning require to be weighed. There is a very weighty statement attributed to Morgagni to the effect—"*Pende non numerandæ observationes.*" That is to say, as we may render

it,—“Cases should be pondered, not numbered;” and if we are to derive any benefit from these statistics at all, we must look into the details of them. Out of the various operations I have performed, some were, from the condition of the cases, capable of being performed antiseptically; in others this was, from the condition of the cases, impossible; as in cases where sinuses had existed in the vicinity of the joints which were excised, the removal of the tongue and so forth, where we operate in situations where septic materials must of necessity be present. Now if I divide my operations into two groups—antiseptic and septic—I find that my antiseptic operations were 553; and of these 553, only two died, and those of blood-poisoning. And then, when we look into these, we find there was one case where the mamma had been removed, and the whole axilla had been cleared out to the collar-bone. I knew that the spray was altogether away from the wound, when the tube was removed from the axilla. The other was a case of erysipelas; the only death from erysipelas in antiseptic cases during what I cannot help regarding as an epidemic of erysipelas during that year, or one from erysipelas. Of the septic cases, though they were much fewer, 292 operations, we have four deaths from blood-poisoning; that is to say, the deaths were eight times as numerous in proportion. That seems to be very instructive. Then, if I divide the time into two periods—before the meeting of the Association in 1875 and the time after—I find, as might be expected, that matters had improved since that period; 1871 was the date of introduction of the spray, and at first we were working comparatively under difficulties. But since 1875, the antiseptic treatment has been carried out more perfectly; and accordingly I find that, whereas between 1871 and 1875 the per centage of deaths was 4.7, from 1875 to 1877 it was 3.8; that is to say, out of two hundred and ninety-five operations, I had only eleven deaths. Then, if I look at the question of blood-poisoning in the last two years, I find that out of those 295 operations, to which must be added a certain number of accidental wounds, I had only one death from blood-poisoning; and that one case from blood-poisoning was a case of pyæmia, where I performed a plastic operation to make a new nose. I endeavored to turn one side of the ascending process of the maxillary bone to make a support for the flap, and I split the bone; and I was conscious at the time I had made a mistake. That was a case in which antiseptic treatment was impossible, in consequence of connection with the nasal cavity. The patient died; and, although I carefully searched and dissected the bone and the veins in the vicinity, there was no pus in the cancelli of the bone or in the vein leading from it; nevertheless, there were abscesses both of the lungs and liver. That is the only case of blood-poisoning in two years, with 295 operations.

Then let us take amputations; that is to say, major amputations. During the period referred to—five years and three-quarters—I had eighty major amputations. Of these I had nine deaths, 11.25 per cent. That, compared with what Mr. Erichsen says in his book on *Hospitalism*, where he says we must expect from thirty-five to fifty per cent. of mortality, may seem very good. I should not be satisfied with nine deaths out of eighty patients, without something more to explain them; but if we look more into details, I had, first of all, three amputations of the hip-joint. One was a primary amputation. I did the operation practically without any hope of saving him; but I have seen a patient come round after being perfectly pulseless, and I thought it my duty to try it. Of the other two amputation cases, one was an enormous fibroma. The operation was one of extreme difficulty, and the patient sank as the immediate result of the operation. Such a case as that has no bearing whatever on the question at issue. The third case was one upon which I operated for myeloid disease of the thigh bone. The bone looked sound when I divided it at the time; but afterwards, on making a careful section and microscopic examination, there appeared to be disease, and I amputated the next day, at the hip-joint. The patient died in twenty-four hours. Now, with respect to the question of preventable mortality after operations, you may eliminate these hip-joint amputations. I have had four primary amputations of the shoulder-joint. One of these died. The case was one of railway injury. The bones were shattered, and he was in a state of collapse when he was admitted, and never rallied; and that comes in very much the same category. The question was whether I was prudent in amputating at all. Then I had one death after amputation of the shoulder from disease. It was a case of malignant tumor of the arm. The amputation was doing perfectly well; but, after some days the patient died of hæmorrhage from a tumor of the femur, of the existence of which I was not aware, and that had nothing whatever to do with the amputation of the shoulder-joint. Some vessel gave way in the thigh, and the patient died of internal hæmorrhage; and these cases to which I have referred should be eliminated from my list with reference to the question of hospital mortality. Then we come to the two others. I had twenty-five amputations of the thigh for disease. Of these, one died; but the patient died of diphtheria nine months after the operation, when the cicatrix was almost complete. I had eighteen amputations of the ankle, of which one died. This one was a boy, who, three months after the operation, when the wound was almost absolutely healed, died of cerebral hæmorrhage. This, therefore, was also a case of recovery; and, therefore I submit that, when we look into these cases of amputation, no patient died from a preventable disease. Every patient recovered who had a chance of recovery.

Then, if you take another class—cases of ununited fracture; we used to operate on some of these cases in the upper limb, but in the lower limb the risk of pyæmia was considered to be too great. In the five and three-quarter years to which I have referred, I have operated eight times in ununited fracture of the thigh, nine times in the leg, four times in the humerus, and five times in the forearm, giving twenty-six cases, and in every one of these the patient is alive and well; not one died. Then I would allude for one moment to that piece of statistics to which Mr. Bryant so disparagingly referred, which has been published by my friend Mr. Cheyne. I will not dwell on the cases of injury, because confessedly such cases are uncertain; but I do say, when you have a series of twenty cases where healthy joints have been opened and kept open without a single failure as regards the septic element, it is a fact of great importance. Here I come to another order of statistics, where as far as I am able to judge, we have evidence of a new principle coming into play. I may be wrong, but it seems to me that if you were to open a healthy joint, and to keep the wound open, and to put a drainage tube into it, take it out every day, wash it, and put it in again, if you did not use antiseptic means of some sort or other, you would have more or less of inflammatory disturbance, and it would be impossible to have a condition of things which we look upon as normal, absolutely no tenderness, no redness, and no increase of temperature. I say, as far as I am able to judge, this is a kind of fact of a new order, which shows that we have a new principle at work. It has therefore seemed to me more important to publish cases of this kind, even though they be only individual cases which have been somewhat hardly reflected upon. When a new principle is propounded, I cannot regard these statistics of individual cases as unimportant. I say, if a case show new pathological facts, one individual such case is worth as much as a million. I have published numerous cases, for instance, to show that a great abscess connected with disease of the vertebræ may be opened by free incisions, a drainage-tube introduced, and strict antiseptic treatment used; and then from that hour I never had another drop of pus. I say that fact is as beautiful in pathology as it is useful in practice. I have shown, over and over again, that you may have exposed in an open wound a blood-clot, and that this blood clot, no matter how large, may remain not only free from putrefaction, but may remain indefinitely without suppuration, so that when you, in the course of time, peel away its upper surface, you find a scar without a single drop of pus having been formed. That, I say, is a fact new in the history of surgery, and indicating that we have a new principle.—*Brit. Med. Jour.*, Dec. 6, 1879.

BORACIC ACID IN SKIN DISEASES. — Neuman

prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may be also dusted over a part in powder. The ointment is of the strength of 10 parts in 50; the solution, of 10-20 parts in 300.—*Der Practische Arzt.*

APHASIA AND RIGHT-SIDED HEMIPLEGIA DILATATION OF THE STOMACH

CLINIC BY PROF. J. M. DA COSTA, M.D., PHILADELPHIA.

You remember, no doubt, this case of aphasia with right-sided hemiplegia, which I lectured upon at a former clinic. You will call to mind that there was some rigidity of the affected muscles, and very marked loss of the power of speech—so marked, indeed, that the man's whole vocabulary was reduced to two words, "yes" and "no." I diagnosed the aphasia to be due to a lesion in Broca's centre of speech consequent upon the formation there of a small clot, which condition had, I believed, been followed by subsequent softening. When I began to treat the case I aimed partly at a restoration of the power of speech and partly at an improvement of the nutrition of the patient's brain. The second indication was fulfilled by the use of phosphorus and cod-liver oil, and by the occasional administration of iron—remedies calculated to regenerate and nourish the nerve tissues and brain substance. To this we added plenty of good nourishing food.

Under this regimen the patient gained flesh and color, and his right-sided hemiplegia largely disappeared, nothing remaining except a slight feebleness of grasp in the right hand. As proving that a brain lesion existed, the patient had convulsions two or three times while in the ward. These convulsions were preceded by vertigo, and accompanied by flushing of the face and other signs of marked cerebral congestion.

I am afraid that the brain lesion itself will never entirely yield to treatment, but you may be interested in another point. Has the patient's power of speech returned? What success have we had following our efforts in that direction? With this purpose in view we began to train the patient to talk as one could teach a child. We did so at the expense of a great deal of time and trouble. We made him repeat words after us until some of these words remained in his memory, and then we were delighted to find that some words began to come back to him which we had not previously suggested to him.

You will ask me, no doubt, whether I believe this improvement to be due solely to the nervine, we employed, or whether it was largely owing to the plan of treatment we pursued at the same times

and which consisted in applying electricity to the tongue in hope of stimulating the centre of speech. I will say that I believe the electricity has been of great assistance to us. But you shall note his improvement for yourselves. We will put him through all the motions. You see that he can walk, move his hands and legs in every direction—in fact, he seems in most instances to anticipate my wishes. He can put his tongue far out, and, when questioned by the resident physician, can, as you hear, tell us all about his business, and who he worked for and where he drove his milk wagon before the attack. This is certainly a most gratifying success. If we can persuade him to stay with us a little longer I think he will be fully able, when he does go out of the wards, to conduct his former business fairly well, provided he keeps out of all excitement and flurry.

THE TREATMENT OF DILATED STOMACH.

You will recollect this case as one in which we washed out the man's stomach regularly as a systematic part of the treatment. You remember his symptoms—flatulence, coated tongue, a bitter taste in his mouth, persistent vomit, with *sarcinæ* in the vomited matters. What will, I think, interest you most is the results of our treatment. They have been extremely favorable. We experienced a great deal of difficulty in persuading the man to let us wash out his stomach at first, but now he has become so convinced of the good it does him that when, yesterday, I gave orders to discontinue that item of the treatment as no longer necessary, he was very much inclined to grumble.

What has been the result? (1.) The vomiting has been entirely stopped. (2.) He can digest a moderate meal without much inconvenience. His tongue is much cleaner, and corresponds with the improved gastric tone. When I come to examine his stomach by percussion, I find that it is less distended. It is still large, indeed, but not nearly so much distended as when he first came under my observation. Nor is he nearly so much troubled with flatulence as he used to be.

At first we washed out his stomach every second day, and then twice a week. At first we used the siphon arrangement, but as morsels of food plugged up the tube upon several occasions, we changed to the stomach pump tube with piston and syringe. Simple lukewarm water was used in the washing out of the stomach at first, but afterwards we rendered the water slightly alkaline by the addition of a small amount of bicarbonate of sodium.

As the vomiting began to stop, the *sarcinæ* to be found in it became much fewer in number. This decrease was partly due to the washing and partly the result of the remedies employed to counteract the fermentation. These remedies were at first gr. j of carbolic acid thrice daily in water, and later ʒ i of sulphurous acid largely diluted, thrice daily.

What changes shall we make in the treatment now that the man is so much better? I have stopped the washing out of the stomach and ordered him placed upon strychnia; he takes gr. x of the tincture of *nuxvomica* twice daily. For the present I think it better to keep up the small dose of sulphurous acid after meals. He may enjoy a more varied diet henceforth.

BELLADONNA IN OBSTINATE CONSTIPATION.

Case I. In a case of typhoid fever recently in the wards, constipation became so obstinate at the end of the disease that I found it necessary to do something for it. It did not seem proper to resort to cathartics with the possibility of Peyer's patches being still unhealed. So I was forced to look elsewhere, and hit upon the following expedient. Every night before the patient went to bed he took a tablespoonful of sweet oil, and thrice daily after meals he was given gr. j of the fluid extract of belladonna in ʒ i of the compound tincture of cinchona (Huxham's). The effects of this treatment were admirable. In a day or two he had a normal passage every morning. Then, in order to see if this might not be due solely to the sweet oil, I left orders that the oil should be omitted for several nights, but the bowels were still regular. There was no question but that it was largely the belladonna.

