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THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science,
Criticism and News.

Vol. IX
No. 4.

TORONTO, DECEMBER 1, 1876.

Price 30 Cents.
\$3 per Annum.

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CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

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"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direct analysis I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.
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S. P. SHARPLES, State Assayer of Mass.

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3d. It is less costly; the price will fluctuate with the rise and fall of barks; but will always be much less than the Sulphate of *Quinine*.

4th. It meets indications not met by that Salt.

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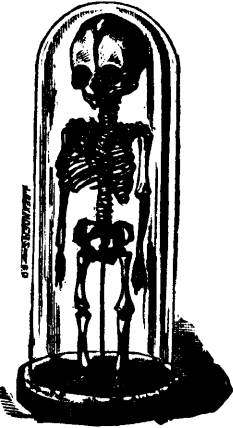
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A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX.

TORONTO, DEC. 1ST, 1876.

No. 4.

Original Communications.

ANTISEPTIC SURGERY.

BY F. LE M. GRASETT, M.B.C.M. (EDIN.) M.R.C.S.
(ENG.), TORONTO.

Demonstrator of Practical Surgery in the University of
Trinity College.

MR. PRESIDENT AND GENTLEMEN,—

Having had great facilities for observing the conduct of surgical cases treated under what is known as the antiseptic system during my student course at Edinburgh University, and after my graduation as House Surgeon in the university clinical wards under Mr. Lister's charge, I thought perhaps a few remarks on the principles and practice of that system might be interesting, and have therefore drawn up very briefly, for so important a subject the grounds on which the theory of the system rests, and the practical deductions which are drawn from it.

In the first place, let us clearly understand, what exactly is the meaning of the term antiseptic system. It means the method of treating a surgical case in such a manner as shall effectually prevent the occurrence of putrefaction in the parts concerned. And if we really can accomplish this, what a change in behaviour do many surgical cases undergo. Indeed, it makes surgery very different from what it used to be. Injuries formerly regarded in the gravest light become comparatively trifling, and some diseases rarely admitting of cure terminate most satisfactorily in perfect recovery. This is a strong statement to make, but not stronger than I think is justly due to the change wrought in surgical practice by this system. The guiding principle, which regulates all details down to the very minutest in carrying out the practice to obtain such results, is the germ theory of putrefaction.

* Read before the Canadian Medical Association, August, '76.

This theory declares, "that putrefaction in organic substances under atmospheric influence, is effected by living organisms developed from germs floating in the atmosphere as constituents of its dust, and not by the oxygen of the air as was formerly supposed." As perhaps the proofs of this theory as they were gradually elaborated, are not very familiar to some, and as an accurate conception of the germ theory is so essential to success in carrying out antiseptic measures in their integrity, it will be well I think to go somewhat into detail, into the experimental proofs on which the theory rests.

Ever since Harvey, in 1651, from his researches into generation, announced the law "omne vivum ex ovo," the belief has been very general that all animals and plants are derived from eggs or seeds; that vitality is always transmitted and never created; and that where these fundamental principles cannot be recognized, the minuteness of the germs and their wide diffusion throughout nature and more especially in the atmosphere, offer a sufficient explanation of what may appear mysterious. Nature, it was argued, must be uniform in her operations and analogy warrants our supposing that the same law of generation, which applies to the higher animals and plants is equally applicable to the lower. Many scientific men have from time to time, as the result of their investigations, doubted the truth of this reasoning, and were led to believe in an equivocal or doubtful generation of the lowest forms of animal life, that is to say in their origin without pre-existing cells or germs of any kind and therefore independently of parents, and at the present time scientific men are divided in opinion, as to the numerous forms of life that spring up in putrescent and fermented fluids, one side holding the doctrine of hetero-genesis or spontaneous generation—the other homo-genesis or generation from parents. The former theory has had able advocates in Pineau, Pouchet, and Hughes Bennett; while the latter theory, or that of atmospheric germs, has been powerfully supported by Schwann, Pasteur and Lister, especially by Pasteur, who by new experiments has revived the doctrine that fermentation and putrefaction are not chemical processes, as has been maintained by Liebig, but physiological phenomena dependent on living germs derived from the atmosphere.

The first great step towards the establishment of the germ theory, was made in 1836 by Cogniard

Latour, who detected in yeast a microscopic fungus, the *torula cerevisia*, which seemed to be the essential constituent of the ferment, and he attributed the resolution of sugar into alcohol and carbonic acid to the disturbing influence of this growing organism. In the following year Schwann, published the results of investigation, he had made into the cause of putrefaction, during which investigations, he, too, independently discovered the yeast plant, and he described experiments which showed that a decoction of meat might remain for weeks together, free alike from putrefaction and the development of infusoria or fungi in a flask containing air frequently renewed, provided that the atmosphere was subjected to a high temperature, at some part of its course towards the containing vessel. Hence he concluded that putrefaction was caused by the growth of organisms springing from germs in the air, the heat preventing the putrefactive change by depriving the germs of their vitality. In other words he propounded the germ theory of putrefaction.

The result of Schwann's experiments was to convince most men that the fermentation of sugar was occasioned by the *torula cerevisiæ*, but it was not allowed that putrefaction was due to an analogous agency, and yet do not the cases present a striking parallel? In each a stable chemical compound, sugar in the one case, and albumen in the other, undergoes extraordinary chemical change under the influence of an excessively minute quantity of a substance, which regarded chemically we should suppose inert. In the case of fermenting beer or must, we can with the microscope see the *torula*. Can we in the case of putrid matter discover any similar disturbing cause? Yes. Put under the microscope a drop of pus that has undergone the putrefactive change and what an addition to the normal constituents of freshly evacuated, sweet smelling pus do we find? The pus has become thronged with numerous small jointed bodies called "*vibrios*," which assume vibratile or serpentine movements, such movements being unquestionably vital. Then comes the question, whence did they originate? Were they called into existence by the oxygen of the air acting in some not well understood way on some constituent of the pus, if so why did these animalcules not exist in the pus before evacuation, when it was lying in its abscess cavity, as in a large lumbar abscess, supplied with oxygen from its

pyogenic membrane, lining the cavity of the abscess and which we know is a highly vascular membrane, richly fed with bloodvessels? If we take this ground it will indeed be a hard question to answer, but if we take the germ theory as the explanation, the difficulty I think vanishes.

To endeavour to prove positively that the atmosphere is pervaded by the germs of minute organisms, and also that these organisms could not take their origin without such germs, Pasteur performed a number of experiments, and much as I would like to give you a short description of one or two of them, I must confine myself to describing one very striking experiment by Lister very similar to one performed by Pasteur. I will give it in his own words as nearly as possible. Writing in 1869 he says: "Two years ago last month, I introduced portions of the same specimen of fresh urine into four flasks" (urine being a fluid containing transparency with a high degree of putrescibility.) The body of each flask was about one-third filled with liquid. After the introduction of the fluid, the necks of three of them were drawn out into tubes rather less than a line in diameter, and then bent at various acute angles. In the other the neck was drawn out to a calibre if anything rather finer, but cut short and left vertical. The liquid was then boiled for five minutes, the steam issuing freely from the open end of the narrow neck of each flask. The reason for boiling it so long is, that as Pasteur has shown, merely raising this fluid to the temperature of 212° Fah., and then allowing it to cool, is not enough to kill all the organisms it may contain. It is necessary to maintain the elevated temperature for about five minutes, to insure complete destruction of their vitality. The lamp being then removed, air of course passed in to take the place of the condensed aqueous vapour, and during the two years that have since elapsed, a considerable fraction of a cubic inch of fresh air has entered every night into the body of each flask to exert its influence upon the liquid. In the case of the flasks with contorted neck, the air moving to and fro through the tube soon dried the moisture, which was at first deposited within it, making the neck dry as well as open from end to end, so that it could present no obstacle to any gaseous constituent of the atmosphere. Nevertheless, though thus freely exposed to the action of the gases of the air for so long a period, including two unusually hot

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summers, the urine still retains its original straw colour and perfect transparency, presenting neither cloud, scum nor sediment, and the only change that I can detect in it is, that of late as a result I presume of the slow evaporation that has been going on in consequence of the perpetual change of air, some very minute shining crystals have been deposited upon the sides of the glass. But, very different is the appearance of the urine in this other flask whose neck, short and vertical was calculated to admit particles of dust as well as gaseous material" (for considering the very gradual character of the movements of the air in consequence of the diurnal changes, it is conceivable that dust even though very fine might be arrested in angles of the flasks with contorted neck.) "The transparent straw colour has given place to a muddy brown, with abundant sediment, including the debris of different fungi, which have long since ceased to grow, poisoned no doubt by the acidity of the liquid, the pungently ammoniacal odour of which may be readily ascertained by placing the warm hand for a moment upon the body of the flask, while one nostril is kept at the orifice. Soon after the commencement of the experiment, this short necked flask had a really beautiful appearance. Two different kinds of fungi presented themselves—one of exceedingly delicate structure growing rapidly from the bottom of the vessel, so as to occupy in no long time the greater part of the bulk of the liquid; the other a dense blue mould floating at the surface and extending slowly in consecutive rings. Meanwhile the fluid gradually assumed a deeper and deeper amber tint, indicative of progressing change in its chemical composition.

In the case of the flasks with bent necks, I was not content with observing the completely unchanged appearance of the contained urine. Half a year after the experiment was begun, I poured out about half an ounce of the clear contents of one of these into a wine-glass for examination. Its odour was perfectly sweet and its reaction faintly acid, and under the microscope a careful search with an excellent glass of high power failed to detect vibrio, bacterium or any other organism. The lowest known forms of organic development and the slightest approach to putrefactive change had been alike prevented by simply filtering the air of its floating molecules. Yet the urine which had so long remained unaltered under the free

influence of the gaseous constituents of the atmosphere, proved as prone as ever to the usual effects of exposure to the air, as soon as particles of dust could gain access to it; for the wine-glass having been covered to prevent evaporation, I found the fluid in two days with a dunghill odour, and loaded with minute microscopic organisms, and a few days later different kinds of fungi visible to the naked eye were growing in it."

Now I think, to any one carefully pondering over what this experiment teaches, it will be found to afford the strongest evidence in favor of the germ theory of putrefaction. I am aware that other men have performed or endeavored to perform this experiment, and have failed to get a similar result, but we must remember that in a case like this merely negative results have little force compared with positive evidence, provided that the positive evidence rests on satisfactory authority. If we consider what the germ theory assumes, how minute the putrefactive particles are supposed to be, and how universally present in the atmosphere, and in the dust which adheres to all objects exposed to it, it is easy to understand failure in such experiments consistently with the truth of the theory; but it is impossible to understand success in any single instance, consistently with the falsehood of the theory.

Within the last two years, Mr. Lister, labouring with untiring energy to adduce further proofs of the scientific correctness of this theory, has made numerous experiments with milk—a highly putrescible fluid. In these experiments, instead of using flasks with variously bent necks, he made use of super-heated wine-glasses, that is to say, wine-glasses purified by subjecting them to a high temperature, and covering them with a glass cap and shade purified in the same manner by heat. The milk in these experiments was not boiled, but was introduced in the wine-glasses directly from the cow's udder, which, as well as the teats and the milkman's hands had previously been purified by means of a watery solution of carbolic acid, for it is not necessary, as has been thought, that in such experiments the organic liquids must be boiled, it having been shown that liquids such as milk and urine, if secured from their natural receptacles uncontaminated, will remain free alike from putrefaction and from organisms, when preserved in pure vessels and the dust of the air excluded.

The glass cap and shade do not fit with great accuracy, but allow an interchange of air to take place between the air contained in the glasses and the external atmosphere, but they are most effectual safeguards against the entrance of the dust, with its contained germs. Now just as the flasks lost a portion of their contents by slow evaporation, so do the contents of the wine-glasses gradually diminish, and in time will dry up altogether, but from first to last, no organisms are formed in them, nor does any putrefactive or other change take place in the contained milk.

I myself saw milk which had been lying in a wine-glass, as treated in the foregoing manner for a year and a half, shown before the Royal Society of Edinburgh, by Mr. Lister. And although eighteen months had elapsed since its introduction into the wine-glass, on removal of the shade and cap, it was found to be as sweet and pure as the day it came from the cow; and one of the members present drank that wine-glass of milk and pronounced it excellent. Similar experiments with the same object, only using urine instead of milk, have been performed by Lister; at times varying the details, but always keeping the same object in view, thus, using a prepared cotton plug as a cap to filter the air of its germs, at the neck of the flask or wine-glass; also with boiled organic liquids.

But about the researches of Prof. Tyndall, one of the ablest scientific men of the present day, bearing on this subject, I must say a few words. He has proved that air will become pure by mere subsidence of its dust; for he subjected solutions of meat and other organic liquids of a similar nature, to very crucial tests, and found that if these solutions are subjected to a high temperature, exposed in air boxes that have been kept at rest for a day or two, in order that the dust may subside, putrefaction will not take place, even for an indefinite time, provided also that means are taken to prevent the dust rising up—the means he uses to accomplish this, being to smear the inside of the box with glycerine. He also found that air under these circumstances was optically pure, that is, that there were no particles or motes to be detected in it when illuminated by a beam of electric light in a darkened room.

And now for a short description of the practical application of the germ theory. And first of all let me say that if any one wishes to give this system

a fair trial, whether he believes that the truth of the germ theory is an established fact or not, he must act as if he believed it was, otherwise by failing to get the results he expects, he will bring discredit on the antiseptic system and disappointment on himself, by neglecting some of those precautions which though they may appear trifling, nevertheless the germ theory tells us are essential to success.

To effect the exclusion of these germs that float in the atmosphere, and cause putrefaction, Mr. Lister employs chiefly three antiseptics: (a) Carbolic Acid; (b) Boracic Acid; (c) Chloride of Zinc.

These, though differing more or less in their mode of action, are each of them extremely valuable. Thus pure carbolic acid possesses great power in destroying low forms of animal life, and is the most useful and the most trustworthy antiseptic agent that has yet been tried. Its volatility renders it simply invaluable for dressing abscesses and hollow wounds, and for securing to us an antiseptic atmosphere, a most important factor in the performance of operations and the dressing of wounds. From its playing so important a part in the antiseptic system, some people are in the habit of talking about the carbolic acid system as if the whole gist of the matter, lay in the mere using of carbolic acid in some form or other. This is a great mistake; true it is that in the present state of the antiseptic system, carbolic acid is the greatest and best foe to these germs of putrefaction, still, if any one can produce any other agent which excels carbolic acid for those qualities for which it is used, I venture to assert positively that carbolic acid will form no part of Lister dressings. It was indeed thought at one time that salicylic acid might supersede it, being highly spoken of by Kolbe of Leipsic, who used it largely, and found out means to manufacture it cheaply, but on more extended trial it has been found wanting.

I shall now allude to the materials used and their manner of application in the dressing of an antiseptic case. Take as a very simple example, an ordinary abscess, for in such a case the antiseptic is used only to prevent the access of any septic organisms from without. First of all, it is necessary that the epidermis in the vicinity of the opening you intend to make into the abscess, should be free from organisms, for though the skin may be aesthetically pure, it very probably is not so from

an antiseptic point of view. For this end you cleanse it with a watery solution of carbolic acid in proportion of one part of the acid to twenty parts of water, (1-20); in the same solution the sponges and instruments are also purified, as well as the hands of the operator and his assistants. During the operation the sponges may be washed in 1-40 lotion, and in changing dressings this strength is sufficient. Then the gauze dressing is impregnated with carbolic acid held in resin, resin having the property of holding carbolic acid with great tenacity, but on account of its stickiness, it has to be mixed with paraffine—the most satisfactory proportions being acid 1, resin 5, paraffine 7. This gauze is made up into a dressing eight layers in thickness, of a size commensurate with the amount of discharge expected, which a little experience soon enables us pretty accurately to gauge. Between the 7th and 8th layers of this dressing, a piece of thin rubber or Mackintosh cloth is placed, to prevent the discharge coming directly through, washing out the carbolic acid stored in the dressing, and thus allowing putrefactive organisms access to the abscess cavity.

