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Original Communications.

A case of Cerebro Spinal Meningitis. By E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, Bishop's College, Montreal.

(Read before the Medico-Chirurgical Society of Montreal, January 23rd.)

The following notes of a case of this fatal and somewhat recent disease, is brought under your notice as an illustration of the course and pathological conditions met with in a most severe form of the disease:—

The subject of this disease was a strong, well-developed, healthy little girl, 3 years of age, the daughter of healthy parents of Irish extraction.

The child was taken ill on the 1st of June, but it was not till 9 p.m. on the 2nd of June, that I was called to attend her. She was very restless, vomiting occasionally. Pulse 165; skin hot and dry; bowels and bladder all right; pupils of both eyes normal, and no head symptoms. Gave the child tr. aconite and digitalis to control the action of the heart and relieve the skin.

3rd June, 11 a.m. Passed a good night; the febrile symptoms having abated shortly after midnight; had slept for five hours, and had a good breakfast; skin cool, and all seems well.

4th June, 10.30 a.m.—Passed a restless night, changing her position constantly; skin hot and dry. Began to be delirious about 7 a.m., since which time there is complete loss of vision, pupils widely dilated, heat of head extreme; pulse 150, temperature 102.2. Cries out in pain every few moments; has vomited; bowels not opened. Ordered the hair to be cut short off, and ice applied to the head, two leeches to the back of each ear, and dry cups to nape of neck and upper part of spine. Gave internally 2½ grs. pot. iod., 5 grs. pot. bromid., 5 minims tr. digitalis, every two hours.

3 p.m.—Less restless, has had short sleeps; took some beef tea and corn starch with relish. Pupils less widely dilated, but still insensible to light. Pulse 114; temp. 103.2. Treatment continued, and in addition gave 5 minims of fluid extract of ergot every five hours.

8 p.m.—Less heat of skin; pupils normal, cannot see; is much more tranquil. Pulse 128; temp. 103.1.

5th June, 10.30 a.m.—Takes food well; is tolerably tranquil; no vision; pulse 112, temp. 100. Applied one dry cup only, otherwise continued the same treatment.

5.30 p.m.—Not nearly so well; very restless; pulse 130; temp. 102.5. Applied several cups to neck and spine.

6th June, 9 a.m.—Had convulsions at 4 a.m. Is now rational. Pupils slightly dilated; sight has returned; has slight bronchial cough; calls out for food, ice and drinks; pulse 110; temp. 100. At 11 a.m. is much as before, but not quite so well. Pulse 134; temp. 101.2.

11 p.m.—Condition as when last noted. Has slept on two occasions about twenty minutes each time.

7th June, 11 a.m.—Sight continues, pupils act freely, skin hot, and does not take food well; pulse 168; temp. 101.

5.30 p.m.—Pulse 140; temp. 100.8. Omitted former mixture, and gave Quinine, phos. acid and hyoscyamus.,

8th June, 6 p.m.—Is much the same as yesterday. Treatment continued; cups reapplied. Pulse 108; temp. 101.7.

9th June, 11 a.m.—Passed a good night, sleeping well nearly all the time; is very cross and fretful; looks quite natural; eats well. Pulse 108, temp. 100.6.

6 p.m.—Slept quietly nearly all the day; enjoys her food. Pulse 100, temp. 98.3.

10th June, 11 a.m.—Is decidedly better, but very cross and irritable; eats and sleeps very well. Pulse 104; temp. 98.3. Vision present, but not perfect as before illness, being able to see objects directly in front of her, but not at either side.

11th June, 5 p.m.—Improving rapidly; insisted on being placed at table with the rest of the family to her meals; is very weak and cannot sit up long; eats and sleeps very well indeed. Pulse 68; temp. 99.

13th June.—Continues to improve, and eats and sleeps well, though restless by times. Gave the pyrophosphate of iron. Convalescent. Discontinued further attendance.

25th Oct.—Up to this date the child had continuously improved, and gained in both flesh and strength, although occasionally had complained of pains in her head. Had purulent discharges from ears at different times. The mind of the child, which had been rendered infantile by the disease, was being rapidly restored, and she enjoyed her out-of-door play with her little comrades as well as ever. The range of vision was greater, although the pupils continued to be somewhat dilated. On this day she was taken suddenly ill with pains in her head, great restlessness, marked opisthotonus, dilated pupils, but no extra heat of skin.

On 26th of October, when called to see her, found her delirious, continuously tossing herself about in her bed, marked opisthotonus, dilated pupils, continually crying out, and at times spasms of flexor muscles of forearms. Pulse and skin normal. This condition of matters continued without cessation up to 12 p.m., when she quietly died. No treatment was adopted, as I was unable to see how it could be done with advantage.

POST MORTEM.

Fourteen and a-half hours after death, assisted by Dr. Kennedy, examined the head. Rigor mortis well marked. Face tranquil.

On removing calvaria, find the meninges congested. The lobes of brain slightly adherent, also adhesions to the meninges at the medulla oblongata. On section of the brain find it very anæmic, the puncta vasculosa being hardly seen. Found all the ventricles of the brain enormously distended, and containing together about eight ounces of extremely clear and crystalline-looking fluid. The corpora quadrigemina and pineal gland considerably inflamed. The brain substance itself seemed to be quite normal.

DOUBLE PLACENTA.

By Irvine D. Bogart, M.D., Campbellford, Ont.

On the 21st day of October, 1873, I was called to attend Mrs. E. in her seventh labour. My patient was a very delicate woman, suffering from phthisis. In her two last confinements she had twins, and in each case very severe flooding followed from retained placenta. When I reached her bedside I found her very weak. Notwithstanding this her pains were strong and regular, and in about two hours she was delivered of a fine healthy male child. The birth of the child was followed very quickly by severe flooding, with fainting from loss of blood. Although cold and compression, with ergot and brandy were used, the flow continued. Warned by previous labours I proceeded to deliver the placenta. Upon passing my hand into the womb I found the placenta low down and firmly adherent. I soon detached it, and while in the act of bringing it away I felt something pulling against me. I supposed then that the uterus had contracted upon some portion of the membrane. I passed my hand back and detected a chord. I followed this through a strong hour glass contraction, and in the superior portion of the uterus I found another placenta which was also adherent over three fourths of its surface. After much hard work I brought them both away. After getting my patient rallied, which I can assure you was no easy matter, I proceeded to make the following notes:

Child large and well developed; two great toes on right foot and two thumbs on right hand, otherwise perfectly normal. The main placental chord was about twenty-four inches long, running direct to the first placenta which I had removed. This placenta was rather larger than the usual size. This chord, about six inches from the placenta, threw off a branch which was eight inches long and communicated with the second or superior placenta, which placenta was about two thirds the size of the first or inferior one. Each chord had vessels and nerves independent of each other, and there was no union after the branch entered the large or main chord, and this separation continued until they entered the child. I thought after I had washed my hands I would take another look at it, but when I returned I found the women in attendance had put a stop to my investigation by throwing the whole affair into the stove.

I cannot find anything in any work on midwifery in my library relating to such a case. It may not be very rare, but I have had a very large midwifery practice for the last twelve years or more, and I never met with such a case before.

There is little doubt in my own mind that if I had drawn my hand away without detecting the second one my patient would have died. As it was I had great difficulty in saving her life.

Campbellford, Ontario, Jan., 1874.

Progress of Medical Science.

JAUNDICE, PNEUMONIA, AND PLEURISY.

A Clinical Lecture delivered at Bellevue Hospital by Prof. A. L. Loomis, M.D. (Phonographically reported for The N. Y. Medical Record.)

Gentlemen:—The first patient I bring before you this afternoon is a young man, nineteen years of age, a drug clerk. Two weeks ago he began to suffer from loss of appetite, every article of food became offensive to him, and about a week afterwards he began to get yellow. The yellow color first made its appearance in the conjunctiva, but he had no yellow vision. His habits have been good.

His skin, as you see, is at the present time of a bright golden yellow, his urine red, looks like port-wine, his stools are clay-colored, and he feels weak.