Case II. *Æt.* 50. Dyspeptic, with obstinate constipation. Bowels only moved after taking cathartics. Came to the hospital to get relief. As a rule, he told us, he was in the habit of going four or five days without a movement, when they were only at last opened by the use of some very active cathartic. This had been the case for three months.

When he came into the wards, after giving him iron for a few days and an occasional cathartic, I stopped this routine and bent all my energies towards overcoming the constipation. With this end in view I began (1) with a well regulated diet—this had no visible effect. I then employed a remedy which I had often found to be useful, i. e., I had the faradic current applied, with one pole over the upper and one over the lower part of the patient's abdomen; then, (2), with one pole to the spine and the other to the lower part of the abdomen, then (3), with one pole to the spine or loins and the other to the rectum, but there was no improvement noted. Then I bethought myself of the sweet oil and belladonna, so the patient was given ʒ ss of sweet oil at night and gr. j of the fluid extract of belladonna in ʒ i of the compound tincture of cinchona thrice daily after meals. Again I had the happiest results follow. The man began at once to have a proper movement every morning, the dyspeptic symptoms disappeared, the tongue grew clean.

I think you will do well to remember this treatment in cases of constipation. To what is the effi-

cacy of the treatment due, you will enquire? Chiefly, I think, to the belladonna. Trousseau long ago taught that as a stimulant of peristaltic action belladonna was invaluable. Its effects are due to the contracting power which it has over the muscular fibres of the bowels. I do not say that this treatment will invariably succeed, but in most cases it has worked like a charm in my hands.

I always combine the belladonna with some bitter, such as the compound tincture of cardamon, or of gentian, or of cinchona, as here.

The treatment by sweet oil at bed time is useful as an adjunct. The oil promotes mechanically the discharge of fecal matters.

There is no reason why we should not keep up this treatment for some days yet, at any rate.

Joined with this use of sweet oil and belladonna the diet should be regulated by the use of such laxatives as fresh or canned vegetables, cracked wheat, fruit, etc.

CASE OF SUPRAPUBIC LITHOTOMY.

The following case, under the care of Mr. Swain, of Devonport, is reported in the *London Lancet* of January 10th, 1880:

Eliza G—, aged ten, was admitted into the Royal Albert Hospital, on July 21st, 1879. Her symptoms were first noticed fifteen months ago, when her mother discovered that she had incontinence of urine. It was found that she was in the habit of passing a hair pin into the vagina, probably on account of pain and irritation; and on one occasion she told her mother that a hair-pin had slipped up out of reach, but as one was afterwards found in the chamber vessel, it was supposed that no pin remained in the bladder or vagina. She had considerable pain, and four months later a swelling appeared a little above and to the left of the pubes. She now came under the care of Mr. Hutchison of Camborne, who detected a stone in the bladder, and an attempt was made to crush the stone, but without avail. About eight months ago, the swelling broke and discharged, and the pain diminished greatly after this; but a sinus was left through which urine and calculous matter occasionally passed. The incontinence of urine has continued throughout.

On admission, she presented the appearance of a full-grown and well-nourished girl. She looked healthy in the face, complained of but slight pain, and said she felt very well; temperature normal; tongue clean, but a little flabby; pulse soft and weak; bowels acted regularly; urine escaped continually and involuntarily. On examining the abdomen, there were, above and a little to the left side of the pubes, two sinuses admitting a

probe some distance inwards and downwards towards the bladder, but not leading to anything definitely. The sinuses discharged slightly, but no urine seemed to come from them. On examining the bladder with a sound, and on passing the finger into the vagina, a calculus was felt in the bladder, apparently of large size.

On July 24th, under chloroform, the urethra was first dilated with the blades of a pair of urethral forceps, and with the finger. A large lithotrite was then placed on the stone, and an attempt made to crush it, but the screw failed to act, owing to the blades being too far apart, on account of the size of the stone. The lithotrite was withdrawn, and on further examination with the finger in the bladder, the points of a hair-pin were felt penetrating the coats of the bladder on the left side. It was decided to open the bladder above the pubes. An incision, about two and a half inches long, was made in the median line from the pubes upwards, and the parts dissected through till the bladder was reached, all bleeding vessels being secured on the way. The bladder was then fixed with a hook and opened, a pair of forceps introduced and the stone caught. The main part was withdrawn with the hair-pin running through it; a large portion of the stone at one end crumbled down, and the fragments were removed with a scoop. The wound in the bladder was now closed with four or five interrupted catgut sutures, sutures were then passed through the entire thickness of the muscles and integuments, as in the operation for ovariectomy, and a drainage tube inserted. The operation was done under the carbolic spray, and the wound dressed antiseptically. The patient was quite recovered on the 20th of August.

DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

Dr. Murrell, Lecturer on Practical Physiology at Westminster Hospital, gives the following in the *London Practitioner* anent the use of Dover's powder in the night-sweating of phthisis.

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat centres, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says: "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and

was so profuse that it saturated the bed clothes, and, to a considerable extent, the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861, M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed that it prevented this symptom, but it also diminished diarrhœa, allayed cough, and predisposed to sleep. It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamps' recommendation, says that he has found Dover's powder "materially to check the night-sweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital of St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others, both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all

it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps, a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough medicines, and so on. The Dover's powder acted equally well whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough, and insured a good night's rest.

The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which relief was most prompt:

R. W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work. There had been no hæmoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dulness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight, indeed, and upon the sixth there was none at all. The pills were then discontinued, and, with the exception of one night, there was no sweating for four

weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills. The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer. Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check.

PUERPERAL MALARIAL FEVER.

Dr. Fordyce Barker read a paper before the Co. New York Med. Society, Jan. 26, '80 on the above subject, of which the following extract appears in the *Medical Record*. Although the title of the paper has not yet been added to the nomenclature of diseases in medical literature, it is so descriptive of the etiology, pathology, and clinical phenomena of a class of affections which of late years had been so frequently met with in puerperal women in this city and its vicinity, that he had employed it. The author of the paper then presented the character of the disease, its pathology, its differential diagnosis, and its treatment. By the kindness of medical gentlemen who had furnished him with complete notes of cases which he had seen with them in consultation, and from those in his own private practice, he had the records of seventeen cases, and of these he gave a summary of the aggregate results and the conclusion to which he had arrived.

Puerperal malarial fever might make its invasion at any period following parturition, until the physiological changes which constitute puerperal convalescence were completed. The earliest development occurred in less than twenty-four hours after entirely normal parturition. The history of a case which occurred in the practice of Dr. Howard Pinkey was then given. The latest period of invasion was in one of his own patients, who had a normal labor in every respect, and her convalescence was so complete that he had begun to make weekly visits only. The details of the case were reported. The most prominent *symptoms* were chills, sometimes very slight, a temperature higher by one or two degrees, frequently, than was found in the beginning of any other puerperal disease, rapid pulse, greater prostration than was usual with other diseases during this period. After such an explosion, there was a remarkable remission on the following day, but the alarming symptoms returned after one, two or three days, yet usually less severe, only typical cases, presented such a succession of phenomena. Dr. Barker was disposed to believe that in the majority of cases the patient, three or four days after the explosion, finds herself suffering a general sense of malaise, more or less of pain in the back, head, and

bones, thirst, loss of appetite, insomnia; and when the disease was developed the chills were less severe, the pulse less rapid, the temperature not so high, and the remissions less marked; and he was also of the opinion that in such cases the disease was more persistent and responded less readily to treatment. In puerperal malarial fever a fall of temperature three or four degrees was always attended with a corresponding decline of other symptoms, which is not the fact in septicæmia, and the latter is rarely accompanied with pain in the head, back and limbs. He thought that a competent and intelligent observer would not be likely to mistake the affection, when developed six or eight days after confinement, for pyæmia, even though it was developed late during the puerperal period. Puerperal fever usually appeared between the first and third day after delivery, and very rarely after the fifth day, while the chills were not recurrent, nor were there marked remissions of the symptoms. Malarial fever may be developed during the progress of any of the local phlegmasia, or may be complicated by them. In five cases, secondary hemorrhage occurred after the twelfth day, apparently as the result of the malarial fever. One of these has already been reported by Dr. H. T. Hanks. In one case, three days after the hemorrhage, purpura was developed, and there was some oozing of blood from the nasal and buccal mucous membranes. In four of the cases seen in consultation the chief reason why he was called was that the patient was supposed to have puerperal mania. The details of a case seen in consultation with Dr. Baker, of Jamaica, L. I., were then given. But one of the seventeen cases had terminated fatally, and that was in the practice of Dr. W. Hall. The patient died on the forty-seventh day after confinement. The history of the case was given. The author of the paper did not dwell upon the treatment, for the reason that the treatment of malarial fever is so well settled, and every physician of intelligence and sound practical sense appreciates the necessity for and the kind of auxiliary measures which the symptoms peculiar to each case may require. He has found Warburg's tincture much more effective and speedy in producing the results desired than the largest doses of quinia. His method was to give it in half-ounce doses every four hours until the fever had entirely abated, and then continuing it in gradually diminishing doses until convalescence is perfectly established. On the least threatening of a recurrence a full dose should at once be administered. The tolerance of quinia in these cases is very remarkable. One patient received 80 grains hypodermically within twenty four hours, and yet no symptom of cinchonism was produced. When given by the mouth it is usually combined with bromide of potassium, to prevent or modify the cinchonism. . . .

Dr. W. T. Lusk remarked that he had not had any personal experience in cases corresponding to the severer form of malarial manifestation in puerperal women, described by Dr. Barker; yet ever since Dr. Barnes read his paper before the American Gynaecological Society, drawing attention to the fact that women living in a malarious region were subject to severe attacks of malarial fever immediately after confinement, his attention had been turned in that direction, and he had watched such cases with a great deal of interest. Within the last three months he had had three cases of the milder manifestations of malarial poisoning after confinement; chill, high fever, profuse perspiration, and all yielded readily to quinine. He regretted that post-mortem data had not been obtained regarding the severer forms. He thought that in some of the cases described by Dr. Barker septic symptoms were superadded, and aided in making them exceptionally severe. In the Maternity Hospital, when the report was made by the House Staff that some of the women had severe chills and high fever, followed by profuse perspiration, and that yielded readily to quinine, he always knew it was only the forerunner of something more serious, and therefore a warning. If the women were not removed, peritonitis and cellulitis began to appear in other cases; and if still the warning was not heeded, there came an outbreak of puerperal fever. He could not but think that, at the bottom of the severe cases at least, there was some other poison than malaria, differing only in intensity, perhaps in the manner in which it enters the system, rather than in the quality and character of the poison itself, and capable of producing puerperal fever. He thought we should be on the alert in making a distinction between this form of poison and that which produces true malarial puerperal fever.

Dr. Barker suggested that it was not convenient to obtain post-mortem data unless patients die. Only one of the seventeen cases he had seen had terminated fatally, and in that one the question of septicæmia was thoroughly discussed by Dr. Hall, Dr. Thomas, Dr. Metcalf, and himself, and all were unanimous that there was not the slightest ground for suspecting septicæmia.

Dr. Hall thought the question of septicæmia was very pertinent, the object being to draw a nice distinction between it and puerperal malarial fever. With reference to his case, the prime object in calling the consultation was to see if he had not overlooked some complication, and all were of the opinion, as he had been, that it was one of malarial origin. The case had a distinct malarial history. The injections were all vaginal.

Dr. Jones remarked that in one of his cases there was no tenderness of the abdomen upon pressure, the patient ate ordinary food with a good relish, the secretion of milk was not entirely suppressed; but when the soft catheter was introduced

into the uterine cavity, it gave exit by the injection to some badly-smelling discharge not previously noticed, and the cleansing of the uterine cavity was followed by a fall of temperature.