One more caution in reference to the gauze, inasmuch as carbolic acid is at the ordinary temperature of the air, given off very slowly from the gauze, organisms of putrefaction might not be deprived of their vitality by mere contact with the gauze, as they would for instance, if it was a watery solution of average strength, consequently it is safer to damp the gauze with the 1-40 lotion at the part which, when the gauze is applied, will be opposite the wound, or you may use a small piece of gauze wrung out of similar solution. The bandage to secure the dressings is made of the gauze, and from the resin contained in it, it has a certain degree of "clinginess" which makes it retain its place better than a calico bandage, which is an important point, as any shifting of the dressings might be disastrous in regard to the further antiseptic management of the case; it also enables you to apply a bandage underneath the gauze dressing, which is highly desirable in such cases as the retraction of the soft parts after amputation. Another very essential feature in the management of such a case as the hypothetical one we are considering is, that the atmosphere in the vicinity of the wound must be in an antiseptic state, as air is

sure to be passing in and out of the cavity of the wound, but as long as the air is *a-septic*, that is, freed from germs, it makes not the slightest difference, there being no wish to exclude the air or hermetically seal the wounds, as some have imagined was the object aimed at; this is managed by using a spray producer something similar to Richardson's ether spray producer. Lately a steam spray has been perfected by Mr. Lister, which acts very efficiently. If at any time we suspend the action of the spray, the wound should be covered with a piece of muslin free from holes, dipped in the 1-40 solution. The spray and muslin guard are of course unnecessary if the wound is superficial.

The mode of procedure summed up is as follows:—The skin being cleansed, the fingers of the surgeon and assistants, sponges, knife, and all instruments used purified; the spray is turned on, the opening made, the pus evacuated, any bleeding vessel secured by a carbolicized catgut ligature, the ends of which are cut short off close to the knot, and then a piece of drainage tube (to allow no serum to lodge in the cavity, else tension would result, causing inflammation,) introduced, the dressing of gauze applied and secured with a bandage. As soon as it becomes necessary to change this dressing, (which it is always well to do after 24 hours), an assistant should place his hand over the dressing while the pins with which the bandage has been fastened to it are removed and the bandage cut; this side of the dressing is then care fully raised and the spray directed into the angle between the dressing and the wound; the drainage tube is removed, washed in 1-40 lotion and re-introduced, the skin washed and a fresh dressing applied. By degrees the intervals between the dressings become longer, thus every 2, 3, 4, 5, or 6 days, as required by the diminished amount of discharge, at the same time shortening the drainage tube as required. The drainage tubing is that used by M. Chassaignac, and has holes cut in the side to allow the discharge to reach the lumen of the tube.

In all operation cases in which the skin is unbroken this is the mode of procedure, but in accidental wounds, such as compound fractures, dislocations not requiring amputation, we have to remember that septic matter has gained admission to the wound before we saw it, and we have to

endeavor to correct it by thoroughly washing out the wound with a strong watery solution of carbolic acid, taking care that the solution penetrates into all the recesses of the wound, of course also removing all foreign bodies and pieces of bone. To shield the wound from the irritating action of the carbolic acid, it is necessary to use some material that will be practically impervious to carbolic acid, and non-irritating itself. A very satisfactory protection is made by coating oil-silk with copal varnish and then a layer of dextrine. The dextrine allows the oil-silk to become uniformly wetted by the antiseptic solution (otherwise it would glide off the silk like water off a duck's back) into which it is dipped at the time of application to the wound. For if the carbolic acid was not kept from irritating the wound, healing would not take place and the tissues would be stimulated to suppurate.

In the class of cases in which putrid sinuses already exist and in which it is necessary to operate, say in a case of disease of the elbow-joint requiring excision, it is hardly to be expected that putrefaction can be entirely eradicated. Now and then this is effected by applying to the parts very freely, a strong solution of chloride of zinc at the close of the operation—40 grs. to the oz. of water. For chloride of zinc thus applied to the cut surface, renders the parts incapable of putrefaction for several days, and this without producing any perceptible slough. The patient is thus protected in that most critical time, the period preceding granulation, during which the divided tissues are most prone to inflammation and the absorption of septic products.

Boracic acid is, on account of its non-volatility not suitable for dressing hollow wounds, but in the form of lint and ointment, forms a valuable dressing for superficial sores.

Such, then, is the theory and such the practice of the antiseptic system; to your earnest and unbiased judgments I commend it, confident that if you rightly apprehend the theory and fairly test the practice the result will not disappoint you.

CAPILLARY NÆVUS.—Dr. Bradley (*Brit. Med. Jour.*) states that he has practised tattooing the skin over "port-wine stains" with carbolic acid. The result was a complete disappearance of the disfigurement in about three weeks. He recommended a further trial of this method.

CASE OF DOUBLE OVARIAN CYSTOMA.

BY CHAS. WM. COVEENTON, M.D., M.R.C.S., ENG.,
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The following case as illustrative of the difficulties that frequently attend a correct diagnosis of abdominal tumors may probably be interesting to the profession. I would *in limine* state that errors in correct appreciation of this disease (which, until within the last fifty years, had been held as only admitting of temporary palliation by tapping) should not be considered as seriously reflecting on the acumen of young practitioners. When we find the nestors in this specialty, for example, Spencer Wells, Boinet, Barnes, and others, confessing to an occasional grave mistake, only discovered on opening the abdominal cavity, we should deal charitably with the errors of those who have had little opportunity of studying this disease. Boinet, in the *Gazette Medicale de Paris for 1840*, relates a case of ovarian cyst, mistaken by some for pregnancy, by others for extra-uterine conception, by others for accumulation of fecal matter, by others for fibroid, and other tumors. Dr. Barnes recently referred to two cases that were supposed to be undoubtedly extra-uterine pregnancy, that proved to be ovarian cysts, and even Spencer Wells once punctured the gravid uterus, in performing the operation of ovariectomy, thinking it was the other enlarged ovary.

Mrs. F., the subject in this case, was a resident of Delhi, County of Norfolk, aged 48; twice married, having borne children to both husbands; menopause not established, having had the last menstrual period sometime in December. Shortly after, swelling was observed, but the patient could give little information whether she first noticed it in the centre of the abdomen, inclined to one or other side, or whether round, ovoid, or irregular in form. Sometime in March, she experienced what she conceived to be quickening, the increase of the swelling became more rapid, and shortly after this, I believe, the family medical attendant was first called in. Viewing it as pregnancy, the careful differentiation was not gone into by him, and he only occasionally visited her, until some time in August when a coloured discharge, with what were supposed to be uterine pains occurred, and the friends and medical attendant were summoned to attend her in her supposed confinement. The

pains continued at irregular intervals. On vaginal examination the attendant failed to make out the os, but found projecting beyond the Douglas cul de sac a firm unyielding tumor. Considering the case unusual, he requested the attendance of another practitioner. This gentleman subsequently informed me that on carefully watching the case, although the pains occurred at about the same interval of time as labor pains, he arrived at the conclusion that they were not uterine, and he was further strengthened in this opinion when he found on vaginal examination that only the posterior lip of the os, which was placed high up, above the symphysis pubes could be reached with the finger, the anterior not being within reach. He fancied he discovered also a greater mobility of the uterus than could occur at nine months' utero-gestation. After remaining in the house for some time and carefully watching the case, he arrived at the conclusion that although it might possibly be extra-uterine foetation, it certainly was not uterine. A square issue being thus established, the family determined, after an interval of some days, to have a third opinion. The gentleman called in made a very careful examination, including the use of the uterine sound, and other diagnostic means, as I was subsequently informed, and arrived at the conclusion that it was neither uterine nor extra-uterine, but a cystic tumor of some kind, adding that the case was obscure. On the 26th of August I was summoned in the night to a consultation with Mrs. F.'s regular medical attendant, in the case of another patient, and was told by him that it was his wish and the wish of the family that I should see Mrs. F.

As there had been so great a conflict of opinion in the case, I endeavoured to make the examination as exhaustive as possible. Mrs. F.'s general appearance was then favourable; complexion a little sallow, but conjunctiva clear; well nourished; limbs firm; temperature little if at all exalted; no varicose veins; areolæ not as dark as usual in pregnancy; no colostrum to be squeezed from nipples; no pencil line from umbilicus to pubes; girth, two inches above the umbilicus, 46 inches; an inch below the umbilicus, 43 inches; no dilated veins over the surface of the tumor; distinct fluctuation over the whole surface, but at that time no resonance on percussion. On placing the ear over the uterine region, no sound of foetal

heart could be detected. On making a vaginal examination I found the os above the symphysis pubes, the lips with difficulty reached, the vesico-vaginal and Douglas cul de sacs obliterated by a tumor that, on pressure, gave an obscure sense of fluctuation. Rectal examination also gave fluctuation. Bladder but little interfered with; no very frequent desire to urinate, and no difficulty in passing urine. The digestive organs were the most seriously interfered with; appetite fair, but almost invariably after eating, vomiting of ingesta, with a greenish black bile; flatulence, bowels generally regular. Her mental condition was good, calm and serene; no hysteria; sleep fitful. Respiratory organs favourable; no accelerated breathing or cough; sounds of heart normal; pulse accelerated, but fair in volume and force. Since the time at which the doctors had been summoned to attend her in supposed labor, there had been neither colored nor any other discharge from the vagina and no expulsive pains. The family history was favourable; no cancerous diathesis. The locality of residence also favorable, on a gravelly hill with good drainage. No evidence of cyst inflammation, entire absence of tenderness on gentle succussion or severe pressure. Slight mobility of tumor on grasping it from below upwards. I diagnosed a case of multilocular ovarian cyst, with probable adhesions, and as the pressure was interfering so much with the digestive functions, advised tapping. On the 2nd of September, at the husband's request, I tapped the cyst. Dr. Stanton, of Simcoe, and the two local physicians were present. After puncturing with a hypodermic syringe, and by means of it drawing off a few drops of viscid fluid, I divided with a lancet the skin and adipose tissue, and then thrust through the remainder of abdominal parietes a medium-sized trocar, and drew off, by weight, fifteen pounds of a highly viscid strawberry colored fluid, sticking to the fingers like glue. This for a week or more gave great relief, the digestive power improving, and rest at night improved. On the 13th I was again sent for with the view of a second tapping; this I objected to on the ground of the danger of adhesions from peritoneal inflammation, and advised her to think seriously of an operation for the removal of the cyst. On the 6th of October, having learnt that the patient was willing and anxious for it, I went up to make the

preliminary arrangements, as regarded a thorough ventilation of the room selected for the patient, scattering lime under the house, and removing all vegetable debris, also means for securing a uniform temperature, &c. The operation was arranged for the 12th of October. Present:—Drs. Coldham Fisher, Stanton, Sovereign, and Carder. Before administering the chloroform I requested Dr. Coldham, who has had extensive experience of ovarian and other cysts, to make a very careful examination, and verify or otherwise my diagnosis. After a minute and very thorough examination he arrived at the conclusion that although probably ovarian, there was a doubt in his mind whether it might not be omental, or fibro-cystic uterine tumor. As either of these two would preclude the chance of extirpating, with any reasonable hope of recovery, I determined, in consultation with the other gentlemen, on delaying the operation until we could have the benefit of Dr. Hodder's opinion in the case. A few days after I sent him by mail a detailed statement, and requested him to oblige me by coming up. Dr. H. had at the time two cases of ovarian cyst, one just operated on, and another to follow in a few days. On the 1st of November Dr. H. came up, and the following day we proceeded to the patient's residence. The condition of the patient was not equal to when I first visited her. This was shown by loss of appetite, swollen feet, and greater pallor of the face. The mental condition, however, was good, calm, hopeful, and resigned to whatever might be the result. I should here remark that on the 12th, in order to test the nature of the contents of the cyst, by means of a small trocar, I removed about a wineglass of the fluid, this, on boiling, precipitated two-thirds of its weight, I should say, of albumen. The addition of an acid having no effect in dissolving it. Following this there was a small amount of peritoneal inflammation, and there was meteorism above the umbilicus, where formerly it had been dull. Dr. Hodder made a very long and thorough examination, ascertaining by sound, position of bladder and uterus, fluctuation by vagina and bowel, general appearance and feel of tumor, diagnosing multilocular cyst of the right ovary, with lateral and posterior adhesions and effusion of ascitic fluid into peritoneal cavity. Every requisite preparation having been made, the patient was placed on the

operating table and the operation proceeded with Present:—Drs. Hodder, Coldham, Stanton, Wilson, Kennedy, Sovereign, and Carder. Dr. Wilson administered most carefully the chloroform, assisted by Dr. Sovereign in watching the pulse and respiration, Drs. Hodder, Coldham, Stanton, and Kennedy giving me most kind and able assistance, and Dr. Carder attended to cauterizing irons. I made an exploratory incision of two inches, commencing half an inch below the puncture in tapping, through skin, adipose tissue, superficial and deep layer of areola tissue, dividing them on a director forced in by Dr. Hodder. On dividing the linea alba the peritoneum bulged slightly into the gap made by the incision, on opening which a considerable quantity of ascitic fluid escaped. I then passed in two fingers, found the adhesions anteriorly to be easily broken down, and divided the abdominal wall downwards, making the length of incision in all below umbilicus four inches. There was very little bleeding; this was immediately absorbed by sponges with little or no entrance into the abdominal cavity. On the discharge of the free ascitic fluid the pearly blue cyst came in view. This was punctured with a large trocar, with India rubber tubing attached, and a large quantity of ropy, adhesive, yellowish fluid removed. The reduction in size of the cyst, by this copious discharge, enabled me to pass the hand on either side between it and the abdominal wall, and with the fingers gradually break down the lateral adhesions. The cyst not being sufficiently reduced to permit its extraction through the incision, Dr. Hodder drew it higher up over the canula, pushing the trocar forwards and thrusting it into another cyst, a large discharge following.

At his suggestion I enlarged the incision upwards on the left side of the umbilicus, a little over two inches, and was then enabled by grasping it with a towel to remove it slowly from the abdomen. The assistant on my left, Dr. Stanton, placed his hands on either side of the incision and prevented the prolapse of the viscera by keeping the edges of the incision in close approximation. The pedicle was then tied with fine silk, firmly grasped with a cautery clamp, divided and the thin line of cut edge, cauterized with an iron at white heat. On sponging out the pelvic cavity another large cyst of the left ovary was found firmly impacted. This was much freer from adhesions and com-

paratively little trouble was experienced in its removal. The pedicle was treated in the same way as that of the right ovary, the pelvic cavity again sponged, and an omental vessel that had been tied cauterized. The wound was then brought together by hare-lip pins, through the whole thickness of the abdominal wall, at intervals of an inch, the two layers of peritoneum thus brought in close contact with each other, and fastened by the silk figure-of-eight. An india-rubber drainage tube was fastened in at the lower end of the incision by a superficial suture, the abdomen dried and cleansed and supported by long strips of adhesive plaster, carbolized tow, placed along the line of incision, and a flannel belt pinned around the whole. The patient was then gently removed to her bed, place on her back with the knees supported by a pillow and hot bottles of water placed to the feet and inside of legs. Pulse at right wrist very quick and feeble, at left hardly perceptible; brandy was very freely administered; breathing stertorous, no evidence of returning consciousness. After remaining an hour, during which time brandy was given at short intervals (with but little improving of pulse) and a suppository of opium placed in the rectum, the patient was left with Drs. Sovereign and Carder, who agreed alternately to watch by her bedside and introduce the catheter every six hours. The next morning I received a telegram from Dr. Sovereign, informing me that the patient died at 5 a.m. Anxious to ascertain whether her death resulted from nervous shock or internal hemorrhage, I went up immediately with Dr. Stanton to request a *post mortem* examination; this was granted. Rigor mortis only commencing at the upper part of body; abdomen and thighs warm. On removing the flannel bandage, carbolized tow and strips of plaster there was no soiling, and from the drainage tube only a few drops of blood had escaped. No bulging of wound. On removing the needles, we found adhesion of the peritoneum along the whole course of incision. Bowels normal in appearance; on displacing them, a large sponge was pressed into the pelvic cavity, which absorbed only a couple of ounces of sanguinolent serum; from neither cauterized edges of the pedicles nor omental vessel, had there been the slightest oozing. Dr. Sovereign, who was present at the autopsy, informed me that from the time we left,

the breathing had, with rare exceptions, been stertorous. The only evidence of consciousness was the forcible grasping of his hand at 11 p.m. when introducing the catheter—four ounces removed. This was probably more an automatic than a conscious movement. Dr. Wilson administered the chloroform with great judgement, and only three ounces were used. In every step of the operation I was most ably assisted by Drs. Hodder, Coldham, and the other gentlemen present, and no precaution was neglected that would give a reasonable hope of success. The right ovarian cyst, I should judge, with contents, weighed at least twenty-five pounds. It contained a large amount of solid or semi-solid substance that could not be broken down and removed through the canula, on that account the incision upwards was made, but in all, the incision did not exceed six inches. The tumor impacted in the pelvis and growing from the left ovary was perfectly cystic in form, about eleven inches in length, with a girth I should estimate at between thirteen and fourteen inches; weight certainly not less than twelve pounds, it was only slightly bound down posteriorly, and did not require tapping for its extraction.

