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CANADA

MEDICAL & SURGICAL JOURNAL

FEBRUARY, 1884.

Original Communications.

FIBROIDS COMPLICATING PREGNANCY — DIFFICULTIES IN DIAGNOSIS—AUTOPSY.

BY EDWIN GOODMAN, M.B., ST. CATHARINES, ONT.

A friend, to whom I sent a brief and incomplete description of the following case, has requested me to furnish notes of it for publication. As it possesses features of diagnostic interest I have decided to comply with his request :

Mrs. Y—, the subject of the subjoined sketch, was a mulatto woman, aged about 30 years. She was of slender form, bright, energetic, active in her habits, and quite healthy. She was the third wife of a robust Anglo-African, who is no doubt quite competent to discharge efficiently his marital duties, as he has had several children by a former spouse. Up to June last Mrs. Y— had menstruated regularly. She had never suffered from dysmenorrhœa, or amenorrhœa, and only once from menorrhagia, in November, 1882. She flooded profusely on that occasion, and was rather alarmed in consequence ; but she soon rallied from the depressing effects of the loss of blood, and continued to menstruate regularly, and quite normally, until early in June, 1883. There was no regular menstrual flow after that date ; but on a few occasions a small clot of blood was expelled from the vagina. In other respects she was entirely free from any abnormal symptoms, or sensations, referable to the uterus or its appendages, if we except slight nausea in the mornings, and occasional incontinence of urine. This condition of affairs continued from the first of June, 1883, to some time in the

month of August, 1883. She then began to experience a sensation of fullness in the hypogastric and left iliac regions, and at length became conscious of the presence of a hard, round tumor, about the size of a cricket ball, and nearly as hard, just behind and slightly above the *symphysis pubis*. The tumor became gradually more and more prominent, and continued to grow apparently higher up towards the umbilicus. The patient and her husband at length became alarmed, and I was called in to see her. I was much puzzled. The cessation of the menstrual flux, and the subsequent development of the tumor, suggested the idea that the woman was pregnant. The tumor did not feel, however, like the gravid uterus. It was too hard and dense, too prominent and clearly defined; it actually seemed to be just under the skin of the abdomen, and the greater portion of it could be grasped by the hand and fingers. Behind the tumor, and deeper in, towards the supposed locality of the fundus uteri, smaller moveable tumors, or, perhaps I should say, masses of some kind, could be felt, conveying the impression exactly of the extremities of a foetus. These little objects could be almost examined in detail by the fingers, through the attenuated walls of the abdomen. The cervix and os uteri were normal in appearance, and in position, and had undergone no change indicative of existing pregnancy. The left side of the uterus felt harder than the right on pressing the finger high up towards the body of the uterus from the vault of the vagina. But the right side of the uterus seemed to occupy the largest space, and was lower down in the pelvis; it could be easily felt through the vaginal walls in the Douglas' *cul de sac*, and also to the right of the cervix. I did not, at my first examination, use the sound, as I feared the existence of pregnancy. I thought, however, that it could not be a normal pregnancy, but that from the prominence of the tumor, and the ease with which I fancied I could detect the outlines of the foetus, that it must be a case of extra-uterine foetation. On the other hand, the patient had had no pains such as usually accompany extra-uterine pregnancy; and neither I, nor any of my medical friends, including Dr. Trenholme of Montreal, were able to

detect by means of the stethoscope either the sounds of the foetal heart or the placental souffle ; and moreover, the patient never, at any time, was conscious of foetal movements. In October, 1883, the case was carefully examined by my *confrères*, Dr. Trenholme, of Montreal, and Dr. Downey, of this city. Acting on the advice of Dr. Trenholme, I introduced the uterine sound, no evidence of foetal or placental circulation being discoverable by the stethoscope. The sound passed between three and four inches in the normal direction, and was then arrested. We all three passed the sound, and were all of the opinion that its point had reached the fundus uteri, and that consequently its cavity could not contain anything of sufficient dimensions to account for the size of the abdominal tumor. Dr. Trenholme diagnosed the existence of uterine fibroids, and subsequent events, as I shall proceed to show, have verified that diagnosis. I could not divest my mind of the existence of pregnancy in addition to the tumors, on account of the rapid growth, and remarkable prominence of the uppermost tumor, which felt so much like the head of a foetus. And because, in my experience, every case of fibroid disease of the uterus had been accompanied by more or less menorrhagia, which had never been present save on one occasion, in November, 1882, as above stated. However, I took it for granted that I must be mistaken. And as it was necessary to do something to satisfy the patient and her husband, I gave ergot in small doses two or three times daily for several weeks, and directed that tincture of iodine should be applied over the swelling. The patient continued to enjoy excellent general health, and kept on discharging her active duties as manager of a restaurant. She never felt any pain, and only complained that the pressure of the tumor was somewhat annoying, and that she had difficulty in retaining her urine. She also said that on a few occasions a small clot of blood had passed from her vagina. The tumor instead of diminishing under the influence of the ergot and iodine seemed to thrive upon them, and gradually reached nearly to the umbilicus. At length the patient and her husband again became restive and uneasy, and wanted "something

done." So on the 10th of January inst., accompanied by my friend, Dr. Comfort, I again carefully examined the patient. I found the tumor much higher up than before, but not apparently much larger. There seemed, however, on making a vaginal digital examination, to be a large, rather soft, and somewhat irregular tumor behind and to the right of the cervix uteri, above the vaginal vault. We could both feel, with remarkable distinctness, what seemed to be the outlines of a foetus through the abdominal walls. We again tried to detect signs of foetal life through the stethoscope, and again failed; for good and sufficient reasons, *this time*, as will be seen later on. I then, through the speculum, introduced the uterine sound, and to my astonishment passed it readily up to the handle at least eight inches. I then gave the sound to Dr. Comfort; he could only introduce it about the normal distance. I then disengaged the point, and after a little manœuvering managed to circumvent the hitherto insurmountable obstacle, and the Dr. readily passed it up as far as I had done. We then decided to puncture the tumor with a hypodermic needle, to ascertain what it contained. There was a small escape of perfectly clear, limpid fluid, which we then took to be liquor amnii, but which I now think could only have been the normal serum secreted by the peritoneum. On Saturday evening, the 12th inst., severe pains, exactly like labor pains, set in. I must honestly confess I could not yet divest my mind of the idea that the case was one of extra-uterine foetation, or that there was a double uterus. I could not otherwise account for the two apparent cavities, of different lengths, into which the uterine sound passed, or for what seemed like a flow of liquor amnii from the punctured circumscribed tumor. I dreaded the result of the labor pains. On Sunday morning while taking breakfast, after having been up all the previous night with a normal case of labor, I was called hurriedly to see the patient, and informed that "one of the child's feet was born." I was surprised and delighted at the news, and immediately went to my patient. True enough, one foot was protruding from the ostium vaginae. The foetus, about six and a half months, uterine

life, was large, and partly decomposed, having evidently been dead for some time. I had great difficulty in extracting it, but succeeded at length. The fœtor was something dreadful. The umbilical cord was so much decayed that it broke off at the navel, and the placenta, also partially decomposed, was adherent. I had a difficult and unsavory job in separating it from its attachments. While my hand was in the uterus I could feel that the cavity of the uterus was encroached upon somewhat from the left side, and that it trended, as it were, over towards the right side of the abdomen. The patient bore her sufferings like a heroine. She soon rallied from the shock. The lochial discharge was rather darker than normal, but not excessive, nor unusually offensive. She seemed to do splendidly for several days; had a good appetite, no pain, no fever, and was in excellent spirits. On Sunday, however, the 20th inst., she had several chills, followed by feverish symptoms. On Monday she noticed a puffy swelling on the back of one of her hands, and complained of weakness, restlessness, loss of appetite and sleeplessness. Her pulse was small and rapid. Her breathing shallow and hurried. There was a flush on her cheek, jactitation of the muscles, and rigidity of the muscles of the throat and jaw. She had difficulty in speaking, and her muscles were tremulous, with defective power of co-ordination. In a word, she had been stricken with septicæmia, and was about to die, which she did on the morning of Saturday, the 26th inst.

At the autopsy I was assisted by Dr. Comfort and Mr. Macrae, a student of McGill College, Montreal, and unravelled the mystery which had puzzled us so long. On opening the abdomen we discovered that the pelvic peritoneum was injected in places, and that recent coagulable lymph had been effused to a slight extent. The uterus was removed entire and examined. Its involution had been going on favorably, for the cavity, from the os to the fundus, did not exceed eight inches. The walls of the uterus were softened considerably, and undergoing fatty degeneration. The round tumor which had been felt through the walls of the abdomen was discovered to be a fibroid tumor, sessile, attached by a broad base to the anterior aspect of the

uterus, and a little to the left. Another *very large fibroid* was found in the walls of the uterus on its left side, *intramural*. It was *against this tumor that the end of the sound impinged when we supposed that we had reached the fundus*; for it projected considerably, and encroached upon the cavity of the uterus. It was this tumor that pushed the contents of the uterus and the right wall of that organ over towards the right side of the pelvis. It was the growth upward and forward of the gravid uterus that caused the tumor on the anterior aspect of the uterus to project so prominently, just over the *symphysis pubis*. The cavity of the uterus containing the foetus lay behind this tumor, and extended somewhat above it. Besides these two large tumors, there were several small tumors, of about the appearance and size of white beans, on the anterior, posterior, and lateral aspects of the upper part of the body of the uterus.

It requires a certain amount of moral courage to recount one's mistakes in diagnosis. Mistakes, however, will occur, even to the practice of men of vastly greater acumen and experience than the writer possesses; and they should be utilized as a warning, and as a mode of instruction to one's self and others. It is for this reason, and because I have been asked by a friend, whose request I do not like to disregard, that I have committed the above facts to writing.

ACONITE IN DIPHTHERIA.

By M. CHISHOLM, M.D., BAY ROBERTS, Nfld.

Read before the Conception Bay Medical Society.

MR. PRESIDENT AND GENTLEMEN,—In coming before you now with a paper on the treatment of diphtheria, my aim is not so much to inform as it is to be informed; not so much to teach new methods of treatment, as it is to test them. I come before you in the interests of our art. I court criticism, and shall receive it in the spirit of one who is ever ready to be instructed.

The administration of aconite in threatening inflammation is urged by the highest authority. Its use in diphtheria is never alluded to, even by those of eminent standing, who look upon

the disease as purely inflammatory like croup. Not committing myself to this view, nor yet to the germ theory, I shall go on to shew, that the use of aconite in the first stage of diphtheria, is not only eminently successful, but clearly rational.

CASE 1.—On the morning of November 4th, 1881, I was asked to prescribe a gargle for an absent person complaining since the 3rd of sore throat. I gave a mixture of Pot. Chlor. slightly acidulated with Acid. Hydrochlor. In eight hours I was summoned in haste to see the same patient. He had grown rapidly worse. I found a strongly built boy of 13 with a temperature of 105°, pulse 150, unable to speak or sit up, delirious and becoming comatose. The breath was offensive. Submaxillary glands swollen and tender. Mouth parched, tongue red and glazed, fauces dry, swollen and livid, tonsils congested but not coated. From the semisensible condition of the patient, I had much difficulty by lamp light in examining the throat. Repeated efforts failed to shew any membrane, still the swollen glands, the deeply congested fauces and tonsils, with the offensive smell and prevalence of diphtheria, led me to diagnose diphtheria of the severest type.

Treatment.—An emetic of Ipecac, and Tinct. of Aconite m_{xx} , Pot. Chlor. ʒ_{ii} , Aqua ad Oj, of which take one teaspoonful every 10 minutes.

Nov. 5th.—Delirium gone ; articulates better ; T. 102° ; P. 115 and fuller ; tongue and mouth moist and less congested ; tonsils nearly all covered very thinly with membrane which spreads anteriorly on the fauces ; changed for the better four hours after giving the medicine.

Nov. 6th.—Much better ; disposed to eat ; T. 102° still, but a copious glairy discharge from mouth and fauces ; spread of membrane checked.

Nov. 7th.—Improvement continues ; membrane breaking up ; throat clearing. *Sig.* original gargle with an occasional dose of Aconite and Pot. Chlor. ; to keep warm in bed. Saw him once more, when he was quite convalescent.

CASE 2.—A. B., age 8 ; sick three days ; brother dead a week of diphtheria ; found him with nurse ; pulse 156 ; tem-

perature very high; countenance dusky; ashy about eyes; kept getting worse in spite of ordinary remedies; throat much swollen and coated. *Sig.* Aconite mixture every 10 minutes in drachm doses. Next morning pulse 120; fever much reduced and perspiring; livelier. Membrane not spread; changed for the better six hours after giving medicine.

R. Tr. Fer. Perchlor ʒii; Pot. Chlor. ʒi; Aquæ ad Oj. *Sig.* one teaspoonful every 30 minutes; also the Aconite mixture in smaller doses. After this the child rapidly recovered.

CASE 3.—Much like No. 2, but that on discontinuing the Aconite, after getting the fever down, and substituting the Iron mixture, the fever went up again and the patient got so much worse that I was called again to see him. I stopped the Iron and renewed the Aconite with excellent effect as at the first. I then presented both mixtures as in case No. 2 and the child rapidly recovered.

The remainder of this Aconite mixture was given without my knowledge to a neighbor's child, and in the mother's words cured it in no time.

It may be that popular opinion is of little account apart from the pocket, but my medicine acquired some fame, and I often dispensed it to the poor in powder, the Potash being saturated with m_x Flem. Tinct. Aonite, giving orders to dissolve in Oj of water, keep cool by the addition of ice, and give as above.