Dr. A. A. Smith mentioned that in several of Dr. Barker's cases there was history of malarial disease before confinement. He also stated that it was Dr. Barker's habit to put his patients upon the use of quinine immediately after confinement, and continue it for ten days, beginning early in January and continuing until the middle of June, but not at other times in the year, unless there was some special indication for its use.

THE PRESENT AND PERMANENT TREATMENT OF DISEASE.

The following interesting article by Dr. J. M. Fothergill, appeared in the *London Practitioner*.—When the general practitioner is called in to see a new patient, he finds it expedient to provide immediate relief; if possible. If the case were one of his patients with whom he has become fairly well known, and whose confidence he has previously gained, his practice would perhaps be somewhat different; and would be directed to the permanent interests of the patient, rather than the immediate present. Say he is called in to see a case of early phthisis where the cough is troublesome, causing the patient much discomfort; and yet the cough is fruitless as to any removing of the exciting cause of the cough, viz., the new products in the lung. The first impulse is probably to give some preparation of morphia or opium—say paregoric with some spirits of chloroform; given to make it more agreeable, in mint water. Probably most of us would regard this as the most appropriate thing to be done; and our proceedings would in all likelihood be followed by the relief of the patient's sufferings, the gratitude of the friends, and an increment of reputation to the practitioner for his skill and capacity. Yet it may be questioned whether this treatment may not be directly injurious to the patient's true interests; especially if continued. As to the expediency of it at the time, probably no two opinions exist. But the danger lies in the very fact that immediate relief is so afforded; and that the patient in consequence has a decided liking for the medicine, and is indisposed to give it up for something else, the good effects of which are not so quickly manifest. The practitioner is conscious that while the opium allays the cough, it also exercises its effects upon the stomach; by blunting the terminal ends of the gastric nerves, the sensation of appetite is lessened, and the inclination to take food diminished. It also influences the nerve-ganglia along the intestinal canal, and in doing so checks the peristaltic movements; and thus locks up the bowels. It thus strikes directly at one of the most important mat-

ters in pulmonary phthisis, namely, the keeping up the nutrition. Further, opium excites the action of the sudoriferous glands, and so adds to the exhausting night sweats which the patient probably has. Profuse sweating is justly dreaded in phthisis; whatever else it may, or may not do, it certainly drains away the salts of the body, whose loss is injurious. Those who have watched carefully the progress of phthisis must be painfully aware of the exhaustion which profuse night sweats occasion; and of the return of appetite which usually results almost immediately from their arrest. So long as they continue it is of little avail to give meat juice, milk, preparations of phosphorus, or other salts; for as fast as they are furnished to the system, they drain out in the pernicious night sweats. Now, if these effects of opium upon parts which we do not wish to influence, and which are directly injurious, are not got rid of, the line of treatment to be adopted on first seeing a phthisical patient may, and probably will, do as much harm as good; possibly more harm ultimately. If, as has been recently suggested, the effects of opium upon the sudoriferous glands be antagonized by the co-administration of belladonna; and its action on the intestinal canal, met by giving it in a laxative vehicle as a little compound colocynth pill, then its good effects are largely secured, while its evil consequences are eliminated; and the minimum of evil and the maximum of good are attained.

The same holds good in bronchitis where there is much cough, due to the irritability of the dry, swollen bronchial mucous membrane in the first stage of bronchitis. Here, again, the general practitioner is tempted to give paregoric, or its equivalent in some form, and immediately relief is given to the troublesome cough. But the treatment is neither rational nor is it successful; it is not the following out of the natural processes, but the traversing of them.

The stage of vascular turgescence precedes and is followed by that of free secretion; and the longer the first stage is kept up, the longer the case goes on without recovery. The opium checks secretion, and thus retards the oncome of the second stage; while it relieves the cough. A dose of opium at bed-time, with a few grains of James' powder, so as to procure free perspiration, is admissible enough and often attains the desired end of lowering the vascular tension and thus procuring a condition favorable to free secretion. But this desirable end is not always attained, and if opium be given in the day medicine, success is somewhat problematical. The day medicine should contain ipecacuanha with iodide of potassium, and the patient encouraged to inhale steam; and then the first stage will usually be effectually abbreviated. This treatment, however, is much more troublesome, and not nearly so striking in its immediate effects, as the plan of prescribing opiates. Where the irritative

cough is very troublesome, some bromide of potassium will probably be found useful in allaying the reflex action cough; while it is largely free from the drawbacks which attach to the exhibition of opium or morphia. There is, too, a difference between the necessity for hypnotics at night in order to procure some of "Nature's sweet restorer, sleep," and their employment as sedatives during the day; as day cough, though annoying, is not so exhaustive as night cough. In hospital practice, night opiates are necessitated still further in order that the owner of the cough may not disturb the other inmates of the ward.

In the same way must neuralgia be regarded. When it is severe the patient is anxious for immediate relief; and the practitioner probably gives a dose of morphia hypodermically, and almost instantaneous relief is so afforded. Or, perhaps, puts on a blister in facial neuralgia, and dusts the raw surface with morphia; or prescribes a liniment of aconite and belladonna and gives an opiate; or, if a very advanced practitioner, a dose of croton chloral, or of gelseminum, and the patient is speedily more comfortable. There is not so much objection to such immediate treatment if the practitioner only recognize the casual relations of neuralgia: and bear in mind Romberg's famous dictum about neuralgia: "Pain is the prayer of a nerve for healthy blood," that is, blood healthy in quantity as well as in quality. But if the first treatment is successful in affording relief it is very apt to be continued; and so the patients' real condition is that of growing worse instead of better. It may be essential to the acquisition of the patient's confidence to provide immediate relief; but having so acquired it, the practitioner should proceed to the measures which are required in the patients' real interest, viz., the removal of all drains upon the system, the curtailment of effort, and the exhibition of tonics and hæmatics. The two commonest forms of neuralgia in women, viz., intercostal and facial, are both usually accompanied by leucorrhœa with menorrhagia, or the act of suckling; and it is only by attention to these drains, that such neuralgia can be affectively treated. Strychnia, quinine, phosphorus, arsenic, and chalybeates may afford relief of a more or less permanent character: but the removal of the drain, or the improvement of the digestive organs, if the anæmia be due to digestive assimilation, is as essential to cure, as is their specific remedy in the neuralgia due to malaria, to syphilis, to gout or to lead poisoning.

Then, again, take the hypodermic injection treatment for sciatica. I have only tried it once. It gave immediate relief; but in the long end that was the most unsatisfactory case of sciatica I ever treated; and this was due to the treatment, I felt sure

Then, again, let us review the associations of dyspepsia. In the first place it is much more com-

mon in women than in men, and this fact at once supplies material for reflection. True primary dyspepsia, with a foul or raw tongue, is not more frequent in women than in men; and is in each sex equally amenable to its appropriate treatment. With the foul tongue a laxative pill at night and an effervescent saline aperient in the morning, with a mixture of nitro-hydrochloric acid and strychnia three times a day, is usually sufficient for the relief of the patient. When the tongue is bare and denuded of epithelium then alkalies with bismuth are indicated. In each case careful attention to the dietary is essential. But where the dyspepsia is found with a clean tongue, as it very commonly is in women, then this treatment, though it may give relief in many cases, is futile to cure. Here the dyspepsia, often accompanied by nausea and less frequently by actual vomiting, is reflex and set up by some far-away irritation; mostly pelvic, and very often uterine, but more commonly ovarian. Local treatment, with the exhibition of sulphate of magnesia till the bowels are well open; and bromide of potassium to deaden the nerve tracts along which the irritating currents pass from the ovary to the stomach, will soon bring a malady, otherwise treated very intractable, under control; and permanent relief be afforded. Yet some bismuth and hydrocyanic acid with an alkali may be the readiest means of relieving the patient, and meet with the approval of her friends.

How often too is a state of biliousness or even lithiasis most quickly relieved by a dose of calomel, or a mercurial pill, followed by a black draught and a Seidlitz powder in the morning. The patient, satisfied with this method of obtaining relief, goes away and commits acts of error and indiscretion in diet; because relief can readily be obtained. Yet surely it will be admitted that it would be far better in the permanent interest of the patient to regulate the dietary; cutting down the albuminoids, substituting a dietary of fruit and farinaceous food for meat, too frequently stated to be the only food the patient can take. By such means the work of the liver would be greatly economized, not only as to the storing up of glycogen, but, what is more important, the work of the oxidation of albuminoids would be lessened; and so the attacks would not be induced, or to a very much less extent. An occasional mercurial, given, as the late Dr. Murchison advised, for the furtherance of the oxidising processes of the liver, at night, and a saline aperient in the day till the bowels are freely open, twice in the morning and once at bed-time, will, in a few weeks, bring many a long suffering, bilious being to a state of health; or a near approach thereto. This last line of treatment will do permanent good; the first encourages the patient along a road that must terminate sooner or later in organic changes in the liver or kidneys.

Again, let us look at the treatment of diarrhoea.

How commonly is an astringent mixture, containing an opiate, prescribed without reflection? Of course, in a great many cases, immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm. In those cases where there is an offending mass in the intestines setting up a secretion to sweep it away—but where the secretion is set up too low for its removal—there is a teasing diarrhoea, a persistent desire to go to stool, with small ineffective motions affording no relief. Here the ordinary diarrhoea mixture only does harm; and what effect it has is to arrest a spontaneous reflex act often of a beneficial character. The proper treatment is to administer a dose of castor oil, or, better still, a scruple of rhubarb in powder, by which secretion is set up above the offending mass, and it is swept away; after which the diarrhoea ceases. The secondary action of rhubarb in constipating the bowels, renders it the agent *par excellence* for the treatment of this form of diarrhoea. The astringent and opium treatment of diarrhoea is equally, or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of the diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persistent diarrhoea. The usual mixtures in great variety are prescribed without effect. At last the persisting tenesmus drives the patient to a rectal surgeon; who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhoea is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhoea, else the patient's condition would, indeed, be a serious one. The mass is removed, and then the diarrhoea spontaneously ceases.

Then, again, take the common resort to stimulants in fever. That they may be indicated at times of acute peril from collapse we may grant; they may enable the convalescing patient to eat more food; but given as they commonly enough are, during the fever, they are injurious. They make the patient feel a little better for the time by calling out a little of his reserve force; but what good, in the name of reason, does that do? It only dissipates, squanders in useless displays, what should be economized with the utmost diligence for the critical time when it is required; and when it is invaluable. If the reserves be called out and wasted early in a battle they are not there at the critical moment—and the battle is not won, but lost. So it is in fevers and some other acute diseases. Milk, and not alcohol or beef-tea, should be the food at these times. Who that has attended much midwifery among the more ignorant classes, will fail to

recognize the truth of what I am just about to say? A primipara is in labor, and all is well; but the advance is not rapid. Every time the doctor turns his back, he returns to find the patient with strong pains and bearing down energetically; yet the os is only the size of a half-crown piece. Some foolish but well meaning person has been giving that patient alcohol, and encouraging her to put forth useless efforts. Unless the medical man can stay by the case, and watch this meddling person like a cat watches a mouse, the case will have to be terminated by the forceps, because the woman is spent and her power of effort gone, wasted in useless bearing down. Of old, commonly enough, the patient got a pretty stiff opiate, which sent her to sleep for twenty-four hours, when the labor—for labor then it was and no mistake—recommenced. But that twenty-four hours of the head pressing upon the tissues, and especially the urethra, will cause the patient to run great risk of a vesico-vaginal fistula, or a slough in the posterior vaginal wall, with its disagreeable consequences. In midwifery and in acute diseases, the reserves should never be called out till the time for them comes; when they have been thrown away they are not forthcoming, and the result is disaster.

