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CANADA
MEDICAL & SURGICAL JOURNAL

OCTOBER, 1881.

Original Communications.

ANTISEPTIC SURGERY.

BY GEO. E. FENWICK, M.D., Surgeon to the Montreal General Hospital,
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Read before the Canada Medical Association.

I desire on the present occasion to make a few remarks, and to submit the results of a series of surgical cases, which in my hands have been treated after Professor Lister's method of dressing surgical wounds.

Not long since (December 6th, 1879) at a meeting of the Metropolitan Counties Branch of the British Medical Association, held at St. Thomas's Hospital, Mr. W. MacCormack made the following remarks: "That the employment of Lister's method is not at once, or very easily acquired; it requires practice, a capacity and patience for detail, that those concerned in the management of a case shall, without reserve believe in the germ theory, or act as if they believed in it, the surgeon in charge of the case must either himself examine into and verify everything belonging to the dressing of the case, or must have some one in whom he can trust to do it for him. Less than this will not be putting Lister's method fairly to the test."

It is of no interest to us to discuss the correctness or fallacy of the germ theory and would be foreign to the object I have in hand, which is more for the purpose of bearing additional testimony to the practical usefulness of Lister's antiseptic method, than of entering into a discussion concerning a subject

which, so far, rests on a problematical basis. I will admit that, for the present, the certainty of the actual presence of germs in the air is far from being proved, but in carrying out the details of Listerism I am of the number of those who act as though they believed in the germ theory. I desire simply to report, in as few words as are convenient, the details of some of the results of the last four years, during which period Prof. Lister's antiseptic method of treating surgical injuries has been adopted by me, both in private and hospital practice. The cases may appear small numerically when laid alongside of the larger number of cases reported by our brethren in the larger fields for observation, in Great Britain and on the continent of Europe. I have seen large wounds of the soft parts, wounds opening into important joints and wounds connected with fractured bones, scalp wounds in which there was considerable laceration and stripping of the bone of its periosteal covering, heal by immediate union, wherein strict antiseptic precautions were adopted. These favourable consequences have been attained without redness or swelling or pain of any kind, without discharge, except a slight serosity that hardly soiled the dressings and without any or scarcely any constitutional disturbance. Such results I had never before witnessed, during the personal observations of nearly forty years, and in all honesty must admit, that the results in my hands by following strictly Mr. Lister's instructions are what I had never before seen, under any other method of treatment. I must tell you, that at the Montreal General Hospital, I have acted as one of the surgical staff during the past 17 years. After the announcement of Professor Lister's views, on the antiseptic treatment of wounds, attempts were made on various occasions, by some of the surgeons of our Hospital to treat antiseptically various forms of injury, and even in operative proceedings antiseptics were sometimes employed, and although these measures were very imperfect, as compared to the present means at our disposal, nevertheless the results were sometimes remarkable. Listerism, however, in its perfection remained unknown to us, until it was introduced by my friend and colleague Dr. Roddick, who went to Edinburgh and studied the method under Prof.

Lister himself. To Dr. Roddick then is due the credit of being the first surgeon to introduce to our hospital, in all its completeness of detail, the antiseptic method of dealing with surgical accidents as proposed by Prof. Lister.

Dr. Roddick returned from Edinburgh with a complete outfit, consisting of spray apparatus, gauze properly charged, protective, drainage and all accessories, which are essential to faithfully carrying out Prof. Lister's injunctions. It is true that a hand spray had been employed by us, on various occasions, but there had been hitherto no definite system of action, no specially prepared dressings and not altogether that enthusiasm and firm belief in the benefit to be derived by this method, if properly and faithfully carried out. Soon after the introduction of Listerism in its completeness, the very remarkable results attracted attention and the house committee of our Hospital, on the recommendation of the medical staff, sent for and supplied us liberally with all needed apparatus and proper dressings.

The practical surgeon can realize the comfort experienced from a feeling of complete confidence in the success of any justifiable operative procedure, but more than this, he will feel encouraged to undertake operations, with Listerism, that without it he would refuse to perform. Operations under Listerism can be, and are undertaken by the surgeon and carried to a successful issue, which without it would be regarded as unjustifiable, or attempted only as a *dernier ressort*, and as being the only chance of life left to the sufferer. The surgeon who adopts the antiseptic method in operative procedures, may predict a safe and successful issue in cases, which before the introduction of this method, would have been regarded as exceedingly doubtful.

Ovariectomy.—The total number of cases that have come under my own care and on which I have operated is nine. These are not the only cases that have presented at our Hospital, but are my own personal record. Of these, three were operated on by me, before the advent of antiseptics and they were all fatal. The first case dying on the third day apparently from shock, the other two fatal cases terminating within a week from general peritonitis. The other six cases recovered at different periods,

all of these cases were operated on under the spray and with full antiseptic precautions.

I shall give a short synopsis of each case, noting any prominent feature which may be thought of interest.

CASE No. IV.—B. P., æt. 24 years, came under observation 29th March, 1880. A tall, well proportioned girl, was as large as a woman at full term of pregnancy. She had always enjoyed good health, and menstruated regularly; the change made its appearance about the fifteenth year of life. Six years ago had noticed a moveable growth in left groin, but it gave no pain nor uneasiness. Three years since she observed that this growth was gradually and steadily increasing in size, until it became so noticeable as to lead to observations on the part of her relatives, which obliged her to consult her physician, who pronounced it to be a multilocular ovarian cyst. The patient was brought to Montreal on the 29th March, 1880, delay was rendered necessary in consequence of menstruation coming on the day after her admission to hospital, so that the operation for removal of the tumour was performed under the spray, on 10th April. An incision four inches in length was made, from just below the umbilicus downwards towards the pubis. The tumour was freely exposed. No adhesions existed, but there was some difficulty in emptying the sac, as it consisted of a number of small cysts, filled with thick gelatinous fluid. The left ovary was engaged. The sac was with some difficulty delivered and the pedicle moderately long was secured by two carbolized hempen ligatures which were cut short off and the stump dropped back, the right ovary was likewise found diseased, it was tied in like manner by a single ligature and removed. The entire contents and solid matter removed weighed 36 lbs. This patient made an excellent recovery. The highest temperature registered was on the third day after the operation, when the thermometer reached 102° , after which it steadily subsided and became normal on the tenth day. She left her bed on the 13th day after the operation, feeling weak, and was discharged cured on the 18th day and allowed to return home. The dressings were not disturbed until the 10th day, when they were removed and the wound found healed.

I have heard from this patient quite recently, she is strong and robust in health, but has ceased menstruating. She had a menstrual period apparently at the end of the second week after the operation, which was the last seen.

CASE No. V.—Victorine V., æt. 24 years, not married, was admitted into the Private Hospital 15th March, 1881, being the subject of a large ovarian tumour apparently multilocular, with several large cysts, the following history was elicited.

She had enjoyed good health, had commenced to menstruate at the age of 14, catamenia always regular as to time and not excessive, lasting about three days, and painless.

About six years ago she noticed a swelling in the abdomen, which she declares was uniform and not situated in either groin. This gradually and steadily increased, until she became so much distended as to prevent her keeping the recumbent position. It was diagnosed to be ascites from liver obstruction. Purgatives and other means failed to reduce the swelling, and her physician relieved her by tapping; the fluid removed filled two buckets, and was thin, like water. She made a rapid recovery and on the third day was able to leave her bed. From this time, which was in March or April, 1877, the fluid rapidly accumulated, necessitating its removal every four or six weeks. So that up to the 18th February, 1881, the trochar had been used twenty five times. The fluid in quantity was on each occasion about the same as above stated, but in consistence it had changed, becoming more like gum water. She never suffered any pain or inflammatory symptoms after the tappings and with the exception of the inconvenience from distension was in good health, all the functions being regularly performed. When examined the cyst was moderately full, one month only having elapsed since the last removal of the fluid. The tumour extended to midway between the umbilicus and ensiform cartilage, there existed a well formed hymen, but with care the index finger was introduced into the vagina, the uterus was found of normal size, carried over to the left side and bulging, could be felt distinctly in Douglas' fossa, upon forcing upwards, a distinct wave was imparted to the contents of the tumour over the front

of the abdomen. The last catamenial period had occurred on the 5th March.

March 19th, the operation was performed under the spray and with full antiseptic precautions, an opening of about four inches in length from below the umbilicus downwards was made, rather firm adhesions existed in front and also at the upper part and sides of the tumour, these had to be separated with great care, as the cyst wall was rather thin, all attachments having been separated the patient rolled over on to her side and a large sized trochar plunged into the sac, which contained four or five large cysts, the sac was drawn out through the abdominal wound as it became flaccid and ultimately delivered. It sprang from the left ovary, the pedicle which was moderately long was clamped and the tumour removed, the vessels of the stump were then picked up separately and tied with fine carbolized catgut, a double carbolized silk ligature was then introduced through the pedicle beneath the clamp and the clamp removed. No bleeding occurred, but it was thought more safe to tie the pedicle in two halves with silk; this was done and the ends cut short and pedicle dropped back. The right ovary was next examined and found to contain a number of small cysts, it was therefore removed, the stump being trusted to a medium sized carbolized catgut ligature, all bleeding points were secured by fine catgut or seared with the thermo-cautery, all clots removed and abdominal cavity cleansed, the wound was then closed with three silver wire sutures and several catgut sutures and dressed in the ordinary way with antiseptic gauze and roller. The cyst with contents weighed 28 lbs. The morning after the operation the temperature was 99° , it rose to a hundred that evening and the following the second after the operation, after which it came down to 99° and to the normal standard on the fifth day, at which it remained to the end of the case, the wire stitches were removed on the ninth day, union was complete, she left her bed and went on a sofa on the eleventh day and the day following got up and dressed. This patient returned home at the end of the third week.

CASE No. VI.—Catherine B., æt. 39, eight years married,

had been three times pregnant, two miscarriages at 4th month and one child living, aged six years. Since the birth of living child has not been pregnant. Menstruation began when 13 years of age and has always been regular. In October, 1879, first noticed difficulty in micturition and found she was enlarging, supposed it was from pregnancy, although the catamenia continued regular up to April or May of last year, when the flow became profuse and occurred every three weeks. In November, 1880, the abdomen was greatly distended; she was examined by a physician, who pronounced it to be an ovarian tumour. He introduced a full-sized aspirating trochar, but without any result, as no fluid was removed. She continued to enlarge steadily, and again, in December or January, 1881, she was tapped with a large-sized trochar, and about a tea-cupful of thick glutinous material came away; this was all that could be obtained and its removal afforded no relief. She came to Montreal and was admitted into the Montreal General Hospital, on 6th May, 1881. Patient is a slight woman, rather short, greatly emaciated and abdomen enormously distended, the enlargement appears regular and uniform. Fluctuation distinct all over abdomen, with characteristic dullness, the greatest girth was on a line two and a half inches above umbilicus and gave $47\frac{1}{2}$ inches in circumference.

May 11th, the operation was performed with full antiseptic precautions, an incision four inches in length, commencing just below the umbilicus, and extending downward towards pubis was made, this was carried through the abdominal parietes until gelatinous matter began to flow from the wound, as the cyst appeared to have been opened, what was supposed to be its wall was separated from the parietes of the abdomen for an inch or two, when it was found to be the peritoneum much thickened and in a condition of cystic degeneration, this was freely incised and the tumour brought into view. A large sized trochar was then introduced, but nothing came away, the cyst itself was then freely incised and an enormous quantity of thick gelatinous material removed, in quantity sufficient to fill three buckets, the cyst sprang from right ovary,

with a moderately long pedicle, this was clamped, the tumour removed and the pedicle secured with carbolized silk ligatures.

The left ovary contained fluid of the same character and completely filled the pelvic basis, to which it was generally adherent by firm bands, these were stripped off and the growth removed; the pedicle, which was small, was secured by a single catgut ligature. The great omentum presented the same cystic degeneration and was greatly enlarged and thickened, this was also removed, being tied in sections, six in number, with carbolized gut, the ends cut off short. The entire mass of disease being removed, all bleeding points were secured, either by fine catgut, or the hemorrhage arrested with the thermo-cautery. The abdominal cavity was then carefully sponged out and the wound closed with three silver and eight catgut sutures. Lister's gauze dressing applied with a large pad of jute, the dressings retained by a broad roller of antiseptic gauze. The operation occupied one hour and three quarters, during all of which time the spray was kept up. The entire mass weighed 46 lbs. Half an hour after the patient was removed to her bed she became collapsed and death appeared imminent, m xv of ether was injected subcutaneously, hot water bottles were applied to the surface, a second injection of ether was given, and brandy in half teaspoonful doses administered every five minutes. At the end of an hour reaction was fully established and from this time she progressed favorably. The temperature rose to 103° the evening of the operation, on the following morning it was 99° and from this time the temperature remained normal at the morning observation, with a rise to $99^{\circ}.4$ at night, this continued with very slight variation throughout the case. She remained in a very weak state for some time, but gradually recovered her strength and left for home on 11th June, 1881.

I have heard of this patient quite recently, September 28th, she has perfectly recovered and is in robust health.

CASE No. VII.—Hannah L., *æt.* 20, unmarried, a healthy looking, well nourished young girl was admitted into the Montreal General Hospital, 16th May, 1881. Has always enjoyed good health, menstruated for the first time at the age

of 14 and has been regular ever since. About twelve months ago, in May, 1880, she noticed her abdomen enlarged, she did not at that time feel any distinct tumour, nor can she state on which side it first appeared. Shortly after discovering the fullness, she observed that very slight exertion induced fatigue and sometimes pain in the right side and groin. This feeling of weariness and pain has she thinks increased with the growth of the tumour.

The abdomen was found much distended, being well rounded and prominent in front. It gives a measurement at umbilicus of $35\frac{1}{2}$ inches, fluctuation is distinct, the slightest tap producing the characteristic wave. The uterus was small, the fundus pushed over to left side, sound enters to the normal length.