He never has had chills and fever; has had no pain or vomiting.

We have before us then a case of *jaundice*, and in the first place let us notice some of the causes which

would give rise to such a jaundice as this. There is unquestionably an obstruction in the bile-ducts which prevents the free flow of bile into the intestinal canal.

This obstruction may be produced, 1st, by a gall-stone, and pain is one of the prominent, if not the most prominent symptom by which we recognize the presence of this obstruction. The pain in jaundice produced from an obstruction caused by the presence of a gall-stone in the bile-ducts, precedes the jaundice usually twenty-four or thirty-six hours. This pain is somewhat peculiar; it originates in the epigastrium, usually in the immediate region of the bile-ducts, and strikes directly through to the back.

To determine the situation of the bile-ducts draw a line from the right nipple to the umbilicus, and the point where this line crosses the free border of the ribs will indicate it very nearly.

This man has had no pain since his sickness began, and it is altogether probable, therefore, that the jaundice is not dependent upon an obstruction produced by a gall-stone.

Another cause which will produce obstruction of the bile-ducts is an acute catarrhal inflammation. This acute inflammation of the mucus membrane lining the bile-ducts is not primary, but is usually propagated from an inflammation in the duodenum. Again, inflammation of the duodenum does not usually occur as a primary inflammation, but is almost always associated with gastric catarrh as the primary disease.

In acute gastric catarrh, vomiting is almost always present, although in many cases it may not be very severe; but you may expect vomiting, some pain, and a burning sensation at the epigastrium. (The patient was then placed upon the table, and prepared for physical examination.) As pressure is made in the epigastric region, there is manifestly considerable tenderness. yet the patient gives us no history of vomiting. Vomiting, however, we would not regard as absolutely essential to determine the existence of acute gastric catarrh, inasmuch as it may not be present, although it almost always is. In very mild cases there may be simply a loss of appetite to indicate the existence of gastric disturbance.

The first thing which this man noticed was a loss of appetite and nausea, and now he has great tenderness over the region of the bile-ducts and epigastrium, and these alone are sufficient to indicate some gastric inflammation. The obstruction of the bile-ducts, in these cases of acute catarrh, comes from the tumefaction or thickening of the mucous membrane, and more or less from the accompanying secretion.

This inflammation may only involve the hepatic duct, and ductus communis, or it may extend far up into the ducts. As a general rule the catarrhal inflammation extends up quite a distance towards the lobules of the liver. When this inflammatory process has produced sufficient thickening of the mucous membrane to obstruct the ducts, the bile is retained and reabsorbed, giving rise to the jaundiced hue of the skin.

There will usually be some fever present in these cases, generally of a simple ephemeral character, if dependent upon the jaundice alone.

The two principal causes of acute jaundice have been named; obstruction from gall-stones, and an obstruction which occurs in connection with acute catarrh of the bile-ducts.

Jaundice may occur under a variety of circumstances. It may occur from intense congestion of the liver. Sometimes in malarial fevers the congestion is sufficient to cause acute jaundice, but the cases are rare. It may occur from pressure on the bile-ducts produced in a variety of ways, and from a variety of causes. There may be the development of a tumour in the transverse fissure of the liver, which by its mechanical pressure obstructs the bile-ducts, and in this way gives rise to jaundice. In such a case, however, the appearance and extent of the jaundice would be influenced by the growth of the tumor, and it would as a rule be developed slowly. Almost all cases of acute jaundice are due to one of the two causes first named.

In most cases of acute jaundice we have a slight enlargement of the liver, which is due to distention of the ducts with bile. As we make percussion upon this patient it is seen that the liver is enlarged in all directions. In the median line, the line of hepatic dulness extends fully four inches from above downwards.

This is an ordinary occurrence in jaundice, and usually we also get more or less tenderness over the hepatic region, as you see in this case, the patient shrinking when percussion is made. We have in jaundice not only a turning back of the bile, but there is more or less hyperæmia, which may account for the tenderness.

The question is asked, Might not abscess of the liver give rise to acute jaundice? It might, and the first question you would ask, if your suspicion turned in the direction of abscess, would be, Has the patient ever had dysentery? The reason for asking that question is, that dysentery is the most common cause of abscess in the liver, or rather abscess of the liver most frequently occurs with dysentery. It is believed by some that it produces abscess of the liver by embolism, but I am not quite sure about that.

Abscess is very frequently associated with dysentery, but how they are connected with each other I do not know. What the connection is, is not exactly clear. It may be due to embolism, but I am certain that it is not in the great majority of cases, because the embolus cannot be found at the post-mortems, which it should be, if productive of such grave results.

It is simply a clinical fact, and I have never seen a case where the plugging up of the artery has been found.

Abscess would be excluded in this case because the man has had no dysentery, and has no history, which would lead us to suspect the presence of pus in any part of the body. His history is too short for abscess, which, as a rule, has a long history. There is no hectic fever, his pulse is 70, and his

temperature not raised. In abscess the pulse will be accelerated and small in character.

Pyæmia sometimes produces jaundice; and it is very common in connection with all diseases which depend on blood-poisons. In these cases the jaundice is probably produced by some peculiar action of the septic poison on the blood, and the jaundice is not the bright golden yellow seen in this case. In the way of treatment, leeches are suggested, and a much worse thing might be done than that. Counter irritation is one of the means which may be employed to subdue the inflammation, and it may be in the form of dry cups, leeches, or perhaps a blister over the liver, as an attempt to relieve the catarrh.

It is well, however, to recollect one thing, and that is, that catarrhal inflammations are self-limited, unless the stimulus which produced them is kept up. They have a period of dryness, congestion, and secretion; first, an increase of the normal secretion of mucuous membranes, and then muco-purulent. After a certain amount of this secretion has been poured out, unless the inflammatory stimulus is kept up, recovery is rapid and complete.

I do not believe that calomel would be of any benefit in such a case as this, and I would not have you go off with the idea that calomel must be given to act in some peculiar way, because there is hepatic disturbance. If you wish to stimulate the glands of the intestine to action, very well; there is no doubt but that calomel acts as a stimulus to the glands, but everything that is neceesary in such a case as this can be accomplished just as well by mild saline cathartics as by calomel. I would not give stimulants, because as a general rule acute catarrhal inflammations are not benefited by stimulants, wherever the inflammation may be. The best diet for the patient is such food as will be digested as far as possible in the stomach.

The second case which I present to you, is one in which there is some question among the gentlemen who have examined it in regard to diagnosis. It is a case of special importance, for it belongs to a class of cases which you will frequently meet in practice, and your credit may be very much affected should you err in diagnosis and prognosis. This young girl, 22 years of age, has been sick four weeks. She was first taken with a chill, which lasted her for most of the time during one night. Immediately following the chill, or chilly feeling, she says her "chest got sore;" that this soreness extended over the whole of the chest;" that there was no more pain upon one side than the other, except when she drew a long breath, and then she felt the most pain in the left side. She had a great deal of fever at the time she was taken, but at no time cough or expectoration. Since her entrance into the hospital, three weeks after she was taken sick, she has had a slight cough, accompanied by a scanty yellow expectoration, and there has been some blood through it. Her chief symtoms, therefore, are difficulty of breathing, following the chill; fever, but accompanied with no cough and expectoration, or pain, except upon a full inspiration. Her pulse is 114, feeble, rapid, easily compressed, and the temperature 99½° So much for the history of the case.

Physical examination of the chest, for the history directs our attention in that direction, gives us the following:

Palpation.—Vocal fremitus is negative, her voice not being sufficiently strong to give any vibrations to the chest-walls.

Vocal fremitus is a very important sign, because in connection with consolidation of the lung it is increased, and where fluid is present in the pleural cavity it is absent. Hence its importance in making a differential diagnosis between pleurisy with effusion and pneumonia.

Percussion.—There is complete flatness over the posterior portion of the left lung. Over the posterior portion of the right lung the resonance is slightly increased.