It may be affirmed, and from my experience except that of case 1, I am not prepared to deny that Pot. Chlor. alone would do as well. Of this, however, I am certain that a combination of both remedies, given as above in ice cold water, has as marked an influence for good in diphtheria as it sometimes has in the threatening stages of Tonsillitis or Pneumonia. Nor when I say so, need your countenances assume that mingled form of scepticism and derision, which the mention of my treatment drew from one of our Æsculapian devotees in St. John's. I have used it in over 100 cases, and I never saw anything but improvement result from it. I never saw its use followed by that profound blood poisoning so often fatal under every other treatment. I have, on the other hand, certainly averted it,

and lost patients where it was not prescribed. While using it I never lost a case except as a result of cold from exposure, ending in croup, after the throat symptoms subsided or completely disappeared.

Now as to the *modus operandi* of Aconite. Supposing, with some, that diphtheria is purely inflammatory, like croup in its onset, and that the systemic affection is secondary to the local disease, then, on the authority of Ringer, there is no medicine able to check inflammation like Aconite in small doses frequently repeated; and if this curative action of Aconite holds good in one acute disease, why not also in diphtheria. A writer in the *Practitioner* (1879) treating of Aconite in Pneumonia thus accounts for its therapeutic value. In minute doses, and not too long continued, it depresses the sympathetic and contracts the vaso-motor fibres. By the first action it lowers the reaction of febrile excitement, and gives nature a chance to assert its powers. By contracting the vaso-motor system, especially where the parts are rendered more susceptible by inflammation, it is directly anti-inflammatory. If, then, the disease be local in its origin, how important it is to use a remedy which has the power of preventing the formation and circulation through the system of products so destructive as are those of diphtheria.

But if the disease be systemic, as the researches of M. Talamon, in the Hotel Dieu of Paris, and of Pasteur in a different field, would seem to demonstrate, then Rational Therapeutics would protect the tissues, get rid of the germs, and support the strength.

Now, in Aconite we have a remedy which answers the first two of those indications admirably. 1. It is as before proved directly anti-inflammatory, and any control we can exert over inflammation in a part so constructed as the throat is, can scarcely be over-estimated. 2. By depressing the sympathetic the exciting influence of an inflamed part over the general system is lessened, the circulation is quieter, the temperature is lowered and tissue change is retarded. In the words of Cullimore who, through the *Lancet* (Oct., 1882) reports a case of Rabies successfully treated by Aconite: "It reduces the inter-

change between the morbid blood and those tissues, upon whose irritation depends the fatal manifestation of the disease.”

Aconite fulfils the 2nd indication by relieving the system from the incubus of febrile excitement, favouring the *vis medicatrix naturæ*, in inducing profuse diaphoresis by which the poison is eliminated, and giving time for the successful operation of more potent germicides.

The 3rd indication is involved in the first two. It preserves the strength by conserving it, and in the small doses above indicated is never followed by depression even though continued for over 24 hours, as in case 1. Of all I have advanced this is the sum, and I am done.

1. Aconite in minute doses, frequently repeated, depresses the sympathetic, and like cold, contracts the vaso-motor fibres.

2. It has a selective action on inflamed parts, because of their increased susceptibility.

3. This sedative effect by lessening febrile reaction is conservative of strength, while its vaso-motor action is anti-inflammatory.

4. In consequence of this twofold action, Aconite in at least the first stage of diphtheria calms the circulation, lowers the temperature, lessens tissue change, overcomes inflammation, checks the spread of membrane and helps the relieved system to throw off the poison through the skin and kidneys.

IODOFORM.*

By JAMES STEWART, M.D.,

Professor of Materia Medica and Therapeutics, McGill College.

Although it is sixty years since iodoform was discovered, its general employment as an antiseptic agent dates back only three years. At the present time it is—carbolic acid not excepted—probably the most extensively used agent of any of the whole group of antiseptics. It is a teriodide of formyl (CHI), and is prepared by adding chlorinated lime to an alcoholic solution of iodine until the liquid ceases to present a red color.

Properties.—It is in yellow, pearly crystals. It has a sweet taste, and a persistent disagreeable odor resembling that of

* Lecture delivered before the Materia Medica Class.

saffron. It is insoluble in water, but dissolves readily in ether (1 to 7), chloroform, rectified spirits, oil of eucalyptus, collodion (1 to 10), and in vaseline.

Absorption and elimination.—Iodoform is not very readily absorbed from the intestinal canal. Although containing 97 per cent. of iodine, its properties are very different from those of the latter; the radicle formyl that enters into its composition modifies its action. This is the reason that it possesses anodyne, and not irritating, properties, as does iodine. When iodoform is introduced into the stomach, it undergoes a change into iodine. On this point all are agreed; but what particular form of iodine it assumes is a matter in dispute. Binz holds that it is in the form of iodides and iodates; while Högyes maintains that it is in the form of an albuminate. In fatal cases of iodoform poisoning, iodine has been found in the brain, in the liver, and in the kidneys. Iodoform is eliminated from the body in the form of iodine. Its elimination takes place very slowly. It is not infrequent to find iodoform in the urine three and four weeks after ceasing to use iodoform dressing. The addition of salt to the diet hastens its elimination considerably. In wounds which are in a state of putrefaction, the conversion of iodoform into iodine takes place much quicker than when it is brought into contact with "sweet" wounds. This is owing to the presence of oxydizing substances in the products of putrefaction.

PHYSIOLOGICAL ACTIONS.

Its Influence on Micro-Organisms.—Iodoform is one of the most powerful agents that we possess in preventing decomposition from taking place in fluids, and in arresting it when it has set in. It prevents the development of organisms in such fluids as alkaline urine, blood, and a solution of peptones. In contact with wounds, it has a very prompt and thorough antiseptic action, being exceeded by no other antiseptic agent.

ACTION ON MAN AND ANIMALS.

External action.—When iodoform is rubbed on the skin, it is readily absorbed into the blood. It does not give rise to any inflammation or irritation of the skin. Even when dusted over

a sensitive wound, it seldom gives rise to any irritation. If too freely dusted on a wound, it may be absorbed in such quantities as to produce death.

Action when taken internally.—In medium doses, it seldom proves irritating to the stomach and intestines. As far as is known, it has no action on either the liver or pancreas. When absorbed into the blood, it has the power of destroying the amoeboid movements of the white cells, and of preventing their emigration into the tissues of an inflamed part. It is considered to have the power of increasing the number of red cells, but its blood restoring qualities are so inferior to iron, arsenic and phosphorus, that there is no field for its use as a hæmatinic.

Action on the circulation.—Iodoform has a very similar action to chloroform on the heart, but more powerful. Ringer has shown that one-fifth of a grain is sufficient to arrest the ventricle of a frog's heart, while it takes two minims of chloroform to bring about a like result. When absorbed in large quantities in man, it produces weakness, with great increase in the frequency of the pulse. Iodoform has no special action on the respirations.

Temperature.—From the use of ordinary doses, the temperature is slightly increased, but when absorbed in toxic quantities, this increase is very marked.

Nervous System.—In ordinary medicinal doses, with the exception of causing headache, there is no perceptible action from its use. In man, its anæsthetic properties are not noticeable. In cats and dogs, however, even in doses short of producing intoxication, it readily induces sleep. Its action in toxic doses on the nervous system will be considered under the head of untoward effects.

On the Kidneys.—When it is used for some time, it occasionally gives rise to a transient albuminuria.

SURGICAL USES.

Iodoform is very extensively used at present as an antiseptic in the treatment of all forms of wounds. Compared with carbolic acid, it possesses some advantages and some disadvantages. Its principal advantage is its freedom from irritating qualities.

When speaking of the uses of carbolic acid, I mentioned that it gave rise to a considerable amount of irritation, and that it was usually necessary to protect a wound from its irritating influences by interposing a piece of "protective." Now, in treating a wound with iodoform, no such precaution is necessary. We can apply it directly to the wounded surface, and have no fear of its producing any irritation. Its disadvantages are its non-solubility. As it is insoluble in water, it cannot be used in the form of spray; neither is it adapted for the irrigation of a wound, the washing of the skin, or for the cleansing of the instruments. Another disadvantage is its non-volatility. It will only destroy organisms that it comes directly into contact with. It does not, like carbolic acid, exercise any influence beyond its seat.

When iodoform was first used as a dressing for wounded surfaces, it was considered to be free from danger, and on this account it was used very freely, being dusted into abscess cavities in enormous quantities. As a result of this practice, cases of iodoform poisoning were not infrequent, many of which proved fatal. At present, however, it is quite uncommon to see cases of iodoform intoxication resulting from the dressings of wounds. It is in all probability less apt to be followed by untoward symptoms than carbolic acid.

Iodoform is used either in the form of powder or gauze in the treatment of wounds. In the majority of cases, especially of open and deep-seated wounds, the gauze is preferable to the dusting of the powder. In Billroth's klinik, the gauze is used in two forms. There is what is called *hydrophile* and *adhesive* gauze.

The *hydrophile* gauze is made by simply dusting ordinary gauze-cloth, from which all fatty matters have been removed, with iodoform. The cloth is spread out in a large flat vessel, the precaution being taken of thoroughly making this antiseptic with a 1 in 20 solution of carbolic acid before placing the gauze in it; the iodoform is then dusted over the cloth, and afterwards thoroughly rubbed in with the hands (which should be previously washed in a 1 in 40 solution of carbolic acid) until the gauze assumes a uniform yellow color. The excess of iodoform is re-

moved by shaking. It should be kept in well stoppered bottles. The quantity of iodoform contained in gauze prepared in this way varies from 10 to 15 per cent. It takes about an ounce and a half to impregnate 20 yards of cloth. This form of iodoform gauze can be used for the immediate antiseptic covering of all wounds except those about the cavity of the mouth. When it is necessary to pack an abscess cavity or a compound fracture wound, the gauze should be cut into narrow strips and introduced with a forceps. It is a good absorbent, and, therefore, does not give rise to any retention of the secretions, and being free from irritating qualities, it does not increase the amount of serum from a wound as does carbolic acid. Symptoms of intoxication of a severe degree have not been reported from the use of iodoform in this form.

The *adhesive* form of gauze is made in the following way:—To impregnate 20 yards of cloth, 100 grammes of resin are dissolved in 1200 grammes of alcohol, to which 50 grammes of glycerine have been previously added. The gauze is drawn through this mixture, dried, and then dusted with 250 grammes of iodoform, in the same way as the hydrophile gauze is prepared. The adhesive gauze is specially adapted for the treatment of operation wounds about the cavity of the mouth. It is not safe to use the hydrophile gauze in this situation, as it may become displaced and be swallowed during sleep. This accident happened several times in Billroth's klinik.

Iodoform is certainly the most efficient antiseptic in such operations as removal of the upper jaw and excisions of the tongue. It is a well known fact that septic processes (septic pneumonia, gangrene, etc.) are very apt to follow these operations, and since the introduction of iodoform, the mortality from these causes is very much less than it formerly was. This is Billroth's experience. The method of dusting wounds about the cavity of the mouth with iodoform is considered by some of the German surgeons to be not entirely free from danger; particles of the iodoform find their way into the air-passages, and there set up pneumonia—not, of course, a septic pneumonia, but what is now commonly called "foreign-body pneumonia." Iodoform,

whether used in the form of powder or in the form of gauze, is better adapted for the treatment of all wounds that cannot be completely closed, while carbolic acid is preferable for wounds whose edges can be brought together.

In the treatment of compound fractures, narrow strips of hydrophile gauze should be introduced into the wound until the cavity is completely filled up, and over this should be placed several layers of absorbent wool. A dressing of this kind can be left undisturbed for many days.

Iodoform is one of the most efficient means we have of rendering old ulcers antiseptic. Recently great advances have been made in the treatment of tuberculosis of joints; formerly many joints and even lives were sacrificed because the nature and treatment of these cases were misunderstood. Now, however, if a case is seen sufficiently early—that is, before the joint structures are irretrievably damaged—there is a fair chance of giving the patient not only a useful limb, but also a fairly useful joint, and, further, there is removed a local disease which, sooner or later, if left unmolested, would have been the means of infecting the general system. The method of treating these cases is as follows: The diseased structures are first scraped away by means of a spoon, and the cavity left is packed with hydrophile iodoform gauze; the joint is then fixed in an immovable apparatus. The gauze is only changed when the discharge has made its appearance externally. By carefully following out this line of treatment, it is surprising what wonderful results can be obtained. Whether the iodoform in these cases exercises any special action or not is a disputed point. Billroth firmly believes that it possesses an influence beyond its antiseptic powers in these cases. He believes that it has marked *antituberculous* properties. This opinion is for the most part based on the fact that no other antiseptic agent has such a beneficial action in these cases.

A mixture of iodoform in glycerine, one part of iodoform to ten of glycerine, is a good injection into an abscess cavity after the pus has been evacuated.

Iodoform-collodion, in the proportion of one part of iodoform

to ten of collodion, is a very useful dressing for small wounds, such as those about the face, where it is not convenient to use the usual dressings. After all hemorrhage from a wound of this kind has been arrested, and the edges united with sutures, the iodoform-collodion is painted over it and for some distance from its edges. It is important to have the bleeding completely arrested before painting it on. Under this coat of iodoform the wound heals without any irritation. In a week it can be scraped away and the stitches removed. The small points left after the removal of the stitches should be painted. This method of treating face wounds is to be particularly recommended when erysipelas is dreaded.