The operation for removal of the tumour was performed on May 26th. An incision three inches in length was made in the median line commencing just below the umbilicus, the tumour freely exposed the patient was turned on her side, a large trochar introduced and the sac emptied. There was one large cyst and several smaller ones, no adhesions existed, the cyst wall was readily delivered, it sprang from the left side and had a pedicle of good length and thick, which was clamped and the mass removed. The vessels of the stump were taken up and ligatured with fine carbolized catgut, the stump transfixed and tied with strong carbolized silk, the ends cut off short and the stump dropped back. The right ovary was also found diseased and had to be removed, being tied at its peritoneal attachment by strong carbolized catgut. The peritoneal cavity was carefully sponged out and several small blood clots removed. The wound was closed with two silver wire and three carbolized catgut sutures and the ordinary gauze dressing, applied with a firm pad of carbolized jute. The time occupied was a little over half-an-hour. Weight of tumour and contents $16\frac{3}{4}$ lbs.

This patient made a rapid recovery. The highest temperature noted was on the evening of the day after the operation, when it rose to 100° .1F and throughout the case afterwards it remained at the normal standard in the morning, rising to $99\frac{1}{2}$ at night. She was allowed to leave her bed on the 9th June and

was discharged cured on the 15th June and left the hospital on that day.

CASE No. VIII.—Jane H., æt. 40, a rather tall but spare unmarried woman, was admitted into the Montreal General Hospital, June 1st, 1881. She is from the country, and as a girl had always enjoyed good health. Menstruation set in at the age of 18 and has always been irregular and rather scanty; in 1877 it ceased for three months, and she was treated for amenorrhœa. In August of last year she took cold and was again treated for this cessation of the menstrual flow. It returned in January last, but she was never certain as to time; the last appearance was on the 16th April last.

About July or August, 1880, she observed that her abdomen was swollen, but more on the right side. Since January last this tumour had rapidly and steadily increased. In April after the last menstrual period, she found her limbs swollen and œdematous, during the past six weeks the feet and legs have greatly increased in size, the skin being white and shining and pitting on pressure. For some months has suffered from frequent micturition and for the last six weeks has been much troubled in this respect. In September of last year and again in January had some pain over abdomen, lasting for over a week, this was unattended by fever. This patient is of slight build, tall, very thin and presents that haggard appearance peculiar to ovarian disease. She prefers being propped up in her bed at night almost in the sitting posture, but says she can lie down. On examination abdomen found distended with a huge tumour, which yields a dull note everywhere. A number of superficial veins apparently enlarged, are seen coursing over the tumour.

The following measurements were taken :

| | |
|---------------------------------------------------|------------|
| From Symphysis Pubis to Xyphoid Cartilage..... | 17 inches. |
| “ Umbilicus to right Anterior Superior Spine..... | 9 “ |
| “ “ left “ “ “ | 10½ “ |
| “ “ right side vertebral column..... | 19½ “ |
| “ “ left “ “ “ | 20 “ |
| Girth of Abdomen, 2 in. above Umbilicus | 41 “ |

Percussion gave a distinct wave at all parts of abdomen, dullness existed over the entire abdominal parietes as high as

the ribs; on vaginal examination the uterus was small, the uterine sound, entering to the normal length, the organ appeared to be carried over to the left side and was quite movable, considerable fullness existed behind which pushed it forwards.

June 7th.—The bowels were cleansed by an enema and the urine drawn off, the patient placed under ether and the operation was performed in the usual way, an incision four inches in length was made, extending from just below the umbilicus downwards in the median line, the tumour was freely exposed, it was found to be slightly adherent to the abdominal wall, these adhesions were readily broken down, the patient was rolled over on to her right side, a large sized trochar introduced and the contents of a dark colour, tolerably thick flowed away. As the cyst became flaccid it was drawn out through the wound and ultimately delivered, it sprang from the left ovary.

The pedicle moderately long was clamped and the tumour removed, the vessels in the pedicle were secured by catgut and the pedicle itself transfixed and tied with two carbolized silk ligatures, the peritoneal cavity was then carefully sponged out, several bleeding points secured with fine catgut and wound closed by three silver and seven catgut sutures. From the time of commencing to give the ether up to her being placed in bed after the operation, one hour and ten minutes elapsed. She speedily recovered from the ether, one hour after she had a slight chill, $\frac{1}{4}$ gr. of morphia was given hypodermically and brandy in drachm doses, ordered to be repeated every half hour. Two hours after the operation, viz. at 4 p.m., sixteen ounces of limpid urine was drawn off, at 8.15 p.m. she again complained of pain and a desire to pass water, when twenty-two ounces of urine was again removed by the catheter, temp. 100° , pulse 98, moderately full but soft. She slept well during the night, small quantities of champagne were given occasionally. At 3 o'clock twenty-two ounces of urine was again drawn off and again at nine o'clock the following morning eight ounces of urine was removed, at twelve o'clock four ounces of urine was drawn off, making a total of seventy-two ounces of urine secreted during the first twenty-four hours after the operation.

June 8th, at the hour of visit she was very comfortable, the oedema of legs nearly altogether gone; no pain or tenderness, pulse 108, temperature 99°. The temperature fell to the normal standard during the day, and remained at that with slight variation throughout the case. Nourishment in the form of milk and lime water, in small quantity and frequently repeated was given and champagne occasionally. After the fourth day she was more generously fed, but she preferred milk, which appeared to agree well with her. The bowels acted on the sixth day, the dressing was not disturbed until the eighth day, when the wound was found quite closed and the wire sutures were removed. From this time she rapidly gained strength and she was allowed up on the 10th June, the twelfth day after the operation.

CASE No. IX.—This case is added to the series, although from the date it will be seen that the operation was performed after my return from the meeting at Halifax.

Annie McD., æt. 21, was admitted into the Montreal General Hospital, August 11th, 1881.

Previous History.—Had always enjoyed good health, the catamenia began at the 14th year of age, had never been regular as to time, five and six weeks would elapse between the periods and on several occasions three months had passed without any change, when it did occur it was sometimes profuse and sometimes scanty in amount, has otherwise enjoyed good health. Two years ago the secretion was arrested for several months and she consulted a physician, who gave her medicine, which after an interval restored the flow and she improved in health and strength. In January of this year, she noticed that her abdomen was enlarging on the right side below the line of the umbilicus. The tumour was quite distinct, movable, and continued steadily to increase in size. In March she became very ill and suffered from severe pain at the lower part of the abdomen more referable to right side, this soon spread over the whole abdomen. There was much fever, vomiting and excessive tenderness, she was actively treated and at the end of three weeks had quite recovered, but it left her very feeble. The growth has greatly increased since this attack and the menstrual irregularity remained as before.

Present condition—She is a florid complexioned girl, healthy looking although thin, has been losing flesh of late, appetite fairly good. Since March last, there has been a continual bloody discharge from the vagina, this is small in amount. The abdomen was about as large as a woman at the seventh month, the tumour could be readily made out and appeared to be made up of a number of small cysts, fluctuation was indistinct, and several hard masses could be felt. She measured $38\frac{1}{2}$ in. on line with the umbilicus. By vaginal examination the uterus was found of small size, inclined to the left side and the sound entered to the normal length, the organ was slightly movable.

August 7th.—The patient was placed under ether and an incision three inches in length was made, extending downwards in the median line from the umbilicus. On entering the peritoneal cavity a large quantity of fluid escaped, the tumour was freely exposed, the patient turned on her side and a large trochar inserted, very little fluid escaped as the tumour was made up of a number of small cysts and solid matter, there were a few adhesions in front which readily broke down and several firm adhesions were found behind it, being attached to the mesentery, these were separated with care, but being unable to get the growth out through the incision it was lengthened to above the umbilicus and then the tumour was readily delivered. The pedicle was short and broad and engaged the left ovary. The clamp was applied and tumour removed, the pedicle was then transfixed and tied in two halves by carbolized silk, the ends cut short and the stump dropped back. The right ovary was found healthy, all bleeding points being secured and the cavity carefully sponged out, the abdominal wound was closed with silver and catgut ligatures and dressed antiseptically. The weight of the tumour and contents was 20 lbs. This patient made a very rapid recovery. The temperature rose to a 102° F. the night after the operation; it however gradually and steadily subsided to the normal standard. She left her bed at the end of a fortnight, the wound was not disturbed until the tenth day, when the stitches were removed and it was found completely closed. She shortly after left for home, at Gaspe Basin.

Speaking on the subject of antiseptics in surgery (*Brit. Med. Journal*, Dec. 20th, 1879, page 1003), Sir James Paget is reported to have said: "There are certain groups of surgical cases in which, so far as I can yet see, it would be absolutely wrong to dispense with any portion of the most complete antiseptic treatment. Amongst these are cases of ovariectomy." This is very strong testimony coming from a surgeon of such eminence, and one who does not appear to be thoroughly convinced of the absolute benefits of antiseptics after Lister in all surgical cases.

There are other groups of disease in which Sir James Paget speaks of antiseptics in the same strong terms. Excisions of joints are amongst the number in which he believes full antiseptic precautions should be employed. In this connection I may report the results of nine cases of excision of the knee joint treated with full antiseptic precautions, and all recovered with useful limbs; several, in a very short space of time. The splint used in these cases was that recommended by Mr. P. H. Watson of Edinburgh, employing paraffine to consolidate the splints, and the antiseptic dressing was in each instance applied outside the splint. These are my own personal record.

On a former occasion I recorded eleven cases of excision of the knee joint, all my own, with one death from pyæmia and one subsequent amputation, these are to be found in the first volume of Transactions, published by this Association. Paget remarks, in connection with lumbar abscesses: "Another group of cases is the opening of large abscesses. I remember to have believed, a few years ago, and I think I rightly believed, that I had never seen a patient recover who had a lumbar abscess opened by free incision; I believe every one died. Since that time, I have heard of and seen a number of cases where psoas abscesses or large abscesses in any part have been opened with absolute impunity under antiseptic treatment."

In this connection I have to report four cases of psoas and lumbar abscess, opened during the past year, with full antiseptic precautions, three cases of huge perinephritic abscess and three cases of large empyema, all operated on under full antiseptics and all terminating favorably; in these cases free incision

was practised, and a large-sized drainage-tube introduced and retained in the abscess cavity. With the exception of one case, I did not observe what has been reported by others, viz. the arrest of secretion of pus from the abscess cavity after evacuation of its contents, but then in all these in which this result did not follow the abscess cavity did not completely empty itself at the time it was opened. In the one exceptional case, that of a little girl, with disease of the spine and psoas abscess, the opening was made in the outer side of the thigh, and at the second dressing there was merely a trace of pus and subsequently serum alone flowed away until all discharge ceased and the wound closed at the end of the second week.

The delay in publishing this paper has given me an opportunity of reading what has been recently said on this subject before the International Medical Congress, held in London. Mr. Spencer Wells, in speaking on the question of antiseptics and drainage says, "what appears to me so remarkable is, that while in general antiseptic surgery drainage is so very essential, is indeed a fundamental part of the system, in my own experience of ovariectomy, and of the removal of uterine tumors, antiseptics have abolished drainage. I have not even used a drainage tube for more than three years." And again he observes, "since adopting antiseptic precautions, either fluids do not form, or if they do, they do not putrefy and they are absorbed without doing any harm, without leading to any febrile rise of temperature."

Such, indeed, was the result in all of the cases above recorded. Some stress has been laid on the sayings of Professor Lister, in connection with the use of the spray. In the September number of this Journal,* Prof. Lister is reported to have said, (referring to the use of the spray,) "I am not certain but I shall give it up, I am not at all sure but that before the next meeting, two years hence, I shall have abandoned the spray altogether." This report differs somewhat from what is to be met with in the *Lancet* and *Medical Times*. In the report of this meet-

* *Canada Med. and Surg. Journal*, vol. x, page 102.

ing in the *Medical Times* of Aug. 20, page 233, it will be found that Prof. Lister, "insisted that the comparison of ovariectomy with other operations cannot fairly be made." . . . "He scarcely hoped that many of the precautions he now uses will be dispensed with; but if the time should ever come when it was proved to demonstration that no floating particles were present in the air which could cause putrefaction, he would heartily join in the now well-known exclamation *fort mit dem spray!*"

SOME OBSERVATIONS UPON THE INTERNATIONAL CONGRESS.

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(Communicated by request to the *Medico-Chirurgical Society of Montreal*.)

GENTLEMEN,—It is my intention to confine my few observations upon the great International Congress recently held in London to portions only of what I heard and saw at that meeting, selecting, more especially, topics of interest to myself, and merely glancing at, not studying, them.

The International Medical Congress assembled in St. James' Hall on 3rd August, and was opened by the President of the College of Physicians, Sir Wm. Jenner, who occupied the chair—having on his right the Prince of Wales, and on his left the Crown Prince of Germany. The vast hall appeared to be crowded with excited men, who watched with intense interest the arrivals, on the raised seats of the platform, of the distinguished men deemed to be entitled to such positions, as well as of those whose official relations to the Congress secured them places amongst the celebrities. It was soul-stirring, as well as gratifying, to hear the loud applause that greeted, from time to time, the arrival of the men whom the representatives of the medical world delighted to honour; amongst them may specially be mentioned Jenner, Paget, Virchow, Pasteur, Donders, Charcot and Lister. The distinguished chairman opened the meeting with a few well-chosen observations upon the value of the science of medicine and its superiority to other secular employments; and he dwelt briefly

upon the principles which should move and regulate medical men. After the Prince of Wales had very happily paid a tribute of praise to the value of medical science to the nations of the earth, and had suggested the benefits that must result to medical science from the deliberations and discussions of the Congress, the President, Sir James Paget, delivered his inaugural address. It is quite impossible to convey any idea of the powerful impression produced on that large assembly of well-informed judicial-minded men by the address. The quiet but impassioned manner—the inspired thoughts—the eloquent words—the noble and reverent bearing of the speaker—justified the opinion that finished oratory was compatible with the highest attainments in the science and art of medicine. The address should be studied by every physician. The serious work of the Congress began in the several sections on Thursday, and was continued daily until the following Tuesday, occupying from 10 to 1 A.M. in all, and from 3 to 4 P.M. in some of the sections. It was, of course, impossible to visit more than one section at a time, and the speaker thought he would derive most instruction by confining his attention to one or two. He selected those of pathology and medicine,—the former presided over by the distinguished pathologist, Dr. Wilks; the latter by one of the astutest diagnosticians in England, Sir William Gull.