A CASE IN OBSTETRICS.

BY A. H. BEATON, M.D., AURORA.

On the evening of the 9th September, 1873, I was called to attend Mrs. M—, of Stayner, in her first confinement. She was about 24 years of age, well formed, and had enjoyed remarkably good health. Labor had set in naturally, and proceeded very rapidly, so much so that the "waters" escaped, and the head presented at the upper strait in about two hours from its commencement. From this period, however, the process was very slow, although the pains continued strong and were aided by external pressure judiciously employed. When two hours more had elapsed with little or no progress, I applied the forceps and speedily delivered a large healthy looking male child. I was astonished, however, to find a large tumor, nearly as large as the child's head, in the umbilical cord, about two inches from the abdomen. The cord was about the usual length and size, with nothing abnormal about it except the tumor. On one side of the tumor was a patch of

skin two inches in diameter, of the same color and appearance as the body of the child—the rest of it being membrane resembling the cord, and, indeed, being a portion of it. At first I was at a loss to know what to do with it, whether to cut the cord on the inner or outer side, but concluded, as I had very imperfect light, it being night, to cut on the outer side, and make a more careful examination in the morning. The child was washed and rolled up comfortably, and left till I could have an opportunity of determining what I really had. I thought at the time that the tumor, or sac, contained the intestines, but as the portion of cord between it and the abdomen did not differ in size or appearance from that extending to the placenta, I was somewhat cautious in giving an opinion. The mother was kept in ignorance of the circumstance, and passed a very comfortable quiet night. The next morning I had no difficulty in coming to the conclusion that the tumor contained the intestines of the child, and immediately attempted their replacement by taxis, or, more correctly speaking, by manipulation.

A half hour's trial satisfied me that I could not succeed in this way, and I then concluded to open the sac. The child was held by its grandmother, a very intelligent lady, in a room purposely heated for the occasion. I made an incision three inches long, and the intestines came rolling out so fast that I soon had both my hands filled with them. Every inch of the small intestines had been confined in the tumor, and from its construction and the presence of the patch of natural skin, I have no doubt they formed and matured there. The process of returning, or transmitting them to the abdomen, was necessarily slow, as the opening was very small, and they were considerably distended with gas. The inconvenience of the presence of gas became greater as the work proceeded, and at length I had to resort to pricking the bowel in order to allow it to escape. The pricking was continued till the whole had been returned. The cord was then tied at the proper place, the abnormal appendage cut off, a pad adjusted, and the child dressed. A teaspoonful of castor oil was ordered, and on my return four hours afterwards I learned that it had "operated nicely." The child thrived as well as any child could do, and is now a fine healthy little fellow.

Having never seen a case of the kind before, in

an experience of over 2,000 cases of obstetrics, and being unable to find any record of such in any of the authorities with which I am conversant, I have thought it advisable to publish this. It is true some authors give instances, where, either by violence of labor, or the peculiar weakness of the abdomen, a portion of the child's bowels has been forced into the cord; but in this case it was not the result of the labor; and, not only a portion, but the whole of the small intestines occupied the sac or tumor.

Correspondence.

POISONING BY SALTPETRE.

To the Editor of the CANADA LANCET.

SIR,—At page 96 of your November issue appears the report of a case of poisoning by oxalic acid which came under my treatment at the Toronto General Hospital. As this report, which was made without my knowledge or supervision, contains several errors, I hope you will kindly permit me to place before your readers a correct version of the case. W. B., æt. 52, a native of England, was admitted into the Toronto General Hospital on Oct. 5th, under my care. Two weeks previous he had taken about an ounce of saltpetre, which had been sold him by a grocer in mistake for Epsom salts. His sister-in-law took a teaspoonful of the drug at the same time. Both of them vomited immediately afterwards. They also complained of pain in the epigastrium, and were purged. Owing to the relatively smaller dose taken, the woman recovered, though she continued to suffer uneasiness in the stomach for some weeks afterwards. W. B., at the time of admission, complained of tenderness in the epigastrium, vomiting, persistent headache of the vertex and constipation.

Last winter he had been treated by Dr. Temple for pericarditis. An examination revealed that the heart was enlarged, the apex beating three inches below, and a little to the left of the nipple. There was no evidence of valvular disease. He was ordered bismuth grs. v. twice a day in milk, and a diet of milk and lime water. On account of the steady headache the following was given:—

R Potass Bromid, ℥ss.
Aq. Camph. ℥viii.—M.
Sig. ℥ss. ter. in die.

Oct. 9. The patient appeared very dull and heavy; complained much of his head. There was also incontinence of urine; slept very little, and was constantly moaning.

Oct. 10.—Eats nothing; very stupid and heavy; pulse, 107; respirations, 24.

Oct. 11.—Comatose with stertorous breathing; pulse, 154; respirations, 50; temperature, 103; died at 8 p.m.

POST MORTEM.—The heart was adherent to the pericardium, and was enlarged, weighing eighteen ounces; no valvular lesions were present. The stomach contained a quantity of dark greenish turbid fluid. The mucous membrane was very red over a large portion of the greater curvature, and in the centre of this reddened portion was a gangrenous patch about the size of a penny. In raising the stomach from its position the patch burst, allowing the contents of the organ to escape.

On examining the brain a portion of the surface about the size of a penny showed marks of recent inflammation. The surface of the convolutions, at this spot, was much roughened. There was no effusion. The inflamed spot was situated beneath the articulation of the superior angle of the occipital bone with the parietal bones. The rest of the brain was healthy. The dregs of the drug which remained in the cup used by the deceased were analyzed by my friend, Dr. Ellis, of this city. After looking in vain for oxalic acid, sulphate of zinc, etc., he found that it was simply saltpetre.

While writing on this subject I feel tempted to mention this rather curious circumstance. Last July I saw, in consultation with Dr. Gahn, of this city, a young man who fell suddenly ill, after taking an ounce of a substance which he had bought of a druggist for epsom salts. The suddenness of the seizure, the violence of the symptoms at the time, the subsequent tenderness of the epigastrium, and the excessive prostration, all pointed to an irritant poison. I saw the patient one week from the beginning of the attack; he was emaciated, jaundiced, and suffered from extreme tenderness in the epigastrium. I advised Dr. Gahn to order his patient a desert spoonful of the best olive oil three or four times a day, and good beef tea. The patient recovered. Dr. Ellis endeavored to analyze the vomit; but it was so mixed with impurities that he could give no posi-

tive opinion as to the nature of the drug. He did not find oxalic acid, zinc, or antimony. The only constant reactions which he did obtain were those of sulphuric acid and magnesia, so that, after all, it is not unlikely that the distressing symptoms which nearly brought a strong young man to death's door were caused by an ounce of epsom salts.

I remain, etc.,

J. J. CASSIDY, M.B.

Toronto, Nov., 1876.

TRACHEOTOMY.

To the Editor of the CANADA LANCET

SIR:—If you deem the following case worthy of inserting in the LANCET, it is at your disposal:—

Thomas Daley, æt. 65, while eating his dinner at the Victoria hotel, Guelph, on the 31st of October, was suddenly seized with symptoms of impending suffocation. Dr. Brock, who resides within a hundred yards of the hotel was at once sent for. On his arrival, he found the man apparently dead, but being convinced that life was not yet extinct, he at once ordered him to be carried out on the veranda, as the dining room was rather dark and close.

On examination of the fauces, no foreign body could be detected either with the eye or the finger, but feeling confident that the symptoms arose from some obstruction of the trachea, and unless immediately removed death was imminent, the doctor at once proceeded to perform the operation of tracheotomy. On cutting down upon the trachea, great difficulty was experienced in making the necessary incision—both on account of its being partly ossified from the advanced age of the patient, and from his only having a slender bistoury at hand.

Having at length succeeded in making a sufficient opening for the entrance of air, the patient almost immediately began to show symptoms of recovery. Upon introducing the finger as far back into the throat as possible, the doctor was enabled to reach a large piece of meat, which he extracted; again and again introducing his finger, two more large, tough, gristly pieces, which had evidently been bolted in a greedy manner, were drawn forth. The edges of the wound having been brought toge-

ther with wire sutures, the man was immediately sent to the General Hospital. On the following day the sutures were removed, and adhesive plaster applied. Patient complained of pain and stiffness in the body and extremities for several days, caused, no doubt, by the severe struggles during the time he was asphyxiated. Tongue and lips remained black for about forty-eight hours. The wound healed by first intention, and the patient was discharged cured six days after admission.

Yours, &c.

GERRALD O'REILLY.

Assistant, Guelph Gen. Hospital.

THE PARIS HOSPITALS.

To the Editor of the CANADA LANCET.

SIR,—In the following sketch I propose to give you a brief account of what I saw in the Paris hospitals during a month's stay in that city in the summer of 1875. Though only acquainted with a few words of French myself, I was fortunate enough to meet with a Canadian friend who had been in Paris several months, and we visited the hospitals together.

My first visit was to the Hotel Dieu, which is a very beautiful building consisting of several blocks, connected by corridors, and intended to accommodate 1000 patients. It was not yet finished, but in one of the out-patient rooms a consultation on diseases of women was being presided over by one of the assistants. During less than two hours we saw thirty-five women examined, first by the digital method, and then by means of the bivalve speculum. When any specially interesting case appeared, we were invited to examine for ourselves. Here they treat nearly all cases by a tampon of cotton wool which acts as a support in displacements, and when medicated is used in leucorrhœa, &c.

Our next visit was to the hospital for diseases of children. We went around the wards with Bouchut, who gave a clinic on each case, and among them was pointed out a girl suffering from chorea in whom bromide of potassium had been tried without success, but chloral had removed all the symptoms except a convulsive twitching of the diaphragm.

After Bouchut had gone through the wards, he

took us to a darkened theatre, where he showed with a sciopicon, a number of ophthalmoscopic appearances of cerebral diseases.

Next day we visited the hospital for syphilis where we saw Fournier examine a great many interesting cases. He uses iodoform to a great extent for abrasions of the vulva, cauliflower excrescences, &c. Connected with this hospital is a very fine collection of wax models of syphilitic disease.

On the 2nd July we visited the St. Louis hospital to hear Hardy give his clinic on skin diseases. Some time before the hour at which he was expected, there was assembled in the ward a group of students, among whom were representatives of all nations, Frenchmen, Germans, Russians, Spaniards, Chinese, Americans, &c.

At the appointed hour Hardy came within the enclosure of students who were all sitting in a circle, and bringing a patient with him walked the latter around so that each could examine the case for himself, and at the same time he gave a clinic upon it. One case after another was brought in, and the history, pathology, diagnosis, and treatment gone over.

Hardy is an ungainly looking man, of average height and about fifty-nine years of age. When he speaks his mouth is drawn to one side from facial paralysis; his eyes are small and deeply set, and at the first glance he has anything but a look of intelligence. But when he begins to speak one immediately loses sight of his personal imperfections.

Another day we again went to the St. Louis Hospital to see Péan, and directed our steps to the operating theatre. We had not long to wait among the thronging students before the portly form of M. Péan appeared. He at once began by reading over a list of interesting cases to be seen in the wards, and then the victims were brought in *seriatim*, a synovial cyst of the hand; myxoma of cheek, &c. He gave a clinic on each case before operating.

On the 5th of July we visited the Hospital de Charité, where we heard a lecture on epilepsy, by Germain Leé, and then went around the wards with Trelat, where we saw a great variety of surgical cases.

Next day we visited the Hopital Laraboisier, which is situated near the Great Northern Railway

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station. It is built in blocks arranged in the form of a square, connected by corridors and enclosing an open court in the centre. The ventilation is carried out by means of air shafts in the centre of each ward, the foul air being carried away by registers at the top, while the windows are kept shut so that there are no drafts. As there were no medical officers going around at the time, we had no opportunity of examining the cases.

On the 10th July we again visited the St. Louis Hospital and saw Péan operate for ulceration of the rectum, hemorrhoids, and cyst of the scalp, by means of the galvanic cautery; he then excised a papilloma of the hand with scissors; and bored a hole in the mastoid process for inflammation of the bone.

On the way back we called at the Medical School and heard a lecture on Obstetrics, by Pagot. He appeared to make it very amusing, describing in a ludicrous manner the mistakes in diagnosis of the tyro in midwifery. There were several lady students present.

We next visited the Anatomical Museum, and the Dupuytren Museum of Pathology. The latter is a most interesting and extensive collection.

On the following day we visited the Hopital la Pitié, and went around the wards with Lasague and Vernier, after which we heard a clinic on Fistula, by the latter. This is a very old Hospital, very much overcrowded and poorly ventilated. On our way home we passed through the Jardin des Plantes. In one part of the grounds is a museum and lecture-room, where we heard Claude Bernard give a lecture on Physiology, and saw him apply an electric current to the prepared muscles of a frog's leg in the well-known experiment.

On the 16th we again visited Hardy's clinic on Skin Diseases. This was his last clinic, as at the age of 60, the medical officers are obliged to resign in favour of younger men. He showed us a case of "Pelade" (a disease resembling tinea tonsurans); several cases of erythematous lupus; a case of discolored skin from nitrate of silver; and one of arsenical hyperæmia of the skin.

On the 17th I paid my last visit to the St. Louis Hospital and saw Péan operate for anterior staphylococci; removal of carcinoma from cheek; excision of breast, &c. He restrains hemorrhage by means of forceps, which are a combination of dressing and torsion forceps. In the excision of the breast, I

counted upwards of two dozen of those instruments hanging from the wound. A number of hand microscopes were passed around showing sections of various tumors.

On our way home we called at the School of Anatomy of Clamart. Here there are five halls, each containing twenty-four tables, and these are well supplied during the winter months. This is provided for the internes of the hospitals who dissect free of charge, but strangers pay \$10 a month for as much material as they want.

The hospitals in Paris are all under Government supervision, and the medical officers are paid by the country. There are three medical schools in France, all supported by Government, one being situated in Paris. Students pay no fees for attending classes, or hospitals, but pay a large fee when they graduate. This system produces a large attendance of students, so that in the hospitals it is sometimes difficult to get near the bedside. A large amount of hospital work is done by the internes, or students who reside in the hospitals, being appointed by competitive examination, who act as house-surgeons and dressers.

One is struck by their carelessness in giving the anæsthetic, and the dressings are by no means as carefully attended to as one is accustomed to see in the London hospitals.

The over-crowding and ill-ventilation of the wards, are very apparent, particularly in the older hospitals, and one would think it impossible for the surgeon to give sufficient attention to individual cases, when so many are allotted to one man.

The operating is rapid and brilliant, and the clinical instruction is probably more thorough than that of the English hospitals.

The expenses of living in Paris are light, and the amount of instruction, together with the beauty of the city, and its surroundings, the picture-galleries, museums, parks, and works of art, well repay a Canadian for the cost and trouble of a visit.

K. N. F.

Kingston, Ont., Nov. 9th, 1876.

CHOREA AND DISTURBANCE OF VISION.—In the *Medical Times and Gazette* for October 14 appears a new theory of chorea by Dr. Stevens, of Albany, in which a connexion is shown between chorea and imperfect vision. It is supposed that the distress of the nervous system caused by anomalous refraction and other causes of indistinct vision, act in such a way as to cause chorea.

Selected Articles.

ERGOTIN IN UTERINE FIBROIDS.