Anterior, there is dulness in the infra-clavicular space of the left side, but not flatness. Upon the right side the percussion-note is about normal.

Auscultation.—Bronchial respiration is heard all over the left lung posteriorily, being heard distinctly *low down*. There are no râles present except an occasional unimportant mucous râle connected with the bronchial tubes.

Over the right lung, posteriorly, respiration is exaggerated and vesicular in character. *Anteriorly*, upon the left side no râles, and upon the right side purely vesicular respiration, but somewhat exaggerated.

These are the physical signs, and together with the history of the case present some interesting points in connection with pneumonia and pleurisy.

First, with regard to pleurisy. The fever and the pain in the side which the patient had at the commencement of the attack might indicate the presence of pleurisy, yet the pain was not sufficiently severe to warrant the conclusion that the pleurisy was the leading feature of the disease. The existence of pleurisy would not be determined, therefore, by the amount of pain which the patient suffered.

The complete flatness upon concussion over the affected side, and the absence of all respiratory sounds except along the course where the bronchial breathing is present, tells us of the existence of pleurisy. The bronchial breathing is sometimes heard in subacute pleurisy, but it is *high up* and never at the lower portion of the lung, as in this case. This bronchial breathing always means lung consolidation, and in this case being heard over the lower portion of the lung affected, leads us towards pneumonia as the cause of the consolidation. The patient, however, has had no cough and expectoration until three weeks after the accession of the disease. We usually have the characteristic expectoration of pneumonia present within two or three days after the occurrence of the chill: but in this case we have had no expectoration at all in the acute stage. The bronchial respiration, however, over the entire lung, lower as well as upper portion, may lead us safely to conclude that consolidation is present as the result of pneumonia.

There is probably no way of determining this

question positively as regards the presence or absence of fluid in the cavity except by the use of the exploring trocar, although we might be led to exclude fluid from the fact of hearing bronchial respiration down to the bottom of the pleural cavity. In this case the patient has been tapped in the way indicated, and no fluid was found.

Our diagnosis, therefore, must be that this is a case of pulmonary consolidation, with a large amount plastic exudation. The material which has been poured out in this case as the result of the pleurisy is not fluid, but is of a gelatinous character, and it has been poured out in such abundance that it has caused some compression of the lung, which has undergone more or less consolidation.

The case now becomes one of interest with regard to prognosis. In the first place, a pulmonary consolidation which has lasted for four weeks means something.

Bronchial respiration heard over a lung, when there is no fluid in the pleural cavity, unquestionably indicates pulmonary consolidation. The cause of that consolidation is not so clear. The rational history of croupous pneumonia, in many respects, is wanting. Still, I believe that consolidation of a pneumonic character takes place in lungs compressed by extensive plastic exudation without the patient's giving a clear pneumonic history, and that pleuropneumonia, under these circumstances, resolves slowly. Always when pleurisy is marked during the course of a pneumonia, the resolution is very slow and yet as a rule these cases recover entirely without the development of phthisis.

If it were not for the morbid pleuritic element in this case, all the physical signs present would lead one to the diagnosis of pulmonary consolidation alone, and of four weeks' standing; the case then would be much worse than it now is, in a prognostic point of view; for then we might expect purulent infiltration or cheesy degeneration of the consolidated portion. This lung will undoubtedly be crippled for a long time, but resolution will finally be completely accomplished.

The patient must be sustained by good diet, tonic remedies, and the best hygienic influences. If any thing depressing occurs to the patient, the pleuritic exudation may become cheesy, and after a time be the nidus of a tuburcular development, so that the prognosis, although good, must be qualfied.

This, gentlemen, is one of a class of cases you will occasionally meet with, and it is well worthy of your careful study.

CLINICAL LECTURE ON CHRONIC ALBUMINURIA.

DELIVERED AT BELLEVUE HOSPITAL, N.Y.

By Prof. Austin Flint, M.D.

GENTLEMEN: The topics which I shall present to you to-day embrace many features which are of much interest and importance, but which I shall be able to consider only in part. We have already considered acute desquamative nephritis, and now I wish to introduce for your consideration and study the different forms and manifestations of chronic disease of the kidneys. The existence of these affections is recognized by the changes which are manifested in the urine, and also by certain consequences resulting from renal disease. I wish to call your attention to certain points which will somewhat simplify and systematize your study, and I shall ask you to carefully read what has been written by some standard author or authors upon the different forms of chronic degenerative diseases of the kidneys, the effects which result from these different forms, and the circumstances which are involved in the differentiation, each from the others.

The most generally adopted classification of chronic diseases of the kidneys, or chronic Bright's disease, embraces four forms, namely: The large white kidney; the cirrhotic, or fibroid kidney; the fatty kidney, which some authors do not regard as a distinct form; and the amyloid, waxy, or lardaceous kidney. What effects do these different affections severally and collectively produce in the body?

These may be conveniently arranged in two classes: First, a diminished density of the blood due to a constant elimination of albumen in the urine. This undoubtedly is an important element in the production of the dropsy which is so constantly present in these affections; but I would not be understood as saying that the loss of albumen, and consequent reduction in density of the blood, is the sole cause of the dropsical manifestations.

The second class embraces effects which are due to the retention in the blood of excrementitious materials which should be eliminated from the system by the kidneys.

With the impoverished condition of the blood, which is in proportion to the loss of albumen, we have the dropsy, anæmia, and all those ulterior effects which arise from an anæmic condition; and with the second class, we have all the effects which arise from the morbid conditions of the blood caused by the retention of the excrementitious constituents of the urine.

The symptoms to which the latter of the two classes of effects give rise may be divided into the minor and grave symptoms. Among the minor symptoms are headache, nausea, and vomiting; looseness of the bowels, muscular cramps, etc. These are important symptoms, for the reason that they furnish evidence of a renal affection leading us to investigations which relate to the kidneys. More serious symptoms are those which denote inflammations, chiefly of the serous membranes, namely, pericarditis, pleuritis, and meningitis. Still graver symptoms are convulsions and coma. With this brief outline, I shall bring before you cases illustrative of chronic renal disease.

The first case is a girl æt. 18, a domestic. The countenance of this patient is quite typical. It is pallid, showing anæmia; and puffy, showing dropsy. There is a certain amount of anasarca present, not marked, but sufficient to show that the dropsy is diffused through the areolar tissue. A very reliable

method of determining whether diffused dropsy is present or not, even in a very slight degree, is to make pressure over the sternum. If there be œdema, it can be recognized at that point. An important question to be decided now is, does the dropsy in the present case arise from an affection of the kidneys, or from an affection of the heart? It may be laid down as a general rule that, if there be much general dropsy, unaccompanied by difficulty in breathing, the dropsy can hardly arise from cardiac lesion. There is no evidence of heart disease in this case. Examination of the urine gives a. s. g. 1018 acid; it contains considerable albumen, epithelial and granular casts and urates.

Let us now turn to the history of the case. Her family history is good. Patient is temperate; no evidence of specific disease. Two years ago—and this is a point of much interest—the patient had scarlet fever. It will be recollected that, while studying the acute form of Bright's disease, your attention was called to the fact that a great majority of the cases of acute albuminuria, or tubal nephritis, are cases in which the affection is a sequel of scarlet fever. It was also remarked that the acute affection rarely terminates in a chronic condition. But it seems probable that the case before us is a chronic affection, and that it dates its commencement from the occurrence of the scarlet fever; in other words, that we have here a chronic affection of the kidney following an acute tubal nephritis. Since she had the scarlet fever her feet, face, and body have occasionally become puffy, and the amount of urine passed has been sometimes quite scanty. Her face has never regained its natural colour, and her strength has been very much diminished. She dates her present sickness at four days before her admission into the hospital. While in a profuse perspiration she sat down in a current of cold air, and she was seized with slight chill, with severe pain in the left side and afterwards in the right side. Upon admission the pulse was frequent, the temperature raised, and the respirations rapid. To-day a physical examination of the chest reveals fluid in both pleural cavities. Now a question of interest is, is this hydrothorax dependent upon the renal disease, or is it a case of double pleurisy? I do not hesitate to say that it is a case of double pleurisy. It is a case of double pleurisy which proceeds from renal disease, without much general dropsy. With but little general dropsy, and with no disease of the heart, it is out of all experience to have as much dropsical effusion within the chest as in this case. This case may therefore be regarded as an illustration of the occurrence of chronic affection of the kidney following acute tubal nephritis, and also an illustration of double pleurisy produced by renal disease. Her pleurisy has been treated by the application of dry cups to the chest; she has had, in addition, ten grains of quinine once a day, and pills of iron, aloes, and strychnia.