Amongst the many topics which occupied the members of these sections, time will permit me to glance at but a few even of those which I had an opportunity of hearing discussed. Naturally, the subject of *micro-organisms* and their relations to *specific diseases*, and especially to “*unhealthy processes arising in wounds*,” claimed a prolonged consideration. It was understood that Professor Lister would introduce the discussion on the latter topic, but, simply remarking that perhaps too much attention had been paid to atmospheric “germs” as causes of disturbance in wounds, he gave at some length a sort of clinical exposition of sympathetic inflammation and of the principles of counter-irritation.

Dr. Bastian, in a clear and concise speech, called in question the existence of specific germs, whose introduction into wounds

interfered with their healing, and contended that minute organisms may arise in wounds, abscesses, etc., from changes in the protoplasm of degenerating or dying tissues.

Several speakers, and notably Prof. Virchow, discussed the probable intimate relations of the micro-organisms to one another, and described recent experiments which appeared to prove that the nature and properties of these lowly organic beings are largely modified by the conditions under which they are developed, the soil in which they grow, the food on which they live, etc.

On this occasion, the great Pasteur produced a sensation in the section by first confessing that his ignorance of English and German had prevented his following the arguments of the previous speakers, and by then exclaiming, in reply to Dr. Bastian, who, he was told, held that micro-organisms may be formed by heterogenesis of the tissues, "Mais, mon Dieu, ce n'est pas possible," and without advancing any argument, then sat down. The eminent man for the moment seemed unable to realize the possibility of intelligent dissent from his assertion. However, in his address on the germ theory, delivered subsequently, he vindicated his reputation as the "father" of living fungologists. In that address he confined himself chiefly to the modifications that can be produced in the virus of chicken cholera and of anthrax or charbon, by suitable treatment or cultivation of the germs of the poisons of those specific diseases. He explained the process by which the virulence of those poisons may be so attenuated that they may be safely inoculated upon poultry and sheep respectively, with the result of protecting those animals from subsequent severe attacks of cholera or of anthrax. As I remarked in my valedictory address to this Society, when vacating its presidential chair a year ago, we have here a general method of attenuating the viruses of the infectious diseases which, when completely elaborated, will place them all under our control, as vaccination has done for small-pox. Pasteur stated that within fifteen days 20,000 sheep and a large number of horses and cattle had been thus protected against anthrax in the neighbourhood of Paris.

The consideration of micro-organisms was continued next day,

but from different points of view, by Prof. Klebs, Fokker and Heuter, and by Mr. Watson Cheyne and Dr. Koch. The time at my disposal would not permit me, even were I able, to relate the many important facts and theories that were adduced by the several speakers during the two days occupied in the consideration of these minute organisms, and I will be content to remark that Dr. Koch's beautiful demonstrations went far to prove that the micro-organism of each infectious disease is a *distinct species*, capable of reproducing the same disease and the same micro-organisms, and none other; and that the general outcome of the discussion went far to establish the doctrine that *specific communicable diseases* are produced by *specific germs*.

Bright's disease occupied a large attention, no less than eight papers upon that subject having been presented in the sections of Pathology and Medicine. They well illustrated the great differences of opinion that still obtain amongst pathologists as to the several alterations of the kidney which belong to that affection—the relations of these alterations to one another and to the recognized causes of Bright's disease.

While Rosenstein confined Bright's disease to *diffuse inflammation*—acute or chronic—of the kidney, and excluded the fibroid kidney of pregnancy and cardiac disease and the pure amyloid kidney, Grainger Stewart included them all under that title, which, as you are aware, is the custom with English pathologists. Again, while Saundby maintained with Weigert and Bamberger that both the large white and the small red kidney are the result of *diffuse inflammation*, involving the tubules, the Malpighian bodies, and the connective tissue, Grainger Stewart contended that the disease might *commence* in any *one* of those structures or in them *all* simultaneously, and Rosenstein held that the "red granular kidney" does not start from a *diffuse inflammation*, but from "endarteric changes" of the renal vessels with shrinking of the glomeruli.

On the vexed question of the relation of *renal diseases* to *alterations* of the *heart and blood vessels*, the opinions expressed were not at all in harmony. Sir Wm. Gull and Dr. Sutton, maintained that the thickening of the heart and vessels may

precede the renal changes—that the alteration in both the renal and the vascular organs may be due to the same causes—and that the heart and vessels may be found hypertrophied and yet no changes in the kidney be discovered, *post mortem*. It is worthy of mention, that Dr. Sutton related an instance in which he knew of the existence of contracted kidney for 10 years, and yet the cadaveric examination revealed no disease of the heart or vessels. On the other hand, Dr. Grainger Stewart, Prof. Rosenstein and Dr. Broadbent had never seen a case of granular kidney unattended by hypertrophy of the heart, unless other conditions had existed to prevent the heart from suffering, and Prof. Rosenstein believed that granular kidney never exists without hypertrophy of the muscular coat of the vessels and that the thickening of the intima is inflammatory and not physiological as Dr. Johnson had taught.

Dr. Broadbent regarded excretory materials in the blood as *the* cause of Bright's, a view almost identical with the one so ably defended recently by Dr. Mahomed. He holds the arterio-capillary fibrosis of Sir Wm. Gull and Dr. Sutton to be a consequence not a cause of renal disease.

The veteran renal pathologist, Dr. George Johnson attempted, but not satisfactorily, to prove that tube casts containing white blood cells, (leucocytes) unmixed with renal epithelium occur in the urine and are diagnostic of the *glomerulo-nephritis* of Klebs. The most important paper upon Bright's disease was contributed by Dr. Mahomed who maintained that *high arterial pressure*, even in young and apparently healthy persons, if continued long, will produce the changes in the heart and vessels observed in chronic Bright's disease. Albuminuria will be absent and should death occur, the kidney will usually be red and granular. The reliable evidence of the renal affection in such cases, will be the existence of the signs of high arterial tension and of hypertrophy of the left ventricle. Mahomed's views elicited no criticism! As might be expected, a discussion on *tubercle* was amongst the orders of the day, but it was loose and erratic and unconvincing, and largely drifted into a consideration of the nature of giant cells. Dr. Creighton read a short com-

munication, the purport of which was that *disseminated* tuberculosis is due to a *virus* introduced into the body from without, and not to a *primary focus* of disease in the body, from which the organs generally become secondarily infected. This *virus* theory has been favoured by Klebs and it doubtless is very acceptable to Dr. Creighton, as affording support to his recent views on the transmissibility of the tuberculous affection of cows through their milk and flesh to the human subject. On this latter highly important subject, Prof. Virchow, whose opinions carried very great weight in the Congress, stated that notwithstanding the long attention that had been given to it by himself and others in Germany, there was as yet no satisfactory evidence that tuberculous disease was communicated to the human race by the flesh or milk of the cow.

Prof. Erb's paper "*on the role of syphilis as a cause of locomotor ataxy*," confirmed the very frequent occurrence of a syphilitic history in ataxic patients as had been previously pointed out by Gowers and others, but the discussion thereon left it yet to be made out what, if any, etiological relationship exists between the two affections. Certainly the failure of iod. pot. and of mercury in ataxia is a strong therapeutic argument against the syphilitic nature of the lesions found in the cord in locomotor ataxia and Prof. Lancereaux stated that those lesions do not exhibit the characters of *syphilitic* lesions of the spinal chord and other viscera.

Prof. Flint, of N. Y., read a carefully prepared communication on "*the analytical study of auscultation and percussion*," etc., the main objects of which, appeared to be to indicate the character of abnormal pulmonary sounds, by comparing them with those heard in normal chests and by analysing their component parts, so that the sounds may be recognized by their *characters* chiefly, without reference to the physical conditions under which they are produced. The many points contained in the communication and the lateness of the period at which it was read, no doubt accounted for the few remarks it elicited from those present. A committee of experts, however, was named by the chairman to draw up a uniform nomenclature for the physical

signs of pulmonary disease and to submit it for general adoption at the next International Congress.

"*The value of Bacelli's sign*" was brought before the Medical Section in a short paper by Dr. Douglass Powell. Bacelli maintains that, in pleuritic effusion, if the whispered voice be well conducted and pectoriloquous on the side of effusion, the fluid is serous; if badly conducted or inaudible, it is purulent. Dr. Powell concluded that although Bacelli's sign was by no means pathognomonic, yet that in association with other signs it is of considerable value. Prof. Ewald contended that an exploratory puncture afforded the only means of determining with *certainty* the nature of pleuritic effusion.

A valuable paper on "*Ulcerative or Infectious Endocarditis*" was read in the Pathological Section by a member of this Society, Dr. Osler, the very frequent connection of which affection with lobar pneumonia he was the first to indicate and emphasize. He adduced reasons for believing that ulcerative endocarditis is less frequently associated with acute rheumatism than is supposed, and he threw doubt upon the existence of a special connection of the micrococci, found in the affected valves, with the disease. Like several other valuable communications, it was not discussed for want of time.

The last communication that was read in the Medical Section was that of Dr. C. T. Williams on "*The Treatment of Phthisis by Residence at High Altitudes.*" Nothing very important was enunciated by its author, but he had not time to read it all. The statements which specially struck me were: That all the advantages of mountain climates, without their disadvantages, can be obtained at *moderate* elevations, *i.e.*, from 4,000 to 10,000 feet; that mountain climates are generally contra-indicated in pyrexial phthisis; that the circumference of the chest in consumptives enlarges from 1 to 3 inches at these altitudes; and that, while this expansion may disappear in a few months on a return to low levels, it is, in the majority of cases, of long duration, and probably permanent. It is matter for great regret that a paper upon so important a subject should have been assigned the last place, when no adequate time remained in which to elicit the opinions

and experience of so many authorities collected from various parts of the world. Only a few members spoke, and their observations were few and rather general. Dr. Herman Weber referred the good effects obtained at high altitudes to absence of matter productive of fermentation, to dryness and rarefaction. He said that wherever the air was tolerably *aseptic*, benefit might be obtained. Dr. Wilson Fox remarked that nearly all high elevations are curative, even although the climate be hot.

Besides the above, there were about thirty other communications upon many important subjects in pathology and medicine, which I did not hear, or of which I heard only parts of the discussions raised upon them. It caused me much regret not to have heard Dr. Hughlings Jackson's able exposition of his own special subject, "*Epileptiform Convulsions from Cerebral Disease*," and Jonathan Hutchinson's thoughtful observations upon "*Rheumatism, Gout, and Rheumatic Gout*."

Of the work done in the Congress as a whole, you may, perhaps, form some idea if you bear in mind that, besides the two attended by me, there were thirteen other sections and one subsection, in most of which an equivalent amount of time and thought were devoted to their respective subjects. This large volume in my hands is made up of condensed abstracts in English, French and German, of the communications that had been promised the Congress up to the time it was published, and other communications were subsequently presented. Glancing at the table of contents, in the Anatomical Section are found the titles of 19 communications.

In the Physiological, 16 topics are specified for discussion, six of which were brought before the section. Two papers were also read, and the afternoons were devoted to demonstrations and to the exhibition of physiological apparatus. (V) In the Surgical Section, 47 papers are acknowledged.

(VI) In the Obstetrical, 27. In Section VII—Diseases of Children, 36. In Subsection IV—Diseases of the Throat, 38. In Section VIII—Mental Diseases, 18. In Section 10—Ophthalmology, 38. Section X—Diseases of the Ear, 14. Section XI—Diseases of the Skin, 17. Section XII—Diseases of the

Teeth, 11. Section XIII—State Medicine, 25. Section XIV—Military Surgery and Medicine, 20; and in Section XV—Materia Medica and Pharmacology, 13,—making a grand total of 377 communications and discussions announced in the book of abstracts, independently of the work to be done in the physiological section. The Congress was emphatically a working one.

There were two other features of the Congress that were, I believe, new departures at such assemblies, and certainly not the least valuable methods of instructing the members. One of them was the daily exhibition of patients, suffering from unusual or newly recognised or obscure forms of disease, and the other was a temporary museum, containing over 700 illustrations of interesting varieties of disease, either in the form of drawings or of actual pathological preparations. As Dr. Osler intends describing this museum, I will confine myself to an enumeration of some of the *living* illustrations provided for our instruction. In this department that remarkable man, eminent alike as pathologist and surgeon, Jonathan Hutchinson, exhibited 2 or 3 examples of tubercular leprosy, in one of which the disease had ceased to progress, and recovery had taken place; two cases of rupture of the brachial plexus; several subjects of severe bone disease from inherited syphilis; and some cases in which rheumatic arthritis and gout co-existed.

Dr. Ord produced five patients suffering from myxœdema in various stages of progress. All were over 30 and only one of them was a male. They presented a general swelling of the skin like that of renal dropsy, but the œdema did not pit or change position and the urine was free from albumen. Other leading features were a temperature below the *norme*; a weary expression; slowness of speech, thought and movement; impairment of memory; feebleness of gait; disorders of taste and smell; loss of hair, even of eyebrows, and of teeth.

Two interesting cases of progressive muscular atrophy were shown by Dr. A. Sturge, in one of which groups of symmetrical muscles were implicated in different regions. Dr. Barlow presented a boy, the subject of inherited syphilis, and of *aphasia*, with right brachial monoplegia.

Examples of "Charcot's joint disease" were supplied by Messrs. Macnamara and Page; Mr. Treves contributed a remarkable instance of enormous varicose veins of abdominal walls, the cause of which was most obscure, and a rare deformity of the bones of the leg, in an adult, so-called "osteitis deformans."

The rare forms of skin diseases, gathered for our inspection were very numerous and diversified and in this work the following gentlemen laboured earnestly: Drs. Crocker, Duckworth, Stephen Mackenzie, Colcott Fox and Cheadle and Messrs. Jonathan Hutchinson, Startin, Marrant, Baker and Malcom Morris. Amongst the rare forms of skin disease exhibited, deserving of special mention were the following:

Three cases of diffused scleroderma, one of them undergoing cure. Three or four of morphea, one of them involving the forehead and a portion of the scalp, and another involving almost the entire person except the face. Two females with small areas of blanched and apparently atrophied skin, symmetrically situated on either side of the neck and near the lower attachment of the sterno-cleido mastoids.