Then, again, it is not always well to hasten convalescence, especially when the kidneys are implicated. Their function must be remembered. I will give an illustrative case which occurred to me a dozen years ago; but its lesson is as fresh as it was a month after the disaster. A girl was doing well after acute nephritis, on milk and a restricted dietary; going on steadily, but slowly. The friends desired a consultation; thought something more might be done. Meat was added to the dietary, iron to the potash and buchu. We overran the powers of the kidneys; and the girl died of uræmia, in spite of everything that could be done.

But of all abnormal conditions when the immediate treatment of disease is to be utterly subordinated to the permanent interests of the patient, that of endocarditis stands out most prominently. Here there is acute inflammation of the endocardium which lights up a growth of connective tissue in the fibrous structures of the valves; most commonly the mitral and less frequently the aortic. It is not the acute inflammation here which causes any alarm, it is the growth of connective tissue which we dread. Such connective tissue has a natural tendency to contract after a time, and consequently the growth in the cardiac valves sooner or later mutilates and distorts these valve curtains until they either become insufficient to close the mitral ostium on the ventricular systole; or the free edges become fused together, and constitute an obstruction to the flow of the blood through the mitral orifice. It is obvious that the rational treatment of this condition is to limit, as far as possible, the growth of this connective tissue for once

developed it cannot be absorbed, though in certain works even of recent date, ioduretted frictions are recommended; and will eventually contract and cripple the valve curtains. How is this to be done, is the question. I have insisted in the recent edition of my work on *The Heart and its Diseases*, that the rational line of treatment is to be guided by what pathological observation teaches us as to the first stage; and the acknowledged principle of giving parts which are the seat of morbid changes, physiological rest. Consequently the patient should be kept quiet in bed; not only till all acute symptoms have passed away, but for some days longer.

It is impossible to give the mitral valve curtains complete rest; but comparative rest may be afforded to them. Every time the ventricle contracts the mitral valve curtains have to bear a strain equal to the distension of the elastic arterial system; the higher the blood pressure in the arteries, then, the greater the strain on the mitral valve curtains; the lower the blood pressure in the arteries, the less strain on the mitral valve. Consequently the patient should be kept perfectly quiet in bed; and have the blood pressure kept low by repeated doses of chloral hydrate, for some days after the evidence of acute endocarditis have passed away; so as to keep the inflamed valve curtains as quiet as possible, and to reduce the strain on them in each ventricular systole. By such means rest, that is, comparative rest, is furnished to the inflamed valves; and thus the growth of connective tissue is limited. The subsequent contraction is in proportion to the amount of growth; and the more the growth is limited, the less will be the ultimate mutilation. This is too clearly apparent for any cavil as to how it can be demonstrated in each case that the injury has been limited by such plan of treatment. It may not be possible to demonstrate in every case the good so achieved; but the adoption of this plan will be apparent enough in a series of cases. To limit the mischief at the outset is the essential treatment of acute valvulitis. If the growth of connective tissue can be limited, the distortion which results may be so small that the valves are still functionally competent to close the ostium on the ventricular systole. In such case the individual is little, if at all injured; and has got off practically unscathed. But how different is this plan to that advocated in text-books. Each plan of treatment, whether alkalies, blisters, or salicylates, it matters not, founds its claims to the confidence of the profession on the number of days which elapse before the patient is up and about. Yet to let the patient get up and walk about is to throw more stress on the mitral valve curtains. But the mischief does not stop at this point; it is further advised to give digitalis, whose action, it is now well known, raises the blood pressure in the arteries. By such a plan the pressure on the mitral valve curtains is increas-

ed, and the growth of connective tissue encouraged; and with that the prospect of further distortion of the valves. Surely this is plain and uncontroversial. By lowering the pressure on the valves for some days after all active symptoms have disappeared, until, indeed, such time as the active proliferation of connective tissues shall, in all probability have ceased, the primitive mischief is limited. The valve distortion which results has no tendency, unless it be in persons with very irritable tissues, to progress, but remains static; and if the injury is slight, muscular compensation is readily developed, and the patient's prospects of life are good. But if the valve mutilation be great, then the compensatory changes are imperfect, and the case goes downwards; without necessarily any advance being made in the valve lesion itself. Indeed it is in endocarditis of all diseases, that we can see clearly how at times the immediate treatment of a case may have to be subordinated to the permanent interests of the patient.

RENAL INADEQUACY.

Dr. Andrew Clark, at a meeting of the London Medical Society, *Lancet*, Nov. 29th, read a paper "On Renal Inadequacy." He began by remarking that he was often painfully struck by the great number of people suffering from ill health of which no sufficient explanation could be given. There was, he said, no doubt that the progress of knowledge was steadily lessening this ignorance, and explaining, by the discovery of dynamical or static conditions hitherto overlooked, cases supposed to have their origin in the distant ancestry of the patient, and believed to be practically inexplicable. Some of these cases, he believed, took their rise in a feeble and disorderly nervous system; some in a vicious digestion; some in an imperfectly acting skin; some in unsuitable conditions of life and work; some in abuse of tea, coffee, tobacco, alcohol and other narcotics, and some in the derangement of the chemical changes which accompany and determine assimilation and disassimilation. There remained, he thought, numbers sufficient to demand and reward inquiry. Many of these cases of ill-health found their explanation in deficient excretion. As examples of this, he mentioned cases of anæmia and chlorosis due to fæcal poisoning, and curable by purgatives. But a far larger number, he believed, were due to a deficient excretion of urinary solids. "By renal inadequacy I mean that state of kidney in which it is unable, without material diminution of quantity, to produce a urine containing the average amount of solids and of a specific gravity greater than 1014." The deficiency of solids chiefly affects the urea and uric acid. The urine was pale, almost invariably free from albumen, and deposited no casts.

He did not profess to determine what was the exact pathological state of the kidney; but he conjectured that it was one of slight withering and induration, just as sometimes the skin is found withered, hard and incapable of producing a true unctuous sweat. This renal inadequacy had, so far as he could see, no characteristic symptoms, and we found it out only by searching for a cause which should be found adequate to the explanation of the patient's trouble. The symptoms and signs most commonly associated with renal inadequacy were flatulent dyspepsia; palpitation, with a very feeble and interrupted capillary circulation; a dry, shiny, waxy skin; numbness, tingling, cramps and pains in the limbs, occasional flushes, worry of brain, and general nervousness; sometimes thickening of the terminal joints of the fingers, and sometimes, but rarely, evidences of gout. One knew in a given case that these symptoms were due to renal inadequacy, not merely because there was a grave deficiency in the excretion of urinary solids, but because whatever diminished that secretion, or whatever added to the amount of solids to be excreted, invariably within a short time aggravated the patient's sufferings. Three things were of great importance in these subjects. They are exceedingly vulnerable; they repair very slowly the damage done by accident or disease; they bear very badly the shock, however slight, of surgical operations—a fact mentioned by Sir James Paget (*Clin. Lectures*, p. 44). As to prognosis, this state seemed capable of indefinite prolongation without serious secondary injury to the organism. Under unfavorable circumstances and bad management death might occur from some local inflammation, from cerebral or other hemorrhage, or from the so-called pyæmic fever springing unexpectedly out of some, perhaps trifling, surgical operation. He then enumerated what he considered the special characters and appearances of patients who had been the subject of renal inadequacy for over four or five years: "They have at least a marked and striking physiognomy; they increase in flesh; they become puffy without being distinctly œdematous; the skin becomes drier, more shiny, and yellower; the features swollen almost to distention; the pupils are dilated; the lips and cheeks of a bluish red; the articulation deliberate and somewhat difficult, and the whole intellectual tone and manner subdued and slow." From one side the physiognomy was like that of pernicious anæmia, from another like that of Bright's disease, and yet it seemed distinct from both. As to treatment, much might be done by good management, by which he meant the adjusting of the quantity and quality of the food to the diminished excrementitious activity, the withholding of such agents as directly lessen the excretory power of the kidney, aiding the kidney in its work by making the supplementary excretory organs fulfill that part of the work

which the kidney was unable to do, and generally by placing the patient in those conditions which would give the organism the greatest power for resisting the inroads of disorder, and for making sufficient compensation when complete repair was unattainable. The tepid bath, followed by vigorous friction, the use of warm clothing, and the avoidance of passing exposure to cold and damp, with gentle exercise daily in the open air, were indicated. The diet should be light; stimulants should be avoided except to the extent of one glass of claret or other light wine, twice a day. The medicines he had found most useful were small doses of arsenic with reduced iron at meals, and an occasional mercurial alterative. If digestion was disturbed, he discontinued the iron and arsenic, giving the patient bitters with alkalies between meals, and a mercurial alterative every third night for two or three times. He concluded by narrating a case which he first saw some years ago. By a strict adherence to a limited dietary, and by the use of purgatives and diaphoretics, this patient improved so much as to consider himself quite well; whereas when he was taking food and wine every two hours, it seemed that the more he took the worse he became. A very remarkable fact about this case was that as his supplies of food and wine were reduced, the patient's urine steadily rose in density from 1003 up to a very fair standard; and in three weeks he left town, declaring himself quite well. When seen six months ago this patient seemed and declared himself to be quite well, his only complaint being that he could not relax his dietary without being ill. Dr. C. T. Williams said these cases were generally treated as dyspeptics. He asked whether weight was gained or lost under the restricted diet, whether there was corpuscular deficiency or excess to the blood, or any sign of anæmia. Dr. Gilbert Smith asked whether it was due to renal defect or blood change.

Did the kidneys refuse the blood, or did the blood refuse to go to the kidneys? Had these organs been examined after death? Dr. Roush said that there was no proof that the author's dictum was correct, and inclined to believe the ailment due to defective assimilation, and, therefore, lessened amount of salts in blood and urine, rather than to renal inadequacy. Dr. Dowse had seen several cases similar to those described by Dr. Clark, but had never examined the kidneys after death. He did not for a moment doubt the existence of such a condition as renal inadequacy. Dr. Symes Thompson agreed that the kidneys must be at fault in these cases. He had not known that a diminished diet could increase the specific gravity of urine. Dr. Ewart wished that he could detect the condition of renal inadequacy before the cases had gone so far as that only a rigid diet would keep them in health. Dr. Andrew Clark replied, urging

the facts that proved the existence of such a state as renal inadequacy; that retention of excreta leads to disease, and that in a case he had in the London Hospital nitrogenous diet increased the defective action of the kidneys. Some of the patients gained weight, others lost flesh on the strict *regime*. The blood did not appear abnormal. Apparently normal skin sometimes refused to perspire normally. Why should not a kidney which refused to act yet show no apparent change?

PLEURITIC EFFUSION TREATED WITH JABORANDI.—Joseph W. Hunt, M. D., in the November number of the *Dublin Journal of Medical Science*, gives the results of three cases of pleuritic effusion treated with jaborandi. Dr. Hunt remarks that the mode of action is obvious. The fluid contents of the blood-vessels being diminished by means of the excessive cutaneous secretion, a compensatory absorption of fluid takes place from the tissues and cavities of the body, and the blood-vessels thus absorb even more than they give out through the skin.

In the first case the patient came under treatment August 20, 1878, with his right pleura full of fluid, the heart being displaced outside the nipple-line and the liver depressed three inches. He was aspirated the same afternoon and the severe dyspnoea relieved, but below the angle of the scapula there remained dulness, and vocal fremitus was absent. Large doses of tincture of iron were given, and he was painted freely with iodine every other day. This treatment had no effect in causing absorption of the remaining fluid, and he was ordered a mixture containing iodide and acetate of potash and scoparium, which likewise failed to produce the desired result. Therefore on September 4th he was ordered jaborandi in doses increasing up to a drachm and a half of liquid extract every four hours. This caused considerable diaphoresis and a speedy absorption of the fluid, so that on September 13th the breath-sounds were louder, the dulness considerably diminishing, and vocal fremitus normal except over the very base. On September 28th he was discharged cured.