Dr. Lombe Atthill, of the Rotunda Hospital, Dublin, writes to the *British Medical Journal*:—

I, in common with all those who practiced the hypodermic injection of ergotin, as recommended by Hildebrandt, have found that this treatment, sooner or later, resulted in the formation of troublesome sores. I think it of some importance to say that, though this is perfectly correct with reference to the cases published by me, and quoted by Dr. Byford in his essay, it is not so with respect to my more recent ones. I have availed myself since my appointment to the Mastership of this hospital, of the larger opportunity offered me here to carry out this treatment more extensively, and I give the following cases as examples of the results obtained. Case 1, of large intramural fibroid, in a widow, nulliparous, aged thirty-eight; prominent symptoms, distress from weight and size of tumor, menstruation increased but not excessive, returning at intervals of twenty-one days; with an intramenstrual discharge of blood, moderate in quantity, lasting for three days; thirty injections practised at intervals of two and three days. Result: total disappearance of the intra-menstrual discharge, slight prolongation of the intramenstrual period, hardening and apparently slight diminution of the bulk of tumor, no pain caused by injection or irritation following it. Case 2. Single woman, aged forty-five, rendered exsanguine by profuse menorrhagia, accompanied by excessive pain, and lasting fifteen days and upward, intramenstrual period of not more than from seven to ten days; of late, in fact, seldom free from a red discharge; large intramural fibroid, filling up pelvis, and reaching to within an inch of umbilicus. Upward of sixty injections of ergotin; admitted January 6th. Result: March 10th, flow diminished in quantity and lasting for six days, intramenstrual period prolonged to twenty-one days; April 1st, menstruation reappeared this day, lasted but two days; May 21st, menstruated to-day, flow lasted four days. Marked as the improvement was as regards the check put on the loss of blood, her condition in other respects was not satisfactory; her sufferings, always great, were aggravated, the injection being always followed by severe pain, referred to the tumor, necessitating the constant use of morphia; she seldom could leave her bed; and I finally abandoned the treatment, and am now endeavoring to enucleate the tumor. I hope, at a future time, to publish the case *in extenso*. At present, I wish merely to point out the fact that the injection of ergotin, in neither of the two cases I have detailed, was followed by the formation of sores; nor has it been in several others in which it has been recently

practised for a shorter time by me. The only explanation I can give of the greater success in my later cases is this, that whereas I formerly added a small quantity of glycerine to the solution of ergotin, as recommended by Hildebrandt, I now employ a solution of one part of the extractum ergotæ liquidum (*British Pharmacopœia*) in two of water, injecting 15 or 20 minims of this each time. I always insert the needle into the gluteus muscle, making it penetrate to the depth of more than an inch.—*Med. & Surg. Reporter*.

SALICIN IN ACUTE RHEUMATISM.

Before the onset of winter I would again draw the attention of the profession to the beneficial action of salicin in acute rheumatism.

In my original paper on the subject the following conclusions were given as the result of my then experience of the remedy:—"1. We have in salicin a valuable remedy in the treatment of acute rheumatism. 2. The more acute the case, the more marked the benefit produced. 3. In acute cases, its beneficial action is generally apparent within twenty-four, always within forty-eight, hours of its administration in sufficient dose. 4. Given thus at the commencement of the attack, it seems to arrest the course of the malady as effectually as quinine cures an ague, or ipecacuanha a dysentery. 5. The relief of pain is always one of the earliest effects produced. 6. In acute cases, relief of pain and a fall of temperature generally occur simultaneously. 7. In subacute cases, the pain is sometimes decidedly relieved before the temperature begins to fall; this is especially the case when, as is frequently observed in those of nervous temperament, the pain is proportionally greater than the abnormal rise of temperature. 8. In chronic rheumatism, salicin sometimes does good where other remedies fail; but it also sometimes fails where others do good."

A further experience of the remedy has confirmed me in the accuracy of these conclusions. In not one case of acute rheumatism have I found salicin fail to produce a speedy cure of the disease. I have therefore nothing to add to, nothing to detract from the conclusion—"that, given in sufficient dose at the commencement of the attack, salicin seems to arrest the course of acute rheumatism as effectually as quinine cures an ague, or ipecacuanha a dysentery."

The points to which, in this communication, I would direct special attention, are: first, the dose which should be given; and, second, the action of the remedy on the cardiac complications of acute rheumatism.

1. *The Dose*.—What I said on this point in my former paper was as follows:—"The dose of salicin is from ten to thirty grains every two, three

or four hours, according to the severity of the case. Fifteen grains every three hours is a medium dose for an acute case. It is very possible that less might suffice; for I have not tried to find the minimum dose. It is very certain that a much larger dose may be given without producing discomfort."

Further experience has led me to the conclusion that it is well to give the larger dose; and that the best way to get the full and speedy benefit of the remedy is to saturate the system with it as quickly as possible. The more speedily this is done, the more speedily are the fever and pains subdued. I now, therefore, give the salicin to adults in a dose of twenty to thirty grains every two hours: in very acute cases I give that quantity every hour till pain is relieved. With relief of pain, sleep returns and the hourly dose cannot be adhered to. But it is well to give twenty grains, at least, every two hours during the day, till the temperature is down to the normal. For a week afterwards the same dose should be given four times a day.

Salicin is an excellent bitter tonic—in my experience as good as quinine, and not apt to disagree as the latter is. I have always found cases of acute rheumatism treated by it convalesce very rapidly; treated in the old way, convalescence from that disease is a slow and tedious process.

I am specially anxious to call attention to the necessity for giving salicin in large and frequently repeated doses, because, in some of the cases which have been reported in the journals since my original paper was published, the dose given was too small to produce benefit. To give "from thirty to sixty grains per day" is to do justice neither to the patient nor the remedy; and to report a case in which such a dose was given as one indicating "the inability of salicin to arrest the disease," is to draw an inference which is unwarranted by the facts, and which tends to throw unmerited discredit on a remedy whose ability to arrest the progress of acute rheumatism has already been demonstrated in numerous cases. A case of acute rheumatism which gets from thirty to sixty grains in 24 hours—i. e., an average of less than two grains in the hour—receives practically no treatment, and is of no value as evidence either for or against salicin.

2. *The cardiac complications.*—What I said on this subject in my former communication was as follows:—"Regarding the action of salicin on the cardiac complications of rheumatic fever, I have no experience.....But it needs not the details of cases to demonstrate that a remedy which curtails the duration, or mitigates the severity, of an attack of rheumatic fever, must of necessity diminish in a proportionate degree the risk of cardiac mischief."

The first part of this statement I have now to recall. I have some experience of the action of

salicin on the cardiac complications, and shall presently give it.

The latter part of the statement I would in no way modify. There can be no doubt that the longer a case of rheumatic fever continues, the greater is the risk of the heart becoming involved; and that a remedy which cuts short that disease diminishes the risk to which the heart is exposed. Cure the patient in a week, and his heart is more likely to escape than if the ailment last for a fortnight.

From the fact that salicin so readily cures rheumatic fever, we therefore infer that it is a valuable agent in preventing the occurrence of the cardiac complications of that disease.

Whether it is of value in the treatment of these complications after they have made their appearance is another question, to which I would for a moment direct attention.

As already remarked, the question of the action of salicin in the treatment of the cardiac complications of rheumatic fever is distinct from the question of its power to prevent these.

It is now two years since I began to use salicin. During that time I have had under my care fourteen cases of acute rheumatism. Of these, eleven have been treated by salicin and three (for contrast sake) by salicylic acid. In not one case in which the heart was intact when treatment commenced, has any cardiac complication developed itself. To what extent this freedom from so common a complication is due to the salicin may be a matter of opinion. Under no other plan of treatment did I ever experience such immunity from cardiac mischief, and my own very strong belief is that this immunity is attributable to the beneficial action of the salicin. The salicin cures the fever, and in doing so saves the heart from the action of the rheumatic poison, in the same way as it saves the joints.

In private practice, cases of acute rheumatism are generally seen at an early stage of the illness. If the salicin be given at once and in frequently repeated large doses, I believe that the great danger of such cases—involvement of the heart—may be warded off.

If, as I do not doubt will be the case, the administration of salicin or salicylic acid in large and frequently-repeated doses should ultimately come to be the only treatment of acute rheumatism I do not hesitate to say—to prophesy, if you will—that in the next generation valvular disease of the heart will be much less common than it is in the present.

How much anxiety and how much suffering will thus be saved to mankind, those only know who understand the "hard conditions" which heart disease imposes on its victims during life, and the long trying agony by which it slowly leads to death.

The general treatment applicable to rheumatic

inflammation of the heart does not differ from that of similar inflammation in the joints. What is best for the latter is best for the former. Salicin cures the latter; salicin ought, therefore, it may be argued, to cure the former. And so, I have no doubt, it would, if the conditions of the heart and the joints were the same. But such is far from being the case. Acute rheumatic inflammation of a joint leads to the effusion of fluid; acute rheumatic inflammation of the heart leads to the effusion of lymph. Fluid effused into a joint is readily absorbed when the cause which gave rise to it is removed; lymph effused on the surface of the heart, inner or outer, is probably never completely absorbed.

Salicin given in sufficient quantity, and at a sufficiently early period of the illness, is competent to prevent the inflammatory mischief which gives rise to such effusion, but is incompetent to remove that effusion after it has taken place. Hence we find that, valuable as salicin is in the treatment of acute rheumatism, and in preventing inflammatory mischief in the heart, it has no effect in removing the effusion to which such mischief gives rise. And this is just what might have been anticipated. For the direct cause of all the objective, and most of the subjective, symptoms of cardiac inflammation is not the rheumatic poison which causes the inflammation, is not even the inflammation itself, but is the effused lymph which results from it.

The lymph effused during rheumatic inflammation differs in no respect from that thrown out during non-rheumatic inflammation of the heart's membranes. No one would expect salicin to remove the latter. It would be as unreasonable to expect it to remove the former. Salicin is not deobstruent; it is anti-pyretic and anti-rheumatic. It cures rheumatic fever, but it does not stimulate absorbents.

The fact that salicin is powerless to remove cardiac damage is an urgent reason for getting the system under its influence, and so out of the influence of the rheumatic poison, before the heart becomes involved.

The occurrence of cardiac inflammation is no reason for stopping the salicin. On the contrary, that inflammation is so clearly due to the rheumatic poison that the general treatment most applicable to it is that which best counteracts the influence of the poison to which the inflammation is due.

Salicin thus acts on the rheumatic poison. The free administration of that remedy is, therefore, the most likely way to prevent extension of the cardiac mischief.

The conclusions to which I have come with reference to the action of salicin on the cardiac complications of acute rheumatism are:

1. That given sufficiently early, and in sufficient dose, salicin prevents these complications.
2. That its free administration is the best means

of staying their progress after they have occurred.

3. That such general treatment does not exclude the usual local measures—leeching, poulticing, &c.

4. That the beneficial action of the salicin on the heart ceases when the temperature falls to the normal.

5. That salicin is powerless to remove the effusion which remains after the fever has ceased. (To touch the gums with mercury, slightly but quickly, I regard as the most hopeful means of attaining this end.)

It is right that I should add that my experience of salicylic acid leads me to regard it as having much the same action as salicin, as an anti-pyretic and anti-rheumatic. All that I have said of the alkaloid I believe to be equally applicable to the acid.

The advantage of the former is that it is an excellent bitter tonic, and never causes troublesome symptoms; except in some rare cases such tinnitus aurium as results from a two or three grain dose of quinine.

The disadvantage of the latter is, that it generally causes irritation of the throat, and frequently induces sickness; in one case I found it give rise to troublesome irritation of the bowels.—*Dr. MacLagan in The Lancet.*

TREATMENT OF TAPEWORM.

Although most cases of tapeworm can be readily cured by the usual remedies, such as male-fern, kousso, or turpentine, it sometimes happens that all are resisted, however carefully given. Such a case occurred to me about a year and a half since. The gentleman, a Canadian, suffering also from lung disease, had for more than two years been the subject of inveterate tape-worm, with all its attendant evils and discomforts. Before leaving Canada he had undergone the usual round of remedies, and under all, great lengths of the worm were expelled, but, as the results proved, never the whole parasite. After coming to Torquay, he again took, under my superintendence, large doses in succession, at intervals, of the above three remedies, as well as a full dose of kamela; but with still the same results, large portions of worm expelled, and on one occasion so narrowed that it was hoped the head had only escaped observation. Comparative freedom from discomfort for some time seemed to confirm this hope, but once more the signs were manifest. Just then the formula to which it is my purpose to call attention was sent over from Canada. My patient being in a weak state of health, the first dose given was not of full strength, more especially as one minim of croton oil only was added. Success was not complete. After an interval of a few weeks, the full dose was taken, and within two

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hours the entire parasite, including the head, was expelled alive.

The bulk of medicine to be taken is large, but my patient said he found it much less disagreeable than the koussou; and I believe the mucilage from the pumpkin seeds renders the medicine at once more palatable and easier in action.

The following formula is exactly as it was sent to me. I believe it is largely employed both in Canada and the States.

Take of pomegranate bark ℥ss; *pumpkin-seeds ℥j; ethereal oil of male-fern, ℥j; ergot (freshly bruised) ℥ss; powdered gum Arabic, ℥ij; croton-oil, mij. Upon the pomegranate, pumpkin-seeds, and ergot, well bruised, pour eight ounces of water. Bring to the boil, stirring constantly whilst boiling for fifteen minutes; adding water to keep up the eight ounces. Make a smooth emulsion, with a small quantity of water, of the croton-oil, oil of male-fern, and gum Arabic. Strain the decoction through a coarse cloth and express strongly, and mix with the emulsion.

The patient should have a full dose of aperient (Rochelle salts ℥j) on going to bed; and the following morning the above dose about eight o'clock before any food.

I may add that, when I heard of my patient a considerable time after the last dose of the medicine, there had been no return.

SPENCER THOMSON, M.D., Ashton, Torquay.

ARSENIC IN DISEASES OF THE SKIN.

The following are the conclusions of Dr. Bulkley's interesting paper "On the Use and Value of Arsenic in the Treatment of Diseases of the Skin," read at the meeting of the American Medical Association, and published in full in the *New York Medical Journal* for August:—

1. Arsenic when administered in medicinal doses, has quite another action from that manifested by poisonous doses. The average dose of the former is one-twenty-fourth of a grain of arsenious acid, while the smallest toxic dose is stated at two grains. 2. Arsenic in medical doses does not produce any slow poisoning, but has been administered for months or years in quantities a small portion of whose aggregate amount would destroy life at once. Hebra has administered a total of more than half an ounce to a single patient. The accounts of the toxophagi of Styria are true, and arsenic is eaten by some for many years without any apparent ill-effect. 3. Arsenic given by a careful practitioner, in doses to be effective, need never cause any symptoms which should cause regret. 4. Arsenic is eliminated very rapidly, chiefly by the bowels and kidneys so that the urine shows evidence of it in a few hours. No trace of it can be found on careful

*From yellow field-pumpkin.

analysis of the body after death, two weeks after the last dose. 5. Arsenic, therefore, does not accumulate in the system, and no fear of this need be entertained; but when it is administered in increasing doses absorption may be hindered, and, when the doses become very large, active absorption of the large dose may give rise to a suspicion of cumulative action. 6. The first symptom of a full dose of arsenic in a very large share of cases is a fulness about the face and eyes, and conjunctival irritation and tenderness. This need not be exceeded, but may be often kept up with advantage to a slight degree until the disease yields. Before any harm is done by the arsenic, either this or a slight nausea or diarrhoea manifests itself. 7. Arsenic should be given with or just after meals. It is often best to give it alone, or with a small amount of bitter infusion. 8. The bowels should be first well purged, and an occasional laxative will both assist the action of the drug and prevent or modify some of its unpleasant effects. 9. If the urine becomes loaded and the tongue coated, it is best to stop the medicine for a short time and give diuretics; some of these disturbances can be prevented by combining an alkali, as acetate of potash, carbonate of soda, or aromatic spirits of ammonia, with the arsenic. 10. The most serviceable forms in which to use arsenic, named in the order of their value, are—solution of the chloride of arsenic, solution of the arseniate of potash, of the arseniate of soda, and the arseniate of ammonia, arsenious acid, iodide of arsenic, and the arseniates of iron and quinia; of as yet untried efficacy, solution of the chloro-phosphide of arsenic and arseniate of antimony. 11. The dose of arsenic, small at first, is to be increased slowly until some of its physiological effects are manifested or the disease yields; it may then be somewhat diminished. 12. It is very important that arsenic be taken very regularly and persistently, and always under the supervision and frequent inspection of the physician. 13. Arsenic is valuable in chronic rheumatism, hence is useful in arthritic eruptions. It is serviceable in certain neuroses, as chorea and neuralgia, therefore in skin diseases with neurotic elements; and it possesses anti-malarial properties, and is consequently serviceable in diseases of the skin showing periodic symptoms, as intermittent urticaria, etc., likewise with patients with other skin diseases who have been exposed to miasmatic influence. 14. Arsenic is certainly valuable in psoriasis, eczema, pemphigus, acne, and lichen, in proper cases, and when due attention is paid to the secretory organs, and to the diet and other elements of general health. Of less certain value in lupus, ichthyosis, sycosis, verruca, epitheliomatous and cancerous diseases, it is absolutely useless or harmful in the syphilitic odermata, the animal and vegetable parasitic diseases (except in rare cases), elephantiasis Græcorum and Arabum, purpura, true prurigo, herpes

zoster, scleroderma, molluscum contagiosum and fibrosum, keloid, vitiligo, nævus, etc. 15. The only local application of arsenic which is justifiable is either one where the strength is so weak, and the extent of its use so small, that there is no danger of absorption, which may occur when not expected; or one of such a strength as to kill the adjoining tissues at once, and so prevent absorption, as is the case with Marsden's mucilage."—*Med. Times and Gaz.*

PROF. BILLROTH AND HIS OPERATIONS.