Several children in whom patches of chronic urticaria had become pigmented—urticaria pigmentosa. Two examples of pigmentation following lichen planus, and distributed all over the body. A youth presenting a miliary papular eruption, thought to be syphilitic, dating from early childhood, and scarcely to be distinguished from lichen scrofulosum.

Several examples of xanthelasma. A case, the nature of which was not agreed upon, was shown by Mr. Startin. A girl five years old, free from hepatic and other diseases, presented groups of nodules (very like the whitest nodules of xanthelasma) which were situated symmetrically on the back of the elbows, in the popliteal regions, and in the cleft of the nates. Mr. Hutchinson doubted their xanthelasmic nature.

Very many cases of lupus erythematosus were shown, and several of leucoderma. A remarkable case was that of a girl, about 12 years old, with perfectly white hair, her skin also showing a want of pigment. She had lost her hair five years previously from pityriasis rubra.

There were many other varieties of disease exhibited in living subjects, but I must bring my remarks to a close. I have avoided speaking of the valuable addresses read in the general meetings by the distinguished men selected for that duty, and in the various sections by their respective presidents, as well as of the contents of the temporary museum, and also of the social features of the Congress, with the view of leaving them for the abler handling of my companion throughout the Congress, who will now address you. But I must not sit down without bearing testimony to the abounding hospitality which was extended to the members of the Congress by the British people, lay and professional.

~~THE USE OF~~ THE OPHTHALMOSCOPE IN THE
DIAGNOSIS OF BRAIN DISEASE.

By W. F. COLEMAN, M.D., ^{7th Nov 1883} (ST. JOHN, N.B.)
~~Surgeon Eye, ear, & Throat~~

(Read before the Canada Medical Association at Halifax, Aug. 4, 1881)

MR. PRESIDENT AND GENTLEMEN,—Our knowledge of the physiology and pathology of the central nervous system is so limited, the diagnosis of brain lesions so difficult, the well-known conditions of the eye in those lesions so unmentioned or dubiously mentioned by the text-books on medicine, as to furnish me with some excuse for urging the claims of the ophthalmoscope in the study of the intra-ocular end of a brain nerve during its structural changes and in the diagnosis of diseases of the brain and cord. Though the matter may embrace a limited personal experience, and little originality, I freely admit the testimony of such authorities and special writers as Drs. Allbut, Jackson and Gowers, and Mr. Nettleship, and, incidentally, many others. While the nature of many diseases within the chest and abdomen is revealed to touch and the ear, the maladies of that most inaccessible part of the body—the cranium—give out no certain sound, and will not disclose themselves to any wizard's touch; so it remained for the genius of VonGraefe and Sichel, the patient, skilful labours of Sæmisch, Liebreich, Schweigger, Sælberg-Wells, Jackson, Allbut, Gowers, Hutchinson and others to illuminate

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with the ophthalmoscope the dawning light through which men were eagerly striving to discover the nature and situation of intra-cranial diseases.

The popular idea that the oculist has, and perchance *needs*, no knowledge of general medicine to successfully treat the eye, is no less false than the, I fear, professional belief that the general practitioner can gain little from the ophthalmoscope. With the herculean task of acquiring a fair knowledge of the structure, working, derangement and repair of the general system, it is not to be expected that even a Hercules could also keep abreast of the information and experience in regard to any special organ. Yet, since the whole is made up of all its parts, and the parts are interdependent and dependent upon the whole, any approach to a comprehension of the whole organic system must involve some familiarity with every part. No more striking illustration of this can be cited than the evidence of cerebral lesions that may be elicited by an ophthalmoscopic examination of the intra-ocular end of the optic nerve, called the optic disc or papilla. In the pre-ophthalmoscopic period (prior to the great invention of Helmholtz in 1851), there certainly had been something done to trace the connection between amaurosis and brain disease in atrophy of the optic nerve, but a meningeal inflammation propagating itself along the optic nerve as a descending neuritis had not been thought of: and the cause is not far to seek, for in brain disease, accompanied by very considerable optic neuritis, the sight may be perfect, hence disease of the optic nerve was unsuspected. It thus happens that many patients having symptoms of brain disease, with some lesion of the optic nerve, have, on account of perfect vision, no disposition to consult an oculist, and while so few men in general practice use the ophthalmoscope, one most important sign of encephalic disease will be frequently overlooked. As the optic papilla is the chief intra-ocular part concerned, and furnishes the most palpable and constant information in intra-cranial disease, let us briefly consider the anatomy of the optic nerves. Under the name of the optic tracts, they take their origin just in front of the cerebellum, in the tubercula quadrigemina or optic lobe, to which visual perception is

attributed, also in the corpora geniculata; they then pass forward along the under surfaces of the crura cerebri, taking on their way some fibres of origin from the optic thalami and reaching the olivary process of the sphenoid, just under the floor of the third ventricle, unite to form the optic commissure or chiasma. The distribution of the fibres of the chiasma sometimes enable us to fix the site of lesions interfering with vision, *e.g.*, the right tract supplying optic fibres to right half of each retina, and the left tract fibres to the left half of each.

As the optic nerves pass forward from the chiasma they receive at the optic foramina a loose sheath, from the dura mater, which becomes lost in the sclera. The nerve is about $\frac{1}{2}$ of an inch in diameter, before it perforates the cribriform plate of the sclera, and contracts to $\frac{3}{4}$ of this diameter at its intra ocular end, where it spreads out to form the internal layer of the retina. The nerve is also invested by a second close fitting inner sheath, which is continuous with the pia mater, and sends processes between the nervules of the optic bundle. Between this inner and the outer sheath is the vaginal space of Schwalbe, which is continuous posteriorly with the arachnoid space of the brain, and anteriorly within the posterior part of the sclerotic opening, is by some, said to be continuous with lymphatic spaces in the substance of the optic nerve, by others to be closed. Evidently the vaginal space may become distended by subarachnoid fluid for there is *not* a reflection of the arachnoid at the optic foramen to prevent it. As the internal carotid artery emerges from the inner wall of the cavernous sinus, it gives off the ophthalmic artery, which after passing through the optic foramen gives off the arteria centralis retina, this enters the optic nerve, runs forward in its substance, perforates its disc near its centre, then subdivides and radiates to its distribution in the retina. The retinal venules, converging unite to form the two venæ centrales, which pass out through the disc near the artery and in the nerve trunk unite to empty into the ophthalmic vein, which passes through the sphenoidal fissure and empties into the cavernous sinus.

Further and most important to the subject, the blood supply

to the optic nerve and disc is according to Gallzowski, independent of the ophthalmic artery (which more particularly supplies the retina) being part of the vascular system of the brain. He describes a posterior optic artery to the testis; a middle optic from the choroid plexus to the geniculata; and anterior optic from the middle cerebral to the optic tract; and capillary branches from the pia mater to the chiasma.

The appearance of the optic disc, the first time I discovered it with the eye mirror and a $2\frac{1}{2}$ -inch lens, struck me as resembling a cream-rose full moon, about the size of a large split pea, rising in a pink sky of surrounding choroid, which, by its contrasting colour, gave a well-defined sharp border to the disc. The retinal vessels radiate irregularly from the nasal side of the centre of the disc, the larger branches, passing upward and downward, completely avoiding the temporal sides.

The changes in the disc produced by cerebral and spinal diseases are—*Congestion, Inflammation, and Atrophy*. The congestion of the disc may be a simple hyperæmia; if attended by œdema, it is the stauungs papilla of Von Graefe, the “choked disc” of Allbut, or ischæmia of the disc, or congestion papilla. In intra-ocular neuritis, or, as it is called, papillitis, the papilla alone may be affected; in other cases, the neuritis occupies the length of the optic nerve, as has been shown in autopsies by Allbut, Hulke, Virchow, &c. Atrophy of the disc may be primary or simple, or it may be consecutive as a consequence of papillitis. Authorities are in accord as to the great frequency of *optic neuritis* in intra-cranial disease. Annuske and Reich collected 88 cases of intra-cranial growths with ophthalmoscopic examinations and autopsies, and found ophthalmic changes in 75 per cent. By common consent, the most frequent cause of optic neuritis is intra-cranial tumour; next to it, meningitis. Cerebral abscess and softening are occasional causes, and hemorrhage a very rare one. Tumour is nearly always attended by optic neuritis (Hughlings Jackson). Allbut writes: “My own opinion certainly is that changes either of a congestive, neuritic or atrophic character may be found in the discs at some time or other in the course of almost all cases of intra-cranial tumor.”

“From my own experience (Gowers) I should say that neuritis occurs in about four-fifths of the cases of intra-cranial growths.” Encephalic disease may also manifest itself through paresis or paralysis of the ocular muscles, producing squint and double vision. That optic neuritis may possess diagnostic significance of brain lesion, the extra-cranial causes which produce, or are associated with, neuritis must be borne in mind, such as albuminuria, lead poisoning, the exanthemata, suppression of the menses, pernicious anæmia, loss of blood, exhausting diseases, neuralgia of 5th nerve, in rare cases secondary syphilis (Nettleship), and tumours in the orbit. It may occur idiopathically without obvious cause (Gowers). Simple *congestion* or *hyperæmia* of the papilla very commonly precedes atrophy. It is sometimes the expression of a state of congestion and degeneration of the whole optic nerve, but sometimes apparently limited to the disc (Gowers). It frequently is the first stage of tobacco amaurosis, the last being atrophy.

Choked disc, or hyperæmia with œdema, is the first stage of neuritis, and frequently associated with it. Its principal causes are said to be the same as produce neuritis, viz., tumours, meningitis, and hydrocephalus.

Primary atrophy of the disc is more frequently associated with locomotor ataxy than with any other disease. Often I have seen it occur without assignable cause, and once from a blow on the eye. Galezowski gives a table of 166 cases embracing the causes of primary and consecutive atrophy.

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|----------------------|----|
| Cerebral causes..... | 40 |
| Locomotor Ataxy..... | 33 |
| Traumatic..... | 22 |
| Alcoholism..... | 13 |
| Syphilis..... | 12 |
| Other causes..... | 46 |

—166

Allbut is of opinion that primary atrophy is generally due to mischief at the base (tumour), or to ventricular dropsy, which may compress and sever the nerves or tracts at some point in their course. From the evidence of Messrs. Critchett, Wordsworth and Hutchinson and others, and my own experience, I think that tobacco in excess will produce atrophy of the discs, though many

deny it. To be able to distinguish between a *normal* appearance of the papilla and the inception of a pathological, much experience is required, and the attempt will soon prove the saying, "Pathology is but the shady side of physiology." A full-blown neuritis may be quite palpable to an amateur ophthalmoscopist, while an expert may be unable to decide as to a slight hyperæmia or say whether a disc is pale from incipient atrophy or simple decoloration. *The* indication of hyperæmia is an abnormal redness, which has a tendency to blur the edge of the disc. Comparing the eyes may give some help, and noting whether the redness increases from time to time. The signs of neuritis and choked disc are similar, and vary with the stage. In the first stage the disc is less swollen and red, and the edge, though blurred, may be still distinguished, while in intense papillitis the colour of the disc is so blended with that of the surrounding choroid that it can be frequently distinguished only as the points of convergence of the retinal vessels. Impairment or loss of sight is the chief symptom in intense neuritis, though there may be marked neuritis without any impairment of sight. Pain in the eye is rare. Vision usually begins to fail first in one eye, and sight may fail completely in a few days or decrease very slowly. Restriction of the visual field is common, and colour-vision may be defective. The neuritis of tumour is double, rarely unilateral. Dr. Jackson has pointed out that the neuritis often coincides in its onset with an obvious increase in the other symptoms of the cerebral tumour. It appears that neuritis is usually a late production of tumour. Dr. Jackson recorded one case in which a man had had symptoms of cerebral tumour for nine years; during the last three years his discs had been repeatedly examined and found normal; six weeks before death, neuritis was discovered.

The signs of atrophy are pallor and later depression of the disc, with shrinking or absence of the capillaries. When the atrophy is marked there is diminished vision, nearly always more considerable in one eye than the other. There is a concentric irregular marginal limitation of the field of vision. Frequently there is defect of color-vision.

The relation of papillitis to intracranial disease is still a vexed question. I shall refer briefly to the principal theories. Von Graefe gave the first in 1859. He distinguished two cases. In one the change in the disc (neuritis) was slight, with a tendency to invade the adjacent retina. In this case there was meningitis, and inflammation of the nerve trunk was found by Virchow, which inflammation was assumed to have been communicated to the optic nerve from the inflamed meninges, and to have descended the nerve to the eye. This Von Graefe designated, "descending neuritis." In other cases of considerable swelling, hæmorrhages and vascular distension of the papilla (stauungs papilla), accompanied by cerebral tumour, no signs of inflammation were perceptible on naked eye examination of the trunk of the optic nerve. This condition of the papilla he attributed to increased intracranial pressure, which obstructed the return of blood from the eye through the optic vein by compressing the cavernous sinus.

The theories of Schmidt and Manz are largely accepted in Germany. Manz showed that distension of the vaginal space around the optic nerve is frequent in neuritis, and believed the extension to be due to intracranial pressure or increase of subarachnoid fluid. Further, he found that injections into the subarachnoid space, of animals, passed into the sheath and caused fulness of the retinal veins, and in some cases transient redness and swelling of the papilla. Schmidt demonstrated that a colored liquid injected into the sheath passed into the lymph space of the nerve at the lamina cribrosa, and suggested that neuritis is produced by the irritation of the liquid passing into the lymph spaces.