The second case was admitted to the hospital March 1, 1879. He had been complaining of pain in the side for eight weeks, and marked signs of an effusion in the left pleura were found. He was treated with a saline diaphoretic mixture up to the ninth day without improvement, at which time thirty ounces of fluid were drawn off by aspiration, and he was ordered a mixture containing digitalis, iodide of potash and scoparium. This treatment, continued to March 26th, still left absolute dulness below the tenth rib posteriorly, and vocal fremitus deficient below the middle of the scapula; so a drachm of jaborandi was ordered every three

hours, which by April 2nd had caused all the symptoms to disappear, except what a thickened pleura would account for.

The third case was admitted to the hospital February 27, 1879, with temperature 101°, pulse 80, respiration 23, with night-sweats, dulness on right side as high as the angle of the scapula, with absent vocal fremitus. On admission he was ordered jaborandi, in doses gradually increasing to one drachm every two hours before trying any other treatment. Improvement was rapid, and by March 14, vocal fremitus was present all over the back, and dulness began at the tenth rib.

All these patients bore the jaborandi well, one of them increasing in weight while he was sweating so profusely. With the exception of diaphoresis and salivation, there was no inconvenience attending the administration of the jaborandi. In none of the cases was there any beneficial result obtained till profuse diaphoresis was excited.—*American Practitioner*.

BROMINE VAPOR IN THE TREATMENT OF CROUP.

—Dr. Netolitzky has employed the treatment of croup recommended by Dr. Schutz three years ago, in nine cases with seven recoveries. He used the following formula: R. Bromi puri, Potass, bromidi, āā grs. vijs—xv; Aquæ $\frac{3}{4}$ v—vij. M. This solution was poured on a small sponge or on cotton, and the patient inhaled the vapor given off by it for five or ten minutes every half hour. The potash is added to retard the too rapid volatilization of the bromine, which necessitates also a frequent moistening of the sponge or cotton. When there was a tendency to renewal of the exudation, the inhalations were continued for a prolonged period, but weaker solutions were used. Ipecac. and other expectorants were given at the same time. One great advantage of these inhalations is the facility with which they can be administered, no special apparatus being required. They do not excite any affection of the respiratory organs, are not specially liable to excite cough, are easily borne, and can be employed at any age. Bromism was not produced in any of the cases. Dr. Netolitzky does not regard the bromine inhalations as a specific for croup, but the results obtained by himself and others have been so favorable, that he feels justified in recommending the method of treatment warmly to the profession.—*Allg. Med. Cent. Zeit.—Western Lancet*.

LEGAL POISONING.—We give the following from the *Medical Times and Gazette*: An American Lady, two years back, applied to a well-known West-end physician. She was supplied with two prescriptions; one for a pill containing one grain of opium, another for a mixture of chloral and bromide, ten and fifteen grains respectively. Neither of these doses could for a moment be called excessive, and

the mixture was only to be taken at bedtime. But what was the result? Once in possession of these documents, the unfortunate lady set herself to work to procure unlimited quantities of the two medicines by making use of the same prescriptions over and over again, first at one shop and then at another, often procuring double quantities. Death and an inquest followed. Once, apparently, procure a prescription for any noxious or poisonous drug, for whatever purpose, and ever after, this same drug is at the command of any one who may be able to lay hands upon the prescription! There are frequently ordered mixtures containing such substances as aconite, strychnine, prussic acid, or belladonna, to say nothing of opium, which once out of the physicians hands are at the will of the world. Nay, more, it is a well-known fact that if a prescription has done good to one, it may be circulated among the members of the family or kindly friends in the neighborhood. Surely under such circumstances it is grossly unfair to hold a physician answerable for what may happen. Were the property in the prescription vested in the physician, such things could not occur. Were medicines dispensed, as in olden days, by the practitioners themselves, that could not occur. The mischief arises solely from the hiatus which now exists between physicians and chemists, whose interests, taking this case for example, do not seem to be identical. The physician would prefer to give a fresh prescription and receive a fresh fee; the chemist undertakes to save the physician's guinea to the patient by constantly dispensing the same prescription; and if one will not do it another will.

TREATMENT OF HEPATIC CALCULI.—Dr. T. H. Buckler, *N. Y. Medical Journal*, in referring to Dr. T. G. Thomas's enumeration of the operation of cutting into the gall-bladder as one of the recent surgical triumphs, asserts that such a procedure is unwarrantable. Cholesteric gall-stones can always be dissolved away by large doses of chloroform, especially if combined with succinate of iron. The latter agent also may alone accomplish the desired solution and effect a cure. In Dr. Buckler's last three cases, treated successfully, he gave ten drops of chloroform every four hours, and a teaspoonful of Steward's hydrated succinate of the peroxide of iron half an hour after each meal. He has sometimes given a teaspoonful of chloroform every six hours, without causing any bad symptoms and with the result of a cure within a week. The succinate of iron contains, according to Dr. Buckler, more nascent appropriable oxygen than any other known therapeutic agent, and is one of the best ferruginous preparations, apart from its solvent powers on gall-stones. It is better than nitric acid in affections of the liver. Chloroform, we are told, on being swallowed, passes into the acini of the liver, then into the bile of the gall-bladder, where

it dissolves the gall-stones with the inexorable certainty of mathematics. Dr. Buckler's experience with ether, and with the various mineral waters, has led him to consider them of no value in this trouble.

THE TREATMENT OF HEMORRHOIDS.—Dr. F. P. Atkinson, gives the following in the *London Practitioner*: A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course, local treatment by itself is of little use, inasmuch as while the cause remains, any benefit that may be obtained can only be partial and temporary. As far as I can see, hemorrhoids are to be divided into three classes, viz.: Acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a two-fold manner, viz.: upon the liver and at the same time as a local sedative. Sponging also with hot water gives a good deal of ease. If this treatment prove insufficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute. To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed toward altering the particular mode of living which has brought about the abnormal condition. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; while the object of the *medicinal treatment* should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think that it

has any specific action upon the hemorrhoids themselves. The improvement which he says takes place is, I fancy, in all probability simply due to an increased action of the bowels, which it produces. Confection of senna is a particularly useful and by no means unpleasant aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night, with a dose of effervescent Carlsbadsalts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark, that I cannot speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

A SIMPLE APPARATUS FOR THE TREATMENT OF FRACTURES OF THE CLAVICLE.—Dr. L. A. Dugas, in the *N. O. Med. and Surg. Journal* for January, describes his method of treating fractures of the clavicle. He discards all axillary pads as inefficient and injurious. To meet the usual indications in this fracture he prepares and applies an apparatus as follows: a square yard of unbleached shirting is cut diagonally so as to form two triangular pieces. To each of the acute angles of one of these pieces a three-inch bandage, four yards long, is sewed. This completes the apparatus. The displacement is then reduced by carrying the shoulder upward, backward, and outward. Then the middle of the long side of the triangle is applied beneath the elbow, leaving a margin of four inches behind, the right angle being directed toward the fingers. One of the acute angles with its bandage is now carried between the arm and chest, up to the fractured clavicle, around the back of the neck, over the sound shoulder in front and beneath the axilla, and finally around the arm just above the elbow. The other end of the strip is then carried up, in front of the forearm, to the sound shoulder, behind and beneath the axilla, and around the chest and arm, so as to meet its fellow to be tied to it. Finally, the margin left projecting behind the elbow should be elevated, doubled, and stitched, so as to prevent the elbow from sliding out. The strips encircling the arm should also be stitched to prevent displacement.

This bandage is said to be a very comfortable one, easily applied, and efficient. *Med. Record.*

RULES FOR THE TREATMENT OF CROUP.—Dr. W. H. Day, gives the following as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):

The temperature of the room should not be lower than 65 degrees.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the com-

mencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of a successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

THE OLD OAKEN BUCKET,

As revised and edited by a "Sanitarian."

With what anguish of mind I remember my childhood,
Recalled in the light of a knowledge since gained;
The malarious farm, the wet, fungus-grown wildwood,
The chills then contracted that since have remained:
The scum-covered duck-pond, the pig-sty close by it,
The ditch where the sour-smelling house-drainage fell;
The damp, shaded dwelling, the foul barn-yard nigh it—
But worse than all else was that terrible well,
And the old oaken bucket, the mould-crusted bucket,
The moss-covered bucket that hung in the well.

Just think of it! *Miss* on the vessel that lifted
The water I drank in the days called to mind,
Ere I knew what professors and scientists gifted
In the water of wells by analysis find.
The rotting wood fibre, the oxide of iron,
The algae, the frog of unusual size,
The water—impure as the verses of Byron—
Are things I remember with tears in my eyes.

An to tell the sad truth,—though I shudder to think it,—
I considered that water uncommonly clear,
And often at noon, when I went there to drink it,
I enjoyed it as much as I now enjoy beer.
How ardent I seized it with hands that were grimy!
And quick to the mud-covered bottom it fell;
Then soon, with its nitates and nitrites, and slimy
With matter organic, it rose from the well.

Oh! had I but realized, in time to avoid them,
The dangers that lurked in that pestilent draught,
I'd have tested for organic germs and destroyed them
With potassic permanganate ere I had quaffed;
Or perchance I'd have boiled it and afterwards strained it
Through filters of charcoal and gravel combined,
Or, after distilling, condensed and regained it
In potable form, with its filth left behind.

How little I knew of the dread typhoid fever
Which lurked in the water I ventured to drink!
But since I've become a devoted believer
In the teachings of science, I shudder to think.
And now, far removed from the scenes I'm describing,
The story for warning to others I tell,
As memory reverts to my youthful imbibing,
And I gag at the thought of that horrible well,
And the old oaken bucket, the fungus-grown bucket,—
In fact, the slop-bucket,—that hung in the well.

J. C. BAYLES.

—*The Sanitarian.*

WHEN TO TREPHINE.—Trephining is always dangerous when it establishes a communication between the arachnoidian cavity and the air. Primary trephining may be resorted to in cases of convulsions which are caused by a limited depression of the skull, or by general hemiplegia accompanied by stertorous breathing and loss of consciousness. In all other cases it is best to wait, as it often happens that all these symptoms disappear without surgical treatment. If, however, the serious symptoms persist, or become more intensified, the operation must be resorted to at once. The operation is indicated in cases where it is necessary to raise

up or remove fragments of bone which irritate the brain, to remove a foreign body, or to evacuate an accumulation of blood in the brain. It may also be performed at a later period for the purpose of removing splinters, raising a depression, or evacuating a purulent extra or intra-cerebral gathering. If, however no apparent lesions or accidents take place after a trauma of the skull, it is advisable to wait. If the patient present depression of the skull without any brain-symptoms, the surgeon must hold himself in readiness to trephine at a moment's notice. The same precautions must be taken in a case of traumatic fracture without depression. If the patient be comatose, the operation must be resorted to in cases of depression of the skull, or of paralysis or convulsions of the opposite half of the body. M. Lucas Championniere is so much in favor of trephining, that he regards it as indicated in cases of paralysis where all other symptoms are absent. In secondary paralysis, the indications are less formal. In general hemiplegia, the operation may be safely performed, as the lesion is probably an extensive one. In cases of convulsions, with or without paralysis, the operation is *de rigueur* if the convulsions be localized. As far as fractures of the inner table are concerned, trephining must be performed whenever the symptoms appear serious. The trephine must be applied to that particular spot of the surface of skull which corresponds to the affected centre. The latter can easily be identified by symptoms of paralysis or localized convulsions. It does not do to be too timid; and a number of trephines can be safely applied.—*Monthly Abstract*.