The second case gives us the following history:

Mrs. ——, æt. 33, English, and admitted to the hospital September 22d. Family history good. Patient was healthy until one year ago, when she began to suffer from attacks of dyspnœa without cough, which were probably asthmatic in character. Vomiting and œdema of lower extremities first occurred about six months ago. During the past two weeks she has suffered from some pain in the back, and her urine has been scanty and high-coloured. The vision has always been good. Upon admission the patient presented an anæmic appearance, the breath was short, and the appetite poor. Examination of the urine gave s. g. 1010, albumen and casts. Physical examination of chest negative.

Sept. 26th.—Under the influence of diuretics and tincture of iron the patient's urine became more abundant, but giving same results by chemical and microscopical examinations.

Oct. 28th.—The patient does not pass much urine; complains of pain in her back and shortness of breath.

Upon physical examination of the chest, the area of cardiac dullness is found to be very much increased, and with this there is a murmur with the first sound of the heart at the base. This patient now has pericarditis, with considerable effusion of serous fluid into the pericardial sac. There is considerable œdema of the lower extremities, and also considerable fluid in the abdominal cavity. Her face does not show any dropsy, and there is but slight indication of its diffusion by making pressure over the sternum. The question may arise here, is this a case of pericarditis, the inflammation giving rise to the effusion into the pericardial sac; or is it a case of hydrops pericardium due to the chronic renal affection? There is a slight, but a sufficiently distinct friction murmur occasionally heard, and this sign, be it ever so slight, indicates pericarditis, with a single exception. Sometimes, when there is a pleurisy of the left side, the action of the heart causes the exterior of the pericardial sac to rub against the pleural surface, causing a friction murmur with the cardiac rhythm, and this is called a cardiac pleural friction murmur. If the murmur were of this kind, it should be heard at the left lateral portion of the pericardium. But the friction murmur is more to the right, nearer to the base; it is superficial in character, being a slight grazing sound.

Taking into account the existence of pericardial effusion, there can be no doubt that the murmur denotes pericarditis. Pleurisy can be excluded because an abrupt line of dulness denotes the boundaries of the distended pericardial sac, good resonance on percussion being found everywhere without these boundaries. A simple enlargement of the heart would not produce the dulness which is here found to extend above the base of the organ. The increased space of dulness in cardiac hypertrophy is downwards and to the left. This patient is not suffering much pain, nor is pain a constant symptom of pericarditis. Pain in this disease is sometimes extreme, and sometimes almost entirely wanting. We have, then, in this case another example of serous inflammation developed in the course of chronic renal

disease, belonging among the grave secondary affections.

As regards the measures of treatment addressed to the pericarditis, in this case some soothing applications should be made to the præcordia; a light poultice, or the water dressing covered with oiled muslin, and an abundance of flannel. If the kidneys are found to respond to diuretics, these are indicated for a twofold purpose, as follows; to eliminate urea, and to promote the absorption of the liquid in the pericardial sac. Rigid quietude is to be enforced. There is danger of sudden death by syncope on exertion in cases of pericardial effusion. The condition of the patient will not admit of the employment of the active hydragogues with a view to the absorption of the effused liquid; but if the kidneys do not respond to diuretics, saline cathartics, or perhaps the pulvis purgans, may be advisable. The patient should be well nourished. Digitalis will be likely to be useful by increasing the power of the heart's action.

The third case illustrates a condition associated with, but probably not dependent upon, the renal disease.

The patient's name is Miss C——, æt. 22. She was admitted to the hospital on the 2nd day of September. Family history good. Since last May she has had more or less œdema of the lower extremities. The dropsy extended up the limbs, appeared on the face, and then about the body. She has had occasional nausea and diarrhœa. Exercise gives rise to palpitation of the heart and want of breath. This patient has a pallid countenance, but this is not as marked as when first admitted. Examination of the urine at the time of admission gave a low specific gravity, with albumen and granular and epithelial casts; subsequently, hyaline casts were found.

September 5th, hydro-peritoneum made its appearance, which has continued and somewhat increased up to this date, Oct. 30th; and at the present time there is, as you see, considerable œdema of the lower extremities. No œdema of the face. The question arises in this case, is this hydro-peritoneum due entirely to the renal disease, or in part to some other cause? Although we have evidences of renal disease, I am quite sure that there is some other affection to account for the hydro-peritoneum. The hydro-peritoneum in renal disease sustains a relation to the dropsy in other parts of the body. But the general dropsy in this case is not an important feature, and this leads us to conclude that the hydro-peritoneum is due to some other disease than the renal disease. It is probably due to disease of the liver—but the expiration of my hour prevents further consideration of the case.—*New York Medical Record.*

DISEASES OF THE CHEST IN CHILDREN: THEIR TREATMENT BY BLISTERS.

By Daniel Maclean, M.D., L.F.P.S.G., Glasgow.

The object of this paper is to notice a method of treatment in the diseases of children which is, so far as I am aware, novel, and which I have adopted in suitable cases with great benefit. It is a treatment for which parents have very often little partiality, but by which many lives will be saved; and if my views be correct, it is based upon a pathological groundwork, and explains numerous circumstances in connection with these diseases otherwise obscure.

Diseases of the chest hold a remarkably high place in the yearly bill of mortality; causing in Scotland the deaths of as many children of five years of age and under, as the deaths at all the other ages put together. Any means, therefore, that will modify this state of things, or even give a greater control over these diseases, is well worthy of consideration, and is a justification for bringing before you what might otherwise be deemed a trivial subject.

The treatment which I would advocate over and above the special treatment to the chest proper, is the application of counter irritation in the form of small blisters over the roots of the nerves going to the chest and those auxiliary to the act of respiration. The most appropriate spot for their application is immediately behind the ear, where there is naturally no growth of hair. The form of blister which I invariably use is the tela vesicatoria of the Messrs. Smith of Edinburgh; it has no specific virtue over the other forms of cantharidine counter-irritation, but is very convenient, cleanly, and almost certain in its action, especially on the tender skin of children. These blisters have this special recommendation, in such cases, that they are comparatively painless, and can be allowed to remain applied to the surface an indefinite length of time, as they never produce destruction of the true cuticular tissue—only irritation, which raises the epidermis with a layer of serum below; and this serous fluid acts as a protection to the more active surface beneath. Three hours, when applied to a child, is in general a sufficient length of time; then, by substituting a layer of fine cotton-wool, a bag of fluid will be speedily produced, whose action will protect the tissues from undue stimulation. This amount of counter irritation is usually quite sufficient for producing the effect required; but should circumstances necessitate it, reapplication can be continued, so long as the blisters are thought to be of benefit. In this way we have complete control over the counter irritation, and can modify it according to circumstances.

My reason for using this method of treatment is, because there is so much nerve-force acting in excess in diseases of the chest in children, as to influence to a very great extent their continuance and their result. It is with the object of getting rid of this *vis nervosa* in excess, that I recommend the adoption of this blistering treatment in the diseases of children. The results of my use of this style of treatment have been such as to justify me in advocating it as one of our stock methods of cure in diseases such as those which I mention.