A theory was put forward by Schneller, in 1860, extended by Dr. Hughlings Jackson in '63, supported by Brown-Sequard, and was formulated by Benedikt in '68. It assumes that the tumour acts as a source of irritation, which has a reflex influence through the vasomotor nerve upon the optic disc leading to its inflammation. Of these theories, that which accounts for changes in the disc by inflammation of the meninges propagated along the nerve trunk, appears the best supported by the frequent

determination upon *post mortem* and microscopical examinations of the conditions upon which the theory is based. Although neuritis may occur in tumour of any size or kind, in any part of the brain, it is rare in tumour of the convexity, while it is common in that of the base and most common in that of the anterior lobes (Russell-Reynolds). Again, *meningitis* limited to the convexity is *seldom* accompanied by intra-ocular changes, while *basilar meningitis* is *usually* attended by neuritis. In many cases of tumour, a local meningitis in the vicinity of the growth and accompanied by inflammation of the optic tract have been found. Now the proximity of this *inflammation* of the basilar meninges (whether independent or the result of tumour) to the optic tracts makes its communication to the tracts highly probable, and the fact of the so common association of inflammation of the meninges and tract increases the high probability to a seeming certainty.

A case of Mr. Hutchinson's in which no distension of the retinal veins was produced, although the cavernous sinus was completely obliterated by the pressure of an aneurism, seems to go far towards destroying the theory of obstructed blood return from the eye by pressure on the sinus. The vaso-motor theory is rejected by Leber and a numerous following, on the ground that it involves a mechanism not known to exist and a complex relation of the optic nerve to all parts of the brain difficult to conceive.

~~In the balance of the prescribed half hour~~ ^{now 30 min} I shall give ^{very} ~~confidential~~ ~~and important~~ reports of a head case and one of spinal disease, with defective sight, under my care in the St. John General Hospital, and a head case with eye disease in the general wards:—

m. 31st, 1881.—Patient aged 43, says his sight began to fail after cutting his thumb and profuse bleeding ten years ago, and since then could see to read only very large type. Sight has been the same for past three years as at present.

~~V. R. E., 15/40. No. 15, J. 8.~~ ~~Not improved with~~
~~V. L. E., 15/70. No. 18, J. 8.~~ ~~(S)~~ glasses.

There is gray atrophy of both discs. Has smoked four to five

pipes a day for past 23 years, and drank pretty hard for years up to four years ago, but scarcely any since. Is very nervous. Wakes in the morning with headache and sickness. Memory bad for two years past. Gait unsteady for two or three years. Walks as though he had taken a little too much. Diagnosis—Locomotor ataxy and atrophy of discs. Treatment—Stop smoking. \mathcal{R} St. gr. 1-24; hypodermically and increase gradually.

March 4th.—Is getting gr. 1-6th Strych. Vision, right and left, increased to nearly normal, =15/16. \mathcal{R} St. gr. 1-5th. Strych. increased the staggering gait. \mathcal{R} Croton chloral grs. v, and return to St. gr. 1-6th. *15th*—Discontinue Str. \mathcal{R} Arg. Nit. gr. 1-12, and increase to gr. $\frac{1}{2}$ taken daily by stomach.

April 8th.—V. \mathcal{R} =16/20. Discharged.

July 19th, 1878.—Mary Smith, aged 20, single, lost the sight of right eye completely and suddenly three weeks ago. Pain came on in the brow the same day, before the sight failed, and has kept her awake most of the time since. Day before yesterday, lost the sight of left eye in the same way as the right. Has no perception of light. Pupils react very slowly to light. Has *white atrophy of both discs*. Patient very nervous, and has slight choreic movements. History—For two weeks last summer had constant pain in the top of head, and vomited three or four times daily; denies syphilis. Family history—Lost three brothers and one sister in their first year. Treatment—Potass. Iodid. grs. x. Tr. Cinch. \mathfrak{z} i, t. d.

July 24th.—No pain in head since yesterday. Pupils widely dilated and immovable; no perception of light.

Aug. 1st.—Patient drew attention to two syphilitic ulcers on calf of leg. Diagnosis—Syphiloma at the base, implicating optic nerves. *8th*—L. E. V.: Seeing position of window. R. E., Nil. Stop Pot. Iodid. \mathcal{R} Hyd. Perchl. gr. 1-12; Am. Mur. grs. v.; Tr. N. Vom., \mathfrak{m} x.; t. d. *20th*— \mathcal{R} Ung. Hyd. 5ss rubbed into axilla and thigh on alternate days; Pil. Hyd. grs. ii twice daily.

Oct. 12th—No ptyalism. \mathcal{R} Pot. Iodid. grs. v.; Sp. Am. Ar. \mathfrak{z} i; Tr. Cinch. \mathfrak{z} i; t. d. Stop other treatment. *22nd*—Mouth very sore and mercurial fetor. Discontinue Potass. Iodid. \mathcal{R} Pot. Chlor.

Nov. 7th—V. right eye, *nil*; left eye, counting fingers 12th.—Repeat Pot. Iod. grs. x., t. d. 25th—V. R. E., motion of fingers. V. L. E., fingers, two feet, and sees to get about well. Left eye diverges when right eye fixes for near point. When the eyes are at rest, both look to the left.

Dec. 21st, '78, to April 9th, '79—Patient had Strych. Sulph. hypodermically gr. 1-24 up to gr. $\frac{1}{8}$, when gait was made unsteady, then gradually reduced to gr. 1-16. Had tenotomy of the right internal and left external muscles. The hands are now quiet, and patient much less nervous. V. R. E., perception of light. V. L. E., 12/200. Direction of eyes much improved, but still look slightly to left. Discharged; to take Hy. Cl. gr. 1-16, Str. gr. 1-16.; t. d.

June 5th, 1881.—J. B. Hansell, æt. 53, admitted into the general ward a few days ago. He is a muscular looking man, 4 ft. 10 in. high, weight about 130 lbs. Says for the past year he has had a very dizzy head and will fall any day in the road, soon gets up and walks off. The fall was always preceded by giddiness. Six months ago began to vomit about every second day, and soon after vomited every morning if he laid in bed up to 7 o'clock. When he rose earlier the vomiting did not come on. This continued up to last week, since when he has not vomited. During the past month, has had a pretty severe pain from the forehead to the back of the head, lasting an hour or two every day and has not seen to read. Memory failing for past year. Pulse 68, small and rather weak; skin normal temp. to touch; appetite good; bowels constive; sleeps well; whistles feebly; grasp of hands weak; flexion of forearms and legs strong; gait very unsteady and seems in constant danger of falling; patellar reflex normal; no lightning pains; urine normal; right ear hears the watch only at $\frac{1}{2}$ in., ordinary loud voice at 10 ft.; left ear hears the watch only at contact or ordinary voice at 4 ft.; speech, broken Dutch-English, probably normal; smell normal; pupils slightly dilated by atropine v. right eye, counting fingers, 2 ft.; v. left eye, counting fingers, 12 ft.; ophthalmoscopic examination shows intense optic neuritis with hæmorrhages and infiltration of retinal disc.

June 25th.—Right pupil half the size of left, left pupil a little smaller than an average pupil; right pupil reacts very slowly to light; left pupil reacts more but imperfect; percussion on the temples hurts a little, on the forehead less; head 24 in. in circumference.

July 15th.—Last evening and this morning refused to take his medicine, saying there was something in it to poison him. *Diagnosis*, tumour of the cerebellum involving the tubercula quadrigemina.

July 24th.—The patient was discharged at his own request.

Gentlemen, your patience must not be further tried, I shall only add if on account of any words of mine the ophthalmoscope shall aid you in the diagnosis of so obscure a class of disease, as those of the central nervous system, I shall think your time not wasted and myself more than repaid for this paper.

RECOVERY FROM A LARGE DOSE OF MORPHIA AND CHLORAL HYDRAT.

BY CLARENCE J. H. CHIPMAN, B.A., M.D., PRESCOTT, ONT.

On Saturday evening, August 27th, about 6:30 p.m., I was called to see a middle-aged lady, who was said to have taken an overdose of morphia. It appears that the lady, whose husband was suffering from partial paraplegia, and who also had the charge of a sister who had long suffered from an aggravated nervous disorder induced by the excessive use of stimulants, had herself begun to indulge in stimulants, and for a week past had eaten next to nothing, and imbibed so freely as to have been on the verge of D. T.'s. Her sister had been using the following mixture prescribed by an Ogdensburg physician, of which she took from three to four doses a day :

| | | |
|----------|--------------------------|-------|
| R | Chloral Hydrat. | ʒiii |
| | Potass. Bromid. | ʒii |
| | Morph. Sulph. | ʒñ |
| | Syrup Aurantii | ʒiv |
| | Aquæ | ʒviii |

Dose—One teaspoonful as directed.

While another sister who had come to aid her in nursing had gone to tea, the lady whom I was called to see obtained the bottle from another room, and telling her husband that she was going to take a dose of chloral, proceeded to pour some out into an ordinary tumbler, which she swallowed. Almost immediately, as I am informed, she fell over on the bed, on the side of which she was sitting, with her face downwards.

Her sister was hastily summoned from the dining-room, and endeavored to raise her up, but the patient being a woman of large frame, rolled over on to the floor, from which she was raised with the help of a friend who happened to be passing.

I was sent for, and on reaching the house found the party lying on the bed, apparently in a state of complete unconsciousness.

The countenance was deeply livid, pupils contracted to the size of pin-heads, breathing very slow and stertorous.

Not possessing a stomach-pump myself, I went in search of one, but neither Drs. Jones or Buckley, whose assistance I called in, had one, so I obtained an ordinary enema syringe, and by tying a gum elastic catheter to one end, we at once introduced it into the stomach, and proceeded to inject warm water, which we afterwards pumped out by reversing the syringe. This we did several times till we thought the stomach was thoroughly washed out. A powerful magneto-electric battery was applied, and kept constantly going. Attempts were made to rouse her by violent shaking and slapping of the face and other parts of the body, but she seemed completely unconscious. Having brought with me a solution of atropine of $\frac{1}{3}$ gr. to a drachm of water, I gave her 20 minims hypodermically. This soon affected the pupils, and after a time increased the breathing gradually from 4 to 12 per minute. The pulse was small and frequent, and could with difficulty be counted. During the night I gave her the rest of the atropine in two doses, and the other means were continuously kept up.

Strong tea and coffee were injected into the bowels. Frequent slapping of the face and shakings were used, but no response was elicited.

By 4 a.m. we had almost given up hope. The respiration had

again sunk to $\frac{1}{4}$ per minute, and the pulse was very small. At 7 a.m. I raised her up, and sat her on a sofa, and commenced slapping the back with clothes rung out of cold water. Occasionally there appeared to be a slight movement of the eye-lids; but after a little while the face became so livid that I again placed her in a partly recumbent position.

From this time slight symptoms of returning consciousness began, and by 9 a.m. she had attempted to speak. At 12 m. (Sunday) she had spoken. At 3 p.m., with considerable difficulty, I catheterized her, and removed a considerable amount of urine, though she resisted very strongly. 8 p.m.—She had recognized those about her. 10 a.m., Monday.—This morning she seemed perfectly conscious, though she had no recollection of what had occurred.

At the time of writing, she is going about the house, and, with the exception of being weak and very sore, she is comparatively well. As to the dose taken, as far as I can make out, it was probably not less than a tablespoonful, and possibly more, which would be about 2 grains of morphia, 60 grains of chloral and 40 of bromide of potassium.

A CASE OF TETANUS NEONATORUM.

By JOHN REDDY, M.D., L.R.C.S.I., &c.,

Physician to the Montreal General Hospital, &c.

The unusual occurrence of a case of trismus neonatorum induces me to put on record the only one I have seen in this country.

On the 15th Oct., 1880, I was called to see a female infant eight days old; it was a well-nourished, healthy child. The mother gave me the following history: She had a good, natural labour, lasting about seven hours. When the child was born, the midwife remarked that she had never seen so thick a cord, which she described as being as thick as a child's wrist, and very soft, on account of which she found much difficulty in tying it. After some hours she had to be sent for again on account of a continual slow bleeding from the end of the cord, which necessitated its being tied again in two places. On the second day it nursed

freely and seemed well till about 3 o'clock in the morning of the sixth day, while at the breast, it was seized with crying, as if in pain, which was quickly followed by a short fit, like a convulsion. This happened whenever the child was put to the breast afterwards. On the eighth day I was sent for.

On seeing the child, it appeared quite tranquil till the attendant began to undo its napkin, when the child became suddenly convulsed, the eyes were set, mouth rigidly fixed and jaws tightly locked, the characteristic Risus Sardonius present and face slightly livid, the thumbs were tightly pressed into the palms of the hands, the whole body participating in the tetanic movements. The least disturbing cause reproduced a regular fit. Its bowels were opened a few times since the attack commenced, and it frequently wet its napkins.

I put it upon small doses of chloral hydrate, which, for the first two hours, appeared to alleviate the spasms, but it died in a severe tetanic spasm six hours from my first visit.

The mother fell about a month before the child was born, which, at the time, she considered had hurt it, but there was no evidence of injury at its birth. She has always been a most temperate-living woman, very healthy, and is 25 years of age. She had two children previously, and one died while teething. She lives in a very ill-ventilated and badly-lighted house. I was much struck on entering with a very bad odour. As this is supposed to be one of the most frequent causes of the disease, it may probably have given rise to it in this instance; but it may also be attributed to another cause of a traumatic character, the condition of the cord and the number of times it had been tied.

ANNUAL MEETING OF THE AMERICAN GYNECOLOGICAL SOCIETY.

REPORTED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

Those conversant with the literature of gynecology will admit the great value of the contributions of the American Gynecological Society. They are referred to, quoted, and regarded

generally as authority by workers in the special field of gynecology throughout the world. The transactions of the Society have now reached the number of five handsome volumes, whose contents are of interest and value alike to the practical and the more strictly scientific worker. The Society, it will be remembered, was organized in 1876, the centennial year of the American Union, with forty members. The moving spirit in its organization was the indefatigable secretary, Dr. Chadwick of Boston. The membership is limited to sixty. Candidates for election are required to submit an original paper on some gynecological subject to the council of the Society. If considered to be of sufficient merit, the council recommends the author to the Society for election, which is by ballot of the Fellows.

The sixth annual meeting was held in New York city, in the hall of the Academy of Medicine, on the 21st, 22nd and 23rd of September. After the meeting had been called to order, and in a few words cordially greeted by Dr. Reamy of Cincinnati, first Vice-President (the President, Dr. Byford of Chicago, being unable to attend from illness), he called upon Dr. Fordyce Barker, President of the New York Academy of Medicine, for an address of welcome.