NEUROTOMY: A SUBSTITUTE FOR ENUCLEATION.—The lamentable effects which a sightless eye frequently produces upon its sound fellow has established as a law of ophthalmic surgery than an eye lost from accident, and which continues to be painful, is a dangerous organ. There are many cases, however, in which, in spite of the uselessness of the organ, and the recognized danger of sympathetic affection of its companion, strenuous objection is made to enucleation. In order to gratify the desire of these patients, and at the same time to preserve them from anticipated evils, Dr. Chisholm proposes division of the nerves entering the eyeball. As is well known, most of these nerves pierce the sclerotic in the immediate neighborhood of the optic nerve entrance, in conjunction with many of the vessels supplying the eye. The operation is performed by making a vertical incision over the tendon of the internal rectus muscle; this tendon is then divided, and the eye rotated forcibly outward by traction on the insertion of the tendon; a pair of strongly curved scissors is next introduced, and all the tissues in the neighborhood of the optic nerve divided. Deep sutures are placed in the severed muscle, the eye closed,

and simple water-dressings applied. The hemorrhage is sometimes considerable, requiring a compress and bandage to control it, but it does not usually last long. Owing to the escape of blood into the posterior portion of the orbit, there is generally a good deal of exophthalmia, which, however, soon disappears. In the seven operations performed, recovery has been rapid and the success perfect. Dr. Chisholm thinks he can confidently recommend this operation to the attention of the profession, as possessing, in many cases, all the advantages of enucleation without the disadvantage of the subsequent use of an artificial eye.—*Virginia Med. Monthly* Nov. '79.—*Medical Record*.

CONSUMPTION CURED (?).—Prof. Rokitansky, the younger, has astonished the medical world with the statement that benzoate of soda, given by inhalation, will cure this disease. We copy, from the Cincinnati *Lancet and Clinic*, the directions for its use, given by Dr. Krocak, of Innsbruck: "We use one part of benzoate of soda in a five per cent. solution, twice daily, to the thousand of the body-weight, by means of a good atomizer, for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly returning appetite with meat diet, fresh air and abstinence from all debilitating causes." It will be well to wait for further trials of this much-vaunted remedy before ordering it in any excessively large quantity.—*Cin. Med. News*.

PICROTOXINE IN THE NIGHT-SWEATING OF PHTHISIS.—Dr. W. Murrell recommends this substance, the alkaloid of *Cocculus Indicus*, as a remedy for the night-sweats of phthisis. He uses a saturated watery solution of the salt, about 1 in 180; of this solution one drachm is added to eight ounces of water to make a mixture, of which the dose is one to four teaspoonfuls at bed-time, or three to five teaspoonful doses may be taken during the day, the last at bed-time. In twenty cases, not in any way selected, the remedy failed in only one.—*The Practitioner*, October 1879.

COLD-WATER PILLOW.—William Woodward, M.D., writes, in the *British Medical Journal*: "In several cases lately I have had recourse to the use of a cold-water pillow, with very marked benefit, where headache, heat of head, and similar symptoms have prevailed. Any one who has experienced the vain attempt to find any permanent cool place in a feather pillow when desired will at once appreciate the above expedient, which, however may not occur to every one at the required time."—*Louisville Medical News*.

HYPODERMIC SYRINGE AS AN AID TO DIAGNOSIS.—Dr. David Drummond, Lecturer on Clinical

Medicine at the Newcastle-on-Tyne Infirmary, gives details of three cases in which he employed the hypodermic syringe as an aid to diagnosis. The first was a case of aneurism, with physical signs of effusion of fluid into the left pleural cavity; the syringe showed there was no fluid, but a solid lung, which led to the conclusion that the left bronchus was pressed upon by the aneurismal sac, and this was afterwards verified in the *post mortem*. In the second case, cancer of lung and liver was suspected, and the syringe drew off characteristic cells; and in the third case, it demonstrated pus in the kidney, which was afterwards aspirated with good result.—*Dublin Journal of Medical Science*. January, 1880.

SURGICAL OPERATIONS DURING PREGNANCY.—W. Cadge, F.R.C., Senior Surgeon to the Norfolk and Norwich Hospital, in the *LANCET* reports a case of recurrent tumour of the breast, for which it became necessary to operate no less than thirteen times, during a period extending from April 13th, 1874 to December 20th, 1865. She was confined on the 21st, of September, 1875, and several of these operations were performed in the latter months of utero-gestation, and one very severe one in the early stage of labor itself, and in every instance without, on the one hand, interfering with the important process of gestation, and on the other, without impeding the recovery from the operation itself. As Sir James Paget pithily says: "It would be mere recklessness to operate on such patients without good cause, yet if good cause for operating exists, they may be treated very hopefully." The patient died in the early part of 1876, from exhaustion.—*Med. & Surg. Reporter*.

SUCCESSFUL REMOVAL OF THE UTERUS.—In a case of ovariectomy, operated on by Dr. T. G. Thomas at the Woman's Hospital a few weeks ago, the uterus was entirely removed with the tumor. The tumor was a cystic one, and firmly embedded in the uterus. A ligature was placed around the neck, and amputation performed just above this. No other special measures were adopted. The tumor was a very large one, weighing about forty pounds. This is, we believe, the first successful case of removal of the whole uterus that has occurred in New York.—*Med. Record*.

A SAD AND SUGGESTIVE PICTURE.—"I've been in twenty-four states and have seen a good many physicians," and a well-to-do physician who has made his pile, "and I don't understand why the most of them have such small practices . . . But I discovered something that surprised me. I visited scores of physicians whose whole library I would have no difficulty in carrying off at once. One leading physician of a certain town did not have a bound book either in his office or house that I saw

only a few pamphlets and journals. Others that I met did not seem to be absorbed in their business. A man can not succeed unless his profession absorbs him."—*Exchange*.

OPERATING BY THE ELECTRIC LIGHT.—On the 11th inst., Mr. Berkeley Hill operated on vesicovaginal fistula in University College Hospital while the vagina was lighted up by Mr. Coxeter's application of the glowing platinum wire. The apparatus consisted of a fine wire twisted into a small knot. Through this knot was sent a continuous galvanic current, strong enough to maintain the wire at a white heat. The wire was enclosed in a glass chamber, which was itself also enclosed in another glass cover. Through the space between the glasses a current of water was allowed to flow, in order to preserve a low temperature round the light. The afternoon, which was dark and foggy, afforded a good opportunity of testing this plan of lighting up deep interiors, and the illumination was completely successful. A strong light was maintained for more than an hour, close to the margin of the fissure, without impeding the manipulations of the operator. A considerable number of spectators assembled to witness the result of the illumination, and were highly pleased.—*London Lancet*.

ECZEMA INTERTRIGO OF INFANTS:

R. Plumbi acetatis gr. xxx
 Acidi acetici diluti ℥ ij
 Glycerine ℥ iss.
 Aquam rose ad ℥ viij. M.

Wash the sore parts well with soap and water, dry carefully, then apply.

Dr. H. B. Hodges writes to the *British Medical Journal*, that in hundreds of cases, during a century of practice, he never knew the above fail to cure the disease. He uses no internal medication.—*Med. and Surg. Rept.*

CYSTIC KIDNEY REMOVED BY OPERATION.—Dr. Day exhibited, at a late meeting of the Pathological society of London, this specimen, which had been removed by Mr. Knowsley Thornton from the left side of a girl aged seven years. The patient presented a large, irregular abdominal tumor, the nature of which was doubtful. A swelling had been observed since the girl was two years of age, but she had not suffered from pain or discomfort. Last November an exploratory puncture was made in a part of the tumor between the umbilicus and pubes, where fluctuation was felt. Urinous fluid, which contained albumen, was drawn off to the amount of six pints and a half. The cyst rapidly refilled, and on January 3rd it was removed by Mr. Thornton, and found to be connected with the left kidney. The ureter was impervious, so that there was danger of the distended cyst bursting.

THE CANADA LANCET.

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TORONTO, MARCH 1, 1880.

INTEMPERANCE IN STUDY.

The January number of the English "*Journal of Mental Science*," publishes, under the above heading, a very valuable article from the pen of the distinguished Daniel A. Tuke, M.D., F.R.C.P. This was one of the papers read in the Psychological section of the British Medical Association in August last, at Cork, where it was received with that welcome and deference to which its own merits, and the high celebrity of its author, justly entitled it.

We should have much pleasure, did our available space permit, in reproducing Dr. Tuke's paper entire, for we have rarely met with any article presenting in so succinct a form, or in so terse and forcible terms, the evil results of "excessive mental work." The larger portion of Dr. Tuke's paper is given to illustrations of the diastrous consequences of brain over-work in the so-called respectable schools of England, and all he says in this relation is quite as applicable to this province, and indeed to the whole of North America as to our mother country; but though we could wish that every parent on this side the Atlantic, and every teacher in our schools, should read and well ponder Dr. Tuke's salutary admonitions, we must content ourselves with a few extracts from his second part, in which he deals, with a master's hand, with the present agglomerate system of *medical education*; and we do not believe there is in Canada a single medical practitioner, or a single rational teacher, who will decline to endorse his views, of which the following abstracts will enable the reader to form a guiding conception.

"I wish now," he writes, "to refer to the present system of *medical education*. How can it be

otherwise than injurious when we consider that during recent years the amount of knowledge which it is necessary to master, has prodigiously increased in every department; while the length of time in which to acquire it remains the same?"

"In regard to some examinations, a tremendous burden is laid on the memory. There is a long period of strain, the climax of which is reached when the period of examination arrives, during which the student's mind has to hold in solution the details of knowledge on many subjects. It is often a solution saturated with minute facts and figures, many of which are of no permanent use, and, indeed, cannot be remembered any longer. The mind is cramped and narrowed by this mischievous cramming, as must necessarily happen when the issue of an examination is made largely to depend on a retentive memory. . . .

"Had Hunter been trained upon the present system, had he been weighed down by tightly compressed facts when a student, and, subsequently, by out-patient seeing, on the one hand, and pupil examining on the other, it is scarcely to be supposed that even his mind could have burst the iron fetters, and could have regained its elasticity and love of work, or that even he could have found time for those reflections which gave such impulse to the science and practice of surgery" (Prof. Humphrey's Hunterian oration Feb. 1879.)

"One source of mischief lies in the fact that an examiner constantly forgets that the department in which he examines is only one of many, and hence he requires a degree of perfection which is simply absurd—one which, however suited to honour, is totally unreasonable in a pass examination; and it must be remembered that the severity of an examination cannot be gauged by a reference to the questions which happen to be asked at a particular examination. "The student has to prepare himself for all possible questions, ranging over very wide areas of knowledge, and involving an acquaintance with a multitude of speculations put forth by Continental as well as English writers. Hence it is not surprising if, in the anxiety to pass the ordeal, success is too often won at the risk of prolonged mental prostration. Failure, on the other hand, involves besides this, the dangers arising from disappointment and chagrin.

"At an assembly of medical teachers and practitioners, presided over by Dr. Andrew Clark,

Mr. Huxley said, that "to expect students to pass an examination on the subjects in which they are now examined, after only four years study, was little short of criminal. He characterized the attempt to "cram the student with all these subjects as utterly preposterous. The amount of work expected is simply gigantic." Mr. Hutchinson said: "The best memories stagger under the present load." That after four years' study a student can be expected to bear his subjects in mind is simply an absurdity.

We earnestly commend to our own medical examiners, the following but too pertinent words of Dr. Tuke, in relation to the indiscretion or ill-judgment of perhaps too many of their number.

"I would hope it is unnecessary to say that the crotchets of individual examiners should not tinge the questions, or rather the judgment formed of the answers. If the questions which are now asked are not too severe when taken alone, they are regarded by many competent judges as frequently too severe when taken in combination with the other subjects examined upon, and they are sometimes calculated to puzzle the student, from the form in which they are worded. Not long ago an examiner at the London University, speaking to another examiner, boasted of the puzzling questions he had been ingenious enough to ask, whereupon the other replied, to my great satisfaction, "you should try and find out *how much* not *how little* the student knows." I should have no fear of the questions being unreasonable, when put by a wise commonsense Professor—like this, whereas some learned men expect a student to reach in a few months the level of their own mature knowledge."

"I would adopt the language of Professor Humphrey, and say, with Democritus, 'we should strive not after fullness of knowledge, but fullness of understanding,' that is, that we should strive for good, clear, solid, intelligent, produceable and available knowledge, of the kind that will be useful in after life, not so much the refinements of chemistry, anatomy and physiology, which stupefy and then pass away like chaff before the wind, but the essential fundamental facts and principles, welded together, and so woven into the student's mind that he can hold them firmly, and wield them effectually; and that he is conscious of them, not as the goods of other men, or as dogmas which he has, because they were imposed upon

him; but as his own possession, of which he appreciates the value, because he knows how to use them."