Without any invidious comparison, it may fairly be said that there is no operating theatre in Vienna so popular as Professor Billroth's. The cause of this is not wholly unconnected with the qualities of the principal performer. A profound pathologist, an accurate anatomist, an operator bold to the verge of rashness, an easy conversational lecturer, an accomplished linguist, a good blackboard draughtsman, are qualities not every day to be found combined in one who, during the most severe and tedious operations, preserves an amiability and unpretentiousness which makes his presence a companionship to the youngest assistant. Nor does one often find the strength and endurance of a blacksmith uniting these qualities on the one hand to a distinguished social reputation as a composer and pianist on the other. A combination of qualities like this, in one so favourably circumstanced, could hardly fail in achieving the popularity and success which Prof. Billroth has accomplished. In the theatre Prof. Billroth is attended by nine assistants, all of whom he encourages to operate there occasionally, and thus secures for them a sort of training not afforded in any other operating theatre with which I am acquainted. All the apparatus is according to Lister—carbolic gauze, carbolic oil-silk, carbolic caoutchouc, salicylic charpie, salicylic jute, etc.—most of them of the exquisite Schaffhausen manufacture, being ready in proper order. That pest of surgeons, ready-made (non-) adhesive plaster, is here unknown, the emplastrum diachylon being always freshly spread on linen cloth as required for use, and is always soft, pliant, and thoroughly adhesive. The ligatures on hand are carbolicized catgut, fine silk, and fine flax—the two latter lying in a carbolic solution. The flax, though fine, is very strong when wet, and is more generally used both for ligatures and sutures. The instruments to be used are laid out in a carbolic solution of a strength of three per cent., contained in shallow porcelain trays, in which also, before commencing to operate, the fingers of the operator are dipped, as also from time to time during the operation. Billroth has a peculiar penchant for bull-dog forceps (with slide). In-

stead of waiting to tie arteries as he proceeds, they are instantly seized and left in the care of the forceps—as many as twelve of them have I seen hanging like leeches from a wound—until, a convenient stage of the operation being reached, they were, as far as necessary, relieved by ligatures. This plan greatly facilitates despatch, and is particularly convenient and serviceable in the extirpation of large fibrous or carcinomatous tumors. In the closure of wounds, Billroth uses a great many sutures, making coaptation as perfect as possible, but uses draining tubes very freely. From a wound by no means large, following extirpation of the rectum, I have seen as many as eleven draining tubes projecting. In the Lister dressing (which after unsuccessful experiments with boracic solutions, has been reinstated with great care), an improvement, in the way of economy has been introduced. For the caoutchouc, or oil skin, previously placed, between the sixth and seventh layers of the Schaffhausen carbolicized gauze, paper has been substituted, so prepared in a mixture of linseed oil, white wax, and litharge, as to answer the same purpose. In such a large hospital a great saving is thus accomplished.

The *Anæsthetic* used by Billroth is not unlike that used by Dittel, consisting of three (3) of chloroform, one (1) of ether, and one (1) of alcohol. The special advantages claimed for this mixture is that it rarely produces cramp or vomiting. Upon the whole, I think its claims are sustained. However, vomiting not only does occur with it, but it has taken place precisely when it was most likely to prove disastrous.

The *Inhaler* in use here and generally throughout Vienna is a very simple affair. A scoop of wire-work, large enough to cover the nose and mouth, is covered with a single cap of flannel, which is tightened around the frame by gusset and tape. The anæsthetic is poured upon the outside only, and in drops, the bottle always having a stopper-tube attachment. The patient can breathe either through or under this inhaler, as may be desired. It is light, handy, cheap, and for safety, simplicity, and economy, this method of administration is highly to be commended.

Esmarch's Method, when practicable, is never omitted; the elastic tube is entirely discarded—an elastic band, simply a little narrower than that used for the preliminary impression, being substituted for it. There is a suspicion, however, that in addition to the temporary paralysis sometimes caused by this method, it has a tendency also to interfere with prompt primary union. From a multitude of cases and facts observed, the following may be devoid of interest:

Lymphoma Maligna has in three successive cases been recently treated successfully. In the last case, a man thirty years of age, a very large number of the superficial lymphatics were exceedingly

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enlarged. The treatment was Fowler's Solution, five drops, gradually increased to twenty, internally daily. Also, into the body of each tumour, by turns, an injection of one drop occasionally, several of them being injected every day. The tumors at first were quite stubborn, but after beginning to be soft and movable, they progressed rapidly to disappearance.

Atheroma of the Lower Jaw.—in point of location so rare, Billroth had never before seen it. The patient was a woman, twenty-five years old, and the tumor, which was situated just beneath the bicuspids and first molar on the right side, was about the size of a walnut. It had been growing about two years, but had been painful about two months only. At first sight it might have been taken for epulis or dentigenous cyst; but on proceeding to operate, the tumor was found to consist of a cheesy, calcareous mass. The surface beneath, after being well scraped to the depth of about (3) three millimetres, looked healthy, and the wound healed without further trouble. * * *

Prolonged Interval in Carcinoma Lingua.—A healthy-looking man, æt, fifty-five, presented himself for the extirpation of a small epithelioma, which for two or three months had been growing on the left side of his tongue. On the right side of the tongue was a healthy cicatrix, marking the site of an extirpation of an epithelioma fifteen years ago by Schuh, Billroth's predecessor. To Billroth, who is a relentless extirpator of cancer, this was a gratifying incident.

Subcutaneous Osteotomy.—Not only in club-foot, but in rahitic deformities of the legs, I have never seen a case present itself here, however bad, but its treatment has been undertaken, the courage displayed and the results obtained being very interesting to witness. One patient, a young man, eighteen years old, I saw, upon whom subcutaneous osteotomy of both tibiae had been performed only two years before for double valgus, and in whose gait there remained no trace of apparent deformity. This operation Billroth practises only when simple manual force is insufficient. In its performance he never uses a saw. An incision is made as small as will admit a small chisel, and then, with this and a hammer, the tibia is divided, if necessary, completely; but if not, only so far as will enable the operator to use manual force most effectively. All the straightening gained is immediately secured and maintained by plaster-of-Paris dressing. In no case, even when the treatment has been most daring, have I failed to see the results more than justify the measure.

Extirpation of the Rectum.—Though somewhat singular, this operation is with Billroth the rule rather than the exception for carcinoma of this region. Almost the only limitation he makes is that all the parts deceased are within easy reach of the index finger. I think, however, I have seen

this limitation decidedly overstepped in one operation, in which en route the membranous urethra and prostate were as cleanly dissected as if for a preparation. After the extirpation the cut end of the rectum is brought down, and as far as possible stitched to the integumental margin of the wound. This, however, generally breaks away and retracts, leaving a large excavation to be filled in by granulation. The important matter of keeping this excavation clean is accomplished only by at first the free use of draining tubes, and afterwards by diligent irrigation. Of the six cases under my observation, the youngest of which was a female of twenty-two, four made a good recovery, and did not suffer from involuntary discharge of fæces. Of ten previous cases, Prof. Billroth tells me four died, and the rest did well—a success as regards the primary results which is certainly encouraging in this field of surgery.—*Dr. Howard in Med. Record.*

POPLITEAL ANEURISM CURED BY ESMARCH'S BANDAGE.

(Under the care of MR. WAGSTAFFE.)

R. W—, a barman, of good physique, aged thirty-two, was admitted September 1st. Between four and five months previously, when pushing a heavy cask, he felt "something snap" in his right leg at the back of the knee, and he suffered for the next three days from severe pain in this situation, but did not discontinue his work. He felt pain there afterwards on and off after a hard day's work. Two months prior to admission he first noticed "throbbing" at the back of the right knee, attended for the last month with swelling of the leg and "dragging pain" at the back of the leg and ankle; but he was able to continue his work until admitted.

On admission, there existed in the popliteal space a pulsating aneurismal tumour, two inches long, filling the upper half of the space, terminating opposite the junction of the femur with the tibia, together with considerable œdema of the leg.

On Sept. 2nd an Esmarch's bandage was applied tightly over the foot and leg up to the lower border of the popliteal space, carried lightly over the tumour (a thin layer of cotton-wool intervening), and then continued tightly over the thigh to within three inches and a half of Poupert's ligament, where the upper end of the bandage was fixed with pins. The elastic ligature was not used. This was completed at 2 P.M. The bandage was then left on for one hour, during which time the patient was very restless and complained of great pain. One-third of a grain of morphia was given subcutaneously. At 2.55 P.M. a tourniquet was placed on the femoral artery, and Esmarch's bandage was

removed. A second tourniquet was placed in position, to be applied alternately with the first.—4 P.M. : No pulsation in tumour when the tourniquet was removed for a few moments.—5.45 P.M. : Application of the tourniquet continued ; no pulsation in tumour ; leg slightly swollen ; toes warm.—9.30 P.M. : Until this time complete pressure had been kept up by tourniquets, but some flow of blood was now permitted.

3rd.—8.45 A.M. : When all pressure was taken off, no pulsation was felt in the tumour. Tourniquet still applied lightly.—At 12 noon there was no pulsation in the tumour, but the artery on the inner condyle pulsated.—7 P.M. : Tourniquet loose ; taken off. Aneurism cured.

On the 10th the aneurism remained only as a solid lump in the popliteal space, and over each condyle was a rather large artery pulsating very freely. The foot was not swollen, and the man was free from pain.

Remarks by MR. WAGSTAFFE.—The value of the principle which Prof. Esmarch has been most active in utilising in his method of ensuring bloodless surgery has been recognised in England perhaps more fully than abroad ; and one of the latest adaptations of it is in the treatment of aneurism. The only case in which I am aware of an attempt having been made to cure this disease by means of Esmarch's bandage is that of Dr. Walter Reid, reported in *THE LANCET* of September 25th, 1875 ; and in this case, which was one of popliteal aneurism, other means had been previously adopted : genuflexion for four days ; complete compression of the artery for four hours, after which pulsation in the tumour ceased for a time ; and then a number of attempts were made both by digital and instrumental compression before using Esmarch's bandage. So that, although there is no doubt that ultimately the complete emptying of the limb of blood by means of Esmarch's bandage allowed the aneurism to consolidate, still one cannot help feeling that the previous treatment may have materially assisted in the cure.

In the case here narrated the limb was emptied of blood for nearly an hour, the sac of the aneurism being left probably full, and then the main artery compressed by tourniquet for an hour longer, before the tumour was examined. At the end of that time no pulsation could be detected when the tourniquet was raised. Still it was thought advisable to continue the pressure, and this was probably nearly complete for the next five hours, after which it was maintained only imperfectly for twelve, and very slightly, if at all, for the next ten hours. The plan here adopted of leaving Esmarch's bandage compressing the whole limb, except the aneurism itself, for an hour, appears simpler and open to less objection than that adopted by Dr. Reid, of removing the bandage after encircling the upper part of the limb with the elastic ligature, in-

asmuch as it substitutes a universal for a local pressure ; and doubtless, if it were thought advisable, the bandage might be left on longer, though it would be necessary to administer chloroform in that case, owing to the pain it produces. Many cases of necrosis remain under chloroform, with no blood admitted to the limb, a longer time than was occupied in the treatment of these two cases of aneurism—i.e., longer than an hour.

The treatment here adopted is undoubtedly more reliable than digital or instrumental pressure, but whether so successful in large thinly-coated aneurisms remains to be proved. The sac is presumably occupied by the clotting of the contained blood *en masse*, and not by a lamination from the wall inwards, and it remains to be seen whether this would ensure permanent obliteration in large aneurisms.—*The Lancet.*

SIR WILLIAM GULL.

As we once before intimated, a good deal of feeling was excited among the English profession by the testimony of Sir William Gull at the Bravo inquiry. The especial portion which led to the disagreement between Sir William and Dr. Johnson was the statement to the jury that "he (Sir William) was taken to a man believed to be dying of disease, and found him to be dying of poison ; and thereupon, "on his own responsibility, and without consulting with his colleagues," told him he was dying of poison ; the truth being that Dr. Gull was called to the case as one of poisoning, although no doubt his assertion was due simply to defective memory. The testimony was uncalculated for, and looked like a slur on the professional gentlemen previously in attendance. It is not surprising, therefore, that Dr. Johnson took the matter up with some warmth, and that the affair ended in an appeal to the London College of Physicians. The Censors of that body have reported that the perusal of Sir William Gull's evidence was calculated to lead ordinary readers to conclusions prejudicial to the position of Dr. Johnson and the other medical attendants of Mr. Bravo ; and that such portions of his evidence were, therefore, "very objectionable ;" although they entertain no doubt that there was no intention on his part to disparage the professional character of Dr. Johnson and his medical colleagues.

They also state that the infringement by Sir William Gull of at least the spirit of the by-law of the College in regard to consultations was "disastrous."

Since the report of the Censors it is stated that Sir William Gull has done the wisest thing he could do under the circumstances, i.e., he has addressed to Dr. Johnston a letter expressive of a desire to

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resume mutually friendly sentiments and relations ; and to this Dr. Johnson has replied in the same spirit.—*Med. Times.*

EUCALYPTUS IN DROPSIES.—As I intend this paper to be the history of a few cases of general dropsy, in which Eucalyptus was employed, I will not speak of its botany other than to say that according to Professor Von Mueller, there are one hundred and thirty different species of this tree ; and of these I have chosen Eucalyptus Globulus, and the preparation the fluid extract, to be the subject of my paper. It is now nearly four years since I first prescribed Eucalyptus as a specific in gonorrhœa, and it was while treating the disease that I first noticed its remarkable diuretic properties, “the amount of urine passed by some patients while taking it being enormous.” I then thought since this causes such an abnormal activity of the renal organs, would it not be advisable to give it in cases of dropsy, and waited an opportunity to verify my suspicions.

The first case in which I tried it was a gentleman, Mr. R., a resident of Jersey City, who had been told that he had acute Bright's Disease, and was given but a few weeks to live. I had but little hope of helping him until I saw him the following week, when his condition was so much improved I was led to continue its use ; and in seven weeks had the satisfaction of having him go about and assume his usual avocation (packing-box maker.) This patient, when first seen, was unable to lie in the recumbent posture, his limbs were swollen past the capacity of his pantalons, and he suffered considerable from dyspnoea. I gave him the fluid extract in doses of ten minims four times a day. I should state that, on examination, I found a small quantity of albumen in the urine, but found the liver enlarged and hobnailed, also cardiac insufficiency. First saw the patient December, 1874 ; up to date has no return of dropsy ; discontinued Eucalyptus six months ago.