Dr. Barker, in the course of his address, which was brief, but eloquent and cordial in its tone of welcome, alluded to the high character and great value of the work of the Society as embodied in its transactions. Special allusion was made to the scientific work of Dr. Dalton with reference to the corpus luteum, and to the index of the gynecological literature of all countries contained in each volume of the transactions. This index is prepared by Dr. Billings of the Army Medical Library at Washington, in conjunction with Dr. Chadwick, the secretary, and contains the title of every book, paper or article on gynecological subjects published in all countries and in every language. He further referred to the auspicious occasion of the formation of the Society—the centennial year,—and compared it to that of the present meeting, when the whole country was clouded by a national sorrow for the death of President Garfield.

A number of guests having been nominated by the council,

were elected by the Society and cordially invited to participate in the discussions and to be present at the social entertainments provided for the Society. Among these, Dr. James Bell of this city and the writer had the honour of being enrolled.

To British eyes there was the novel sight of half-a-dozen lady physicians being present, and one of them (Dr. Mary Putnam-Jacobi) taking part in the discussions. She spoke on three or four occasions. Her observations were marked by evidences of her well-known extensive professional culture and critical acumen.

The programme of sixteen papers was then proceeded with. The first on the list was on "Acute Diffuse Hyperæsthesia of the Peritoneum following Minor Gynecological Operations," by Dr. Busey of Washington. The paper was based on a case in which violent peritoneal pain and tenderness increased by the slightest motion, but without fever, tympanitis, or any other symptom of inflammation, followed dilatation of the cervix by a laminaria tent in a case of ante flexion, with dysmenorrhœa.

Dr. Busey considered the condition to be a neurosis, excited by the irritation of the terminal filaments of nerves in the lining membrane of the cervix being reflected upon the vasomotor system, causing the pallor and coldness, and upon the pneumogastric, causing vomiting and other symptoms of this nature. The author solicited the criticism of the Fellows, in view of the frequency of such symptoms after minor gynecological operations.

Drs. Trask, Reeve, Campbell, Van de Warker, Emmet and Noeggerath took part in the discussion. Certain of the speakers welcomed the title proposed for this condition, and thought the author had done good service by calling attention to a set of symptoms rather commonly witnessed. A practical outcome of the experience thus elicited was the opinion that such symptoms passed on sometimes to genuine peritoneal inflammation, and that this might be prevented by giving opium or morphia early and in large doses. Dr. H. F. Campbell, in such cases, would give quinine in large doses. He had seen the symptoms follow vaginal injection of cold water after sexual intercourse used with the object of preventing conception. Dr. Reeve had seen it

follow the application of a cold stream of water to clear away the glairy mucus from the cervix.

Dr. Emmet thought the term misleading, as tending to withdraw attention from a condition which he believed to be always present with, and usually the cause of, corporeal ante flexion, and a common complication of other uterine affections, namely, pelvic cellulitis. He reiterated his well-known views of the frequency of this cellulitis in a latent form, ready to be lighted up into the acute form by some cause of irritation of varying intensity, but occasionally very slight.

Dr. Noeggerath thought some of these cases were due to sudden expulsion of irritating catarrhal secretion from the Fallopian tubes into the peritoneal cavity. He based this opinion on appearances observed in a fatal case, in which he made an autopsy. In others he thought the condition neuralgia of the peritoneum and in others still, neuralgia of the uterus.

Dr. Garrigues of New York next read a paper on "Exploratory Puncture of the Abdomen."

This was a most exhaustive paper, of high scientific and practical value. It was based on the results of examination, chemically and microscopically of 94 specimens of fluids of all kinds, obtained from the abdomen. The results of Dr. Garrigues' investigations lead him to conclude that there are no distinctive chemical, spectroscopical or microscopical characters of ovarian fluids, but he mentioned as facts of some value, that as a rule ovarian fluids do not coagulate spontaneously, whereas fluids from uterine fibro-cysts usually do and so also ascitic fluids, to a slighter extent. There are no distinctive pathological or morphological elements to be recognized by the microscope in such fluids. The granular (so-called ovarian) cell of Drysdale, of Philadelphia, Dr. Garrigues believes to be not a cell but a fatty nucleus. It is not pathognomonic or distinctive of ovarian fluids, as it is invariably present. He has found it in cysts of the broad ligament, in cancer of the peritoneum, in renal cysts and vaginal cysts. He believes certain spindle-shaped cells to be the most valuable microscopic evidence, but their presence would not enable the observer to say more, than that the fluid was from

a cyst of the ovary, Fallopian tube or broad ligament. A careful examination of a specimen fluid from the abdomen would enable a competent observer in the great majority of cases to say whether or not it was ovarian, but he did not believe that an operation in a doubtful case ought to be undertaken from evidence based on microscopic examination alone, although with other evidence he believed it to be of great value. He had found nothing morphologically characteristic of cysto-sarcoma of the ovary, but had often noticed a great abundance of cellular elements in such fluids. He admitted the danger of puncture for exploratory or other purposes, but believed that by the following precautions which he always adopted, danger would be avoided; tapping should be done at the patient's home; a small canula not exceeding two millimetres in diameter is to be used; it is to be soaked in a five per cent solution of carbolic acid; it is to be pushed in slowly, as thereby the danger of wounding a blood vessel is lessened, the artery or vein will probably be pushed aside; the cyst is to be emptied slowly and completely except there be strong reason to suspect fibro-cyst, when it must only be partially evacuated, because of the fact that such cysts do not easily collapse; lastly, the patient is to be kept in bed for a few days afterwards.

Drs. Drysdale, Kimball, Lyman, Barker, Emmet, Dunlap, Engelmann, Howard, Chadwick and Noeggerath took part in the discussion.

Dr. Drysdale reiterated his well-known views, maintaining the pathognomonic character of the ovarian cell. Drs. Kimball, Lyman and Barker spoke of the dangers of tapping. Dr. Barker related a case of the late Dr. Peaslee, in which the patient died of bleeding into the peritoneal cavity after tapping. Emmet is opposed to puncture, as in his experience both bladder and colon may lie in front of the tumour. Dunlap disapproves of tapping, because it destroys the possibility of diagnosis, as it allows the intestines to descend in front of the empty collapsed cyst. He believed it was, however, occasionally necessary, and he had performed it on a few occasions, in desperate cases, to ward off impending death and so gain time for the performance of ovariectomy.

The other speakers conceded the dangers of tapping, but asserted its occasional necessity or expediency. Dr. Drysdale stated, however, that he had seen several hundreds of tappings in his own practice and that of his father-in-law, Dr. Atlee, and had never seen fatal results. He places the patient on her back, and causes the abdominal walls to be supported by a bandage gradually tightened. He thinks the danger increased by partial rather than complete withdrawal of the fluid.

Dr. Chadwick thinks tapping is not to be lightly undertaken; it is dangerous to leave a part of the fluid, and it is dangerous to manipulate the sac after tapping. He has not found that tapping of cysts of the broad ligament always cures them. There is decided danger in tapping uterine fibro-cysts.

Dr. Noeggerath mentioned a fact bearing on the value of microscopic examination of suspected fluids. He had sent specimens of the fluid from a cyst of the thigh to three of the best microscopists in the country. All pronounced it to be ovarian.

Dr. Lyman of Boston then read a paper on "Pelvic Effusion resulting in Abscess." It was based on 146 cases of pelvic abscess occurring in his own practice and that of his colleagues at the Boston City Hospital. This considerable mass of experience perhaps did not evolve anything very new about this condition, but it served to emphasize certain important facts in the history of such cases. 1st, That pelvic effusion is very commonly present without being recognized, the symptoms being those of fever, more or less marked, with or without dysenteric phenomena. 2nd, Early recognition of the presence of such effusion is of the utmost importance. 3rd, Early evacuation of fluid effusion, serum or pus is of great consequence, as the danger of troublesome or incurable chronic burrowing of pus in the pelvic cellular tissue is thereby prevented.

The paper elicited a spirited discussion by Drs. Albert Smith and Ellwood Wilson of Philadelphia, and Barker, Mundé and Emmet of New York.

Dr. Albert Smith agreed with the author of the paper as to the frequency with which such conditions are not recognized, and as to the necessity of early opening, through the vagina, if

possible; as when the opening is into the rectum, the subsequent course of the case is often very tedious from repeated closures and reopenings of the abscess cavity, with the usual constitutional symptoms.

Dr. Fordyce Barker said that, in an extensive consultant obstetric practice, he had been much struck with the fact of how frequently physicians failed to diagnose this condition. He advocated early tapping, and related how he had often seen most remarkable results—relief of pain, fever, etc.—even when only one or two drachms of serum were removed.

Dr. Mundé is a strong advocate of early exploratory tapping in doubtful cases, and corroborates Dr. Barker's experience of the remarkably good results of removal of even small quantities of pus or serum. He had never seen any dangerous results from the practice.

Dr. Emmet spoke of the frequency of pelvic effusion—cellulitis. It may complicate every morbid uterine condition. His experience of the use of the exploratory trocar is not so favourable as that of some of the speakers who had preceded him.

Dr. Goodell of Philadelphia read a paper on "Bursting Cysts of the Abdomen." It contained reports of cases of cysts bursting and disappearing (in some cases coincidentally with copious flow of urine), and occasionally reappearing, the results being sometimes spontaneous cure, sometimes death, or cure by subsequent ovariectomy.

Drs. Chadwick, Barker, Kimball, Dunlap and Marion Sims each related cases of similar nature, with varying results. Dr. Sims thought cure was most apt to result when the opening was large.

Dr. H. F. Campbell of Augusta, Georgia, read a paper on "Erysipelas in Childbed, without Puerperal Peritonitis." This was the report of a case of erysipelas of the head and face in a woman eight months pregnant, which he had attended, delivery taking place during the course of the disease, the patient recovering without bad symptoms. Dr. Campbell considered that the woman escaped ill results by the fact that she was attended in labour by a midwife and not by himself.

Dr. Mary Putnam-Jacobi suggested the explanation that as cutaneous erysipelas was now believed to be a disease of the lymphatic system, the disease in this case never came near the uterine wound which is produced, as asserted lately by Ercolani, in the human female only, by the separation of the decidua serotina.

Drs. Albert Smith, Ellwood Wilson and Lyman had each attended midwifery while in attendance on cases of erysipelas. By great care in disinfecting the hands, the lying-in patients escaped. Dr. Barker believed that there was great danger when the erysipelas was of the suppurating or phlegmonous form, but that in the cutaneous form there was no danger, or, at all events, it was much less.

Dr. Thomas of New York read a paper on "Adhesion and Expansion of the Bladder to the surface of a Tumour or to the abdominal wall, complicating Laparotomy." Dr. T. began by saying that in this paper he did not allude to simple band-like adhesions of the bladder to the tumour or other organs, but to an apron-like spread of the bladder over the tumour or abdominal wall, leading to danger of the viscus being cut into by the operator. The adhesion probably took place in the pelvis during the early stages of growth of the tumour, and was drawn up as the tumour grew. He alluded to six or seven cases which he had found on record, and then related a case that had recently occurred to himself. This was the case of a woman of 38, the subject of ovarian tumour, which he was proceeding to remove. On opening the abdomen, he was led to suspect the nature of the case. He attempted to clear up the difficulty by passing the catheter, but the instrument could not be made to pass above the pubes. He then cut through the anterior wall of the tumour and introduced one or two fingers into what turned out to be the bladder, which extended upwards over the tumour to midway between the umbilicus and ensiform cartilage. It was impossible to dissect the posterior wall of the bladder from the tumour, so he cut away its anterior wall with the bladder attached. The tumour was then removed and the pedicle ligatured and dropped. During this stage of the operation the bladder lay forwards on the thighs of the patient like an apron. The bladder was then replaced in

the abdominal cavity, and the edges of the opening in it clamped by the edges of the abdominal incision. The latter was closed by the usual sutures introduced from above downwards. At the level of the opening in the bladder, the needle was made to pass through its edges as well. The patient did well. A month after the operation there was still a pin-hole urinary fistula, but this was easily closed by twirling in it a tenotomy knife and putting in a suture. Three months after the operation the patient was able to return to her home perfectly well. Dr. Thomas believes the diagnosis in these cases to be impossible before the abdominal incision, as the use of the catheter or sound is inefficient, from the size and pressure of the tumour. The operator must depend on touch and the use of the tenaculum and scalpel to open the bladder and explore by the finger.

Drs. Kimball, Engelmann and Goodell related cases of similar nature with various results.

Dr. Emmet congratulated Dr. Thomas on the masterly way in which he had successfully dealt with this rare but formidable complication, and remarked on the lesson that it taught of the necessity of care in entering the abdominal cavity.

Dr. Albert Smith, of Philadelphia, read a paper on "Axis-Traction in the use of the Forceps." The reader began by asserting that Oslander in 1799 was the first to speak of the necessity for axis-traction. Subsequently Naegele enunciated the same principle, and proposed to direct the traction in the axis of the pelvis by downward traction on the lock of the instrument by a fillet slipped over it in that position (the patient being in the dorsal position). Thirty-three years before Tarnier invented his forceps the principle of this instrument was discovered by Herman of Berne, who effected the object by attaching at right angles to the upper surface of the lock of the instrument a handle by which downward pressure was made, while traction was effected by the ordinary handles, the patient being placed on her back. Dr. Smith believes Tarnier's forceps to be dangerous and unnecessary. Other objections which, in his opinion, ought to weigh against it are its expense, the difficulty of disinfecting such a complicated aggregation of joints and screws; the compression screw, which

he believes to be a dangerous method of diminishing or moulding the child's head; and, moreover, that it is very apt to rupture the vagina and perineum. He advocated, in preference, an ordinary double-curve Davis forceps, and he uses Oslander's method of directing the traction in the axis of the pelvis by making pressure on the upper surface of the lock by the palmar surface of one hand, while traction is effected by the other hand grasping the handles, and, if necessary, compressing the head. When the head comes round the pubes, the handles are of course raised. The discussion was by Drs. Lusk, Barker and Thomas of New York, and Dr. Howard of Baltimore, and Ellwood Wilson of Philadelphia. Drs. Lusk, Barker, Howard and Thomas believed Tarnier's instrument to be most valuable in a small number of cases of delay at the brim from contraction or otherwise, and in these it would enable the accoucheur to dispense with craniotomy. They admit the danger of laceration of perineum and vagina, and would always remove the blades when the head was on the perineum, and complete the delivery by the Ritgen-Goodell method. This danger has been much lessened in Tarnier's most recent model of his instrument, by an alteration of the curve and diminution of the width of the blades.