It is not of value in every case of chest-disease, nor in every stage of each case of chest-affection. Speaking generally, it is only of value in disease attended with a permanent or prolonged irritation of the mucous and elastic minute tissue of the smaller

bronchial tubes and tissue of the air-cells, such as is found in the acute stage of most diseases of the chest. I have used this treatment in many cases in different diseases of the chest in this stage of irritation—when the tubes are in the dry, congestive, or inflamed condition of the disease—and I find that the patient quickly improves; the respiratory murmur becomes soft, and the moist mucous *râles* are developed in a comparatively short time, before the child has become weakened either in body or in lungs. The convalescence is much speedier, with fewer fatal mishaps than took place previously from the full virulence of the complaint being only attacked at one point, viz., in the lungs themselves. All these diseases influence the whole body as well as the lungs, besides being themselves influenced and kept up by the general condition of the whole system, more especially through the agency of the nervous system.

I do not propose to give in detail the cases in which I have applied blisters to the head in chest-affections, but only to mention generally those in which the greatest benefit is to be gained from this procedure. Like others, I have been often baffled by this class of diseases, and believed that there was some other factor or factors at work besides the local alteration of texture; and, from the frequency with which nervous symptoms appeared, was led to believe that the brain or nervous system was the disturbing influence at work. I had the care of a child about a year old, who baffled me for some time. There were no apparent head-symptoms; the child was out of sorts, restless, uneasy and fretful; the skin was hot, the respiration hurried; there was a dry irritating cough, and the child refused to take food. All over the chest in both lungs the respiratory murmur was harsh, rough, and tubular; no moist *râles*, no crepitation, no rhonci. This condition continued for some time, and the child was losing flesh, notwithstanding the use of almost all the remedies usual in chest-affections, till I persuaded the father (with the greatest difficulty) to allow me to apply two small blisters—one behind each ear, for three hours. The next day the breathing was easier, the restlessness greatly subdued, and the respiratory murmur became moist and soon natural, all of which was the percursor of a speedy recovery. Another case of the same character came under my care; the same difficulty was experienced in removing the disease; but the father, being a man of intelligence, on the reason being explained to him, at once permitted the application of the blisters; after which the alteration in the condition of the child became in a very short time so marked, that there was no difficulty in tracing the result to its proper cause.

I also use the blisters in the bronchitis of children when I am called in the early stage of the disease, before the supervention of the moist mucous *râles*, notably in the first or dry feverish stage of the complaint. Bronchitis is a complaint occurring so frequently, that people become accustomed to it, and object to what they consider the cruelty of applying blisters to young children, and refuse to permit their application at the only time when they can be of use; but would often wish them put on in the advanced stages, when, instead of doing good, they do harm. Thus I have not had the privilege of applying them in all cases of bronchitis; but where I have had the opportunity, in the proper cases and at the proper time, I have invariably shortened the disease and had speedy recoveries.

In measles, also, blisters applied as I recommend are desirable. Although this is not strictly a disease of the chest, yet in every case the lungs are involved as much as if the origin of the ailment had its seat there. When the disease has a fatal termination, it comes generally through some lung-complication, or through some alteration of the cerebral centres, such as convulsions. The latter complication is not an accompaniment invariably attending measles like the chest-affection; but nervous derangements occur so often that it shows an intimate connection between the two, and unmistakably points out for adoption the principle and practice I wish to establish. In measles, I generally apply the blistering treatment both as a means of cure to the chest-complication, and as a preventive to the development of cerebral symptoms. In all cases I look out for nervous symptoms, as I believe they always indicate a very severe phase of the malady. The sudden disappearance of the rash in measles is often followed by an outbreak of some affection of the brain. It is, therefore, at all times wiser to be prepared for such an emergency by the adoption of treatment which will have a tendency not only to prevent such an occurrence, but will at the same time relax the excited and congested bronchioles and air-cells. The same treatment by blisters holds good as well in cases of infantile pneumonia, during the first or congestive stage, when there is a determination of blood to the pulmonary capillaries and increased activity in all parts of the lungs. Of course, this treatment is founded upon the same principle as in the other diseases of the lungs, and is applicable to all diseases in which the same conditions hold good.

All the different diseases which I have mentioned, bronchitis, pneumonia, measles, and congestion—it will be observed, may be divided into two classes; those that begin in the lungs, and those that have their origin in the nervous system. But, although the origin is different, the result upon the lung in the first stage is the same, and justifies the adoption of the same method of treatment.

By this method of applying blisters behind the ear, I believe that I shorten the duration of the disease, reducing the length of the first stage, and hastening the recovery. The irritated condition of the minute tissue of the bronchial tubes and air-cells, with the determination of blood towards the parts, being removed, the moist stage of the disease is quickly induced; thus, generally, preventing the exhaustion of the body and lungs, which takes place if the disease be allowed to run its course, or if we must wait till it submits to our usual pulmonary remedies.

This method of treatment is not only of practical value, but also involves a pathological principle of action, which is of the first importance, and which

is in force not only in the case of children, but of adults as well, although not so apparent, and not at present under discussion, viz., the important part which the nervous system plays in disease, and especially in disease of the lungs. In children, this part of the organism cannot be ignored, and is on all hands admitted to be proportionally in extra activity—necessary, during early life, to fulfil the purposes of growth; and it thus becomes a factor whose influence cannot be safely overlooked during disease. In the condition of parts to which the blistering treatment is applicable, the reflex action of the nerves supplying the lungs plays no secondary part in exciting, continuing, and modifying the abnormal action going on.

We must remember that the air-sacs in children, as well as the ultimate bronchial tubes, the terminal dilatations, and the alveoli, being smaller than in adults, when from any cause contraction takes place, these become still smaller. Their capacity being diminished, and the blood-vessels having become less in diameter through the forcible application of the elastic tissue, less air enters the air-vesicles, less blood passes into the capillaries, and there is less freedom in the transfusion of the gases—necessary to health—from the increased thickness of their walls: we have thus increased frequency of respiration, and diminished aëration of the blood, so that there is a condition inherent in the parts themselves which enables the smallest cause to act prejudicially.

Supposing a case of bronchitis to be taken as a typical example of the action going on in the body: there is first the exciting cause or "cold" invading the lungs through the tubes, acting upon the mucous membrane as a local irritant, interfering with its normal nutrition, and deranging its circulation. This effect of irritation is not confined to the large and small bronchial tubes, but also affects the air-cells with the pulmonary circulation, though to a less extent. This irritation stimulates the minute tissue to increased action, and we have contraction of the elastic tissue, with an increased flow of blood in the capillaries, causing active congestion, which implies contraction of the capillary vessels. This contraction of the elastic tissue should cease so soon as the exciting cause—the "cold"—was removed. This does not take place, because the contraction and congestion of the parts are continued long after the cause is removed; because, besides acting as an irritant to these, it also has raised an action or irritation on the periphery of the nerves, thus irritating the filaments of the pneumogastric nerve through the afferent fibres; the impression is carried to its ganglionic centres, and thence, by the reflex process, is sent through the efferent fibres back to the already irritated and excited minute tissue, contracting still further the capillaries and elastic tissue. The original irritation is thus followed by that produced by the action of the nerves, and that process is kept up till the nervous action ceases through exhaustion. By this time the tissues involved, and very often the body itself also, are exhausted; too late, probably, for the little patient.

Dr. Roberts, in his article on Bronchitis, in Reynold's *System of Medicine*, says that the "cold," besides acting, as I have mentioned, on the mucous membrane, operates secondly "by acting upon the system at large, in some way or other not understood; the bronchitis being only a part of the general disturbance." This little understood part of the process going on in bronchitis is explained by taking into account the stimulation of the nervous system in connection with the local affection. It is not an explanation of all the symptoms in connection with the disease, but it accounts for most of them. You cannot have disordered function going on in any part of the body without its influence being felt, more or less, throughout the whole; and if deranged tissue-function affects the body, how much more will the deranged nervous function affect the general system, considering how easily and readily impressions are carried along their filaments.