Iodoform bacilli are exceedingly well adapted for making putrid sinuses antiseptic. The bacilli can be made of any thickness or length to suit the particular case it is intended to treat. Gelatine, oil of theobroma, or gum arabic, is a suitable basis. The following formula is that used in Billroth's klinik :—

Iodoform (pulv.)	20.00	(3 v).
Gum Arabic	} āā	2.00 (5 ss).
Glycerini		
Amyli		

The bacilli to be made of any required length or thickness. The above mixture contains 76 per cent. of iodoform. In introducing these into a sinus, care should be taken that there is no obstruction to the exit of the iodoform as the mass melts, otherwise symptoms of intoxication may arise. Bacilli of iodoform are also useful in cases of endometritis, and for rendering the secretions of the uterus antiseptic in cases of puerperal septicæmia. Dr. Alloway of this city has had an extended experience of the value of iodoform in these cases.

Iodoform is probably the most valuable agent that we possess for the treatment of the non-infecting syphilitic sore—the so-called soft chancre. The best method of using it is to spray an ethereal solution on the sore; the ether immediately evaporates and leaves behind an even layer of iodoform. One part of iodoform dissolves in seven of absolute ether. Under this mode of treatment, the non-infecting sore generally heals in ten days, while, if left to itself, it takes four or five weeks to do so.

The lymphatic glands in the groin are very apt to become inflamed and to suppurate as the result of the absorption of the poisonous material in the non-infecting sore. When the glands are in the first stage of inflammation, the best method of preventing suppuration is to inject into them about ten minims of a saturated ethereal solution of iodoform. This should be repeated once daily until such time as there is distinct evidence of the inflammatory action abating. When suppuration has set in, the following is the best method of treating the case: first, by means of a free incision, the pus should be evacuated, then the infiltrated glandular texture should be all scraped away with a spoon. If the skin over the gland is of a purple color, it had best be removed also. This is best done with scissors. The cavity left is packed with iodoform gauze, over which should be placed several layers of the absorbent cotton wool, the whole being secured by a bandage. This may seem to be rather heroic and unnecessary treatment, but the success attending it is so marked and satisfactory that it should always be preferred to the ordinary, and at times very unsatisfactory, method of treatment. The great point in its favor is, that it does away with all possibility of the infecting matter contaminating the surrounding soft structures, and thus giving rise to extensive sloughing. Since this method of treatment has come into use in Neumann's klinik, the above untoward results have never been seen.

It has recently been recommended to use iodoform bacilli in the early stage of gonorrhœa. Watson Cheyne, who introduced this practice, says that he has had good results from it. In place of a gonorrhœa running a course of from four to six weeks, as it usually does, he maintains that if the case is seen early, the use of one or two iodoform rods will abort it. The iodoform is supposed to act by preventing the development of the micro-organisms which are the cause of the disease. This is a very plausible—even a very probable theory of the mode of action. If it was altogether true, however, we would expect that in practice it would always, or nearly always, succeed. Unfortunately, however, the iodoform treatment of early gonorrhœa does not, except, perhaps, in a very few cases, prevent the disease

running its usual four to six weeks course. Although it does not abort the disease, it exerts some influence over it—influence enough to make us employ it in suitable cases. I have seen several cases treated by this method, but in none of them was the disease aborted; in nearly all the cases, however, there was no doubt but that it had the effect of making the disease much milder. The following is the formula recommended by Cheyne:

Iodoform (pulv.)	- -	grs. 5.
Oil of Eucalyptus,	- -	℥ 1.
Oil of Theobroma,	- -	grs. 35.

To make one bougie of four inches.

Having dipped the bougie in oil, preferably in a mixture of equal parts of eucalyptus and castor oil, or in carbolic oil (1 in 20), the patient, after emptying his bladder, is laid on his back and the bougie introduced into the urethra, and forced up, if possible, half an inch beyond the meatus with a probe or pencil. To absorb the discharge, a pad of boracic lint is applied over the orifice, and retained in position, if the patient can do so, by drawing the foreskin over it; outside, a large piece of gutta serena tissue, with a strip of isinglass plaster, is used to keep the whole in position. The patient should, if possible, not urinate for five or six hours. On removing the pad, two syringefuls of a sulpho-carbolate of zinc solution (2 grs. to ℥ i) are injected. If the case is a very acute one, another bacillus should be introduced; afterwards the sulpho-carbolate injection should be used six or seven times a day for three or four days. When the acute symptoms have subsided, any remaining discharge may be treated by sulphate of zinc or alum injections. The rapidity of cure is much aided by administering a purge first and keeping the bowels open by giving an occasional saline. This form of treatment may be used at any stage of the disease, but it is most serviceable during the acute stage. If it fails to do any good, it will not do any harm.

Iodoform is a very useful agent in cases of cancer of the uterus, vagina, rectum, &c. Of course it is only a palliative, but it is a very valuable palliative. It relieves the terrible pains present in these distressing cases, and it also destroys the disagreeable foetor of the discharges.

In putrefactive catarrh of the nose, iodoform sprayed (etherial solution), or applied in the form of an ointment mixed up with vaseline, is highly recommended. It is also a very valuable agent in the treatment of ulcers of the larynx, both simple and tuberculous. It is said to be capable of healing a tuberculous ulcer.

Iodoform is highly recommended for the dispersion of enlarged glands, especially scrofulous cervical glands. It is best employed in the form of iodoform-collodion, one part of iodoform to 15 of flexile collodion. This same formula is a good application for joints which are the seat of chronic inflammation.

Internal Uses.—The internal administration of iodoform is one of the methods recently adopted for the introduction of iodine into the system in cases of secondary and tertiary syphilis. It can be used in place of the iodide of potassium, when this salt disagrees. When practicable, the hypodermic injection of an etherial solution is the most efficient way of introducing it. Iodoform has been tried, and, it is alleged, with some success, in chronic pulmonary affections. In phthisis, it diminishes the expectoration and reduces the fever. It has also an undoubted influence in increasing the body weight.

UNTOWARD EFFECTS.

Cases of iodoform intoxication are not nearly as frequent now as they were shortly after its introduction into surgical practice. We are now better acquainted not only with the uses, but also with the abuses, of this valuable agent. It is very important that you should be able to recognize the symptoms of poisoning, because they may come on most unexpectedly. Sometimes they may make their appearance when only a very small quantity has been used, but this is not at all common. There are people who have an idiosyncrasy to its action, and in using it freely for the first time in a case, you should be on the alert for the first symptoms of its untoward action. It is impossible to lay down any rules as to the quantity that is safe to use, and the quantity that is dangerous to use. Some people bear large quantities with impunity, while others show signs of intoxication after comparatively small quantities. Very alarming symptoms have fol-

lowed the dusting of 90 grains into the wound for a breast removal. Death has followed the use of 35 grammes (5 ix). In Germany, where it has been very extensively used, some surgeons are constantly meeting with disagreeable, and at times dangerous, symptoms from its use, while others have never seen anything alarming. Mosetig-Moorhoff of Vienna has used it in 5,000 cases, and never saw any of its toxic effects. König, another German surgeon, has reported 15 cases of poisoning from it of various degrees of severity. There have been at least 15 cases of fatal poisoning from it in Germany alone ; the great majority of these cases occurred in the days before its occasional untoward effects were fully recognized, when it was not an uncommon practice to dust two or three ounces into a wound. Many cases are reported where as much as 6 ozs. have been dusted into the peritoneal cavity. Of course, there is no wonder that the use of such enormous quantities have led to fatal poisoning. The only wonder is that the fatal cases have been so few. Aged people and those with weak hearts stand its action badly, as might be expected from its well-marked cardiac depressant powers. Children are less liable to be poisoned by it than adults. Among the milder symptoms complained of are the following : Loss of appetite ; sleeplessness ; restlessness. A not infrequent complaint is that all articles of food taste as if they contained iodoform. When the iodoform dressings are removed, these symptoms very soon disappear.

There is a group of four serious symptoms due to iodoform intoxication. They are—1st, increased temperature ; 2nd, frequency of pulse ; 3rd, collapse ; and 4th, disturbance of the cerebral functions.

1. *Elevation of temperature.*—A temperature of 103°F. or 104°F. is one of the most frequent symptoms of profound iodoform intoxication. A temperature of 106°F. has been observed. This elevation of temperature may show itself a few hours after the first iodoform dressing, and it usually lasts for weeks. It is not uncommon for it to be present some days after the wound for which the dressing was applied has healed. The course of the fever is not unlike that of typhoid.

2. *Increased pulse rate.*—A pulse beating at the rate of 150 to 180 in the minutes has been observed in the majority of the fatal cases. When these two symptoms are combined, the case is, according to Schede, invariably fatal.

Cases of iodoform intoxication where either of the above symptoms are present are very liable to be mistaken for septicæmia. Now it is all important that this blunder should not be committed. The treatment of a case of septicæmia would naturally be the employment of more iodoform, and of course the consequences of this mode of procedure are plain to you all.

3. *Collapse.*—The symptoms of iodoform poisoning may suddenly manifest themselves in the form of collapse, from which there is no recovery. We know nothing about the nature of this form.

4. *Disturbance of the cerebral functions.*—This form of iodoform poisoning may resemble *meningitis* or *insanity*. The prominent symptoms of the meningeal form are vomiting, somnolence or deep coma, and contraction of the muscles. It is apparently peculiar to childhood. What now goes by the name of *iodoform insanity* has up to the present only been observed in women. There is great depression of spirits, with delusions, and a refusal to take food. Nearly all the cases of iodoform insanity reported have proved fatal. The following is an example of a fatal case of iodoform intoxication, where the prominent symptoms were those of the central nervous system: The patient was a woman, aged 30, on whom ovariectomy had been performed. 35 grammes (3 ix) of iodoform were dusted into the peritoneal cavity; then the abdominal wound was closed. All went well for two days. On the third day the patient was restless; her pulse was quick; she sang, chattered, and raged. She continued in this state for eight days, when she suddenly passed into a state of collapse and died. On post mortem, there was nothing found to account for her death. The great majority of cases of poisoning have occurred where it has been used in the treatment of wounds, and especially where large quantities have been dusted into the abdominal cavity. A few cases are reported where its toxic effects have been induced where it has been administered

internally. In these cases, the symptoms have been for the most part those of the central nervous system.

A case is reported where 75 grains were taken in pill form during the course of a week for ulceration of the throat. The patient, a woman, became sleepy; her gait was difficult and uncertain. In 24 hours, these symptoms were succeeded by a comatose state, which lasted for five days. In 14 days she completely recovered. Untoward symptoms are, however, extremely rare from the internal use of iodoform.

Although I have dwelt on the dangers sometimes attending the use of iodoform, I would not have you believe that it is an agent dangerous to use when it is given with caution. No doubt untoward symptoms may arise at times in persons very susceptible to its action, no matter what precautions you may use; but cases of this kind are extremely rare. The use of our most valuable medicinal agents is at times attended by untoward effects, but this is no reason why they should not be used. It should stimulate us to so employ them as to obtain all their good effects, and but little or none of their bad effects.

Post-mortem appearances found after Iodoform poisoning.—Fatty degeneration of the heart, kidneys and liver are almost constant phenomena in cases of poisoning where the symptoms have lasted over a week. In the few rapidly fatal cases reported, there was nothing distinctive found.

Treatment of Iodoform poisoning.—The first step consists, of course, in the withdrawal of the application. There is no chemical or physiological antidote for iodoform. The case must be treated on general principles. When the pulse is very weak and very rapid, stimulants are indicated. Elimination should be promoted by the use of large quantities of water. Although salt has the power of promoting the elimination of iodoform, its use is not advisable in cases of profound poisoning, as in some cases where it was given, it appeared to aggravate the symptoms. To prevent poisoning, the most important point to attend to is not to use the substance in large quantities, and especially not over a large extent of surface, particularly if there is much fatty tissue. It should not be dusted into a wound and then the parts

sutured closely. A wound treated with iodoform should not be bandaged tightly. There is less danger in using it in the form of gauze than in the form of powder. If symptoms of poisoning should arise, the gauze can be more readily and completely removed than the powdered iodoform.

To test for the products of iodoform in the urine, add a few drops of sulphuric and nitric acids, and afterwards a small quantity of chloroform. If iodine is present in any form, the mixture will assume a violet color.

Dose and mode of administration.—The dose of iodoform is from a half to three grains. It is best administered in the form of pill. The following is a suitable formula :—

Iodoform, - - - - 2 grains.

Sugar of Milk, - - 1 grain.

Glycerine of Tragacanth (q.s.) To make one pill. Dose, 1 to 3 daily.

The mode of using iodoform externally has already been fully considered when speaking of its uses in wounds, ulcers, &c. Several modes have been suggested of covering its characteristic odor, such as mixing it with balsam of Peru, oil of eucalyptus, otto of rose, tannic acid, coumarin, and Tonquin bean. Coumarin, a crystalline principle obtained from the Tonquin bean, is the most effectual of all these.

LITERATURE.

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Frey—Résultats du pansement à l'Iodoform (*Bull. de Therap.* 15 Avril, 1882.)

Ransome—The Influence of Iodoform on the Body-weight in Phthisis. (*Brit. Med. Jour.*, Jan. 5, '84.)

Cheyne—Abortive Treatment of Gonorrhœa (*Brit. Med. Jr.*, II, '80, 124.)

The best literature on the uses of iodoform in surgical practice is to be found in the weekly medical journals of Vienna of the present year. They contain a discussion on this agent which was commenced in one of the medical societies of that city over a year ago, and which is not yet finished. All the leading surgeons, physicians, gynæcologists, pathologists and physiologists of Vienna have taken a part in it. The best account of the untoward effects of the drug is that given by Schede of Hamburg. A synopsis of this will be found in the *Jahresbericht*.

QUARTERLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Professor of Gynecology, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

Metria.—At the last meeting of the British Medical Association a discussion was held on this most important subject. The term metria is a valuable collective word to designate a number of affections, allied in some respects, but otherwise very dissimilar, which are commonly classed together under the title "Puerperal Fever." Dr. Lombe Atthill, whose mastership of the Dublin Rotunda Hospital recently expired, read a paper initiating the discussion. He said: "The pathology of metria is still far from being perfectly understood. Two facts alone are admitted by all who have studied the subject carefully, namely, first, that puerperal women are liable, under certain

circumstances, to be inoculated with septic matter conveyed to and deposited in the vagina by the hands of the attendants as well as by other agencies, when, either through carelessness or ignorance, proper precautions have not been taken to prevent such an occurrence, and that the disease produced by such inoculation is not an infrequent source of one of the forms of metria; secondly, that puerperal women may be self-inoculated by poisonous matter originating within their own bodies, from the decomposition of blood-clots formed within the uterus after parturition, or of portions of membranes or placenta which have been retained in utero. The only difference of opinion on this point being that Dr. Matthews Duncan and others term the disease produced in the latter way "Sapræmia," that is, resulting from the absorption of putrid matter, thus distinguishing it from septicæmia, or the disease produced by "organisms which, when conveyed to the blood, multiply indefinitely in it," while those which are the product of putrefaction "do not survive, far less grow, therein." (Dr. Matthews Duncan on Puerperal Fever, *Lancet*, Nov. 6th, 1880.)

He believes that poisoning in one of these two ways causes the vast majority of cases of so-called puerperal fever in private and hospital practice, that they are preventible, and that perfect cleanliness of hands, instruments, syringes, napkins, bed-linen, &c., will prevent the spread of the disease; that it is conveyed by local contact of infectious matter with absorbing surfaces of the genital tract and not by the medium of the air breathed by the patient.

Thorough cleanliness and antiseptic precautions will prevent the access of poison by the attendants. The author believes further that it is possible to prevent self-infection in a healthy woman by securing good permanent contraction of the uterus, and by washing out its cavity with disinfectant fluid when there is reason to suspect that it contains clot, &c. To secure contraction he makes it a practice to put all patients in whom the uterus is lax on ergot for a week. He believes the relaxed condition of the uterus to be one of the causes of the frequent occurrence of septicæmia in unmarried women. Mortality in

them from this condition is very great, and he believes that their great mental distress prevents recuperative processes in the uterus. He believes that in these latter cases antiseptic precautions cannot always prevent their occurrence, or any treatment that he knows of always stay their progress.

Besides the form of non-preventible self-infection from the placental site of the ill-contracted uterus just mentioned, Dr. Atthill believes in the existence of an epidemic highly infectious form, which spreads by the same means as ordinary epidemics do. He related a most interesting account of an outbreak of epidemic puerperal fever during the last six months of his mastership of the Rotunda. These latter outbreaks he is strongly inclined to believe are due to the introduction of the poison of some ordinary zymotic disease into the system of a puerperal patient, the symptoms being under such circumstances by this peculiar state of the system and of the blood totally different from those occurring in septicæmia. In illustration of this he further related the case in which a woman in labor, with erysipelas of the head and face, was unavoidably detained only a few hours in the hospital, but though her stay was so short several patients were attacked with puerperal fever and one died.

Dr. Thorburn, Professor of Obstetric Medicine in Owens College, Manchester, also read a paper, in which he discussed mainly three moot points: 1. The position of the zymotic diseases as a frequent cause of metria. 2. The difficulty in including epidemic "puerperal fever" in the same kind of classification as the more sporadic forms. 3. The advisability of adopting the term metria and abandoning altogether the term puerperal fever. On the first point he said, "as regards the share taken by the zymotic diseases in the production of symptoms wholly characteristic of the puerperal-state, it is by the great majority admitted as an undoubted fact that in some way the poisons of scarlatina, erysipelas or typhoid fever may sometimes cause in the puerpera symptoms scarcely distinguishable from puerperal fever. On the one hand every obstetric practitioner has seen cases of typical and even mild scarlatina run-

ning their course unaffected in any way by the existence of the puerperal state, and on the other hand, who has not seen cases of puerperal fever, if there ever were such a thing, in its most typical and fatal form, where the sudden rigors, intense tympanites, high temperature, facial expression and rapid death, with or without colliquative sweating and diarrhœa were our only guides to diagnosis, while the subsequent clear proof of scarlatinal infection of the patient, or the handing on of it to nurses and relatives, or even, more rarely, the occurrence of a specific rash in the hour of death, have clearly stamped the disease as metria of scarlatinal origin. If puerperal [fever and metria are to be used as collective terms, Prof. Thorburn does not see how, from a practical point of view, zymotic causation can be excluded. "A puerpera who has scarlatina which can be distinctly diagnosed, has scarlatina, and there is an end of it; but a woman who has the symptoms roughly described above has puerperal fever or metria, or whatever we are compelled to call it, and scarlatina or drain-poison, or erysipelas may for aught we know be its cause."

As regards the 2nd form, epidemic puerperal fever, Prof. Thorburn expresses his views as follows:—"Many who have adopted the modern views as to the ordinary sporadic cases of disease, hesitate to apply them to epidemics, where numerous cases are met with in rapid succession, or side by side, and when the cases are all of the same severe and fatal character. A further knowledge than we yet possess of how disease-germs propagate, or, in certain circumstances become hybrid, or how their activity becomes attenuated or intensified, will probably make this matter plain enough, but meanwhile, no one believes that sporadic hospital gangrene, or erysipelas, which can often in ordinary practice be traced to its real sources, was a different disease, a disease more really *sui generis*, when it attacked almost every patient at the siege of Lucknow, or in the trenches before Sebastopol. Precisely the same causes are—there is seldom only one cause at work; and if they occasionally produce an epidemic with remarkable uniformity and severity of symptoms, it is exactly analagous to what occasionally happens

in a lying-in-hospital, or, more rarely, in individual practice. From this point of view, and it surely cannot, nowadays, be considered a purely theoretical one, there would seem to be no difficulty in conceiving how that tolerably definite train of symptoms which ensues from the action of septic or zymotic germs in the hyperinotic blood of a puerpera may occasionally become stamped with the characters of absolute uniformity and epidemic virulence. The wave passes over as those of all epidemics do, and we return to sporadic cases."

Prof. Thorburn strongly advocates the use of the term metria in preference to puerperal fever, and suggested the giving forth by the Association of a collective recommendation to that effect.

Dr. Thos. More Madden announced his belief that puerperal fever is a specific infectious disease, distinct and peculiar to lying-in women, and that the variation in predominant symptoms is due to the same causes as produce such variations in scarlatina, measles, typhus, &c., namely, prevailing atmospheric epidemic constitution, general condition of the patient, intensity of septicæmic intoxication in each case, and a variety of other modifying circumstances.

In the matter of treatment, although admitting its general fatality, he claimed that we have improved considerably in our treatment of this disease, as shown by its result. He believed that in his own experience of twenty years he had seen a change in the type of prevailing epidemics of puerperal fever, requiring a modification of treatment. He well remembered often seeing the abdomen of the puerperal patient covered with a poultice of leeches as Dr. McClintock graphically described it. He had a lively recollection of the benefits derivable from such treatment in suitable cases. For the last fifteen years he, however, had never seen a case of puerperal fever in which any form of depletion could be borne. The disease had assumed an asthenic or typhoid type, appearing rather of septicæmic than inflammatory type. He believed in the efficacy of turpentine by mouth and enema, as well as by external application in those cases with or without marked uterine tenderness and abdominal

distension. The form of puerperal fever now most frequently met with is distinctly remittent in type. He had lately met with several cases of tertian character. In these forms our main reliance must be placed in quinine. This should be given in medium doses of three or four grains every three or four hours till cinchonism has been produced and maintained for some hours. All cases required the free use of nutriment and stimulants. Whatever other treatment might be required, the use twice daily, of warm antiseptic intra-uterine and vaginal injections is essential in every case of puerperal septicæmia. At the same time he believed that they ought to be used with far more caution than is usual.

Mr. F. J. Bailey (Liverpool), Dr. Fancourt Barnes (London), Dr. Alderson (Hammersmith), Mr. J. E. Burton (Liverpool), Mr. Donovan (Whitwich), Dr. Alexander (Liverpool), Dr. Wynn Williams (London), Dr. A. D. Macdonald (Liverpool), Dr. Edis (London), Dr. Nesfield (Manchester), Dr. Wallace (Liverpool), Dr. G. Hewitt (London), and Mr. Wilson (Liverpool) took part in the discussions, but inasmuch as nothing novel or original occurred in their remarks, I refrain from reproducing their speeches.—(*Brit. Med. Journal*, Aug. 11th, 1883.)

Beitrag zur Therapie des Puerperal Fiebers, von Dr. H. Burckhardt, Bremen. *Zeitschrift für Geb. und Gyn.*, Bd. IX, Hft. 2.—Such is the title of a short contribution to the therapeutics of metria. The author reports a case. The patient, æt. 27, was a sufferer from frequent epistaxis, and was of great size during her third pregnancy. She was delivered by her family physician. The quantity of liquor amnii was very great. The loss of blood after labor was not great but relatively to the weakened condition of the woman by reason of the nose bleeding, it was enough to produce symptoms of acute anæmia, such as noises in the ears, faintings and chilliness. B. was called in on the 11th day. The temperature was then 40.3° C., pulse 130. The lochia consisted of a bloody offensive charge. The uterus was washed out with a 5 per cent. carbolic solution, and an ice-bag applied to the abdomen. This was repeated next morning, and in the water as it flowed away

shreds of grayish black gangrenous matter appeared. A few hours later as the temperature remained high, B. decided to scrape out the uterus. This was accordingly done thoroughly with a curette, and a considerable quantity of the same stinking substance brought away. The uterus was washed out immediately afterwards. This was repeated twice daily. Two days later the temperature fell to nearly natural, and convalescence was speedily established. The author believes that the curetting of the uterus played a very important part in the treatment, and that in cases in which there is reason to believe that absorption of septic material from the interior of the uterus is going on, the curette ought to be used and followed by syringing out of the cavity and introduction of iodoform pencils.

The Treatment of Puerperal Septicæmia by the Intra-uterine Employment of Iodoform.—Iodoform, so valuable in the treatment of wounds, appears from recent experiments and experience to be equally valuable in the after-treatment of the puerperium. Dr. T. J. Alloway, of this city, published in the number of this journal for April last, the abstract of a paper read at a meeting of the Montreal Medico-Chirurgical Society a short time previous. For details I must refer our readers to the paper, and will merely say that Dr. Alloway's method of employment of the drug is in the form of suppository made with cocoa butter by pressure, and that they are introduced within the uterus by a stilette sponge-tent introducer, Sims' speculum being used to expose the cervix uteri. Three cases successfully treated in this way are related. The temperature charts appended appear to indicate a very speedy result from the treatment. In the last number of the *Archiv fur Gynakologie*, appearing two or three months ago, is a paper, by Ehrendorfer, assistant at Prof. Späth's clinic, in Vienna, on the same subject. The writer does not seem to be aware of what has been done in this treatment on this side of the water; at all events he makes no mention of the matter. His experiments were begun in November, 1881. He employs gum arabic, starch and glycerine as the excipients for making the suppositories, and finds that the result is a more soluble suppository than one made of cocoa

butter. The following is the formula :—Iodoform powder, 20 grammes ; gum arabic, starch and glycerine, each 2 grammes. Make into three suppositories of the length of about 5 or 6 centimetres. The suppositories are passed into the uterus by means of a forceps. Abstracts of the history of 27 cases thus treated are appended. They were all complicated cases, cases in which experience shows the danger of septicæmia developing to be very great. Amongst them may be instanced forceps and version cases, craniotomy, decapitation, decomposing foetus, adherent placenta, retention of secundines after abortion, producing septic endometritis, etc. Of the 27 cases, three died. One of these was a case of placenta retained for many hours before its forcible removal under chloroform. The second was a face-presentation with prolapse of the umbilical cord, a rupture of the cervix extending, as the autopsy proved, into the peritoneal cavity and leading to suppuration. The third was delivered by craniotomy. It was a difficult operation and led to several fissures and rents of cervix and vagina. Death occurred nearly six weeks afterwards. At the autopsy suppuration of the vagina and necrosis of the symphysis pubis and right sacro-iliac synchondrosis were found.

Both writers allude to the obvious advantages of this anti-septic over intra-uterine injections of carbolized water, &c. Those qualities of iodoform whereby it adheres to wounds, its insolubility, and its quality of slow vaporization whereby it continues to act for a long time render it most valuable, inasmuch as it renders unnecessary the frequent irritating disturbance of the parts, unavoidable in treatment by intra-uterine injections.

Hydrastis Canadensis (Golden Seal) in Uterine Hemorrhage.

—Schatz of Rostock read a paper on the virtues of this remedy at the last meeting (Sept., 1883) of the German Society of Naturalists and Physicians, at Freiburg. The author remarked that operative gynecology has achieved such triumphs within the last ten or fifteen years that the medicinal treatment of uterine disease has suffered unmerited neglect. While he believes that there are many cases of uterine hemorrhage that will yield to no medicinal treatment, and absolutely indicate curetting or the

removal of the uterine appendages, he also believes that such operations are sometimes unnecessarily performed. He has recently been trying a fluid extract of hydrastis prepared by Parke, Davis & Co., of Detroit, U.S. His attention had been directed to it by American medical literature. The results have been most gratifying and astonishing. He has tried it in fifty cases, of which only two-thirds were cases well adapted for showing its effects. "Golden Seal" has a reputation as a remedy for affections of mucous membranes, and appears to act by exciting contraction of the arterioles. Congestion of the genital organs is lessened by the remedy, and it seems to act in a different manner to ergot. Thus, while in some respects their action is similar, in others it differs. The hydrastis checks cases of bleeding which are unrelieved or even aggravated by ergot. Such are many cases of myoma. The author believes that the action of hydrastis is purely on the vessels, while that of ergot is chiefly on the muscle of the uterus. Steady administration of the drug renders menstruation more normal, lessening pain and quantity of discharge, and approximating the interval to the norm. These effects he has noticed not only in menorrhagia and dysmenorrhœa without local disease, but also when these symptoms are due to structural diseases of the uterus and its surroundings. The dose prescribed by the author is 20 drops of the fluid extract in water four times a day for a week before and during the painful or profuse period. The only disagreeable symptoms noticed from the drug were once agitation, and once a condition of mental hebetude. Apart from these symptoms, only good results have been noticed. Appetite is often improved.