Dr. Ellwood Wilson of Philadelphia agreed with Dr. Albert Smith. He thought the Tarnier forceps undesirable and unnecessary.

Dr. Smith's paper, although not the last on the programme, was the last read. Thus concluded a very successful meeting. The social entertainments were characteristic of the profession in New York. They were lavish to a degree. Brilliant receptions were held by Drs. Emmet and Isaac E. Taylor, and lunches were provided by Drs. Barker and Thomas, Skene and Byrne, and J. Marion Sims. The Society honoured itself by the election of Dr. T. Addis Emmet to the office of President. The Vice-Presidents, Drs. Lyman of Boston and Noeggerath of New York, will meet with similar approval.

Reviews and Notices of Books.

Treatise on the Continued Fevers.—By JAMES C. WILSON, M.D., Physician to the Philadelphia Hospital: Lecturer on Physical Diagnosis, at the Jefferson Medical College. With an introduction by J. M. DACOSTA, M.D., Professor of the Practice of Medicine and Clinical Medicine, at the Jefferson Medical College, Physician to the Pennsylvania Hospital, etc. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin.

This volume is one of the series of Wood's library for this year. It will be found a sound practical treatise upon one of the most important subjects in medicine. These diseases are so common, they are so widespread, often so virulent in their character, their diagnosis not infrequently beset with such difficulty, that it is of great consequence for the general practitioner to be familiar with their every phase, and with the means which are recognised as best suited to control and cure them. The descriptions of the continued fevers here given are considerably more full than those found in most of the text books, in many of which but small space is devoted to them, and yet the author does not allow himself to be led away into a description of the many controversial points which might so readily be introduced in the course of such a treatise. This feature, and especially in a work of a professedly practical nature, is perhaps most noticeable in the chapters on treatment, where a very fair outline is found of the best practice of the present day, without unnecessary disquisitions on the various changes which have taken place and gradually led up to that which is adhered to. In speaking of the treatment of typhoid fever, it is stated that, "the expectant or rational treatment of enteric fever is that generally employed at the present time. Notwithstanding the diminished mortality following the employment of the antipyretic treatment in Germany, it has never been generally introduced in France, Great Britain or the United States, and the physicians of these countries for the most part still adhere to the expectant or the modified expectant plan." But the value and efficacy

of quinine in certain cases in reducing fever is recognised, and the use of digitalis and the salicylates also recommended. The recent recommendation of Prof. Pepper to use nitrate of silver is also alluded to.

The book we find well written and think it will be well received by the subscribers and the profession generally.

Supplement to Ziemssen's Cyclopædia of the practice of Medicine.

By GEO. L. PEABODY, M.D., Instructor in Pathology and Practice of Medicine, College of Physicians and Surgeons, New York; Pathologist and Medical Registrar to the New York Hospital. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin.

The object of this volume is to remove from *Ziemssen's Cyclopædia* "the few traces of time that the last few years have produced." Each special subject treated of in the original work has been carefully revised by a competent authority, and a digest made of the writings thereon, which have appeared since the date of the previous article. The work thus involved must have been very great, and Dr. Peabody is to be congratulated both upon the able staff of writers, whom he has enlisted in the service and the faithfulness with which each one has perfected the task committed to his care. Of course the additions to the text vary much in amount; in some cases it is expressly stated that it has not been found necessary to add anything to what had already appeared, as that was found to contain everything essential to completeness. Judging from an examination of a number of the sections, they all seem compiled with great care and, without being too extensive, are made to furnish any new or valuable discovery or observation, which may have been made known since the appearance of the original work. It is then an invaluable companion to everyone in possession of the great work and even to others it will prove extremely acceptable as presenting the results of recent advances in medical science in a very compact form. The general get-up and mode of division of the paragraphs, etc. is similar to that of the main volumes and it is furnished with a complete index.

A Medical Formulary based on the United States and British Pharmacopœias, together with numerous French, German and unofficinal preparations.—By LAWRENCE JOHNSON, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of the City of New York, Fellow of the New York Academy of Medicine, &c. New York: Wm. Wood & Co.; Montreal: J. M. O'Loughlin.

Some book of this kind every prescribing man must have. His pharmacopœias and dispensatories are not enough. From them he gets the official drugs, their preparations and doses, &c., and of course can, and often does, evolve from this alone his prescription for a given case. But it is not necessary for him to do this in every case. It is extremely useful for him to have put before him the combinations which, in the hands of experienced men, have been found suitable for certain classes of cases. Thus this Formulary collects together an immense number of such prescriptions; recipes which have come into general use at some of the hospitals, or which have been brought into notice by individual physicians and surgeons. There is nothing new in all this of course, but still new remedies are always coming forward and new methods of using old drugs, and thus new formularies always contain valuable material. In looking over this book we find that the selections have been made from the best hospitals and from the published lectures and writings of the best known hospital physicians, both English and American. They seem to have been made with care and judgment, and to be in every way as complete as possible.

Medical Electricity: a practical treatise on the Applications of Electricity to Medicine and Surgery.—By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Professor of Materia Medica and Medical Therapeutics in the Jefferson Medical College of Philadelphia, Fellow of the College of Physicians of Philadelphia, &c., &c. With ninety-six illustrations. Philadelphia: Henry C. Lea's Son & Co.; Montreal: Dawson Bros.

Although there are already a great many books of this kind

to be had, yet it must be confessed that there is ample room for usefulness for such an one as the present. This fact is alluded to by the author in his preface, where he says: "That there are excellent works on medical electricity is undeniable; but some of them are too voluminous, others too scientific, and not a few wanting both in fulness and accuracy. I have attempted, in the preparation of this work, to avoid these errors; to prepare one so simple in statement that a student, without previous acquaintance with the subject, may readily master the essentials; so complete as to embrace the whole subject of medical electricity; and so condensed as to be contained in a moderate compass. I have assumed an entire unacquaintance with the elements of the subject as the point of departure, for I am addressing those who have either failed to acquire this preliminary knowledge, or having acquired it, find that after the lapse of years it has become misty and confused." The object thus set before him, Dr. Bartholow would seem to have successfully carried out. Without being encumbered with numerous scientific terms and expressions, intelligible only to those familiar with the subject of electricity, this book contains complete descriptions of the various forms of electricity employed in either medicine or surgery, together with directions for their practical employment in the different affections suitable for their application. After the necessary chapters on the different kinds of batteries, galvanic and faradic treatments are fully discussed. Electrolysis finds its place as a remedial agent in tumors, aneurism and stricture. And amongst the more recent applications of electricity are the galvano-cauterics, and especially electrical lighting, full explanations being given of the numerous applications of the former in various kinds of surgical operations and the use of electrical illumination as an important aid in examination of and operations in, such concealed parts as the larynx, the nasal and auditory passages, &c. With the marvellous advances now almost daily made in electrical appliances, there can be no doubt that every year will see this agent more and more commonly used by the medical practitioner, both as a remedial agent and as a mechanical assistant; and Dr.

Bartholow's book is about the best general hand-book of the subject which we have ever seen.

An Introduction to Pathology and Morbid Anatomy.—By T. HENRY GREEN, M.D., F.R.C.P., London, Physician to Charing Cross Hospital and Lecturer on Pathology and Morbid Anatomy, at Charing Cross Hospital Medical School, etc. Fourth American from the fifth English and revised edition, with one hundred and twenty-eight fine engravings. Philadelphia, Henry C. Lea's, Son & Co. Montreal, Dawson Bros.

Green's pathology has for a considerable time enjoyed a wide spread reputation as one of the best books for the commencement of a systematic study of the subject. The reason of its popularity is to be found in the fact that it begins at the beginning and, after laying the foundation, leads gradually up towards the more difficult matters treated of under this department. It is concise and the descriptions are all remarkable for the clearness with which they are expressed. Beginning with the disturbances of nutrition and the degenerations, there follow descriptions of all the various forms of tumour; changes in the blood, thrombosis and embolism; then inflammation, with special reference to the manner in which the different structures of the body are affected by this process; tubercle and syphilis; and a special chapter on pulmonary phthisis. In its successive editions this useful hand-book has received many important additions and now in its present form contains all that it is essential to know of the morbid changes of our various organs. It is well illustrated with a large number of very useful and mostly original woodcuts.

Books and Pamphlets Received.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM.—By Ambrose L. Ranney, A.M., M.D. New York: D. Appleton & Co.

GENERAL MEDICAL CHEMISTRY: FOR THE USE OF PRACTITIONERS OF MEDICINE.—By R. A. WITTHAUS, A.M., M.D. New York: Wm. Wood & Co.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE.—By J. M. CHARCOT, M.D. Translated by Leigh H. Hunt, B.Sc., M.D. With additional lectures by Alfred L. Loomis, M.D. New York: Wm. Wood & Co.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE.—Edited by D. H. Von Ziemssen. Vol. xx. General index. New York: Wm. Wood & Co.

LANDMARKS, MEDICAL AND SURGICAL. By Luther Holden. With additions by Wm. W. Keen, M.D. Philadelphia: Henry C. Lea's Son & Co.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS.—By John M. Keating, M.D. Philadelphia: Henry C. Lea's Son & Co.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, IN TREATISES BY VARIOUS AUTHORS.—Edited by T. Holmes, M.A. First American from second English edition, thoroughly revised and much enlarged by John H. Packard, A.M., M.D., assisted by a large corps of the most eminent American surgeons, with many illustrations. Vol. I. Philadelphia: Henry C. Lea's Son & Co.

Society Proceedings.

MONTREAL COLLEGE OF PHARMACY.

The opening meeting of this college was held on Tuesday evening, Oct. 4th, in the new rooms of the Association on McGill Street. The address was delivered by Henry Lyman Esq., upon "The progress of pharmacy in Canada for the last fifty years."

Before entering upon the subject of pharmacy the lecturer briefly alluded to the progress of discovery and the development of science generally during the past half century.

In speaking of the development of the railroad, the speaker amusingly contrasted the mode of travel of fifty years since, with its lumbering stage or mail coach, with its four or six horses and its dozen passengers, the masculine portion of whom were expected and often, in fact invited, to foot it up the hills and so work their passage; or perhaps the canal boat creeping along at a snail's pace, the luckless passengers passing the hours of darkness in a sweltering cabin, with the net work of steel that now covers the land.

After briefly alluding to the ocean steam service, the electric telegraph and the attention now given to the development of electricity for light and propelling power, the lecturer passed on to the title of his address. Fifty years since a drug shop or store in this country was a sort of *omnium gatherum*. Drugs were found in them and many other goods, also he had in his possession a copy of an advertisement, of that period in which drugs, patent medicines and surgical instruments are associated

with pickled pork in *high condition*. This grouping of what every properly educated pharmacist must consider incompatibles was no doubt a feature of the times and incidental to the condition of the times. Pharmacy as an art and science had but a feeble existence in Canada fifty years ago, it was then held that if a druggist had sufficient acquaintance with his so called profession to distinguish epsom salts from oxalic acid and to judge fairly well of the value of samples of senna, rhubarb and chamomile it was all that the trade seemed to demand. For the rest the medical profession dispensed or prepared their own prescriptions and rendered their bill accordingly for attendance and medicines. From about 1831 to 1856 medical students placed themselves under the tutelage of doctors and to them appertained the use of mortar and pestle, pill tile and spatula. While pharmacy remained in this condition the medical faculty deemed it their duty and responsibility to control the druggists, and all legislation applicable to them was rather suggested by the faculty or was submitted for their approval and without any consultation with those more directly concerned. To the faculty appertained the examination of apothecaries in materia medica, pharmacy and chemistry. In due course medical schools were established and students having their choice of faculties, were no longer obliged to make pills and spread plasters, and so it came about that medical pharmacies as a rule were discontinued and the doctors sent their patients to the apothecary with prescriptions, a change beneficial to all concerned, it relieved the physician of a serious responsibility and on the whole the public were better served and satisfied. In 1867 the Montreal Chemists Association was organized and the Canadian Pharmaceutical Society in Toronto, but with no legal powers. In 1870 a permissive act was passed incorporating the Pharmaceutical Association of the Province of Quebec, but compulsory powers were withheld. It was clear the doctors were dubious whether pharmacists were capable of managing their own profession, and might be safely trusted with the powers which they claimed and freely used for themselves, but to the honor of the medical profession it should be said, that since they have seen that the druggists

were both able and willing to raise the standard of their education every reasonable assistance has been rendered. In 1871 the Ontario Canadian Pharmaceutical Society was incorporated by law, and the name changed to the Ontario College of Pharmacy. Thus far the progress of the profession in the two provinces seemed to run in almost parallel lines, but it was not until 1875 that the Pharmaceutical Association of the Province of Quebec obtained compulsory powers, by which alone it could exercise the needful control of the profession of pharmacy. With a few remarks upon pharmacy in Great Britain, France and Germany the lecturer concluded by saying that when pharmacists should be thoroughly taught in the theory and practice of their profession, they would be fully able to hold their own, and when congresses are convened to discuss pharmaceutical questions of the highest importance to the profession and to the public generally they will attract the attention of the most eminent in science and literature, and what is perhaps of greater importance they will command that respect and admiration which talent and conscientiously applied industry always deserve.

Extracts from British and Foreign Journals.