So much for the views entertained by Professors Huxley and Humphrey, and Doctors Hutchinson and Tuke on the subject of medical examinations, and as at this moment our own examiners, whether those of the medical schools, or of the College of Physicians and Surgeons of Ontario, may already be preparing for their spring work, and puzzling themselves over the framing of the questions to be submitted by them to students, we would most respectfully, but also most earnestly, entreat of them, to be merciful in their strength, and to endeavour to discover rather how much a student knows, than how much he does not know; but above all that they will avoid the serious error of seizing the occasion for a pedantic exhibition of their own profound erudition, under the illusory expectation that they will thus elevate themselves in the estimation of the truly clever portion of the candidates, or of their own competent fellow examiners. We do not write this without knowing whereof we speak. We have seen, in some of the printed lists of questions of past years, a few such as the London University examiner boasted of having been able to frame; but if the purpose of the framers was to exhibit their own profound knowledge, we must say they signally failed of that achievement; indeed, in not a few instances the impression left on the minds both of the students and the co-examiners was, that these puzzle-framers were as much befogged in their process of elaboration, as their anticipated victims were in their efforts to divine the meaning of their muddled questions. It is our belief that every question put to a student, at whatever period of his curriculum, should, as Professor Humphrey has so well put it, be so constructed as to elicit that "good, clear, solid, intelligent and produceable knowledge, that will be useful in after life," and not to pump up from an over-crammed maw an undigested and indigestible mass of things which have been swallowed within the last few weeks or months and not one in every ten of which may ever after be regarded by the dyspeptic martyrs otherwise than with abhorrence. A rational and fair final examination may be one of the best lectures the student has ever heard; a pedantic puzzling one must ever be looked back to with disgust.

SHORTENING OF THE SUMMER HOLIDAYS IN PUBLIC SCHOOLS.

Among some amendments to the School Act, introduced by the Minister of Education recently, in the Ontario Legislature, it was proposed to reduce the summer holidays in country districts, from six weeks to three. This amendment very properly met with considerable opposition from the medical men in the House, who considered the subject from a sanitary point of view. Letters were also read before the house from prominent medical men in the city and elsewhere, in which the opinion was expressed that it was highly injurious to health to keep children closely confined in school during the latter part of July and the month of August. The medical gentlemen were unanimous in the expression of their views, and the Minister of Education yielded so far as to make the shortening of the holidays optional with the authorities of the various districts. Confinement of the children in the heated and vitiated atmosphere of a close school-room during the hot summer months cannot but be injurious to health. It is during this season that diseases of a diarrhoeic character are most prevalent, and the breathing and re-breathing of the vitiated atmosphere of the, in most cases, imperfectly ventilated school-room, cannot fail to aggravate and increase the tendency to these affections, and generate others also of a zymotic type. Children should be allowed as much as possible to romp about in the open air, and, as far as practicable, encouraged to get up their lessons in the open air, or at their own homes, and thus shorten as much as possible the hours of confinement in school. Their education must be attended to, but surely the promotion of their health, and the best means of maintaining it in the highest physical condition, should have the first attention of all educationists. Parents and others should bear in mind that an education gained at the expense of health is of no value, and the importance to the growing child of keeping him in the best physical condition should never be lost sight of.

We direct attention to this subject so that our medical brethren in different parts of the country may use their influence to prevent, as far as possible, the carrying out of the contemplated change. We are well aware that trustees and others who

know nothing of sanitary matters, and who look at everything from the dollars-and-cents point of view, regard the shortening of the midsummer holidays with favor, as enabling them to get more work out of the teacher for the pittance of a salary paid him. There, is, therefore, the greater necessity for the active sympathy of those who have the highest interest of the children at heart.

ACT RESPECTING CORONER'S INQUESTS.

A bill has recently passed the third reading in the Ontario Legislature, respecting coroner's inquests, the intention of which is to prevent the holding, by coroners, of unnecessary inquests. There are only four clauses in the bill, the principal one being to the effect that a coroner, prior to issuing a warrant for summoning a jury, shall have made a declaration in writing, under oath, before a Justice of the Peace, stating that from information received, he is of the opinion that there is reason for believing that the deceased did not die from natural causes, accident or mischance, but from violence or unfair means, or the culpable or negligent conduct of others. This necessarily throws a good deal of labor and responsibility upon the coroner, without any remuneration. Much enquiry will be necessary in many cases—almost equal to a "crown's quest" in the olden time—in order to satisfy the coroner of the necessity of holding an inquest, and for this trouble and loss of time, he should certainly, in all fairness, be paid a reasonable fee. The office of coroner is not either very lucrative or distinguished at best, and we fear that the result of the legislation will not have any tendency to elevate it in the eyes of the profession. We would like to have seen an amendment giving the coroner discretionary power to order *post mortem* examinations where he deems them necessary. In fact this will, we apprehend, be necessary in some instances before a conscientious coroner can swear that he considers an inquest necessary. There is among the laity a strong antipathy to *post mortem* examinations, much of which might be removed by increasing the facilities for this in many cases most necessary, and to the profession, most valuable procedure. We very much regret that the Legislature when making these amendments, did not see fit to include one

for limiting the districts, especially in cities, to be embraced by the respective coroners, and thus prevent the unseemly scramble that sometimes takes place to get possession of the body for the purposes of an inquest.

COMPULSORY REGISTRATION OF INFECTIOUS DISEASES.

The title of this article formed the subject of an able address by Dr. J. W. Moore, before the Dublin branch of the British Medical Association, in which he reviewed the progress that has been made with regard to disease registration. Some extracts from this paper may prove interesting, especially as the subject is attracting no little attention in Canada at the present time. It is evident that if we wish to gain a true knowledge of the health of the people it is necessary that we should have some means whereby we may know what diseases prevail. The death rate is acknowledged to be insufficient for this purpose even in England, where the returns of mortality are published weekly. What shall we say then of Canada, where in some provinces, registration of deaths is not even compulsory, while in others, Ontario for instance, the returns are only made available about two years after the events occurred which are there recorded?

"Viewed as a problem in political economy, there can be no doubt regarding the paramount importance of ascertaining the actual sanitary state of a population at a given time. Death is one thing—disease is essentially another. An epidemic of influenza or of rōtheln, characterized perhaps by a very low percentage of mortality, may, notwithstanding, by its mere excessive prevalence, paralyze a community to a far greater degree than a very fatal, yet limited outbreak of cholera." "Difficulties, no doubt stand in the way of carrying out an effective system of disease-registration; but they are not insurmountable, and the fact that several European governments have long since inaugurated and prosecuted such a system should encourage us in essaying to follow their example." Dr. Moore however advocates a compulsory notification of cases of infectious diseases to the sanitary authorities, as well as the general registration and publication of the tabulated results at frequent intervals. Parliamentary powers have been sought and obtained by fifteen

towns in England and Scotland for the carrying out of the part relating to compulsory notification, but little has been done in regard to the registration of disease. The notification of the existence of infectious diseases is made compulsory on the occupier or person having the management or control of the building in which the disease occurs. The medical practitioner on being called in is compelled to fill up, sign, and deliver to the occupier or person, etc., a certificate of which the following is a sample:

" ——— Improvement Act ——— Section ———

Pursuant to the above mentioned Act, I hereby certify and declare that, in my opinion, the under-mentioned person is suffering from a disease within the terms of the said Act.

(Signed) Medical Practitioner duly Registered.

1. Name of person suffering from the disease.
2. Situation of building wherein such person is.
3. Name of occupier or person having the management or control of the building.
4. Nature of the disease.

Take notice that this certificate must be delivered at the office of the Sanitary authority (to the clerk or servant of the authority in attendance there) under a penalty not exceeding ——— pounds."

The blank forms for these certificates are furnished by the authorities to the medical practitioner, and for each case he reports he receives a fee varying from one shilling in some places, to two shillings and sixpence. The sanitary authorities are to report the existence of any disease of which they are notified, and to post in public places any order in reference to the same.

The provisions thus made for obtaining a knowledge of the existence of diseases which are considered to be dangerous to public health generally, are such as should meet with the support of all who wish to see epidemics nipped in the bud, and contagious or infectious diseases quickly exterminated. The time is rapidly approaching when measures for the prevention of disease will be general throughout the world, and we may reasonably expect that the death-rate from preventable causes will be considerably diminished.

There is no reason why on this continent public health affairs should not be most successfully dealt with, and we hope to see the time when the interchange of reports with the United States, regarding the existence of contagious or infectious diseases, will be regarded by our Government as being one of the most important features of protection.

GRATUITOUS PRESCRIBING. — A correspondent asks, "if an unlicensed person who feels disposed can prescribe and give medicines gratuitously without rendering himself amenable to the law?" In reply we would say that the law cannot reach the individual, unless it can be proven that he practices medicine for *hire, gain, or hope of reward*. The law does not contemplate any interference with the liberty of the subject, further than is necessary for the general welfare of the public. Our correspondent seems to think that "all unlicensed persons should be strictly prohibited from giving medicine of any kind, even if they "give it gratuitously." Surely our correspondent does not contemplate prohibiting the mother from administering a dose of castor oil or senna tea to the children, or the kindly neighbor from recommending an infusion of catnip or sage tea to her female friend who thinks she stands in need of it. No law, however carefully framed, could prohibit such a thing, nor would it be expedient to do so. As long as we have people in the world who will stand with their mouths open, ready to swallow any decoction that may be recommended for their relief, just so long will you find persons ready with every sort of remedy, both harmless and otherwise, to meet the exigencies of the case. As a general thing, when persons become seriously ill they are not long in sending for a medical man, either licensed or unlicensed, and neither will be disposed to attend the patient for any great length of time without the hope of being rewarded in some way or other, and the manner of the reward will not be long in being discovered. It will then be a matter of no great difficulty to proceed against the unlicensed practitioner for a violation of the Act relating to the practice of medicine.

A CLEVER DODGE.—The following method of raising money, although not altogether new is worthy of notice :

Dear Sir,—Passing through Seaforth the other day on my return from a professional visit, I happened to pass you a couple of times on the street and as I have frequently had occasion to do before on other occasions, I noticed that your physical condition is very poor. On account of the long experience I have had in such matters, I do not often make a mistake in singling out at first glance a victim of youthful error, many of whom I have been the humble instrument of rescuing from a

premature grave. If you doubt my statements I can give you ample proof of their truth, and if I can use my skill and experience in restoring you to your health I shall be only too glad to avail myself of the opportunity, as you are not yet beyond the power of cure. Delay however is dangerous, and as I guarantee to cure, you cannot do better than consult me. As my time is at present very much occupied, I cannot in no case answer a letter professionally unless it is accompanied by one dollar. Do not delay in communicating with

J. FENCALL.

Toronto, Feb. 6th, 1880.

TORONTO EYE AND EAR DISPENSARY.—The Directors of the above institution have just issued the report for 1879. The institution has been carried on exclusively as a dispensary during the last six months of the year, and the result has been most satisfactory. During that time 184 patients were under treatment, and an average of 24 patients constantly under treatment. The directors recommend the continuance of the work.

A NEW NOSE.—The operation for restoring a lost nose has been recently successfully performed in the Bellevue Hospital, New York. The middle finger of the right hand was used to supply the needed tissue. The nail was removed and matrix destroyed, after which an incision was made along the palmar surface of the finger and the skin dissected back on either side. The flaps were then united to the sides of the nasal openings by fine sutures and the hand firmly bound to the face by plaster of Paris bandages; after union has taken place the finger will be amputated, and the new nose fashioned into proper shape.