A brief report of cases selected from the author's note-book is appended. These consist of myomata, congestive dysmenorrhœa, bleeding from the virgin uterus, bleeding associated with chronic parametritis, bleeding from subinvolution, from metritis and endometritis, and climacteric bleeding. (*Archiv f. Gyn.*, Bd. 22, Hft. 1.)

The Technique of Intra-uterine Treatment.—This is the title of a paper by Bandl, read at the same meeting as the last paper

noticed. Before proceeding to the subject proper of the paper, the author says: "How shall we answer the question—Is intra-uterine treatment necessary?" In many cases bimanual examination is insufficient. It will assist very much in determining the existence of coarse lesions to draw gently the uterus downwards about two finger-breadths by tenaculum or forceps. This is not to be done if there are evidences of recent pelvic inflammation, or if there be resistance, or if it cause pain, or if there be tumors attached to the Fallopian tubes. The use of the sound is indispensable. When used while the uterus is thus drawn down it yields far more certain results in determining the condition of the uterine mucosa. The author claims that in this way the situation of catarrh of the uterus can be ascertained. If the cervix be thoroughly cleared of mucus, and if then, by the use of the sound, or by the gentle alternate closing and opening of the blades of the Ellinger dilator, mucus appears, then catarrh of the uterine body exists. This is much rarer than the same disease of the cervix. The exact situation of the catarrh is to be ascertained by pressure with the sound over each part of the endometrium, while the uterus is thus drawn down. In the normal condition of the membrane, not the slightest bleeding is produced by gentle to and fro friction with the sound. Bleeding then indicates a morbid condition of the membrane. In this way the cause of bleeding and, if a local one, its exact source, may be ascertained. Menorrhagia in the nulliparous patient is usually due to a general or constitutional cause. In the parous woman, to a local one.

The author's method of intra-uterine treatment is peculiar. He exposes the portio with either a common tubular speculum or a Sims' speculum. A tenaculum is then firmly fixed in the cervix. If this be carefully done, moderate traction being made, not a drop of blood appears. This is important when the vulnerability of the mucous membrane is to be tested. The tubular or Sims' speculum is then withdrawn, the tenaculum being still held *in situ*. Over it is then introduced a short tubular speculum, with its end obliquely cut off. The length of this speculum on its short side is about 7 centimetres; on its long aspect 9 centi-

metres. With the left index finger and thumb the tenaculum is held, while the ring finger of the same hand steadies the upper edge of the speculum. In this way the writer claims that the uterus can be held perfectly secure. Into the speculum may now be poured any suitable solution. If asepticism during operative procedures be the object, enough of a 5 per cent. carbolic acid solution to cover the cervix is poured in. Then with the right hand the sound, dilator, canula, curette or scarificator may easily be used. The author employs the curette for cases of menorrhagia occurring at varying intervals after labor or abortion. In this respect he agrees with most authorities in the use of this valuable instrument. He uses a small, dull curette about 4 millimetres in diameter. This can usually be employed without preliminary dilatation, although the latter procedure usually affords advantages. The subsequent use of perchloride of iron solution he has discontinued. For treatment of chronic, cervical or corporeal uterine catarrh, he employs a silver canula 4 to 6 millimetres in diameter, perforated at the sides and end. A ten per cent. solution of sulphate of copper is poured into the cylindrical speculum. Through the fluid a canula of size suited to the condition of the cervix is introduced within the uterine cavity, or only within the cervix. It is inserted and withdrawn slowly and repeatedly, so that the fluid may be thoroughly applied to the diseased surface. The application is repeated every second, third or fourth day. Schatz finds this remedy very valuable in the treatment of erosions and chronic catarrh of the cervix.—(*Archiv f. Gyn.*, Bd. 22, Hft. 1.)

Reviews and Notices of Books.

Treatment of Diseases of Infancy and Childhood.

With over four hundred formulæ and prescriptions.—By CHARLES H. GOODWIN, M.D. New York: C. H. Goodwin, M.D.

During the past few years several books devoted entirely to special therapeutics have issued from the American press, giving under the heading of the special ailment the views of more eminent men, as to the indications to be followed, and the par-

ticular drugs that may be employed. There can be little question that such works, if carefully compiled, may prove of much service to the practitioner, who may desire to rapidly acquaint himself with the latest views on treatment in some special case. One of the latest of these is the above compilation on the diseases of infancy and childhood, giving the views of the several leading medical authorities of New York city and including many hospital formulæ. The list of diseases is extensive—the selections are, on the whole, carefully made—the general and special lines of treatment to be followed as ordered by each physician are well laid down—and several of their special formulæ are given. It seems a pity, however, that in a book of this sort more care is not taken to specify invariably for what age the prescription given may be suitable. Junior practitioners are often at a loss as to the proper dose for a child. To our own mind it seems that the size of the dose may often make the difference as to whether a medicine shall be of service or not. Some of the doses given seem very heroic—but on that matter each physician speaks for himself. Occasionally we think that a word of caution might be given, as for example, for use in tonsillitis, even in advanced childhood, although no age whatever is specified. Quiniæ sulph. gr. x. at bed time. Tr. acon. rad. Fleming's gtt. v-x as a dose to be repeated until dryness of the throat, nausea, and vomiting set in.

The Pathology and Treatment of Venereal Diseases.

By FREEMAN J. BUMSTEAD, M.D., LL.D., late Professor of Venereal and Skin Diseases at the College of Physicians and Surgeons, New York, &c., and ROBERT W. TAYLOR, A.M., M.D., Professor of Venereal and Skin Diseases in the University of Vermont, &c., &c. Fifth edition, revised and re-written, with many additions by Dr. Taylor. With one hundred and thirty-nine woodcuts and thirteen chromo-litho graphic figures. Philadelphia: Henry C. Lea's, Son & Co.; Montreal: Dawson Bros.

This latest edition of the great classical work of Dr. Bumstead has been most carefully supervised by Dr. Taylor, and

numerous passages upon the most modern investigations upon syphilis are to be found. In the section of therapeutics there is a good deal of new matter. Perhaps the most important suggestion is that made concerning the employment of coca as an adjuvant during a mercurial course. It is considered to have an excellent effect in toning and stimulating the nutritious powers and the general system in such a way that mercury may be given in larger doses, or at any rate, used with freedom without producing that depression and deterioration of the general health which is often seen. Dr. Taylor says "The use of coca in syphilis, secondary to that of mercury and iodide of potassium, is attended with results that no other agent now known to us possesses." The subjects of inoculation of animals with syphilis and the bacillus-origin of the disease, which are at present attracting much attention, have been included in this edition, and a chapter on syphilis and marriage has been appended.

A Practical Treatise on the Medical and Surgical uses of Electricity: including localized and general faradization, localized and central galvanization, Franklinization, electrolysis and galvano-cautery. By Geo. M. BEARD, M.A., M.D., Fellow of the New York Academy of Medicine, &c., and A. D. ROCKWELL, M.A., M.D., Fellow of the New York Academy of Medicine, Electro-Therapeutist to the Women's Hospital of the State of New York, &c. Fourth edition. Edited by A. D. Rockwell, M.D. With nearly two hundred illustrations. New York: Wm. Wood & Co.

This department of therapeutics is well worthy of the attention it is now receiving. The two authors have both been enthusiasts on the subject and have done a great deal to redeem it from the imputation of being largely in the hands of the irregulars. Their work has been growing in size and completeness with each successive edition until it now assumes the form of a handsome volume of 760 pages. In the present edition the chief changes are two—the remodelling of the chap-

ter on Franklinic electricity, owing to the recent improvements in that form of application, and the observations upon the successful treatment of extra-uterine foetation. The latter is a very important practical matter and deserves attention. We know of no manual on electricity so complete in all its details and containing so much and such varied information upon all matters more or less directly connected with it.

Chemistry—General, Medical and Pharmaceutical, including the Chemistry of the U.S. Pharmacopœia.—A manual of the general principles of the Science and their application in medicine and pharmacy. By JOHN ATTFIELD, F.R.S., M.A. and Ph. D. of the University of Tübingen; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, &c., &c. Tenth edition, specially revised by the author for America. Philadelphia: Henry C. Lea's, Son & Co. Montreal: Dawson Bros.

It is only necessary to mention the fact of a new edition of this work having been prepared. It is so universally known and so generally admitted to be one of the best text-books of chemistry extant, that further comment is unnecessary.

A Manual of Pathology.—By JOSEPH COATES, M.D., Pathologist to the Western Infirmary and the Sick Children's Hospital, Glasgow; Examiner in Pathology in the University of Glasgow, &c. With three hundred and thirty-nine illustrations. Philadelphia: Henry C. Lea's, Son & Co. Montreal: Dawson Bros.

This is a large and comprehensive work on pathology, sufficiently extended to include as much as would be sought for even by an advanced student, and yet kept well within the limits of a useful text-book. It is devoted to both general pathology and pathological anatomy. From the author's evidently large and varied experience of the results of disease-processes he is able to furnish instructive illustrations on almost every subject. This, combined with the introduction of a large

number of original drawings (very well executed) produces a book which is certain to be well received, and one which is probably destined to become one of the best known of the advanced text-books of pathology.

Types of Insanity, an Illustrated Guide in the Physical Diagnosis of Mental Disease.—By ALLAN McLANE HAMILTON, M.D. New York: William Wood & Co.

This, the work of a noted specialist, consists of ten plates drawn from instantaneous photographs with a short letter press description. The plates represent types of the various well marked groups of the insane. The list is the following:—Idiocy, Imbecility, Melancholia, Attonita, Chronic Melancholia, Subacute Mania, Chronic Mania, Dementia (two plates) and General Paresis. Plate X is devoted to illustrations of Opheo-tonia. The so-called insane ear, a remarkable condition often, but not exclusively seen, in the insane. It has been variously described as a trophic disorder, or as a hematonia. It may arise from slight injury. At first the auricle is hot, engorged and inflamed. It usually goes on to suppuration, and when the pus is evacuated a shrivelled, deformed, often flattened auricle is left to tell the tale. The plates are most characteristic of the various phases of mental disease, and will prove of great value in the study of the physical diagnosis of insanity. We commend the work to lecturers on insanity and all others interested in the subject.

Books and Pamphlets Received.

ILLUSTRATED MEDICINE AND SURGERY. Edited by George Henry Fox and Frederic R. Sturgis. Vol. IV., No. 4. New York: G. B. Treat.

TRANSACTIONS OF THE AMERICAN SURGICAL ASSOCIATION. Vol. I. Edited by J. Ewing Mears, M.D. Philadelphia: Presley Blakiston, Son & Co.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, December 28th, 1883.

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

DR. WOOD read a paper on the use of ether in obstetrics. His remarks were founded upon twenty-six cases where he had used ether instead of chloroform. Several cases were detailed at some length, and from the results of all he drew the following conclusions as to the relative merits, in his opinion, of ether and chloroform in obstetrics:—(1) Owing to the agreeable odor, early effects, and perfect safety of chloroform as an anodyne agent, it is without the least doubt the best agent to relieve pain and calm the nervous irritability incident to the first stage of labor. (2) This statement is generally true of the expulsive period, where complete abolition of pain is not the object of administration. (3) When, however, complete anæsthesia is required, as we find it necessary during the delivery of the child and for the performance of operations following or preceding delivery, then it is that chloroform largely loses its character as *the* obstetric anæsthetic, *par excellence*. Dr. Wood said that if considerations of safety must give way in general practice to greater convenience of administration, then in the operations of midwifery ether he thought must supplant chloroform. He alluded to the inflammable nature of ether and its explosive quality when mixed with a certain per centage of atmospheric air, as the operations of the obstetrician were generally at night; this was a serious objection to ether. Vomiting he thought as common with ether as chloroform.

DR. CAMPBELL said that during the past twenty years he had used anæsthetics very little; did not think it wise to give chloroform for hours, as some do; has noticed that the uterus does not regain its power as promptly when this is done. He saw an objection to ether in its smell and its being so irritating to the eyes. He believed the mental condition has much to do with the immunity from deaths with chloroform at this time.

The woman approaches the time for delivery without fear, knowing so many of her friends have safely passed over this trouble, whereas the person to be operated on by the surgeon has a dread often for a long time before.

DR. REED remarked that if there were no deaths recorded from chloroform during labor, then chloroform must be better than ether, as it has all the advantages without the objections. The statistics stood thus with regard to mortality—chloroform 1 in 3 thousand, ether 1 in 30 thousand, and gas 1 in 50 thousand.

DR. SMITH believes in easing a woman as much as possible, and has used and will use even for hours, if necessary, an anæsthetic composed of alcohol one, chloroform two, and ether three parts; had never seen flooding follow its use, and felt safe to allow a nurse to give it.

DR. TRENHOLME only used chloroform during labor. With regard to the use of anæsthetics during labor, he is now more opposed than ever. When called to a woman, and finding the first pains irritable and the os thick and firm, instead of using an anæsthetic for hours he administers 45 minims of laudanum; this gives ease from pains, and they do not recur for a week or even a month, as often these are cases of false pains. Was sent for by a woman who said she had come to full term, but on examining found the above conditions present, gave her 45 m. laudanum; pains did not return for a month, when found her as before; gave another 45 m. laudanum—she went on for another month, when he was sent for again, and as the indications were present, wanted to give another dose, but the woman said she had carried the child for eleven months, and would not carry it a year for anyone. She was delivered two or three days later. He said that very tedious long labors left the woman more prone to post-partum hemorrhage, and remarked that the heart was more fatty during gestation, which would look as if anæsthetics ought to be dangerous in obstetrics.