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

Mimic or Phantom Aneurisms.—Dr. Samuel West describes eight cases of temporary pulsating tumors, situated in the outer sub-clavian region, and accompanied with thrill and murmur, and sometimes dilated veins. In all, the remarkable feature was the temporary duration of these symptoms, which appeared and disappeared, usually associated with states of excitement or quietude. The prominence of the tumor, with the other physical signs, suggested aneurism of the axillary artery, but in all the cases the total subsidence of the symptoms disproved this view. Of the cases, seven were males, and came to Hospital complaining of debility or nervousness; and in four, of discomfort in the subclavian region. In half the swelling was unilateral, and in the other half more marked on one side than the other. A murmur was heard in

all, and a thrill noticed in six. Dilated veins were present in five on the affected side. The signs were unaffected by position, but readily produced under excitement. With the exception of the pulsating abdominal aorta, to which Sir James Paget applied the term "mimic aneurism," this condition has not been described. Dr. West explains it as a disturbance of enervation, the sympathetic being a fault. It might "produce the required result by exciting contraction of the peripheral portion of the vessel, this being followed by secondary mechanical dilatation immediately above the constricted part."—*St. Bartholomew Hospital Reports, vol. xvi.*

A Case of Suicide by Dynamite.—This curious case of suicide is reported by Dr. Leadman in a late number of the *British Medical Journal*, and, as he suggests, may prove of interest in a medico-legal aspect.

J. H., aged fifty-six, a well-sinker, of irregular and intemperate habits, on July 12th concluded a "drinking bout" of several weeks' duration. During this debauch, one evening, when in company with other men, a man of the party lost a purse containing seventeen pounds. A statement made by H. led to the apprehension and trial of a respectable farmer, who had been present when the purse was taken. The charge was proved to be groundless. On the 13th, the day of the trial, H., though sober and perfectly rational failed to appear as a witness, making some excuse to his wife and son. About noon, at the time when he should have been in court, he walked into a garth at the back of his residence, and a neighbor in an adjoining field, observing his sudden fall, went to his assistance. He saw blood issuing from his mouth, and at once sent for me. I found the mouth full of blood, and, on examination, the soft palate torn away, the fauces rent, the tongue detached and mutilated, the teeth broken off and splintered, the superior maxillary bones separated and extensively fractured—the fractures extending to the floors of the orbits. Blood was extravasated into the eye-balls, the lower eyelids, and the upper portions of the cheeks. The inferior maxillary bone was broken into about twenty pieces.

The skin of the cheeks and lips was intact, save a few scratches on the internal surface of the latter. There was no charring of the tissues. A box of matches was found in his pocket, and one, partly consumed, close to his mouth where he fell. In his trade he used both cartridges and caps containing dynamite, and was well acquainted with this terrible explosive. One of these he had placed in his mouth, and, after igniting the short-fuse attached to it, deliberately waited the result. He survived the lesions two hours, remaining unconscious the whole time. The evidence given at the inquest was considered by the jury conclusive as regarded his sanity, and a verdict of *felo-de-se* was returned. Although I have both inquired of my friends and examined several works of reference I have failed to discover a similar case recorded.

Some Recent Operations by Professor Lister.—Two cases in which Mr. Lister cut down upon and sutured together the severed fragments of a fractured patella have been recently recorded. In both these cases, the fracture was of old standing. There is now in Mr. Lister's male ward at King's College Hospital a man, rather more than middle aged, on whom the operation was performed very shortly after the occurrence of the accident. The joint was laid open with antiseptic precautions by a mesial incision, the extravasated blood evacuated, and the fractured pieces of the patella brought into apposition by a strong wire suture. Up to the present time, the case has done remarkably well. In the same ward is a young man, upon whom the ordinary operation of lateral lithotomy was performed for the extraction of a large calculus from the bladder; but the curious part of the case is, that there were, in addition, several calculi in the prostate, and two, larger, in the scrotum; all these were also removed at the same sitting, and the patient since has not had a bad symptom.—*Med. Gazette.*

Advance in Therapeutics in 1880.—New remedies many, a few good, and many bad, most indifferent. Tonga valuable in facial neuralgia; sulphide of calcium in

suppuration—its action marked and reliable, grain doses now admitted ; the nitrites of potassium and sodium have the action of amyl nitrite, but milder ; ergot (again ?) found useful in diabetes ; pilocarpin useless in hydrophobia, which still defies all treatment ; this last drug, tried in many directions, gave meagre results : benzoate of sodium commended in scarlet fever and gonorrhœal ophthalmia ; salicylate of sodium, according to Dr. Greenhow, mitigates but little the complications of rheumatic fever, while it may be a positive injury to the heart ; salicin is inefficacious, while salicylate is highly praised by Dr. Hewan ; the value of cold baths in typhoid fever has become more than doubtful.—*Chicago Med. Journ. and Exam.*

Alopecia of the Eyebrow.—In certain cases syphilitic alopecia destroys the beard, the eyebrow and all hair-covered portions of the body. Alopecia of the eyebrow is a symptom which should at once put the physician upon the trail of diagnosing syphilis. It acts precisely as it does upon the head, that is, that sometimes it renders the eyebrow thin, sometimes removes the hair completely to a greater or less extent. When the eyebrow is discovered broken by a bald line, this single symptom is almost pathognomonic of syphilis. For the baldness which often attacks the brow, proceeds differently and denudes entirely the superciliary region.—*Fournier in Journal de Med. et Chirurg.*

The Administration of Purgatives by Hypodermic Injection.—Much attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds, by simple hypodermic injections of apomorphia and aloin (the alkaloid of socotrine aloes). Just as with a subcutaneous injection of apomorphia effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin (one twenty-fifth) injected in the thigh or forearm, there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as the *Paris Médicale* says, are very singular facts which call for serious study and verification.—*Med. Press and Circular.*

CANADA

Medical and Surgical Journal.

MONTREAL, OCTOBER, 1881.

A DOMINION BOARD OF HEALTH.

Strong recommendations in favor of such an organization have frequently been made by the profession in various parts of the Dominion. The following words from the President's address S. W. Kentucky Medical Association may commend themselves to our rulers:—

“Any system of statesmanship, so called, which does not contemplate the sanitary protection and happiness of every citizen from the cradle to the grave is wanting in many elements of enlightenment. It is not justly entitled to the loyalty, confidence and obedience of good people, and should be swept away. Such a government is not worth living for, and is not worth fighting and dying for; it is a sham, and should be abolished as peacefully as possible, or made to conform to the responsibilities of its paternal duties to those whom it is in duty bound to shield and protect. If we are compelled as citizens to obey the laws and support our common country, our country must shield and succour us under all circumstances of health or disease to the fullest extent of its power.”

ASSISTANT IN PHYSIOLOGY.—T. W. Mills, M.D., L.R.C.P., has taken up his residence in this city. Dr. Mills has spent more than a year in the Physiological Laboratory of University College, London, under Mr. Schafer and others, and will now act in the capacity of assistant to Prof. Osler. Dr. M. is at present at the Johns Hopkins College, Baltimore, following a

short course of instruction in certain departments of practical physiology by Prof. Martin. From the zeal and ability already exhibited by this gentleman and the experience he has already had in teaching, we feel sure we have reason to congratulate the Faculty upon having added another earnest worker to their instructing staff. The readers of this JOURNAL are indebted to Dr. M. for a number of most interesting London letters, which, we have reason to know, have been much appreciated, and often quoted from by our contemporaries.

OPENING MCGILL UNIVERSITY.—The session 1881-82 at McGill University was opened on Monday, the 3rd instant, by an introductory lecture by Dr. F. Buller, Lecturer on Ophthalmology and Otology. The attendance was very large. The address, which was full of practical application, dealt principally with the great advantages possessed by the general practitioner who has acquired a fair knowledge of the essential principles of eye and ear disease, and therefore the great importance of every student devoting a share of the time at his disposal to a study of these important branches. We shall publish Dr. Buller's interesting lecture in our next number.

MCGILL MEDICAL SOCIETY.—At the annual meeting of this Society, held on Saturday, the 8th inst., the following were elected office-bearers for the ensuing year: President, W. A. Molson, M.D.; 1st Vice-President, Mr. Duncan; 2nd Vice-President, Mr. Shaw; Secretary, Mr. Loring; Treasurer, Mr. Gardner; Librarian, Mr. C. E. Cameron; Council, Dr. Buller, Messrs. Smith and Gooding. The next meeting will be held on Saturday, the 22nd inst., when Mr. Grant will read a paper on "Diphtheritic Paralysis."

COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.—The semi-annual meeting of the College of Physicians and Surgeons of the Province of Quebec was held at Laval University on the 28th ult., when the following Governors were present: Dr. R. P. Howard (President), the Hons. Drs.

T. Robitaille and J. J. Ross, Drs. Ladouceur, Comé, Rinfret, Gervais, Perrault, Belleau, Rottot, Campbell, Austin, Kennedy, Lafontaine, Bonin, Marmette, Lemieux, Hingston, Gingras, Craik, Worthington, Marsden, Laberge, Gibson, R. F. Rinfret, Rodger, Sewell, Park, Lachapelle, Rosseau and St. George. After reading the minutes of last meeting, His Honour the Lieut.-Governor moved, seconded by Dr. Marsden, and unanimously resolved:—
 “That this Board has learned with deep regret of the death of Dr. F. A. H. Larue, Professor in the Medical Faculty of Laval University, a gentleman distinguished alike for his medical and scientific attainments, and whose reputation extended not only throughout the entire Dominion, but to the neighbouring Republic. This College, of which he was so long a member, desires to extend to his family and relatives its sincere sympathy in their bereavement.” In making the motion, His Honour paid a well-merited tribute to the deceased’s memory, and was followed by Drs. Marsden, Hingston and Howard. After the ordinary routine business and the adoption of several reports, the following graduates obtained the license of the College on presentation of their respective diplomas:—

Laval University, Quebec—~~L. G. Phileas DeBlois, M.D., St. Henri de Lauzon; Aime Trudel, M.D., Three Rivers; Alex. Chausse, Gross Delery, M.L., St. Francois, Beauce; Napoleon Mercier, M.L., St. Jean Chrysostome; Chas. Noel Barry, M.D., St. Anne de la Perade; P. A. Gauvreau, M.L., Rimouski.~~

Laval University, Montreal—~~Jos. E. Lemaitre, M.D., Pierreville; Gustave Demers, M.D.~~

Victoria University—~~A. Gibeault, M.D., C.M., St. Jacques l’Achigan; Gilbert, Huot, M.D., C.M.~~

McGill University—~~Wm. L. Gray, M.D., C.M.; George T. Ross, M.D., C.M.~~

Bishops College—Frank N. R. Spendlove, C.M., M.D.; Robt. H. Wilson, C.M., M.D.

Mr. T. J. Symington, graduate of Queen’s College, Ontario, obtained the license after passing a successful examination.

Obituary.

DR. J. J. HUNT.

We regret to learn of the untimely death of Dr. J. J. Hunt, of Lambeth, Ont., one of the graduates of the Class '81 of McGill University. He had gone to England to prosecute the study of diseases of the eye and ear, and when on a visit to some friends in Scotland was attacked by dysentery, which proved fatal. His death will be greatly regretted by his classmates and friends, with whom he was a great favourite. As a student he was specially careful and industrious, and had made considerable progress in the specialities to which he purposed devoting himself.

Medical Items.

THE POETRY OF LAY-MEDICINE.—An editor of an Indiana daily paper discusses the subject of septicæmia in connection with the case of the President in the following terms: "There are sleeping organisms in the blood which fever wakes at 102° Fahr. Then death summons its drowsy cohorts in tiny legions for their ghastly work. But they have slept there since babyhood waiting for the signal. We begin to die when we begin to live. In all parts of the body are colonies of animalculæ as independent of us as we are of the stars, but no more so. As complete is their organization as ours, and with as good a reason for existence, as clear an office, and possibly as bright a future. In the crystal chambers of that masterpiece of nature, the eye, they revel or rest, living out like us their day. And more wonderful still, even they have parasites as dependent and as independent. All this we say we know, but we know it in that misty, hazy way we know the stars go round, because somebody said so, and nobody contradicted him."

VERY EARLIEST INSTANCE OF ANÆSTHESIA.—When Sir James Simpson proposed the use of chloroform in confinement cases, the religious zealots in England got up an agitation

against it, on the ground of the scriptural curse, "In sorrow shalt thou bring forth children." Sir James quickly answered this party, which even comprised some doctors, with the Biblical fact that God narcotized Adam (*immisit soporem*)—"caused a deep sleep to fall upon him," when he created Eve out of his rib. It is to be hoped that the coming revision of the ancient Testament will not spoil so good an argument.

—Frequent complaints are made of the ill-odors from soap boilers, &c., in this city. Probably the reason for their continuance is the same as in New York: "The complaints against these nuisances have been so often urged that the profession and the public are familiar with them.

'No! though compell'd beyond the Tiber's flood
To move your tan-yard, swear the smell is good—
Myrrh, cassia, frankincense; and wisely think
That what is lucrative can never stink.'

—*The Sanitarian.*

JOHNSTON'S FLUID BEEF is now extensively used in British and Continental Institutions, Hospitals and Asylums, and is prescribed by the medical faculty wherever it has been introduced. Its adaptability is general. To children it secures a strong muscular development, and for indigestion or mental overstrain, it is the perfection of known food.

WYETH'S HYPOPHOSPHITES OF LIME AND SODA WITH COD LIVER OIL.—This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a PULMONARY CHARACTER, with tendency to Hemorrhage, Loss of Appetite, Cough and especially when attended with Emaciation.

The HYPOPHOSPHITES with COD LIVER OIL, may be given also with great advantage in ANÆMIA, CHLOROSIS, to NURSING MOTHERS, and in all cases of NERVOUS EXHAUSTION and GENERAL DEBILITY.

By combining the HYPOPHOSPHITES with COD LIVER OIL the latter in a finely divided state, by our peculiar process of emulsifying, and so disguised as to be inoffensive to even a delicate stomach, we are enabled to afford at the same time a stimulant to the nervous system, and a promoter of nutrition, as well as a fuel which takes the place of the wasting tissues.

We would only say further, that this preparation, like every other bearing our name, is composed of the very best materials, and made up with the utmost care. We are, therefore confident that it will fully maintain our assertions in regard to it.

JOHN WYETH & BROS., PHILADELPHIA.