Besides the irritation going on at the periphery of the nerves, influencing the tissue to which the filaments are distributed, this influence is not without its effect upon the ganglionic centres themselves; and cannot fail, by being continued for a length of time, to produce a pathological action there also. No organ in the body can be kept, for a length of time, in a state of irritation, without affecting its minute tissue, and producing, by its increased action, an increased growth of a low type among its cells, making them incapable of performing their proper work. This seems to be what takes place in the cerebral centres, and they cannot be expected to escape the operation of the usual law; so that, by long continued action in the filaments of the nerves, the nerve-cells themselves are ultimately affected, and we have at length, what is met with very often as sequelæ of disease in the chest—nervous symptoms, convulsions, and, probably, effusion into the ventricles. Any one at all conversant with the diseases of children has to lament, too frequently, this result following disease in the chest; and to my mind the explanation is quite clear.

Thus we have, in the disease to which I refer, an action and reaction going on, the chest upon the brain and the brain upon the chest. To this fact is to be attributed the increased mortality among children from diseases of the chest; they are less stable in the materials of which they are constituted; they are more susceptible to external impressions; their nervous system is, so to speak, too highly strung; and we thus account for the little understood conditions mentioned by Dr. Roberts.

The converse of this state of matters also holds good, as is to be expected, if the principle advocated be true; viz., that diseases of the brain and nerve-centres produce disease or disordered function at parts distant from themselves—notably, in the lungs. Should an abnormal action be going on among the cells of the brain, it is impossible that an influence should not be sent along the nerves which arise from them, unless the abnormal action has advanced so far as to destroy the central cells. From the close connection between the ganglionic cells and the nerve-filaments, any irritation or stimulation among the cells will pass along the nerves to their periphery;

and unless it be denied that the nerve-filaments have any function to perform in the parts to which they are distributed, this central irritation will cause irritation and contraction of the elastic fibres of the air-cells and bronchioles; and, in this way, you have an abnormal action taking place in the lungs, from a disordered or diseased condition of some of the nerve-cells of the brain or nervous system.

We have thus in the chest, disease arising in the lungs from some cause external to themselves; and we have disease in the chest from some cause seated in the brain. The class of cases first mentioned, where we have increased respiration, tubular breathing, etc., in which I first applied the treatment by blisters behind the ear, is an example of abnormal action in the lungs, arising from disorder in the encephalon. The affections of the lungs in measles have also their origin extraneous to the lungs themselves. Some authors also speak of diseases in the chest from the reflex action of the dental nerves in teething; and, as examples of affections of the lungs arising in the chest itself, no better could be obtained than those of bronchitis and pneumonia. In hooping-cough, we have another example of an irritation of the nerves causing disease of the lungs; here we have the action of the nerves of a different character, acting upon the minute tissue of the lungs only at intervals, and by the powerful spasmodic contraction and relaxation its tendency is to exhaust the tissue, as I have pointed out in my paper on the Open Air Treatment of Hooping-Cough, in the *Glasgow Medical Journal* for last year. In this disease there is the interval of relaxation, which gives the tissue time to recover itself so far from the effects of the nervous action; but, in the cases under consideration, the baneful influence at work upon the tissue is prolonged without intermission, and what is required is to remove for good what takes place in whooping-cough only now and again.

If the opinion thus given, as to the important part the pneumogastric nerves and ganglionic centres play in these diseases, be correct, in what way can we turn this knowledge to account, and reduce the disease itself to a minimum? There may be other modes of effecting this object, but, as I have indicated, the placing a blister at or near the course of the nerve, between the irritated terminations of the nerve-filaments and the irritated ganglionic nerve-cells, has given me convincing evidence, in the results, that the action going on between these two parts has been stopped; at all events, symptoms, indicating that such an action has ceased after this application, have established the fact as strongly in my mind as if it could be demonstrated.

The explanation of the use of counter irritation in this manner is, that it comes between the two spots where nervous action commences, and this new centre of irritation acts as a tap to the nervous force here, and diverts it from its usual course. The *vis nervosa* coming from the lungs, and the *vis nervosa* coming from the ganglionic centres are both stopped at this point, and their energy, being expended in this new inflamed tissue, does not proceed further to keep up the pathological action either in the lungs or in the brain. In fact, from whatever part the irritation comes, by this means it ceases to be reflex action. Commencing in the minute tissue of the air-passages, it passes along the afferent filaments of the nerves till it reaches this new centre of irritation, and there expends itself, not passing to the ganglionic cells of the brain; and, in the opposite direction, the influence coming from the brain ceases at this point also; so that the reflex action is removed, and the irritated terminal points have time to recover their wonted condition. I consider that this action of the blister has much the same power, though less permanently, as could be attained by the division of the nerves at the same part of this course. Section of these produces diminished respiration, relaxation of the elastic fibres, with retarded flow of blood through the capillaries, and effusion of serum from these vessels. Blistering over the course of the nerves produces a state of things much the same, only of a temporary character, and not so extreme. During the action of the blister, which can be continued or removed, the hurried respiration is moderated, the dry vesicular murmur is removed, and we have the exudation of the natural secretion from the mucous membrane, so that we have remaining only what Dr. Laycock calls the *vis nervosa* of the tissues themselves. The great factor, whose action so powerfully affected the original malady, having been thus removed, the parts soon recover their original tone, not having been subjected to the long continued exhaustion which follows the unimpeded action of the reflex power playing through the pneumogastric nerves. Moreover, the system generally does not suffer to the same extent, and, consequently, recovery is much more rapid and satisfactory.

When disease in the chest arises from some abnormal action going on in the encephalon, the blisters remove the chest-disease, and we are at liberty to direct our efforts to the cerebral disturbance, thus limiting our remedies to a smaller morbid locality; and, the body submitting to only one focus of injury, the disease in the chest, being removed, ceases to act as a stimulus to that of the encephalon.

Some objections may be raised to this explanation, as involving a new theory as to the action of blisters, as well as the new theory mentioned previously, in reference to the pathological action of the nervous system in diseases of the chest. I am one of those who believe that blisters act as stimulants, but not that their stimulating action does good only through the nervous system, and through that alone, as is believed by those who call themselves "Young Medicine." Dr. Anstie is, perhaps, the clearest exponent of their views; and in the *Practitioner* for March 1870, he says of blisters, that "they are the refuge of the destitute." He will probably object to the explanation given; but even he, in his anxiety to confound those who differ from him, and to establish his own views, contradicts himself in the seven propositions which he gives in explaining the action of counter irritants. In some of his views I am at one with him; but, in others, he is as unsatisfactory as he accuses his opponents of being. It seems to me that blisters act in different ways.

under different conditions. They act by diverting nervous force; they act by exhausting tissue-contractility; they act by the stimulation of glands and tissues; and they act by stimulating reflex action; but that blisters are only "the refuge of the destitute" I deny. Guided by observation and experience they become handmaids to the wise, and afford a harbour of safety for the destitute in health.

SURGICAL HINTS. BY A LATE HOUSE-SURGEON.

Leeches are now so comparatively seldom used that many people do not know how to make them bite. The part to which they are to be applied should first be thoroughly cleansed with hot water, but no soap. A little milk or cream should then be smeared over the place, and the leeches, having been allowed to crawl over a rough towel for a few seconds, should be put into a pill box, cupping or wine-glass, which is then to be inverted over the place to be leeched. If in a few minutes the animals do not bite, they should be gently rubbed in a towel and again tried. If still obstinate they should be immersed for a second or two in some effervescing fluid—soda water or lemonade are generally at hand. If this does not make them bite, it is said dipping in beer or porter will; but I have never been reduced to giving them stimulants. If a particular spot has to be leeched a small test tube should be substituted for the glass, and, of course, one leech at a time applied with it.