SECOND CASE.—Mrs. McC., aged forty-nine, widow, occupation, housewife, first noticed she had dropsy in 1872 ; had been tapped three times before I saw her, December, 1874, and each time two gallons of water had been drawn off.

I was called, as I have said, December, 1874, and had to tap to relieve dyspnoea ; obtained about half pail of liquid. After tapping, placed her under Eucalyptus and digitalis, as her dropsy was due to cardiac hypertrophy with dilatation ; has never had any return of dropsy ; still continues taking the remedies first prescribed and enjoys very good health.

THIRD CASE.—Mr. Wm. D., aged thirty-six, occupation none. When first seen, February, 1875, had but been three months discharged from the army ; was then under treatment, and his physician,

homœopath, had given him up to die. I refused to give him anything, as I thought he had but a few hours to live ; but at his own urgent solicitation gave him something, I prescribed digitalis and left. The following day I found him easier, and added Eucalyptus to his digitalis. For four days he remained in “statu quo,” and on the fifth day he remarked his legs, which were very much swollen, did not hurt him, and he thought they were getting smaller. That day his left calf was 21 inches in diameter, his right 23, both his thighs measured 35 inches. Fourteen days after, his calves were 14 and 16 respectively, his thighs 26. They continued to diminish, until, five weeks after taking his first dose, his calves measured, left 10, right 11 ; he was able to get on his shoes, and was walking about. This patient gave a specific history. Advised him to stop Eucalyptus, but to continue digitalis, as he had slight murmurs. Five months after was called to see him again. His condition was not quite so bad, but his testicles were very much enlarged and painful ; did not tap him then, but again placed him under Eucalyptus, and he got well, and has continued taking it. Cause of dropsy is his cardiac disease.

FOURTH CASE.—Mr. J., when first seen, had general anasarca, but not to such a great extent as previous cases. Was placed under Eucalyptus for seven weeks, when he discontinued all medication, being in perfect health, with the exception of cardiac hypertrophy, which does not trouble him.

The fluid extract of Eucalyptus Globulus was given in these cases in doses of ten minims, and never increased, but in some diminished to eight minims, the system at no time tolerating it ; and in case three, it acts fully as well to-day as did the first dose. I have also given it in a great many cases of passive congestion of the kidneys, and always with benefit. In fact, whenever I need a diuretic I prescribe it, and have yet to see the case in which it failed, if the kidneys were not so far diseased as to be inert and loose their functions.

Patients, while taking this drug, would sometimes complain of a very severe congestive headache, accompanied with tinnitus aurium ; but their appetite was very much better, though no tonic was prescribed, showing a similarity to quinia, and in some cases, a laxative condition of the bowels was produced.

Some may try this remedy and be disappointed in the result, which I think will be owing to the preparation used, or rather by whom prepared. Some may wish to give it in combination with other diuretics, and will find most preparations to be incompatible, owing to the resin which it contains being precipitated. I have found that prepared by the firm of Lazell, Marsch & Gardner, of New York, to be the best, as it does not precipitate with acids or alkalis.—*Southern Med. Record.*

TREATMENT OF NASAL CATARRH BY NITRATE OF BISMUTH.—A letter from London to the *Phila. Med. Times* says that the newest thing there is in therapeutics is the plan of treating nasal catarrh by the insufflation of bismuth, advocated by Dr. Farrier. He first tried it in his own case, taking a pinch from time to time, and was speedily cured. His further experience decided in favour of an admixture of gum acacia in powder, and the addition of a little morphia. Another new thing is an ornamental bottle, containing a little piece of lint at one end and some nitrite of amyl in the other compartment, for the relief of palpitation of the heart, hysterical or gouty.—*Pacific Med. & Surg. Journal*.

TREATMENT OF BURNS AND SCALDS.—At the time of the accident, the main indications are to exclude the air from the burned surface, to allay pain by opiates, and to give stimulants in such quantities as may be necessary. The applications which are in use for burns are too numerous to mention, and the choice of one or other will depend in a great measure on the depth of the burn. A mere superficial scorch is best treated by some warm solution applied on a thick rag and kept constantly moist. Goulard-water with laudanum is perhaps as grateful as anything. Painting the surface with ink soon relieves the pain of a small superficial burn, or covering it with whitewash or some other similar substance, which will crust over it and completely exclude the air from it. Common flour thickly dredged on the part is a very good and handy application. But such crusts should not be applied over burned surfaces of the second degree, since their removal would soon become necessary, and this would drag off the epidermis. The bullæ should be pricked, the epidermis gently smoothed down, and some simple ointment put next the skin, or some oily substance which will not stick when it is necessary to change it. A very favorite application to these burns and to others of greater depth is the Carron oil, made by mixing lime-water and linseed-oil in equal parts, and deriving its name from its having come into extensive use at the great Carron Foundry in the numerous burns occurring there. Oil of turpentine is a very good application to burns in which the skin is quite destroyed. But for the first few days I doubt whether anything is better than simply swathing the part in thick layers of cotton-wool, which is prevented from sticking to the burned surface by some simple ointment (cerat. calaminæ is generally used) spread on thin, soft linen or cambric, and covering the whole burned surface. When, after a few days, the discharge becomes foul, this dressing should be changed for some deodorizing or antiseptic, oily application, or the latter may be used from the first; but all the antiseptics I have yet seen used have been stimulating

and for the first few days it is desirable, I think, to avoid any local stimulation. The carbolized oil answers every indication better than any other substance which I know of, but it should not be used too strong; for it may both prove too stimulating, and thus increase the discharge, and it may be absorbed, producing a black condition of the urine, and other symptoms of incipient poisoning.

It is well, then, to begin with a very weak solution (about 1 to 12), and if this does not correct the fetor, its strength may be gradually increased, or a stronger solution of carbolic acid may be placed over the dressings.—*Holmes' Surgery*.

TREATMENT OF CHRONIC EPILEPSY.—A. McLane Hamilton in *The Journal of Mental and Nervous Diseases*, says, the first indication of treatment is to remove the cause if it can be ascertained. To allay erethism and reduce susceptibility of the medulla, and to administer some general nerve sedative, are the leading secondary indications. In those cases where there is tendency to anæmia the bromides do harm. The doctor claims that no more than one drachm of either of the bromides should be administered during twenty-four hours. In those cases in which there is present a tendency to hyperæmia, ergot in large doses is recommended. Attacks of *petit mal* can be cut short by hypodermic injections of atropine. He regards digitalis as a most important adjuvant in the treatment. Nitrite of amyl is regarded as an agent which can afford temporary relief only, and is chiefly serviceable in those cases in which a succession of fits occurred. The doctor regards nitro-glycerine as an excellent prophylactic. He has used it in solution containing about one-quarter of a drop to five minims of alcohol, and has found it to produce almost an exact effect with nitrite of amyl, but the effects are more permanent.

READY METHOD OF PREPARING SECTIONS FOR THE MICROSCOPE.—A mixture of glycerine and tragacanth soon become stiff like jelly, and may be used to advantage in which to imbed tissues for the purpose of making slices for the microscope. It cuts like cheese after standing eight or nine hours, and by keeping it in methylated spirit twelve to twenty-four hours it parts with the glycerine and becomes more easily sliced by reason of its being harder. The material is dissolved off the section by means of cold water with a little glycerine added. The proportion Dr. S. uses, is two drachms of glycerine to one and one-half drachms of powdered gum tragacanth—to be rubbed together on a slab of slate. Much less gum trag. than this proportion makes a material too soft. If not to be sliced within twelve hours from the time of its preparation the material should be preserved in methylated spirit.—*Med. Jour. & Ex. Chicago*.

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THE CANADA LANCET.

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TORONTO, DEC. 1, 1876.

PROFESSIONAL CHARLATANISM.

Can we assert that the possession of a University degree is invariable evidence of honorable feeling, and of acquirements, belonging to the scientific, literary and polished orders of society—that it is a guarantee against stratagem and misrepresentation, and that love for *alma mater* would never permit the device "*populus vult decipi, et decipiatur?*" We fear not. We have no reason, however, to consider that the meeting with unlicensed practitioners in consultation, visiting patients under another practitioner's care, and subsidizing editors to chronicle trifling accidents under charge of Dr. Blank, is confined to this Canada of ours. Among our exchanges we receive the "*Journal de la Société de Médecine du Caen et du Calvados.*" In the *Feuilleton* for the August number there is a notice of a pamphlet on Extra-professional and Professional Charlatanism, by a Dr. Notta, apparently written with a pen dipped in the inkstand of La Bruyère. As german to the subject, we translate, for the benefit of our readers, certain passages. "Charlatanism, from a medical point of view, presents itself under two aspects, extra-professional and professional. To believe ourselves capable of curing a particular disease or diseases from a purely humanitarian point of view is not quackery. To constitute quackery, it is necessary that the illegal practice of medicine should be entered upon in view of advantages to be obtained, either pecuniary or moral. I do not propose, however, to allude to this class, but to the second form of charlatanism, viz., professional charlatanism. As its name indicates, it is practised by physicians. It is legalized, patented charlatanism, consequently the most perfidious and dangerous. How are we to protect ourselves from it? Allow me to place

myself from the point of view of an intelligent public, but ignorant of medical details. I have been ill for a varying length of time; my physician, in whom I have every confidence, and who merits it, advises me to have a consultation in Paris, and indicates one or two professors of the School of Medicine, to either of which he recommends me; but on my arrival at the capital, my relatives and friends carry me off to another physician. He is a specialist, and a professor also. Titles and decorations are not wanting to him, besides he has cured a patient suffering from a complaint precisely similar to mine. At the end of a month I return home worse than when I left, and my physician informs me that I have been shamefully imposed upon. Nevertheless, I have been to Paris, where we are assured the highest developments of medical science are to be found. I consulted a physician who appeared to have imposing titles to popular favor. Such instances we witness every day. The scandal is disgraceful, should be exposed, and all the details investigated. But it may be said you appear to be passing under review professional charlatanism in Paris only, nevertheless, it exists also in the provinces. I acknowledge it; but it offers less danger. It is practised within a small range. He who repairs there is quickly judged by his merits, and ends in finding victims only among simpletons who deserve their fate. In the Capital, a great theatre, where the population is renewed day by day, seen through the prism of distance, taking advantage of the legitimate prestige of the masters of science, whose celebrity sheds a lustre even on them, with a long array of titles only scientific in appearance, these legalized, patented quacks draw to them our unfortunate patients who hope to find among the physicians of Paris a cure that they have sought with us in the provinces in vain, and dazzled by this fictitious glitter, they go, like the lark fascinated by the mirror of the fowler, easy victims to the carefully spread out nets. It is against this infamous proceeding that I protest, in the name of humanity and of professional dignity odiously outraged. Professional charlatanism, like uneducated quackery, has its touters and its advertisements. In the journals wonderful cures are announced, the names of these skilful physicians who are the authors are followed by a long list of titles and scientific distinctions which exceed even

those of members of the Institute. They call themselves members of the Academy, (they do not say of which, and they are in the right), professor of special surgery, medicine, &c., &c. We medical men know the value of these pseudo titles, and we know well that these office practitioners have nothing in common with our illustrious masters, who form the glory and pride of our faculty, but the public is incapable of appreciating these differences. In this state of affairs there is truly a deplorable state of confusion, which should not be tolerated any longer. The skilful are less blatant. They are afraid to tarnish a certain amount of veneration of honor, which they manage with care. They have another system of advertising; they employ the method of false diagnosis, a sure and infallible method, especially when it is applied with intelligence to the diseases of women, always so impressionable, and always enthusiasts. The notoriety, under whatever form it may have been produced, brings patients. That does not suffice; then appears the *mise en scene*, the end of which is to affect strongly the imagination. The means vary infinitely, sometimes details of novel treatment, for instance, in uterine diseases they will replace an iron cautery with one of gold, under the pretext that the last acts more energetically. Sometimes they will have recourse to exhibitions that may be called disgraceful, preparations of enormous ovarian tumors, the glass cases covered with velvet cloths, but which they take care to exhibit when it is necessary to decide a hesitating will. As soon as the patient is fascinated, the time for examination and pronouncing the diagnosis has arrived. The confidence, the credulity, the desire to be cured, and the show of scientific guarantees, render the mine inexhaustible. All the means in themselves are good, but they are universally applied even in cases where all treatment is useless, for instance, amputation of the neck and the application of powerful caustics to incurable cancers of the uterus, and daily dressings prolonged not without an object, the treatment necessitating a lengthened residence in Paris, and then crops up the financial question always treated from a sure point of view. Sometimes the amount of payment is fixed in advance, and partly paid in advance. Sometimes half before the commencement of the treatment, the balance after the cure, if they are satisfied, and

they persuade them that they have reason to be so. The most skilful, when they have to do with people with whom simplicity and credulity are the prominent traits of character, assume the nicest sense of honor, but in their case they have given such particular, such exceptional care, that they cannot reasonably dispute the amount of their account, and then again they make such good use of their fortunes. Are they not presidents of charitable societies, of the benefits of which they have often entertained their sympathising patients? Have we not in Canada some practitioners who would be equally faithfully portrayed by this outline sketch?—Men who diagnose every case of sore throat as diphtheria, false croup as membranous croup, bronchial irritation as severe congestion of the lungs, and such a complication of other structural ailments, that the patient's recovery should be considered a monument more lasting than brass to the skill of the wonderful doctor.

INFLUENCE OF THE MIND ON THE BODY.

It is a principle in nature that whatever strengthens our confidence in mankind, and inspires our hopes of future happiness, must energize the powers of life. The faculties of the mind, properly stimulated, exert an invigorating influence upon the organs of the body. A purposeless life is one of brevity and listlessness, and the vital functions become correspondingly feeble and sluggish. While energizing ideas, or hope and confidence stimulated, infuse new life into a languishing body, so conversely a state of *mental depression* acts with a destructive power on the system, truly amazing to one who has only awakened to the operation of this hitherto scarcely noticed influence. Many examples of this may be observed in these times of commercial disaster. Disaster in business and bank failures have been the cause of premature death in more than one instance within the past nine months; while their name is legion who have suffered more or less illness and physical derangement from like causes. Comparatively few persons are likely to be sick, so long as the world smiles upon them, and they are successful. Shakespeare's characters were true portraits of their *mental condition*, for he makes

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Cæsar say to *Antonius* :—

Let me have men about me that are fat,
Sleek-headed men and such as sleep o' nights ;
Yond, *Cassius* has a lean and hungry look,
He thinks too much ; such men are dangerous.

Falstaff is rubicund and jolly, and aptly depicts the results upon the physique of mirthfulness indulged, and a tranquil mind. It is this state of mind and feeling in mirthful people that induces flesh, and not the flesh that determines the disposition, for agreeable emotions stimulate the functions of the nutritive system, and at the same time increase the powers of assimilation, the digestive function being usually strong in persons of large mirthfulness, and small in persons of morose or sour natures. Restless and unhappy persons are usually correspondingly lean and sickly ; the animal fluids become dissipated by the inward fires, the nerves morbidly impres- sible, and the mucous surfaces dry and feverish ; the acidity of the stomach is increased by the asperities of the disposition ; the face grows wan, and the furrows of care are seen gravely accented, and truly they become living pictures of Long-fellow's idea of those whose hearts,

"Like muffled drums, are beating
Funeral marches to the grave."

On the contrary, the man of aspiring hopes, of sunshine and congeniality, and one who—

"In the world's broad field of battle,
Is a hero in the strife,"

will seldom suffer from disease.