DR. H. HOWARD said that in his younger days anæsthetics were not known, and of course not used in midwifery cases, but

that in Ireland the pains of labor were often lessened by taking a good dose of whiskey punch ; he never saw harm come from it.

DR. CAMPBELL thought that Dr. Reed's statistics were not strictly true, as he believed there were cases in Montreal where the woman died from flooding due partly to the chloroform used.

DR. RODGER had used anæsthetics largely always ; used chloroform till within a few years, and had seen post-partum hemorrhage follow its use. Now uses ether, but finds it not so useful as chloroform for irritable subjects in the first stages ; but for such cases he now gives a good dose of chloral. The great advantage ether has over chloroform is that you can dispense with an assistant in an instrument case, and feel perfectly easy while the nurse is giving the ether. In an instrument case before giving either anæsthetic he gives a dose of ergot to ensure good contraction.

DR. WOOD asked if any of the members had noticed whether their epileptics had anæsthetic spots.

DR. H. HOWARD said that nearly all the epileptics with mania have anæsthetic areas over the body or limbs.

Mastitis treated with Ice.—DR. CAMPBELL mentioned a case of inflamed breast apparently on the way to suppuration, and beginning in the usual way with sore nipples, which he was treating with applications of ice. The breast, which was very much enlarged, is now terminating by resolution, and is only one-half its former size.

DR. TRENHOLME said this was an old treatment ; that in most cases the inflammation begins in the lacteal sacs and that each opens at the nipple. Hot applications congest and increase the danger of its spreading to other cotyledons, but that ice isolates the inflammation.

DR. CAMPBELL related a case where he had confined a woman and left her well ; in three weeks he was sent for, as the baby was vomiting pus. On squeezing, pure pus came out of both nipples. The breasts were poulticed, and in 36 hours they looked like two bags of matter and discharged enormous quantities. He confined this same person lately, and now she nurses well from both breasts.

DR. TRENHOLME reported that one of his cases of removal of both ovaries and tubes, operated on three and a half months ago, was now able to enjoy life thoroughly; she skates, and recently had walked seven miles.

Stated Meeting, Jan. 11th, 1884.

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

Aneurism of Aorta—Rupture into left Bronchus.—DR. OSLER showed the specimen which was taken from a man aged about 50, who was admitted to hospital with shortness of breath, due apparently to bronchitis and emphysema. Attention was not particularly drawn to his condition. After a residence of three or four days in hospital, profuse hæmorrhage took place from the lungs and proved rapidly fatal.

The autopsy revealed the large aneurism of the ascending arch here shown. It projected beneath the sternum, the manubrium of which was eroded. Firm laminæ of fibrin occupied four-fifths of the sac. From the posterior wall of the transverse part of the arch two smaller sacs projected, the size of large walnuts; one of these had perforated the left bronchus and induced the fatal hæmorrhage. The heart was not hypertrophied. Aortic valves healthy. Interior of aorta atheromatous.

Aortic, Mitral and Tricuspid Valve Disease.—The heart showed extreme button-hole contraction of the mitral orifice with great thickening and induration of the mitral segments, adhesion of the aortic semilunar curtains with sclerosis, and great narrowing of the orifice and fusion, and thickening of the tricuspid valves, so that the orifice barely admitted the thumb. There was considerable hypertrophy of all the chambers, particularly the right ventricle. The patient, a woman, aged about 35, was brought to hospital with general anasarca and extreme dyspnoea, and died in 48 hours. No satisfactory history could be obtained, as she was a stranger, but she had had several previous attacks of dropsy.

Non-valvular Dilatation and Hypertrophy of the Heart.—DR. ROSS gave the following short history of the case: This

man, aged 48, had been under his care in the hospital for the past two years on and off, suffering from anasarca and at times with fluid in the pleura. He had a soft blowing mitral regurgitant murmur from his first admission; later on hypertrophy became evident, digitalis always relieved him. Two months ago he returned to the hospital and went through the usual stages of advanced mitral disease. He never had rheumatism or any of the usual causes of heart disease excepting that he was very intemperate.

Autopsy, by Dr. Osler.—A couple of quarts of serum in peritoneum, two or three pints in each pleura, and several ounces in the pericardium. Heart hypertrophied and dilated; thick yellow clots in right chambers. Weight of organ, 610 grammes. Valves normal; aortic segments competent; mitral segments a trifle thickened at edges; no vegetations. Mitral orifice over six inches in circumference; tricuspid orifice nearly seven. The chambers were much dilated, and there was moderate hypertrophy of the walls. Muscle of fair color. Apices of papillary muscles fibroid. Aorta smooth. Coronary arteries not atheromatous. Lungs showed moderate emphysema at anterior margins; general brown induration; a large infarct at base of right lung. No pleural adhesions. Cyanotic induration of spleen, which was double the normal size. Kidneys slightly enlarged, coarse and hard; three healing infarcts in the left. Catarrh of stomach and bowels. Liver undersized, a little granular in the surface, hard and firm, and in early stages of cirrhosis.

DR. OSLER remarked that this was the fifth or sixth case of the so-called idiopathic hypertrophy and dilatation of the heart which he had dissected. The question of ætiology was interesting and not yet settled. Most of these cases are in large powerfully built men accustomed to heavy muscular exertion, and Abbott, Myers, Leitz and others have regarded this as the chief factor. The condition of irritable heart described by Dacosta in young recruits may be supposed to be the initial stage of the process, although in the majority of instances the condition is transient. One point in connection with the etio-

logy must not be lost sight of, viz. : that in the great proportion of these cases the patients were hard drinkers, and how much the alcohol has had to do with the production of the disease is hard to say.

DR. TRENHOLME asked if the condition of his liver would throw light on the primary cause. DR. OSLER, in reply, said he thought not, as it was not much diseased.

DR. KENNEDY said he knew of two somewhat similar cases. One was that of an athlete who has a mitral murmur, and whom he believes will develop, later on, symptoms like those just related by Dr. Ross. The second case was a young man who had sent for him, as he was suffering from weakness and sickness of the stomach. On examination, a soft mitral murmur was discovered. This young fellow, the day before, had gone for a very long snow-shoe tramp. Dr. Kennedy said we might expect to see similar cases more frequently, as snow-shoeing was becoming so fashionable.

DR. DOUGLAS had seen many cases of irritable heart in the army; but they never led to a post-mortem, as they would always be invalided. He said that Dr. Myers attributed heart trouble in soldiers to the pressure of the hook of the tunic on the vessels of the neck, increasing the labor of the heart, and producing palpitation.

DR. CAMPBELL said that cabmen, who at times have such heavy lifts, are prone to heart irritation. He knew of one well marked case. Has seen two or three cases in young men who, from over exertion at playing lacrosse, suffered from symptoms similar to those in Dr. Kennedy's cases. He (Dr. Campbell) had lately been examining a lot of young men about to enlist, and noticed that most of them came from occupations requiring very little muscle or heart work, as shoe and cigar makers.

DR. BULLER called attention to Dr. Richardson's experiments with men working with and without alcohol. Whilst abstaining they did a certain amount of work with ease; the same men, allowed alcohol and doing the same work, suffered from palpitation and shortness of breath.

Pneumo-enteritis of the Hog.—DR. OSLER showed the colon from a case of this disease, known better by the names of hog cholera and pig-typhoid. A local outbreak in Hocheiaga a few weeks ago furnished an opportunity of getting some interesting specimens. The disease is highly contagious, and the ravages in the United States probably exceed that of any other animal plague. The lesions are in the lungs and bowels—most commonly the latter, but the former may alone be involved. The specimen exhibited was a very typical example of the disease in the colon, the mucous membrane of which was converted into a thick greyish-yellow substance, owing to a sort of diphtheritic infiltration.

DR. ALLOWAY exhibited a *Fleshmole Placenta*, in the amniotic sac of which he found a small embryo (exhibited) mummified, which appeared to have been blighted at about the fifth or sixth week. The mole itself represented a mass about the size of a normal placenta at the fifth month. It had undergone fatty degeneration; its amniotic sac was filled with a dark-colored blood-clot, and contained the above-mentioned embryo. The history of the case was as follows: The patient, a young woman in her third pregnancy, had menstruated last in January, 1883. In March (two months afterwards), she received a severe fright, and had a slight flow of blood. From this occurrence she had no more discharge until the expulsion of a mole on 13th December following. During the months of February, March and April she had all the early symptoms of pregnancy; had noticed considerable increase in size, which continued until about June or July. She remained stationary in this respect for a short time, and towards the latter part she noticed herself reducing in size and the vagina giving exit to a muddy-brownish discharge (non-offensive). Dr. Alloway alluded to the interesting way in which these moles occur, and gave Scanzoni's views as follows: "The ovum remains with the dead foetus for a considerable time in the uterine cavity; the coagulum (utero-decidual) undergoes certain changes, and so gives rise to the formation known as a *fleshmole*. The effused blood (utero-decidual) becomes decolorized by rupture of the blood corpuscles and absorption of their coloring

matter. The fibrin, Scanzoni supposes, becomes cellular tissue, and in this way is established a communication between the ovum and the uterine wall, which renders further development possible. The chief seat of this carneous degeneration is the decidua-vera. The amnion undergoes little change, and may be found adhering to the inner surface of the chorion, containing within its cavity a quantity of bloody fluid, and in which will be found what remains of the embryo." Dr. Alloway said his specimen corresponded to the description of a mole as given by Scanzoni; that he was sure the patient had become pregnant in, or before, March (nine months ago), and that the embryo had been retained in the amniotic sac in its mummified condition during that period. Dr. A. was also of opinion that many such cases occurred, but the embryo, not having been looked for, escaped in the discharge, and was thought to have been absorbed.

DR. GEO. ROSS said he had failed many times to find the embryo in an early abortion and had no doubt but they are often dissolved in utero.

DR. KENNEDY said that if there was any separation from the uterine wall then the embryo was rapidly dissolved. Had a case where the embryo was perfect; left it in the amniotic sac over night, but by the morning it was entirely dissolved. He (Dr. K.) did not believe that Dr. Alloway's embryo had been in the uterus very long, certainly not anything like what Dr. A. seemed to think. She might possibly have had one or more miscarriages early, but from the size of this specimen did not believe it was more than five or six weeks old. The relatively large size of the placental mass was due to its continuing to grow after the death of the foetus.

DR. TRENHOLME agreed with Drs. Ross and Kennedy.

DR. ALLOWAY, in reply, said he gave the Society the exact facts of the case, and wished the members to form their own opinion regarding the possibility of the embryo and membranous mass exhibited having been in the uterus for the length of time mentioned. In defence of the mass being what is known as a true mole, he gave Scanzoni's definition, which corresponded to his specimen. In reference to the black clot found in the

amniotic sac, it must have been recent, otherwise it would have undergone the changes explained by Scanzoni and which take place in extravasations in other parts of the body.

DR. ALLOWAY also exhibited a *small piece of decidua* (about one inch square), showing, on the inner side of it, a distinct lining of amnion. The history of the case from which he had removed the specimen with the dull curette was as follows:— Patient, a woman about 40 years of age, mother of 12 children, had been losing blood from the vagina for several days; had been taking medicine from a physician, and had had her vaginal passage plugged daily to arrest hemorrhage. She was found by Dr. A. in a dying condition; no pulse at wrist, surface completely blanched, and extremities cold. Could not obtain an answer to questions. Heart's action could be heard very faintly through chest walls. She had received the last rites of the church, and was, in fact, dying. Removed all the cloths and packing in vagina; felt a fringe-like substance high up above the internal os, but could not reach further with finger. Passed up curette and detached the piece of decidua, and withdrew it with forceps. Washed out parts with antiseptic solution. Patient could not swallow. Administered hypodermic of ether. Ordered beef-tea, egg and brandy rectal injection every two hours; heat to extremities and body generally. Patient improved by the morning, and gradually recovered life, but remains bloodless as when first seen, three weeks ago. Dr. Alloway said he adduced the case to show the great danger of following out rigidly the expectant plan of treatment in such cases. Efforts had evidently been made to remove the secundines with the finger, leaving behind the small portion exhibited, which was causing the hemorrhage. Those who opposed the curette were physicians who had never used the instrument, and had not convinced themselves of its perfect harmlessness and great value.

DR. TRENHOLME said that a small piece of alum pushed into the os was what he found most useful for flooding in abortions.

DR. KENNEDY believed that interference was seldom needed; that where the ovum was not entirely separated, it was best to plug and give ergot. Had several times known flooding to have been produced by meddling.

DR. RODGER remarked that the physician first in charge of Dr. Alloway's case could not have plugged her properly, else she would not have been so low; believed the alum egg to be the most useful plug in such cases.

Elephantiasis of the Labia Minora and Clitoris—Operation—Death from Pyæmia three weeks later.—DR. GARDNER exhibited the specimen and gave the following particulars:—The patient, aged 45, came from the country with a history of syphilis for 13 or 14 years. Besides the above tumor, which was attached principally to the base of the clitoris, there was present stricture of the rectum and a recto-vaginal fistula. The orifice of the urethra was so large as to easily admit the finger into the bladder. Dr. G. amputated the tumor with a scalpel, dressing the wound with iodoform. The temperature rose next day and pyæmia developed; there was swelling and effusion into several of the joints, suppuration taking place in two of them. The pyæmia was caused probably by embolism of the veins of the part operated on, the foetid ulcerations around supplying the septic matters. A post-mortem showed extensive ulceration of the rectum with a stricture only admitting a goose quill. A pus cavity was found in the left broad ligament, but there was no visceral suppuration. The tumor was about 4 or 5 inches long and nodulated.