Ligature. Antiseptic, How to prepare.—The antiseptic ligature of arteries is now nearly universal. The following is the plan of preparing the catgut recommended by Mr. Lister: "Catgut, manufactured from the small intestine of the sheep, may be had at a low price, from the thickness of a horse-hair upwards." This is prepared for surgical purposes by "suspending it in a mixture of five parts of some fixed oil (*e.g.*, olive or linseed), with one part of carbolic acid liquefied by adding five per cent. of water to the crystals. It is necessary that the gut be kept suspended so as not to touch the bottom of the vessel, for any parts dipping into the layer of precipitated water would fail to undergo the change desired. The vessel containing the emulsion should be left undisturbed, for if the water is shaken up with the oil the process is retarded. The gut should be prepared in as cool a place as possible. The longer it is kept in the emulsion the better the gut becomes. It is not ready for use until it has undergone considerable molecular changes, which seem to require several weeks immersion. It should be "quite free from opacity, and very strong, though supple. If drawn through the figers it is no longer slippery, but has a crisp feel like a thread of india-rubber, and a knot tied upon it holds more securely than one on waxed silk. Water, whether cold, or at a temperature of 100° F. has now little effect on the thread."

Pad for Heel.—In all cases of fracture or disease of the lower limb treated in the straight position, it is obvious that the part of the heel where the Tendo Achilles is inserted has to bear a great share of the weight of the limb. This is not a part of the body endued with much vitality, and sores from pressure are very apt to occur if not guarded against. To some extent this may be done by the use of a bird's nest, as described below; but it will be found a more sensible and efficient plan to "level up," as it were, by using a pad made to fit into the hollow above the heel, and thus distribute the pressure over a large surface. This pad should be firm, and is best made by rolling cotton wool or oakum in a small towel or piece of cloth.

Padding for Splints.—Pads for splints are either made up and kept ready, or extemporised. The prepared ones generally consist of cloth bags filled with hair, cotton wool, sawdust, or bran—preferably the last. Under this head may be classed sand bags. Extemporised pads are made of rolled towels or sheets, cotton wool, tow, oakum, or combinations of these. For simple fractures cotton wool is most often used, and is best prepared by tearing a sheet, or layer of it about three inches longer, and double the breadth of the splint; folding in the two edges until they meet in the middle, and turning the projecting ends over the splint. In some instances it is advisable to wrap the cotton-wool or other material in a piece of cloth or carbolic gauze, and, with the made-up pads, bandaging them first to the splint will often be found a useful manœuvre. If discharge is expected, the padding should be protected by gutta percha tissue fixed with chloroform.

Ring, or Bird's Nest Pad.—In the adaptation of all rigid apparatus the bony prominences of the body are liable to undue pressure. To obviate this it is an error to stuff in cotton wool or any soft substance between the splint and the prominence. A moment's thought will show that this increases the pressure and only gives a softer surface. It will be found that a circular pad of a ring form answers the purpose best. This is called the ring pad, or bird's nest, and is easily and quickly made by tearing a strip of cotton wadding about a foot long, and as thick as three fingers; twisting this lightly into a sort of rope, winding round the fingers and turning in the end. If a more permanent pad of this description is required, the india-rubber rings filled with air, made for uterine pessaries, will be found convenient.

Patient, How to Lift.—In lifting a patient from bed, or off and on to the operating table, it is expedient to have four people. The bed or table from which he is to be lifted is not to be placed alongside the bed or table on which he is to be placed, but at the head or foot of, and in a line with it. If possible, the sheet or blanket upon which the patient is lying should be used to lift with. Each corner being grasped by a bearer, they should all lift at one, and walking two on each side of the bed they can easily deposit their burden where

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* Observations on Ligature of Arteries on the Antiseptic System, by Joseph Lister, F.R.S., &c. Edinburgh: Edmorston and Douglas; London: John Churchill and Sons; 2869. Corrected, February, 1870.

desired without jolt or jar. If this cannot be done, and the patient has to be lifted without the intervention of a sheet, the important point is to see that the pelvis and any injured limb are properly supported. If it is necessary for four bearers to carry a patient in a basket or litter for any distance, they should carry the feet first, except upstairs, and those on the one side should keep step with each other, but not with those on the opposite side. By this means a minimum of shaking is produced.

Patient, How to Tie Down.—Despite the well-founded objection now entertained to mechanical restraint, it is still sometimes necessary to tie down a very unruly patient, and the following plan I have found to be the best. Having fixed the two wrists together with a stout bandage, the patient is placed in a recumbent position, and a light, folded sheet passed over his elbows and below his back, and fixed on each side of the bed. By this means he is completely controlled, yet no pressure is made upon his chest or abdomen.—*Students Journal.*

ON THE PREVENTION OF UTERINE INFLAMMATION.

By Edward J. Tilt, M.D.

The author gave it as an admitted fact, that the most frequent causes of uterine inflammation was to be found in parturition and in abortion; and his own experience led him to believe that a tedious labour and a bad miscarriage could hardly occur without entailing more or less of uterine inflammation; frequently overlooked in its onset by the medical attendant, metritis in one form or another, being the almost inevitable sequel of such cases, although many years might elapse before the disease was recognised. The author proceeded to answer the following questions: 1. What are the symptoms of a bad getting up? 2. What are the organic lesions of a bad getting up that lead to uterine inflammation? 3. How to prevent a natural function from becoming a frequent cause of metritis? 1. After tracing the symptoms of a bad getting up, the author deprecated the little attention paid to the persistence of a red or muco-purulent vaginal discharge for a month or more after parturition. He wished such cases to be carefully inquired into, instead of being treated in a haphazard fashion by tonics and change of air. 2. Although a natural function, parturition had too often untoward results, such as defective uterine involution, placental ulceration of the womb, and contusion and laceration of the cervix. Laceration of the cervix was represented as very common, particularly after tedious and instrumental labours. The healing by first intention of these lacerations was given as the rule when they were not extensive, and when women were healthy; but if, on the contrary, these lacerations were extensive, they did not heal in sickly women, and had originated some of the worst cases of uterine inflammation that the author had seen. Under similar unfavourable circumstances of health, the bruising of the cervix by a tedious labour was represented as beyond the power of the womb to repair, unless by the repair of ulceration thus produced. Ulceration of that part of the womb to which the placenta had been attached was considered a rare disease, somtimes following the forcible tearing away of the placenta from the womb, and originating one form of internal metritis characterized by frequent flooding. The most important and most frequent cause of uterine inflammation, and of other diseases of the womb, was said to be defective uterine involution. To an exaggerated belief in the safety of a natural function was ascribed the fact that medical men too often neglect to ascertain accurately what were the organic lesions that impeded a patient's recovery after parturition; so that, as a rule, defective involution was only recognised when time had confirmed and made it more difficult to cure. 3. The measures calculated to prevent parturition being a frequent source of metritis, were represented to be the logical deduction of the right appreciation of the damage done to the womb by parturition; and it was strongly urged that when, at the end of four or five weeks after parturition, notwithstanding fair nursing, food, wine, and tonics, women still continued weak, with persistent back-pain and muco-purulent or red vaginal discharges, instead of blindly trusting to nature, it would be wiser to ascertain, by an accurate examination, whether the inability to recover health did not depend on one of those organic lesions that could not be cured without the calling in of surgery in aid of nature. The same line of conduct was advised when women were recovering from parturition who had previously suffered from uterine disease, on account of its liability to relapse. The unusual severity of uterine inflammation that originated in abortion was said to depend on the absence of definite rules of conduct to be observed by women after miscarriage, and on the little care they then took of themselves; whereas Dr. Tilt wished the profession could persuade the public that a month of convalescence was not too much to exact after a moderately bad miscarriage; and that if, at the end of that time, a patient did not recover strength, could not walk, had pelvic pains and a red or muco-purulent vaginal discharge, the cause of these symptoms should be carefully investigated. The author stated the difficulty of curing defective uterine involution to be in direct proportion to the time it had already lasted; and he therefore urged its speedy recognition. He recommended leeching the cervix if there were signs of active congestion of the womb, the internal administration of ergot and of iodide of potassium, the painting of the lower part of the abdomen with oleate of mercury, and vaginal injections. It was also admitted that the pregnancy had sometimes cured the mischief done by a previous one.

Dr. Tilt concluded by emphatically asserting that, by a judicious management of lying-in women, and of those recovering from abortion, uterine irritation and congestion would be reduced, and lacerations healed; and that uterine inflammation would be checked in its origin, and, at all events, its acuteness and duration would be greatly diminished.