The power of mental influence is further seen in imagination as a cause of disease, which is too frequently illustrated in the experience of every physician to require proof of its existence. A case illustrative of this occurred a few years ago. A youth, not over-fond of hard work, was appar- ently taken suddenly ill while mowing hay with his father and brothers, with a pain in his back, causing him to drop the scythe, and depriving him of the power to move his legs. In this condition he was taken home and put to bed, and although the best physicians far and near were consulted, various diagnoses given, and every remedy, even to electricity, tried without avail, he remained unable to move his limbs for three months, al- though apparently in good health, until visited by a physician, since dead, who suggested the true nature of the case, began by encouraging him to

move first his toes, then his feet, and, finally, to draw up the knees—although continually protest- ing his inability to do so—then on a second visit causing him to sit up, then to turn out of bed, and, by continued persistence, causing him to walk a few steps with assistance. When left alone, standing in the middle of the room, he was able to walk to his bed, and did so without difficulty, thus dispelling the delusion. Another case of supposed paraplegia, of six months' duration, was cured by the application of the actual cautery in the case of a lazy soldier, but a second appli- cation was not necessary to insure locomotion ; the approaching cautery insured the removal of the threatened part quite out of danger, much to the discomfiture of the attendant, who honestly supposed it to be a genuine case of paralysis. A case of hysteritis has lately come under our notice, simulating a case of peritonitis in point of tender- ness and pain complained of, although the neces- sary fever, high pulse, exalted temperature, &c., were absent. Fearing lest there might be some subacute inflammation lurking within, leeches, hot poultices, and antiphlogistic remedies were ordered, with *Dovers' powder* and *calomel*, every six hours. Great excitement and apprehension had existed in the minds of the friends, from an unfavourable prognosis previously given by a former attendant. The absence of certain symptoms and the sudden subsidence of others, led to the suspicion of the true nature of the case. An attempted vaginal examination disclosed the hypersexual excitement of the parts, and revealed the true nature of the case ; all medicines were stopped, and a little sound advice, with ten grain doses of bromide of po- tassium, three times a day, closed the treatment. The diagnosis and prognosis were confirmed by finding the patient on next and following days entirely free from all symptoms, and going about her household duties as formerly, although com- plaining of weakness and nervousness. A medical man relates the case of a lady who had been the subject of severe neuralgia, and had been enjoined by her attendant to keep perfectly still, lest it should recur. Her fright at the approach of im- pending death was so great, that she readily obeyed the injunction, and although young in general appearance and robustness, could not be induced on any pretext whatever to attempt locomotion for over eighteen months ; finally Swedish movements

were suggested and adopted, and in two weeks she was able to walk two streets distant and back, and was soon relieved entirely of the mental delusion which had rendered powerless every faculty of self-assistance for so long a period. It is beyond question that the mind's action, when misdirected or greatly intensified, is capable of producing physical effects of the most startling and fatal character, and that disease in its most aggravated forms may be induced by mental as well as physical causes. It will also be rendered obvious from an investigation of the laws of vital motion and psychology that death itself, which often approaches suddenly and closely, as surely retires from our presence at the mandate of the imperious will. It is hazarding little to affirm that many forms of disease may be far more efficiently treated by an appeal to the mental forces, than by the use of physical agents, for no mere physical agent can so powerfully influence the distribution of the vital currents and physical forces as can the mind itself, and through it the life and health of the organism. For it will be apparent that if the mind, when misdirected, occasions an irregular organic motion and diseased condition of the body, it can only be necessary to reverse or change the action, at the same time preserving the strength and intensity of the mental function to arrest or remove the disease.

The power of the "will" as a therapeutic means is beginning to attract more attention than formerly, and only recently the attention of the Paris Academy of Sciences has been drawn to this subject in an able paper by M. Jolly. We subjoin a short extract from this paper, as it bears directly upon the subject in hand, and with it we leave this matter to the thoughtful attention of our readers:—

"Speaking of the power of the will in preventing attacks of cold, M. Jolly said that it is possible to struggle quite successfully against fits of coughing, a fact not only to be noted as a result of the power of the will, but as a remedy which in many cases cannot be without importance. It is often seen that when children suffering from whooping-cough are thoroughly preoccupied with their play, they remain for hours without feeling the necessity of coughing, while they have constant paroxysms in a state of repose, or are incessantly awakened out of their sleep by the same cause; and M.

Jolly states that he has not been surprised to learn that English medical men have been able to cure whooping-cough by distracting the attention, and in some cases by placing the patients near the noise of manufactories.

Asthma, properly so called, has likewise undergone the salutary influence of a wisely-applied will, whether in surmounting, by forced respiration, the spasm of the bronchial tubes which have become inaccessible to the air, or by diverting, by pre-occupation, the morbid exercise of the innervation appropriated to their exercise. It is to attain this double end that Laennec recommended certain invalids to read aloud, so as to prolong expiration, and to make inspiration more complete. As a means of distraction, he also recommended the exercise of the senses, even in the course of the night, when the fits seemed, as is frequently observed, to follow the ephemeral revolution. On this subject M. Jolly relates a curious history of a patient who relieved his paroxysms at will by lighting a candle and distracting his mind by inspecting the furniture of his bed-room.

VENTILATION.—The following simple method for ventilating ordinary sleeping and dwelling rooms is recommended by Mr. Hinton, in his "Physiology for Practical Use."—A piece of wood, three inches high and exactly as long as the breadth of the window is to be prepared. Let the sash be now raised, the piece of wood placed on the sill, and the sash drawn closely down upon it. If the slip of wood has been well fitted, there will be no draught in consequence of this displacement of the sash at the lower part; but the top of the lower sash will overlap the bottom of the upper one, and between the two bars perpendicular currents of air, not felt as a draught, will enter and leave the room."

A NEW DISEASE OF THE BRAIN.—A curious psychological phenomenon has been reported by a medical man in Bordeaux. A woman, Felida X., has for sixteen years been undergoing an alteration of memory, which has all the appearance of a doubling of life. There is amnesia, or loss of memory, with regard to periods of variable duration, which have gradually been enlarging. The memory, passing over these second states, connects together all the periods of the normal state, so that

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she has, as it were, two existences—the one ordinary, composed of all the periods of the normal state connected by memory; the other secondary, comprising all the periods of the two states—that is, the whole life. The forgetfulness is complete and absolute, but refers only to what has happened during the second condition; it affects neither anterior notions, nor general ideas. Besides amnesia, she manifests, in periods of attack of the malady, changes in character and sentiments. The alteration of memory and accompanying phenomena have for cause (the author says) a diminution in the quantity of blood conveyed to the part of the brain, still unknown, where memory is localized. The momentary contraction of vessels, which is the instrument of this diminution, is caused by the state of hysteria.

DOUBLE FOCUSED SPECTACLES.—H. Grant Esq., of Montreal, has patented a new idea in spectacles, which consists in filling the opening with two halves of lenses of different degrees of power, the weaker being uppermost. Or they may be made long and short sighted, so that for walking out, one pair, the upper is in use, and for reading, the lower. They are certain to prove a great convenience to people who require to use glasses.

RECEIPTS FOR RHEUMATISM.—An exchange has been collecting all the receipts for rheumatism a few of which we give below;—

Rochelle salts. Guaiacum. Nux vomica. Nitrate of potash. Nitrate of sodium. Fowler's solution of arsenic. Galvanism. Bromide of ammonium. Fly blisters. Bromide of potassium. Iodide of potassium. Lemon juice. Colchicum. Morphine. Turkish Baths. Acetate of potash. Burdock seed. Catnip tea, &c., &c. To which may be added the Irishman's remedy, oatmeal and whiskey, taken *ab libitum*, which means eat the oatmeal and drink the whiskey, and last the extract of willow bark, salicin and salicylic acid, the latter, in the words of Dr. Leake, is the remedy for acute rheumatism. And as the *Medical Record* says, "May we not indulge the hope (which may prove yet another delusion) that in this opinion our patient is correct, and that, as Stricker has intimated, "a real remedy for rheumatism has at last been found." If one remedy is not sufficient, all may be taken together; if the patient is not re-

lieved let him study the philosophy of Rush, who held that "diseases are necessary to human happiness," and be thankful.

NEW TEST FOR ACIDS AND ALKALIES.—The flowers of the violet and iris have recently been found to yield a very fine blue color, which is a more delicate test for acids and alkalies than the solution of litmus commonly employed. The name of the new color is phyllocyanin. It will probably before long find its way into all chemical laboratories.

TREATMENT OF PSORIASIS.—A solution of India rubber in chloroform ($\frac{1}{2}$ of the former to $11\frac{1}{2}$ of the latter) is highly recommended as a local application in psoriasis by Dr. Cuttle (surgeon to the Hospital for Skin Diseases, London). Solutions in ether were not found so suitable as those in chloroform. When applied, the skin becomes supple, and the crusts show little or no disposition to re-form. The usual constitutional treatment should be pursued at the same time. He also recommends its use in chronic eczema.

HYGIENIC CANDLES.—Candles prepared with various disinfectant substances have been manufactured in France, and are found very useful in disinfecting the air of sick chambers and rooms in which there is defective ventilation. Carbolic acid, chloralum, creasote, potassa permang, and other substances are used for the purpose, with very good effect.

LEAD-POISONING TREATED BY GALVANISM.—Several cases of lead poisoning have been successfully treated of late by means of the galvanic bath. Traces of lead have been found in the water after the patient has been immersed, although the water was known to be free from lead, before the patient was placed in the bath. It is believed that the elimination of other metallic substances, such as mercury or arsenic may be accomplished by similar means.

ANNUAL DINNER.—The annual dinner of the Toronto School of Medicine, was held in the Walker House on Friday the 10th ult., and was attended chiefly by the students and professors, and a few of their medical friends. The chair was occupied Mr. H. S. Griffin, B. A. After dinner the usual loyal and patriotic toasts were duly honored,

The Chairman in proposing the toast of the "University of Toronto and University College," commented on the unfair position which the University of Toronto held in relation to English Universities, owing to the fact that its degrees were not recognized by these bodies. This grievance he hoped would soon be remedied, especially as the degrees of similar institutions in New Zealand, South Africa, and India, received recognition from the English Universities. Dr. Nellis president of Victoria College, was present, and made a speech in reply to the toast of "Our Educational Institutions."

NEW TREATMENT OF DIPHTHERIA.—A correspondent recommends the following treatment of diphtheria. Avoid the use of caustics and all stimulants, or destructive or astringent local applications to the throat, using hot water gargles only, every half hour or hour. Use embrocations externally, of a weak liniment of turpentine and animal oil (as goose grease,) and the internal administration of liquor potassæ in doses to suit the age, twenty drops every three hours to a child six years of age, until the membranous deposit has disappeared, and the inflammation subsided. Support the strength by liberal supplies of beef-tea, milk and raw eggs with brandy, also internal administration of ammoniacal mixtures containing ammonia citrate of iron. This plan has been followed by decreased mortality rate.

PUBLIC PROSECUTOR.—The public prosecutor appointed by the Council at the last sitting, (Detective Smith), is at work in the western part of the Province. Several prosecutions have been instituted by him, and successfully carried out, so that he has become a terror to all quacks and unregistered practitioners in this part of the country. As soon as he gets through in the West, he will turn his attention to the eastern part of the Province, and make a scattering among the offending bipeds.

Toronto Hospital Reports.

VESICO-VAGINAL FISTULA.

(Reported by A. Davidson, Clin. Clerk.)

C. McD. æt 22, was admitted into the Toronto General Hospital, May 3rd, 1876, complaining of

incontinence of urine, the result of a protracted labor. She was confined in the Burnside lying-in hospital, Toronto, in the month of January, 1876, after a tedious labor lasting from Friday the 17th until the following Wednesday. Uterine motor stimulants were given in order to strengthen labor, but they had little effect. The patient attempted to void urine every hour or two, but was unable to pass much. The catheter was not used.

On Tuesday the forceps were applied by the physician in attendance, merely to correct some malposition of the head, but delivery was not then completed, the child being born in the natural way on Wednesday. After delivery no inconvenience was experienced by the patient from incontinence of urine until about eight days had elapsed; during this time the patient was in bed, but on getting up incontinence of urine with bearing down pains ensued.

The patient remained in the lying-in hospital for about six weeks. She was believed to be suffering from paralysis of the bladder, and the following was prescribed:—

R.—Tr. Cantharides, ʒiiss.
Tr. Nuc. vom., ʒij.
Ext. Ergot. fld., ʒiij.
Tr. Ferri Mur., ʒss.
Aquæ, ad ʒviij.—M.
Sig.—ʒss. ter in die.

On her admission to the Toronto General Hospital, the same treatment was ordered and continued until about the beginning of July, without any improvement. About this date she came under the care of Dr. Fulton, who at once suspected some other cause of the trouble, but on examination nothing unusual was discovered. The following, so highly recommended by Mr. Bulkeley in incontinence, was prescribed:—

R.—Tr. Ergot., ʒij.
Tr. Ferri mur., ʒiss.
Sp. chloroform. ʒiss.
Inf. quassia ad. ʒviij.—M.
Sig.—ʒss. ter in die.

After trial of this for some time, turpentine and belladonna were added to the prescription, and electricity was ordered to be applied directly to the sphincter vesicæ. This failing to be of any service, forcible dilatation of the urethra and sphincter vesicæ was had recourse to, but was equally unsuccessful. The Dr. was now fully assured that it must be a case of vesico-vaginal

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vesico-uterine fistula, and upon instituting a most searching examination, by means of the speculum and the injection of warm milk into the bladder, he discovered an opening half an inch in diameter, high up in the anterior *cul de sac* of the vagina through which the milk flowed freely from the bladder. The diagnosis being now fully cleared up, further medical treatment was discontinued, and the patient was put in preparation for an operation. This was successfully performed by Dr. Fulton in the early part of October, in the presence of several members of the hospital staff, the acting house-surgeon, assistants and a few senior students. The patient was brought under the influence of chloroform, placed on a table on her left side, and a Sim's speculum introduced and held firmly in situ by an assistant. The margin of the opening was pared by a long-handled knife, to the extent of half an inch or more all round. This was done with great care and occupied considerable time. After all hemorrhage had subsided, silver wire stitches were introduced, by means of long curved needles having the eye situated at the point. The sutures were drawn together by twisting the wire with an instrument for the purpose, and the ends cut off short. A Sim's self-retaining silver catheter was then introduced into the bladder to allow the urine to drain away and the patient put to bed. The case progressed most favorably, complete union taking place. The patient was moving about in three weeks from the date of the operation, and was discharged cured on the 29th ult.

ENCHONDROMA.—J. M., under the care of Dr. De la Haye, was admitted into the General Hospital on the 26th of October. The patient is about 20 years of age and of healthy parentage. About one year ago he received a blow on the external and posterior surface of the ilium; swelling and pain followed, but nothing serious was thought of it. About eight months ago a lump began to grow, and has since increased very rapidly, involving the whole surface of the ilium. It is firmly adherent to the bone, and appears to be ossified in parts; near the surface, fluctuation can be detected. There is also considerable swelling of the leg and groin about Poupart's ligament. On consultation of the staff it was decided not to interfere, as there were no doubt

secondary enchondromata on the inner surface of the ilium as well. No treatment seems to be of any service. The patient is kept quiet in bed, and medicines are given to relieve pain, from which he suffers a good deal.

Reports of Societies.

OHIO STATE BOARD OF HEALTH.

The regular monthly meeting of the Board of Health for November was held in Toledo, Ohio. We publish the following extracts from the report of the Medical Health Officer, Dr. Fisher.

MORTALITY REPORTS FOR OCTOBER.—The mortality for the month of October was 56, or at the rate of 13.44 per 1,000 per annum. Only 12 deaths are charged to zymotic diseases. Four were caused by typho-malarial fever, one by typhoid fever. To class second, or constitutional diseases, eight deaths are charged. Consumption caused four. Twenty-eight deaths are charged to local diseases. Pneumonia and bronchitis caused 13. Six deaths are charged to developmental diseases, including premature and still-births. Annual ratio per 1,000 inhabitants, 13.44; estimated population, 50,000.

[This will be found exceedingly low when compared with other cities of the United States and foreign countries.] ED.

PREVAILING DISEASES.—With the exception of epidemic influenza, there is very little sickness in the city. As previously stated there were four deaths from typhoid and typho-malarial fevers. The disease is not prevailing to any extent. In the surrounding county diphtheria has been very prevalent and fatal. In Oregon Township 13 deaths were caused by this disease in three weeks. The eldest was 10 years of age and the remainder were under four years. Three deaths occurred at Cedar Point, and the radius of one and one-fourth miles. Population of the district about 250 inhabitants. The locality is low, wet and badly drained, and with the recent sudden changes of temperature may be cited as the exciting causes of this disease. In the region of Vienna, Mich., diphtheria and typhoid fever are prevailing; the diseases not being very fatal.