DR. KENNEDY remarked that the operation was undoubtedly called for, but the result was unfortunate.

DR. ALLOWAY said he had a patient with a similar tumor which now measures 7 inches in length. It does not cause much trouble, being covered with good skin and kept wrapped in a napkin. It began when the lady was 10 years old and has been gradually increasing.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Therapeutic Use of Hot Water taken Internally.—This is the subject of a very interesting article by Dr. Ephraim Cutter in *Gaillard's Medical Journal*. The article starts out with a *resumé* of the history of this therapeutic measure. It originated in 1858 with Dr. James N. Salisbury, who undertook a series of extended experiments with a view to demonstrating the correctness of the theory on the strength of which the practice is based. Its object is to remove from the stomach the results of processes complicating digestion, but not necessarily a part of it, the principal of these processes being fermentation. The results of fermentation in the stomach are acetic, butyric, hydrosulphuric, lactic and saccharic acids, and sulphide of ammonium, vegetations and yeasts. The absorption of these gives rise to a variety of constitutional disturbances, which may even result in organic trouble, the seat of this organic trouble being the lungs, the liver and the kidneys, or other organs. It is probably generally well known, that Dr. Salisbury associates the absorption of these products of fermentation very directly with the causation of phthisis pulmonalis, and it is upon the assumption of this connection of cause and effect that he bases his well-known treatment of this disease by raw meat diet and copious washings of the stomach with hot water. Dr. Cutter is an enthusiastic disciple of Dr. Salisbury, and has done probably more than Dr. Salisbury himself to familiarize the profession with the latter's peculiar views and practices. The article gives explicit directions for the carrying out of this hot water treatment.

1. The water must be hot—not cold or lukewarm. The reasons for this are principally that cold water depresses, and that lukewarm water excites vomiting. By hot water is meant a temperature of 110° to 150° Fahrenheit, such as is commonly liked in the use of tea and coffee.

2. As to the quantity of water: The commencing amount

should not be less than half a pint, which amount must be gradually increased with the capacity of the patient, until the specific gravity of the urine stands at 1015 to 1020, the best standard of health. If on examination of the urine the specific gravity stands at 1030 more hot water should be drunk. On the other hand, should it fall to 1010, the amount should be decreased.

3. The time for taking hot water is an hour or two before each meal and half an hour before retiring.

4. The water should not be drunk too fast. It should rather be sipped, so that the stomach may not be so rapidly distended as to make it feel uncomfortable.

5. The length of time during which this hot water treatment should be continued is six months, this time being usually required to thoroughly wash out the liver and the intestines.

6. Should it be desired to add to the palatability of the hot water it may be medicated with clover blossom, tea, ginger, lemon juice, sage, salt, and even occasionally sulphate of magnesia. Where the thirst is intense a pinch of chloride of calcium or nitrate of potash may be added.

7. The amount of liquid to be drunk at a meal should not exceed eight ounces. This amount should not be exceeded, in order that the gastric juice may not be unduly diluted, or that the contents of the stomach may not be prematurely washed out.

It is claimed that under this treatment the *fæces* become black, the discoloration being due to the washing of the bile down its normal channel. While this blackness may last for more than six months the foetid odor of ordinary *fæces* is abated and the smell approximates that of the *fæces* of healthy sucking infants. The urine becomes as clear as champagne, free from deposit on cooling and free from odor. The various secreting organs are said to improve as to their functions and a general feeling of well-being takes possession of the hitherto overladen and consequently inactive body.

The following is a summary of the general conclusions on the therapeutical drinking of hot water as given by Dr. Cutter. He

claims it to be the foundation for all treatment of chronic diseases. It excites downward peristalsis. It relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves. It dilutes the ropy secretions of the whole body and renders them less adhesive, sticky and tenacious. It is an inside bath. It dissolves the abnormal crystallized substances that may be in the blood and urine. It washes down the bile, mucus, yeast and waste, and thus leaves the stomach fresh and clean for the function of digestion. It promotes elimination everywhere.

It is necessary in conducting this treatment that the stomach should be rid of the hot water before meals, and this for reasons which are too obvious to require mention.

While we think it possible that Dr. Cutter has attached undue value to this means of cure, we cannot dispute the fact that the number of cases to which it is applicable is great. We should think it peculiarly applicable in the case of those who habitually gorge themselves, and whose systems are always overloaded with matter which the emunctory organs, constantly overtaxed, are unable to eliminate from the system. The thorough washing out which copious draughts of hot water would favor must be very beneficial in cases of this kind.—*Therapeutic Gazette.*

Serpent Venom as a Remedial Agent in Tetanus.—Dr. A. O. Ameden, of Glens Falls, N. Y., has experimented with the venom of a rattlesnake in a case of traumatic tetanus (*Medical News*) with most satisfactory results. Marking the contrast between the appearance of tetanus and that of snake-poisoning; in the one, the extreme rigidity and spasm of nearly the entire voluntary muscular system, and, in the other, a paralysis of both involuntary and voluntary muscles, the poisons were considered so obviously antagonistic that the doctor was induced to try the experiment. Having a case of tetanus in practice, and having obtained venom fresh from the fangs of the rattlesnake with a moistened point

of a hypodermic syringe, the poison was inserted beneath the cuticle in the upper dorsal region near the spine. Symptoms of snake-poisoning rapidly followed, with a decided amelioration of the tetanic spasm and rigidity, which entirely ceased at the end of ten hours, and the patient enjoyed a quiet sleep of six hours' duration. Thirty hours after the insertion of the poison, however, rigidity with slight spasms again came on. A second introduction of the venom was made as before, and no further trouble with tetanus was experienced, and the patient made a fairly rapid recovery. But extreme prostration followed the last introduction of venom, which necessitated alcoholic stimulation. The doctor believes snake-poison can be used with comparative safety, and may yet prove to be a valuable remedial agent in tetanus.—*Med. Med. Jour.*

Infant Foods.—Dr. Albert R. Leeds thus concludes an article in *Med. and Surg. Reporter*: I have been frequently asked why I do not publish my own opinion as to the best of the various infant foods now in use. To do so would be very unwise for many reasons. But I have endeavored to do what I have regarded as of far more importance than this, which is to praise or blame just as the information afforded by physical and microscopic examinations and chemical analyses demanded, without partiality or bias, and to seek out and state the principles upon which, as it appeared to me, the dietetic value of these articles of infant food depended.

To summarize the points which I have endeavoured to establish :

1. Cow's is in no sense a substitute for woman's milk.
2. Attenuation with water alone is inadequate, and chemical metamorphosis, or, mechanically, the addition of some inert attenuant is required, in order to permit of the ready digestibility of cow's milk by infants.

The utility of manufactured infant's foods is to act as such attenuants, and as such they take the place of the simple barley and oatmeal water, the sugar, cream, baked cracker, arrowroot, etc., etc., used in former times.

4. The results of both chemical and physiological analysis are opposed to any but a sparing use of the preparations containing large percentages of starch.

5. It is eminently probable that besides acting as attenuants, the matters extracted in the preparation of barley and oatmeal water, and still more the soluble albuminoid extractives obtained at ordinary temperature (whereby coagulation is prevented), by Liebig's process, have a great value of their own. For this reason, instead of employing starch, gum, gelatine, sugar, etc., the use of natural cereal extractive, containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time.

6. The use of a food made up of equal parts of milk, cream, lime-water, and weak arrowroot water, as practiced for years by the late Dr. J. Forsyth Meigs, and recently advocated by his son, Dr. Arthur V. Meigs, is sustained by theory, analysis and practice. It provides for the increase of fat to an amount comparable to that contained in human milk. It adds alkali to permanent reaction, and to convert caseine into soluble albuminates, it adds a little bland attenuant. And if, in addition, the amount of milk-sugar were raised, and instead of arrowroot water, barley or oatmeal-water were substituted, as the case demanded, it would approach, it appears to me, still more nearly to the conditions required.

7. The perfect solution of the present problem is to be found in the modification of cow's milk by chemical processes, so as to make it physiologically equivalent to human milk. The nature of these processes, and the results to be obtained, are at present so nearly wrought-out, that there is good ground for believing that such a solution of this problem is not far distant in the future.

CANADA

Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1884.

TYPHLITIS AND PERITYPHLITIS.

Inflammation of and about the cœcum—typhlitis and perityphlitis—are common affections to which the attention of the profession has not been sufficiently directed. Very few of the text-books treat of them with proper fullness, and a good deal of ignorance prevails on certain points of vital importance in diagnosis and treatment. A recent paper* received from Professor Pepper contains some useful information gleaned from his extensive experience. The great majority of cases of inflammation in the cœcal region begin in the bowel walls, either of cœcum or appendix. Extension to the loose tissue in the neighborhood is a secondary process which may or may not take place. Acute typhlitis is most commonly seen in connection with impaction of fœces or chronic constipation and is ushered in by pain in the bowels with fever. The abdomen is tender, particularly in the right iliac fossa, in which region palpation may reveal a more or less distinct tumor. In 17 out of 48 cases (recovering without abscess) noted by Dr. Pepper, a distinct tumor was present. Pain and the abdominal distension often prevent a satisfactory examination. The patient lies on his back or to the right side with the right leg flexed on the pelvis. Vomiting is a very constant symptom; it may be stercoraceous. Constipation is almost invariably present. In one case reported, the bowels were allowed to remain unopened for 13 days, and then a natural motion took place. This is one of the most difficult

* A contribution to the clinical study of Typhlitis and Perityphlitis. From Trans. State Society of Penn., 1882.

features to deal with, and the lesson enforced by such cases seems to be, that "so long as there are fever, local soreness and pain, it is better to limit our efforts to the relief of pain and inflammation, and to restrict nourishment to the narrowest limits." There may be a marked disparity between the temperature and the pulse, the latter being unnaturally slow. A point of importance which is especially dwelt upon is the liability to relapse. In some instances a series of successive attacks, five, eight, or even twelve in number have been observed. Several very interesting cases of this chronic or recurrent typhlitis are recorded in the paper. The dangers of this form are of course very great from the possibility of ulceration and perforation, or from chronic induration with thickening of the walls, and great contraction of the calibre of the bowel.

Inflammation about the cœcum—perityphlitis—may be induced by many causes, the chief of which is undoubtedly extension from an ordinary typhlitis. Perforation of the appendix, round ulcers of the cœcum and tubercular or cancerous ulcers cause some of the most formidable cases of this affection. Perityphlitis need not necessarily terminate in suppuration; in many, perhaps the majority of cases, resolution takes place. The formation of pus is usually indicated by an aggravation of the constitutional symptoms, by rigors and sweats and fever of a hectic type. The local symptoms will depend on the size and site of the abscess. If the pus has formed between the cœcum and the iliac fascia it will come forward and appear above Poupert's ligament and in the flank as a brawny, perhaps fluctuating swelling. Owing to the tenseness of the transversalis fascia it may be difficult to get fluctuation. The distended cœcum may give a resonant percussion note through the abscess, or the resonance may be caused by gas in the abscess cavity, owing to a communication with the bowel. In many cases the pus lies deep behind the upper part of the cœcum and the first part of the ascending colon, and the fullness and point of tenderness may be in the lumbar region between the last rib and the crest of the ilium. And again, the seat of the suppuration may be deeper and much less accessible,

particularly in those cases of perityphlitis from appendix disease. Here the site of the abscess will depend on the position of the appendix, whether curled up behind the cæcum or directly down on the pelvic wall, or passing out at right angles to the cæcum and adherent to the promontory of the sacrum. In each of these positions we have dissected abscesses in connection with perforation of the appendix. When suppuration is suspected, the question of surgical interference arises, and it is on this point that diffusion of existing knowledge is needed. After eight or twelve days, during which time every effort has been made to prevent suppuration, "if the general symptoms persist or grow aggravated, or still more, if they assume a hectic type, and if the local conditions remain the same, or still more, if increased prominence of the swelling, discoloration or oedema of the abdominal wall, or fluctuation becomes apparent, exploratory puncture or incision should certainly be made, to be followed by the complete operation as recommended by Parker, if the presence of pus be demonstrated." Statistics show the results to be very favorable: of 100 cases collected by Dr. Noyes, of Providence, the mortality was only 15. If left alone the chances of recovery are slight; the pus burrows in various directions, and there may be extensive erosion of the lumbar vertebræ and the ilium. Perforation of the skin may occur in the groin, in the lumbar region, or in the perineum, and the patient dies exhausted by the constant drain. If small, the abscess may burst externally and the patient recover, but as a rule cases of this kind do badly, worse even than when perforation and discharge into the bowel or bladder takes place. We have seen recovery in two cases of this kind. Quite recently we saw a gentleman who had had five attacks of cœcal inflammation, the last evidently perityphlitic, and the abscess had burst into the bowel. The recovery is complete with the exception of a remarkable and unusual sequence, chronic oedema of the right leg, due no doubt to cicatricial thickening about the veins.

THE LONDON (ONT.) HOSPITAL.—A new wing has been added and several citizens and doctors have furnished rooms in it. The staff has been reduced to six, viz., Drs. Edwards, McArthur, Wishart, Arnott, Waugh and McGuigan.

SALE OF POISONS.

We have often asked the question, whether the Pharmaceutical Association of the Province of Quebec has done all it might have done, even with the restricted powers given to it by the Pharmacy Act, to prevent the careless sale of dangerous poisons.