A REAL HYGEIOPOLIS.—It appears from reports given by Dr. W. Myers, surgeon to H. M. S. *Centaur*, that Wen-chow, in China, a newly opened port on the east side, is an actual "Hygeiopolis," *a la* Dr. W. B. Richardson, of London. He says that all the main and pleasant features of "Hygeiopolis" above ground are to be found in Wen-chow. The *London Lancet*, in alluding to it, says, "that this resemblance leaves no choice to the Health section of the Social Science Association, but to visit the place, with Dr. Richardson as President."

THE AUDIPHONE.—This instrument, which is an invention by Mr. Rhodes, of Chicago, has been found of great value in enabling deaf persons to

hear, the sound being conveyed through the medium of the teeth and auditory nerve. It is made of hard rubber, in the shape of a fan, very thin and elastic, and when in use is placed against the interior edge of the upper teeth, and the sound falling upon the external convex surface of the instrument is conveyed to the auditory nerve. Persons who have been deaf for years have been enabled to hear by its use.

MALTINE.—This new preparation has been received with marked favor by the profession. For some time past we have been using it in our practice, and can speak from experience as to its merits. It is a most excellent nutritive tonic, and will be found most valuable in the treatment of nervous prostration, general debility and exhaustion, and also in lingering convalescence from fevers or other depressing affections. Combined with cod-liver oil it will be found highly beneficial in the treatment of pulmonary diseases, while the combination with pepsin and pancreatine is almost invaluable in the treatment of dyspepsia.

CANADIANS ABROAD.—B. Spencer, M.D., Trinity College, and W. H. Burton, M.D., Toronto University, have successfully passed the primary examination of the Royal College of Surgeons, England.

REGISTRAR-GENERAL OF GREAT BRITAIN.—Sir Brydges Heniker has been appointed Registrar-General of Great Britain instead of Dr. Farr, whom everybody expected would receive the appointment. The appointment is entirely disapproved by the medical profession, as the appointee is in no way qualified for the position.

VAGINAL HYSTEROTOMY.—Prof. Jenks, of the Chicago Medical College, has recently performed with success the rare operation of vaginal hysterotomy, removing the entire uterus through the vagina. The uterus was the seat of malignant disease and was so involved that nothing short of entire removal held out any hope of benefit. The patient made a rapid recovery.

IMPROVED MEDICINE BOTTLE.—Mr. J. H. Earle, of Fall River, Mass., has invented an improved medicine bottle, designed to receive and support the spoon used in taking the medicine. The bottle has upon one side of its base a cup of suitable

size and shape to receive the greater part of the spoon bowl, and near the top is a clip for holding the handle. It is known as Earle's medicine bottle.

APPOINTMENTS.—Dr. R. Lesslie has been appointed Assistant Medical Officer at Trinidad. Drs. A. E. Malloch and E. G. Kittson have been appointed Visiting Physicians to the City Hospital, Hamilton, Ont., and Dr. Rosebrugh has been appointed on the Consulting Staff.

ONTARIO MEDICAL COUNCIL ELECTIONS.—Dr. Day, Trenton, is a candidate for the representation of Quinté and Cataraqui Territorial Division in the Ontario Medical Council.

VIBURNUM PRUNIFOLIUM TO AVERT ABORTION.—This remedy has now come to be regarded by many medical practitioners as a most valuable agent for the prevention of threatened abortion and miscarriage. It is administered in teaspoonful doses of the fluid extract every one or two hours, which soon checks the pains and hæmorrhage.

COMMON SALT AS A LAXATIVE.—A teaspoonful of table salt in a glass of cold water, half an hour before breakfast, is recommended by Dr. Weir Mitchell, Prof. Yandell and others, as an efficient remedy for constipation of the bowels. With most persons it acts pleasantly, promptly and effectually.

INTERNATIONAL MEDICAL CONGRESS OF 1881.—At the ordinary meeting of the Royal College of Physicians of London on Thursday last, the President brought forward a proposal that had been made to hold the Medical Congress in London in 1881, and it was resolved that it was desirable such a Congress should be held, the President being authorized to take, conjointly with the President of the Royal College of Surgeons, the necessary preliminary steps.

COOK'S GRAND EXCURSIONS TO EUROPE.—People who contemplate travelling in Europe will consult their own interests by investigating the Grand Excursions arranged by Messrs. Thomas Cook & Son, of London and 261 Broadway, New York, for the year 1880. We have before us a handsome pamphlet of 64 pages, just issued by the above firm, giving full particulars of their tours,

with details of routes and rates, which include all necessary expenses of travelling from the time the tourist leaves New York till his return. A handsome Map of Europe shows the routes which Cook's parties will follow.

THE celebrated Oculist, Dr. Soelberg Wells, died at Cannes, on December 3rd, whither he had gone to recruit his health.

CORONERS.—Alfred Clarke, M.D., of Prince Arthur's Landing, has been appointed Associate Coroner for the district of Thunder Bay.

J. McDonald, M.D., has been appointed Coroner for the county of Northumberland, N.B.

F. Oakley, M.D., of Streetsville, has been appointed an Associate Coroner for the county of Peel.

J. D. Lafferty, M.D., of Pembroke, has been appointed Associate Coroner for the county of Renfrew.

THE announcement of the death of Dr. Bovell, formerly of Toronto, will be seen in another column. An obituary notice will appear in our next issue.

THE death of Sir Dominic John Corrigan Bart, M.D., of Dublin, on the 1st ult., at the age of 78 years, is reported in our English exchanges.

Books and Pamphlets.

ON INFANT FEEDING, AND ITS INFLUENCE ON LIFE, by C. H. F. Routh, M.D., M.R.C.P.L.; New York: Wm. Wood & Co. Toronto: Willing & Williamson.

Whether for the valuable matter of the text, or the ample statistics by which it is illustrated, we may justly say that this work of Dr. Routh is a contribution to the important department of medical practice of which it treats, which must be warmly welcomed by every member of the profession, but more especially by those who desire to acquire useful information on the causes of infantile maladies, and the hygienic measures requisite for their prevention. Dr. Routh's tables, exhibiting the comparative mortality of childhood, in the *civic* and the *rural* districts of England, are almost startling, and might lead us to the belief that but for the replenishing of the former from the latter, the population of the large towns must soon dwindle

down to low figures. Dr. Routh, after quoting a very graphic, and probably too true, depiction of Irish dirt, squalor and misery, adds the following reflection—"Here there were contingencies highly favourable to the generation of an atmosphere which, even in rural districts, would be likely to prove peculiarly fatal to infants, and which certainly could not be better, than hospital air, and yet the reverse is the case." We commend this passage to all the female tribe of dusts and scrubbers, and daily destroyers of carpets.

MATERIA MEDICA AND THERAPEUTICS, OF THE VEGETABLE KINGDOM, by Charles D. F. Phillips, M.D., F.R.C.S.E., edited by H. G. Piffard, A.M., M.D., New York. New York: W. Wood & Co. Toronto: Willing & Williamson.

This book, from its moderate size, 320 pages, must prove a valuable accession to the libraries of those practitioners who have not the time requisite for the full perusal of more ponderous works. As it brings under notice all the recent additions to the vegetable division of the materia medica, together with their physiological and therapeutic action, and their various preparations and doses, it must be very serviceable to those young practitioners who may already have begun to forget much of what had been told them, (not always in a very captivating manner,) in their class rooms. It may also be found a useless refresher of the mind and memory of those of riper years, who may, unconsciously, have been moving in rather rigid grooves, out of which it may sometimes be profitable both to their patients and themselves, that they should occasionally indulge in a switch-off, though it is by no means advisable that they should be led into the error of committing themselves to a wavering polypharmacy.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M.D., F.R.S. With Numerous Additions and Illustrations. By Henry Hartshorne, A.M., M.D. In three volumes. Vol. I., General Diseases and Diseases of the Nervous System. 8vo. Philadelphia: H. C. Lea. Montreal: Dawson Bros.

This systematic work on the practice of medicine, by the master minds of the medical profession in Great Britain, must take the position of the leading work on this subject in the English language. On the score of adaptability and cheapness, it must and will be found preferable to

"Ziemssen's Cyclopædia," as the writers of it better understand the wants of the English and Canadian physicians. It presents within as small a compass as is consistent with its practical utility, such an account of all that constitutes both the natural history of disease, and the science of pathology, as will be of service in either preventing the occurrence, detecting the presence, or guiding the treatment of special forms of disease. We cordially recommend this work to those who desire a complete treatise on the history, pathology and treatment of disease. Sold by subscription only. Price, per vol., cloth, \$5; in leather, \$6. The second volume has also been issued, and the third and last will appear shortly.

PARACENTESIS OF THE PERICARDIUM, A CONSIDERATION OF THE SURGICAL TREATMENT OF PERICARDIAL EFFUSIONS. By John B. Roberts, A.M., M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, &c., &c. With illustrations. Philadelphia: J. B. Lippincott & Co. Toronto: Hart & Rawlinson.

This is the only work of the kind with which we are acquainted. It is an ably and sensibly written book, containing about 100 pages, and must prove acceptable to the profession, and especially to the surgeon.

A DICTIONARY OF GERMAN TERMS USED IN MEDICINE—By Geo. R. Cutter, M.D., Surgeon to the New York Eye and Ear Hospital, etc. New York: G. P. Putnam's Sons. Toronto: Willing & Williamson.

This work will be found useful to those interested in the German who are not quite familiar with the technical terms and words in that language. It is the only work of the kind.

THE ALIENIST AND NEUROLOGIST. Edited by C. H. Hughes, M.D., St. Louis.

We have much pleasure in welcoming to our exchange list the above quarterly, of which we have received the first number. The contents are very instructive, and bear evidence of coming from the pens of men who know whereof they treat.

The first article, by Dr. Curwen, on "the Construction and Direction of Insane Asylums," is deserving of the careful attention of all officials entrusted with such duties.

The second article, by George M. Beard, M.D., of New York, treats of "the Sequences of Neu-

ræsthenia," and is, as might be expected from its author, a valuable contribution.

The third, from the able pen of the editor, on "Patellar Tendon Reflex," throws some valuable light on this newly introduced diagnostic element.

The fourth, on "Aphasia and Agraphia," by D. Dean, M.D., is far more interesting than lengthy. The fifth, on "Cerebral Thermometry," is the first part of a translation from the Italian of *Maragliano and Sepelli*, by Dr. J. Workman, of Toronto. This is a new field of clinical enquiry, which must be largely cultivated before the value of the products can be justly appreciated.

No. six is a highly interesting article on "Important Nervous Diseases, following Enucleation of the Eyeball," and has been contributed by Geo. T. Stevens, M.D., of Albany.

Nos. seven and nine, by Pliny Earle, M.D., Superintendent of the Insane Asylum at Northampton, Mass., are, like everything from the pen of this clear and clever writer, sensible and forcible, and exhibit in unmistakable terms a fact which we have long regarded as demanding more careful enquiry than has hitherto been given to it—to wit, the high exaggeration of the ratio of curability of the insane, by the early writers on the subject.

The eighth article, on "Syphilitic Hypochondriasis," by Alan McLane Hamilton, M.D., is a useful contribution, which should teach young practitioners that they will do well, in diagnosing delicate infirmities, to trust more to their own clinical sagacity and experience, than to the sanctimonious odour of their patients.

The selections, making up the residue of the *Alienist*, are well chosen, and if Dr. Hughes keeps up his journal to its initiative mark of merit, and as much above it as we have reason to anticipate, it must prove a valuable exponent of the branches treated of in its columns.

Births, Marriages and Deaths.

On the 16th January, at Merton Villa, Nevis, West Indies, the Rev. James Bovell, M.D., formerly of Toronto, Ont., in the 63rd year of his age.

On the 29th of December, 1879, Dr. J. R. Ash, of Centreville, Ont., in the 64th year of his age.

On the 22nd ult., Dr. A. Higinbotham, of Belleville, in the 62nd year of his age.

On the 21st ult., in Detroit, R. W. Burnham, M.D., C.M., of Port Hope, in the 42nd year of his age.

In Hamilton, on the 24th ult., Charles F. A. Locke, M.D., C.M., in the 30th year of his age.