AN ABATTOIR.—Notwithstanding the ordinances of this city prohibiting the slaughtering of calves, sheep, &c., in the limits of the city, quite a number of complaints are made at this office by persons residing near meat markets, that this law is daily violated. We are unable to prosecute the parties because we cannot obtain the necessary evidence. These animals are slaughtered in the cellars and stables of butchers, with closed doors. That such **offal is detrimental to public health, will not be**

questioned. Animals that have not reached the age required by the ordinances of the city are slaughtered and sold. By establishing a public slaughter-house, all animals would be inspected before they were killed. No diseased, overheated, feverish or injured animal would be slaughtered. Calves and other animals that have not reached the age directed by the ordinances, would be inspected and would not be sold for food, as is practiced too frequently by many butchers in this city. Better and more wholesome meats would be furnished for food; and the pernicious effects of slaughtering in the city and in the suburbs, would be obviated.

From estimates furnished by butchers it would require about \$40,000 to erect and furnish these buildings, with the modern appliances. From five to ten acres of ground would be necessary for each place. In selecting the localities, attention should be paid to water facilities, railroad communication, and so far from the city that no injurious effects should be caused to the public health. A careful estimate of the number of animals daily required to supply this city with food, gives the following results: Sixty head of cattle, 250 head of small animals, calves, hogs, sheep, and lambs. The amount of offal in the slaughtering of the cattle and smaller animals, including the water used, &c., is about three tons.

This matter should not be drained into the river or into any stream that is situated in the limits of the city. It is important that these facts should be borne in mind in the selection of a suitable locality.

MICHIGAN STATE BOARD OF HEALTH.

The regular meeting of the above Board of Health was held at Lansing, on the 10th Sept.

Members present:—Dr. H. O. Hitchcock, *President*; Dr. R. C. Kedzie, Dr. A. Hazlewood, Rev. C. H. Brigham, and Henry B. Baker, *Secretary*.

Dr. Kedzie presented two drawings, illustrating his paper on "Ventilation of Railroad Cars."

A paper on the "Water Supply in Michigan" was presented by Dr. Kedzie. The paper treated of the geological formation of the State, as affecting the water supply; the mechanical and chemical effects of the different kinds of soil upon the water filtered through them; of the impurities usually found in water supplies; of graveyards and other sources from which these impurities frequently arise; and of methods of improving the quality of waters now used. It stated that the only *sure* way to detect impurities in water is by a careful chemical analysis, yet there are tests which can be applied by any one, which give strong *probable* evidence, such as smell before and during boiling, taste, and especially Heisch's test, which consists

in the addition of half a teaspoonful of pure sugar to a pint of the water in a bottle partly filled, set in a warm, well lighted place for forty-eight hours. The presence of cloudy matter indicates impurities.

Dr. Baker presented additional material for a paper on the "Death-Rate as Influenced by Age, Climate, etc.," consisting of tables, charts, maps, diagrams, etc., and mentioned that he had found a way by which a comparison of the death-rates of different States could be made, without the necessity of computing a life table for each locality.

Dr. Hitchcock read a paper on "Criminal Abortion," showing that the present laws in this State have been derived from views held in past ages, and are not in conformity with our present knowledge of physiology.

Dr. Hazlewood read a paper upon "Water," based largely upon the replies of correspondents to a circular sent out by the Board. He stated the chemical composition of water; the impurities usually found; the amount needed by each person daily for all purposes, which he placed at one hundred gallons at least; the healthfulness of different kinds of water; the sources of the water supply of this State; the way to obtain the best cistern water; and the danger of using water which had been in contact with lead pipe.

Dr. Baker read a paper on the "Cause of Cholera," reviewing the evidence lately published by Dr. George T. Stevens, of Albany, N. Y., and some others not heretofore published.

Dr. Hitchcock reported the proceedings of the International Medical Congress at Philadelphia, September 4, which he attended as a member, and for the purpose of securing whatever might promise to be of use in his labors in this Board for public health in Michigan.

Dr. Baker reported the proceedings of the Health Department of the American Social Science Association, at Saratoga, September 8. He gave abstracts of each of the papers read, most of which related to the improvement of the sanitary condition of schools and school children.

Dr. Baker also read a report on "Methods of Collecting Vital Statistics," in which he urged an amendment to the present law, which he held would increase the value of the statistics, and not materially increase the cost of collection.

A proposed circular of instruction, relative to the restriction and prevention of scarlet fever, was discussed at length, and is to be revised and issued for the benefit of the public health in Michigan.

A circular to correspondents, asking for statements of cases and of facts concerning scarlet fever, was also discussed, and is to be issued when perfected.

A communication from J. H. Beech, M.D., was read, giving the details of the drowning of nine

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A PRACTICAL THERAPE M.D., OF Appleton son.

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persons at B— lake, and containing suggestions for the prevention of similar occurrences. It was received with thanks. Dr. Beech also reported the unusual prevalence of diphtheria at Union City, and suggested that it afforded an opportunity for studying its causes.

The annual report of property, expenditures, etc., was also made. The property on hand consists of stationery, meteorological and other instruments, and more particularly the library, which is continually increasing in value.

The replies of correspondents relative to prevailing diseases in Michigan in 1875, and also some results of the weekly reports of prevailing diseases up to September 30th, are to be published in the Annual Report.

NORTH ONTARIO MEDICAL ASSOCIATION.

A meeting of the above Association was held in Uxbridge on the 10th of October. Present:— Drs. Bascome (President), Hillary (Secretary), Nation, Black, Freel, Forrest, Rear and B. Workman. Also Drs. Joseph Workman, Riddell and Strange of Toronto, and Dr. Hillary of Aurora. The minutes of last meeting were read and confirmed. The Secretary read letters of apology from invited guests, but stated that he had received none such from absent members.

Dr. Workman read an instructive and very interesting paper on "Insanity."

Dr. Riddell read a paper on "The duties of a Coroner."

Dr. Strange read a paper on "Flexions and versions of the Uterus," illustrating by diagrams the different positions of the uterus, and explaining the advantages of the many kinds of pessaries in use in retaining that organ in its proper position.

A discussion followed the reading of each paper, and a vote of thanks was tendered to the readers, after which the meeting adjourned for supper.

The next meeting will be held in Uxbridge in January, 1877.

Books and Pamphlets.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, by Robert Bartholow, M.A., M.D., Ohio Medical College. New York: D. Appleton & Co. Toronto: Willing & Williamson.

The work before us is an entirely new one on the subject of Materia Medica, and is written by one who has had upwards of 20 years' clinical experience. This, together with his system of classification, and practical character of the information given, are the authors' claims put forward on behalf of his work. He divides remedies into five classes:

1. Those that promote constructive metamorphosis.
2. Those that promote destructive metamorphosis.
3. Those that modify the functions of the nervous system.
4. Those that cause some evacuation from the body.
5. Topical remedies.

In the discussion of these subjects a large amount of space is devoted to the the rapeutical action of remedies. In regard to bleeding, the author says:—"Although it is undeniable that important results may be obtained from general bleeding, it is equally certain that as good results in most of the conditions may be had by other methods."

He speaks highly of cupping and leeching, although he believes the principal benefit is derived from the derivative counter-irritant effect produced. He places, Hydrastis, Canadensis next to quinine in the treatment of intermittents and considers, eucalyptus, so much extolled of late, as far inferior to quinine, as an anti-malarial, but of great value in chronic catarrh of the bladder. Alimentation is treated elaborately. Conium is recommended in acute mania. All new remedies have received due attention, and altogether the work is one of value.

A PRACTICAL TREATISE ON DISEASE OF THE EYE. By Robert Brudenell Carter, F.R.C.S., St. George's Hospital. With one hundred and twenty-four illustrations. Edited, with additions and test-types, by John Green, M.D. Philadelphia: Henry C. Lea. Toronto: Willing & Williamson.

Dr. Carter's work has been for some time before the profession in England and has met with a very favourable reception. It is a plain, practical work upon diseases of the eye, and one which will materially assist the general practitioner to treat ordinary cases, and qualify him in determining when cases are beyond his reach, and necessary to be sent to a specialist. The American edition is a very creditable work. We have no hesitation in recommending it to our readers.

A MANUAL OF MIDWIFERY. By Alfred Meadows, M.D., F. R. C. P. King's College, London. Second American, from the third London edition, revised and enlarged, with one hundred and forty-five illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

Dr. Meadows' excellent manual has been received with much favor by the profession, and a new

edition has been called for. The author has taken the opportunity of enlarging and making some important improvements, so that the present edition is a much more valuable book than its predecessor. The author is a very safe and cautious teacher, and one could not place a better manual in the hands of students than this.

UTERINE VERSIONS AND FLEXIONS, by Ephraim Cutter, A.M., M.D., of Boston, second edition
Boston: James Campbell & Co.

LECTURES ON FEVERS. By Wm. Stokes, M.D., F.R.S., Professor of Physic in the University of Dublin. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

The above mentioned author is not a stranger to the professional reader, as a clinical lecturer and writer. The work before us consists of a series of clinical lectures delivered from time to time by the author in the Meath Hospital, edited by Dr. J. W. Moore, assistant physician Fever Hospital, Dublin. The author condemns the anti-pyretic treatment of fevers; adopts the doctrine of change of type in disease from sthenic to asthenic, which, he says, occurred at the time of the first epidemic of Asiatic cholera, and he now predicts another change in the reverse direction already almost perceptible. In regard to the causation of fever, he says: "the same exciting cause, at least as far as we can see of it, is capable of producing different kinds of fever in different persons." This is contrary to the teaching of most authors of the present day. The symptoms of fever are fully described, except that no allusion is made to tissue changes, the result of high bodily temperature. The treatment is equally defective on this point, little attention being paid to means for the reduction of temperature.

A MANUAL OF PERCUSSION AND AUSCULTATION; or the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, Sr., M.D., New York. Philadelphia: H. C. Lea. Toronto: Willing & Williams. Price \$1 75.

Prof. Flint is so well known that no words of commendation are necessary in announcing a new work from his pen. This work should be in the hands of all who conscientiously desire to be skillful practitioners of medicine, yet in the study of auscultation and percussion, a living teacher is almost indispensable, the living subject a *sine qua non*.

APPOINTMENTS.—A. T. Dunn, M.D., of North Augusta, to be an Associate Coroner for the united counties of Leeds and Granville. W. Hanover, M.D., of Almonte, to be an Associate Coroner for the county of Lanark.

J. E. Kennedy, M.D., &c., Prof. of Materia Medica in Trinity College Medical School, has been appointed on the acting staff of the Toronto General Hospital.

Dr. D. Blackadder, has been appointed Resident Clinical Assistant to the Brompton Consumption Hospital.

Dr. T. Millman, of Woodstock, Ontario, and at present Resident Accoucheur to St. Thomas' Hospital, has been elected a Fellow of the Obstetrical Society of London.

Drs. W. L. Ward and R. L. Macdonnell, of Toronto, have passed their primary examination at the Royal College of Surgeons, England.

Births, Marriages, and Deaths.

In Toronto, on the 13th ult., the wife of W. H. Ellis, M.B., of a daughter.

In Toronto, on the 20th ult., the wife of Dr. White of a son.

At St. James' Church, Dundas, on the 10th October, by the Rev. Rural Dean Osler, CHARLES O'REILLY, Esq., M.D., son of the late Dr. O'Reilly of Hamilton, to SOPHIA ELIZABETH, youngest daughter of the late GEO. ROLPH, Esq., of Dundas.

In Clarke, Ont., on the 15th, by Rev. Wm. Donald, ALEX HAMILTON, M.A., M.D., of New York city, late of Millbrook, Ont., to KATE, eldest daughter of the late WILLIAM RENWICK, Esq.

At Brantford, on Thursday, Nov. 2nd, REGINALD DIGBY, second son of DR. HENWOOD, aged 19 years.

On the 10th of October, at Linstead, Jamaica, of yellow fever, Dr. GEORGE F. BROWN, Government Medical Officer, late of Toronto, aged 28 years.

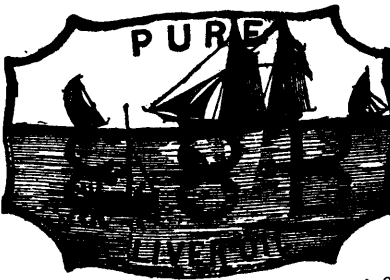
In Toronto, on the 13th ult., S. L. BATES, M.D., in the 26th year of his age.

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void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oillies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

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"In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPŒIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

"Yours truly,
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The presence of a large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price \$1.00.

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TROMMER'S EXTRACT OF MALT, FERRATED.

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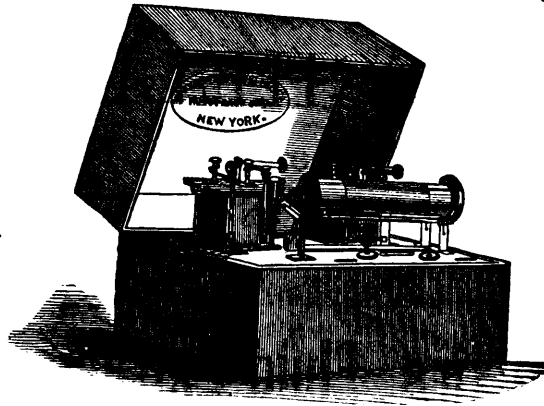
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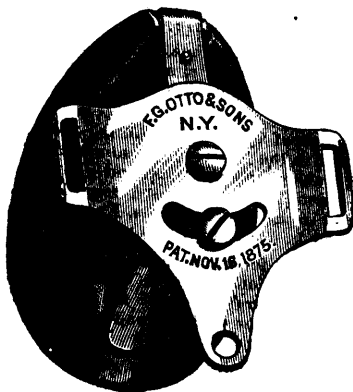
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THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March 1877.

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 JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
 FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
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 LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
 ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
 WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
 EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynecology.
 WILLIAM M. POLK, M.D., Lecturer on Materia Medica and Therapeutics, and Secretary of the Faculty.
 AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
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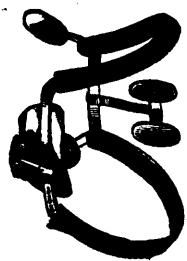
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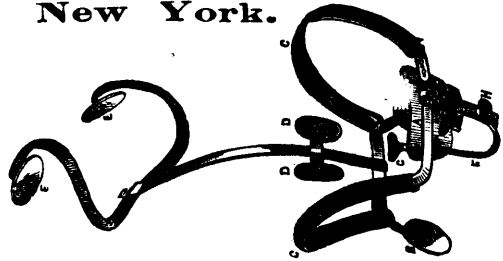
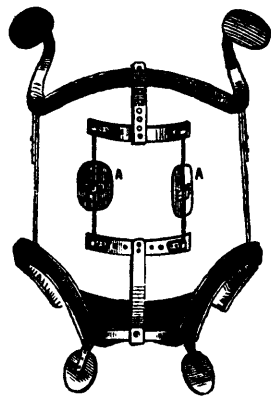


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Fig. No. 18.

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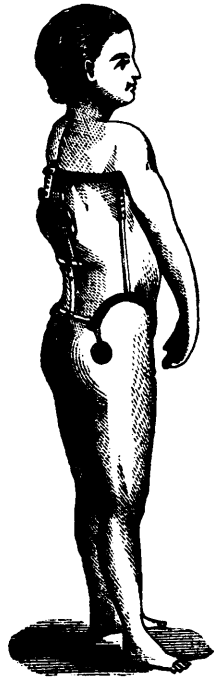
Fig. No. 12.



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Fig. No. 19.

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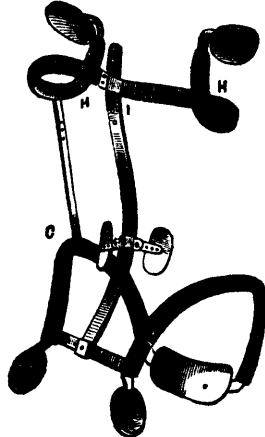


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4th Height of person. All measures to be in inches.
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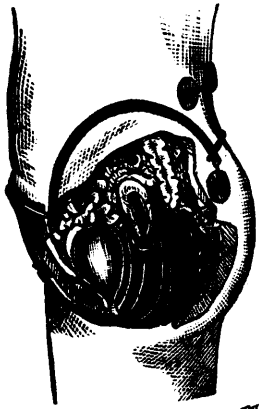
Fig. No. 14.

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