Take *Paris Green*, for instance. It is one of the most deadly poisons known, an aceto-arsenite of copper, and from 4 to 6 grains is a poisonous dose. This poison may be justly termed the fashionable poison of the day, especially in rural communities, and yet every country storekeeper weighs it on the same scales as tea and coffee with the greatest unconcern, and hands it out unlabelled to his customer. We know druggists who stupidly inveigh against the Pharmaceutical Association for permitting grocers to sell salts, senna, sulphur, and other simple drugs, and yet when the Association speaks of placing Paris Green on the poison schedule, thereby entailing a very little extra trouble on the licensed pharmacist, although necessarily increasing his sales, they simply oppose the motion by saying the grocers and general storekeepers won't permit it because their customers, the farmers, require Paris Green for agricultural purposes.

Now we are of opinion that "arsenic and its preparations," which is already on the poison schedule, clearly covers "Paris Green," and that any unlicensed person selling this poison is liable to be prosecuted according to law whenever the Council of the Association sees fit to do its duty.

Hellebore which is also a deadly poison, is not, we think, on the list. It certainly should be, and we cannot see that the farmer or market-gardener would be much inconvenienced by unqualified persons being prevented from selling it. Most farmers can find a drug store when they want one, and the more difficulty is placed in the way of obtaining these poisons the better it will be for the farming population generally.

Paregoric, we are glad to see, has been recently added to the schedule, and although some pharmacists will grumble a

little at the trouble of registering sales, we think it will act as a check on the wholesale use of it for infants. For legitimate purposes the public will experience no difficulty whatever in obtaining it. We have written in no unfriendly spirit and with the sole intention of strengthening the hands of those members of the council who are in favor of restricting the sale of dangerous drugs. We only wish we could assist them in curtailing the facilities with which the public can obtain such remedies as Godfrey's Cordial, Nurses' Treasure; Winslow's Soothing Syrup, &c. We presume if any of these remedies can be proved to contain any one of the poisons in the poison schedule that no one but a licentiate of pharmacy could legitimately sell them.

CONFERENCE CONCERNING THE PROVINCIAL MATRICULATION IN MEDICINE.

The examination of candidates for admission to the study of medicine has been, for the last seven years, confided to a special Board of Examiners, the College of Physicians and Surgeons of the Province leaving the matter entirely in the hands of these gentlemen and accepting their decision as final on the competency or incompetency of the candidates. The result has been that about one-third of the candidates have been refused each year. Complaints have naturally been very numerous on the part of the unsuccessful young men, some claiming that the examinations were too severe, others contending that they were asked questions on subjects with which they had not been made familiar.

In order to give justice to all, it was resolved at the half-yearly meeting of the College of Physicians and Surgeons, held in September last, to call together all the directors and principals of the different colleges, high schools and normal-schools of the Province, to confer with the Board of Examiners and a committee of the physicians, and to adopt such improvements as might be deemed necessary. This meeting took place on the 24th ult. in the rooms of the Medico-Chirurgical Society. Nearly all the colleges and schools were represented. The examiners present were Messrs. H. A. Howe, LL.D., Rev. H. A. B. Verreault, LL.D.,

and Abbé J. C. K. Laflamme, S.T.D. The College of Physicians and Surgeons was represented by Drs. R. P. Howard, E. P. Lachapelle, F. W. Campbell, and Joseph Lanctôt.

The meeting was of rather an informal nature, and each of the gentlemen present freely expressed his views. After examining the programmes prepared by the Board of Examiners, the meeting was unanimous in declaring that the examinations were not too severe, and that if any change should be made, it should certainly be in the direction of making them even more rigid. It was ascertained that the weak points generally with candidates were French and mathematics, and it was agreed to push the pupils of the different institutions on these branches.

A suggestion was made by the Rev. Mr. Hamel, that the examination for admission to the study of Law, Medicine, or Civil Engineering should be one and the same, under a single Board of Examiners.

Some of the gentlemen present were also of opinion that the examination should take place during the summer holidays, so as not to disturb the pupils while at school.

—The appeal in the case of Prof. Donald McLean, of Ann Arbor, *v.* the Detroit *Evening News* for libel was before the Supreme Court last month, when a motion for rehearing was denied. A cheque for \$20,000, the amount of the original verdict, has been lodged in the hands of a third party, but an injunction has been filed to prevent Dr. McLean using the cheque on the ground that the verdict was obtained through gross corruption in the jury room. The Court has ordered Dr. McLean to show cause why the injunction should not be made perpetual.

—We have received the first number of a new quarterly journal, published in Boston, called the *International Review of Medical & Surgical Technics*, which is the official organ of the American Association of the Red Cross. The journal is a very creditable one, and profusely illustrated. It is "devoted chiefly to the description, illustration and discussion of instruments, appliances and methods of operation that have been recently devised is published." It is in no sense a trade journal, and is not devoted to the interest of any manufacturer of surgical instruments. The journal will prove of great service to surgeons, both general and special. We wish it every success.

Obituary.

JOHN REDDY, M.D.

It is with renewed regret that we are obliged to chronicle the decease of another of the well known medical men of Montreal, Dr. John Reddy.

Dr. Reddy was born on the 31st March, 1822, at Athlone, Co. Roscommon, Ireland. In accordance with the custom of that day, he was apprenticed to a local surgeon in the year 1839, and remained with him until 1842. In April, 1847, he appeared before the Royal College of Surgeons of Ireland, and received their License in April of that year. Owing to some demands which he considered unreasonable, he would not go up for the degree in Dublin, but preferred crossing to Glasgow, at which University he received the degree of M.D. in 1848. It was now the intention of Dr. Reddy to enter upon the career of an Army Surgeon, and he was actually gazetted to a commission in the line. His regiment was just at this time, however, ordered to the Gold Coast for service. The young surgeon believed that he had not been born only to fill a premature grave in that most unhealthy station and at once resigned. Dr. Reddy then for a short time held some dispensary appointments in Ireland and came to Canada in 1851. Through the influence of some friends in Montreal he had been appointed House Surgeon of the Montreal General Hospital, and immediately entered upon the duties of that office. He remained in the Hospital for three years, fulfilling the responsibilities of this position to the great satisfaction of the then medical officers, Drs. Crawford, Arnoldi, Jones, et. al. On leaving the Hospital, Dr. Reddy began private practice in the city.

The year 1854 will be remembered as the last during which a severe epidemic of Asiatic cholera swept over this country. Dr. Reddy at once devoted himself with unremitting attention to the care of the many sufferers who were falling on every hand. His unvarying kindness to his patients, his cheerful, warm-hearted Irish manners, his already considerable skill

and experience soon led to his finding himself surrounded by a large and daily increasing *clientele*.

For just thirty years Dr. Reddy continued to practise his profession in this city, his perseverance and assiduity knowing no rest, constantly and busily employed from morning till night and very often from night till morning, until last year, to the regret of his many friends, it was observed that his health was beginning to fail. He went to Europe for change of air and the much needed rest, but unfortunately no return to health was to come to him and he died in Dublin on the 23rd January, 1884.

Dr. Reddy held many offices of the highest trust and honor in this community. In 1856 he was appointed one of the attending physicians of the Montreal General Hospital, which post he held until he retired upon the Consulting Board, now three years ago. In 1856 he received the degree of M.D. *ad eundem* from McGill College, and for many years served as Representative Fellow in Medicine in the corporation of that University. He was a constant attendant at the meetings of the Medico-Chirurgical Society and was elected President. He was a long-service officer in the volunteer militia, having been Surgeon of the Montreal Garrison Artillery.

His was a quiet, unostentatious, busy, blameless life. His high moral character and strict professional integrity, his broad benevolence and universal goodness of heart, with kind and obliging manners, procured for Dr. Reddy the respect and esteem of all his professional friends and *confreres*, his numerous patients, and the general community. His memory will long be cherished and his character and good deeds held in warm remembrance.

ALEX. JAMIESON, B.A. (Queen's), M.D. (McGill, '77), of Kansas City, died a few weeks ago. Dr. Jamieson was a native of Lancaster, Ont., and after completing his college course at Queen's, came to McGill, where he distinguished himself as a very able student. Several years ago he moved to Kansas City, and had there succeeded in building up a good practice. He was President of the department of Chemistry and Pharmacy in the University of that city.

Personal.

J. S. Lathern, M.D. (McGill, '82), has settled in Halifax, N.S.

Alex. MacNeill, M.D. (McGill, '83), has settled in Kensington, P.E.I.

George Carruthers, M.D. (McGill, '83), L.R.C.P., Lond., has settled in Summerside, P.E.I.

Thomas Gray, M.D. (McGill, '79), late of Brigus, Nfld., has returned from Europe and settled at Paisley, Ont.

We are pleased to see that Dr. McMillan, of Alexandria, Glengarry, has been made a Dominion Senator.

Dr. Dowling, who was unseated a few months ago, has been re-elected to the local House from North Renfrew.

Dr. W. McE Scott, of Winnipeg, has been spending a few weeks in town with a patient with traumatic aneurism brought down for consultation.

Dr. Plummer, Professor of Anatomy in the Cooper Medical College, San Francisco, and Registrar of the State Board, was in town on the 6th and 7th.

Dr. Holmes, of Brussels, has been elected Treasurer of Huron Co., Ont.; Dr. Falkner, of Sterling, Warden of Hastings, and Dr. Willoughby, of Colborne, Warden of Northumberland and Durham.

Hon. Dr. Ross, of Ste. Anne de la Parade, has undertaken the task of forming a new Ministry in this province. With eight or nine members of the Senate and House of Assembly and the Lieutenant-Governor and Premier, the profession in this province may be said to have a full share of parliamentary honors.

We had the pleasure of seeing the following medical men in town during carnival week:—Drs. J. M. Lefevbre and J. F. Jackson, Brockville; James Ross, Toronto; Digby and Philip, Brantford; Surgeon-Major Orwin, Halifax; Powell, Grant, Jr., and Small, Ottawa; E. W. Smith, West Meriden, Conn.; Scott, Hull; Walker, Dundas; Gibson and Cotton, Cowansville; Gibson, Jr., Durham.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE
PROVINCE OF QUEBEC.

Programme of Preliminary Examination for 1884-85-86.

OBLIGATORY SUBJECTS.

LATIN.—*Cæsar's Commentaries*, Book V.—*Virgil's Æneid*, Book V.—*The Odes of Horace*, Book I.

ENGLISH.—*Sprayue's "Six Selections from Washington Irving's Sketch Book."*—A Play of *Shakespeare's*, viz., "*The Tempest*," for 1884; *Richard III.*, for 1885, and "*The Midsummer Night's Dream*," for 1886.

FRENCH.—*Fénélon's "Aventures de Télémaque."*—A French Play, viz., *Corneille's "Le Cid"*, for 1884; *Molière's "Le Misanthrope"*, for 1885, and *Racine's "Esther"*, for 1886.

BELLES LETTRES.—*Principles* of the subject. History of the Literature of the age of *Pericles* in *Greece*, of *Augustus* in *Rome*, of *Elizabeth* in *England*, and *Louis XIV.* in *France*.

HISTORY.—*Outlines* of the History of *Greece* and *Rome*, with particular knowledge of *England*, *France* and *Canada*.

GEOGRAPHY.—*A general view*, with particular knowledge of *England*, *France* and *North America*.

ARITHMETIC.—Must include *Vulgar* and *Decimal Fractions*, *Simple* and *Compound Proportion*, *Interest* and *Percentages*, and *Square Root*.

ALGEBRA.—Must include *Fractions* and *Simultaneous Equations* of the First Degree.

GEOMETRY.—*Euclid* Books I., II., III., or the portion of plane Geometry covered by those Books. Also the measurement of the lines, surfaces and volumes, of regular geometrical figures.

OPTIONAL SUBJECTS.

GREEK.—*Xenophon's Anabasis*, Book I. — *Homer's Iliad*, Book I.

PHYSICS.—*Outlines of the subject as in Ganot's Physics*, translated by *Atkinson*.

PHILOSOPHY.—*Elements of Logic and of Moral Philosophy*, as in *Jevons Logic* and *Calderwood's Hand-book of Moral Philosophy*.

N.B.—A sound knowledge of the Grammar of the above Languages will be required. Failure in *Latin* or in *Arithmetic*, or in the *Mother Tongue*, may involve rejection of the Candidate. French-speaking Candidates may omit *Shakespeare*, but will be expected to translate into French, passages from *Washington Irving*, and answer questions of grammar and parsing. They will require to have a critical knowledge of the French Works above named. Similarly, English-speaking Candidates may omit *Corneille*, *Molière* and *Racine*, but will be expected to translate into English passages from the first half of "*Télémaque*," for 1884 and 1885, and from the second half, for 1886, and answer questions of grammar and parsing. They will be required to have a critical knowledge, grammatical and literary, of the English Works above named.

Bad writing will be visited with a reduction of 5 per cent. from the marks gained. Any Candidate detected in copying or in conniving at another's copying from him, or in using books or notes, will be immediately dismissed from the room.

TIME AND MARKS ALLOWED FOR EACH SUBJECT.

Latin.....	2	hours.	.....	300	marks.
English.....	1½	"	.....	150	"
French.....	1½	"	.....	150	"
Belles-Lettres.....	1	"	.....	100	"
History.....	1	"	.....	100	"
Geography.....	1	"	.....	100	"
Arithmetic.....	1½	"	.....	150	"
Algebra.....	1½	"	.....	150	"
Geometry.....	1½	"	.....	150	"
Greek.....	1½	"	.....	150	"
Physics.....	1½	"	.....	150	"
Philosophy.....	1½	"	.....	150	"

Marks attainable.....1,500

H. ASPINWALL HOWE, LL. D.,	} <i>Examiners.</i>
H. A. B. VERREAU, LL.D.,	
M. MILLER,	
J. C. K. LAFLAMME, S. T. D.	