Dr. Steele (Liverpool) doubted the utility of vaginal injections as curative agents in inflammation within the cavity of the cervix or uterus, which could only be successfully combated by medication at the seat of the disease. He also thought there would be some difficulty in so localizing internal metritis as to justify the term placental ulceration.

Dr. Thomson (Edinburgh) believed that subinvolution was a frequent cause of uterine ailment.

Mr. Bracey (Birmingham) endorsed many of the views expressed in the paper, which he regarded as a most valuable communication. He understood that vaginal examination was recommended only when convalescence did not proceed favourably.

Obstetrical Journal.

THE VALUE OF CROTON-CHLORAL HYDRAT.

Dr. B. Baker writes to the *British Medical Journal*:—

The profession and the public are chiefly indebted to Dr. Oscar Leibreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrat, which will doubtless prove an equally valuable therapeutic agent, It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrat, and then the antecedent causes of the neuralgia may afterwards be inquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrat every hour. In three hours she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrat in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine, caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide gr. twenty, and croton-chloral hydrat, gr. one, three times a a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the *Pharmacopœia*; strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two-grain doses of croton-chloral hydrat every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have taken croton-chloral hydrat, not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or furred tongue. In several cases it acted as a gentle laxative.

SHOCK AND SYNCOPE.

(*The Practitioner*, October, 1873.)—Dr. T. Lauder-Brunton, in an able paper, reviews the causes, symptoms, pathology, and treatment of shock and syncope. He believes painful impressions—more especially extensive burns—injuries to bones, and, above all, injuries to the abdominal viscera and genitals, to be the principal causes of shock, which is usually attended with pallor and coldness of the skin, weak pulse, oppressed and sighing respiration, dilated pupils and sickness. There are two chief factors in the production of shock; first, the stoppage of the heart from the paralyzing influence of a sudden and violent injury to the nerves, and second, as a result of the same influence, dilation of the vessels, particularly those of the abdomen. These two enable us to account for all the observed symptoms,—the weak pulse, the low arterial tension, the pallor and coldness of the surface, etc.

Syncope probably depends chiefly on dilatation of the arterioles, and its duration is less than that of shock, because of the greater contractility of these vessels than of the veins.

In the treatment of shock we endeavor to counteract the feebleness of the heart by stimulants—one of the most powerful of which is heat; so we apply warmth to the surface, especially over the cardiac region, and at the same time give brandy and ether internally. A still more important indication is to cause contraction of the great veins in the abdominal and thoracic cavities, so that the blood, instead of stagnating uselessly in them, may be sent onward to the heart. Painful impressions on the sensory nerves will often have this effect,—strong mustard plasters, thrashing the feet and legs with switches, etc. Digitalis, as possessing the power of contracting the vessels and strengthening the pulsations of the heart, is of great value, and should be given freely. In syncope the first idea is to restore the circulation to the brain; and this we do by laying the head on a level with the body or even somewhat lower. The next thing is to raise the blood-pressure; and, as the condition is due to dilatation of the arterioles *of the surface*, we pursue a plan of treatment directly opposite to that employed in shock, and dash cold water in the face and chest and hurry the patient from a warn room into the cold air, in order to cause contraction of those vessels. For the same reason we apply ammonia or aromatic vinegar to the nose.

AN ABORTIVE METHOD OF TREATMENT IN CERTAIN CASES OF CORYZA AND ACUTE INFLAMMATION OF THE FRONTAL SINUSES.

BY J. S. PROUT, M.D., OF BROOKLYN, N. Y.

I will say nothing of the symptoms of coryza, as probably all of my readers have had one or more attacks; but will remark that, in my own experience, the characteristic symptoms of frontal catarrh, as I call the inflammation of the frontal sinuses, are a dull, heavy frontal ache, not to be accounted for by the coexistence of gastric disturbance or *biliousness*, and a very painful feeling of distention in the frontal region in stooping forward.

The treatment is unsatisfactory to a high degree. Niemeyer, in his Text-Book of Practical Medicine (Translation, Vol. I., p. 291), says: "Various abortive methods of treatment for acute nasal catarrh have been proposed; but none of them" (he mentions six) "have obtained general approval." Among other things he recommends the Russian bath.

Cohen, in his excellent work on the Diseases of the Throat, mentions various remedies that may be tried. He speaks of three, any one of which will generally cause a coryza to abort: 1st, a grain or so of opium; 2nd, a dose of alcohol at bed-time; or 3rd, the inhalation of chloroform.

We may try these means on ourselves, if we choose, but for obvious reasons we cannot trust our patients with them.

We need a remedy that is safe, easy to use, that we can put into the hands of our patients without fear of unfortunate results, and that does not waste our time; a remedy that physicians in their own persons, as well as the laity, will not consider worse than the disease itself.

Let me, then, without further introduction, state that I have, in my own person, and with patients, often been able to arrest the disease in the course of an hour or less, by taking or giving large doses of the officinal tincture of the chloride of iron, 20 or 30 minims, as soon as possible after the cold is "caught." I generally find that in about half an hour there is a decided amelioration of the symptoms, which may be permanent, in which case I take or give no more of the tincture, or the improvement may pass off in two or three hours; in which case the dose must be repeated. This may be required three or four times.

I have had numerous attacks of frontal catarrh, which I have thus caused to abort. I have had the same good fortune with coryzas accompanied by sore-throat.

In other cases, perhaps on account of greater severity or from delay in commencing the treatment, I have not obtained permanent benefit from the use of the tincture. In my hands, therefore, it is not a specific.

On the 21st October of this year, I called the attention of the members of our County Medical Society to this method of treating coryzas. I have recently received a note from a member of the Society, Dr. Edson, who was present at the meeting referred to, giving his experience in regard to it, which is so entirely satisfactory and in accord with my own, that I prefer to copy it, as the record of an unprejudiced observer, rather than detail any of my own observations, which might appear unduly partial.

He writes (Nov. 28th):—

"Mr. B., a lawyer, has for years been particularly subject to colds, with frontal headache, difficulty in respiration, and the other usual attending symptoms. He usually spoke of himself as being a sufferer from catarrh. During the months of August and September his affection generally assumed a severer form, not very unlike hay-asthma.

"Upon returning home on the evening on which you spoke before the Medical Society of the successful use of the muriated tincture of iron in similar cases, I found Mr. B. in the early stage of one of his attacks, 'sneezing and wheezing,' with creeping chills, eyes suffused, &c., &c., presenting that peculiarly disconsolate appearance so general in this complaint. I suggested to him to try the tincture in half-drachm doses, repeated if necessary. In less than half an hour after taking the first dose he expressed himself as feeling decided relief. Another dose in due time, and his attack was cut short, decidedly aborted. Since that time, whenever he feels the hand of his old enemy upon him, he takes a timely dose of the tincture, and thus far with the happiest results.

"This is one of the several cases in which I have prescribed this remedy for similar affections, and with such marked advantage that I have great confidence in its efficiency in this class of cases.

"Yours very truly,

"B. EDSON, M.D.,

"140 Park Place."

What need I say more to obtain for it a trial?

A convenient form for extemporaneous prescription is—

℞. Tinct. ferri chloridi,
Glycerinæ, ăă..... ʒ iv.
M.

S. One teaspoonful in a wine-glassful of cold water, through a glass tube, to be repeated according to circumstances. The glycerine in part conceals the iron taste.

There is a slight diuretic action. I have found no unpleasant effect on the bowels, and only a slight feeling of discomfort, which soon passed off, when it was taken on an entirely empty stomach.

How are we to explain this action of the iron tincture? Dr. T. Clifford Albutt, an excellent observer, says: "In iron we have two kinds of value; its value in ordinary small doses and in mild forms" (he is speaking of neuralgia), "when it removes simple anæmia; and its value in large doses—doses such as half a drachm to a drachm of carbonate of iron, or of twenty to thirty drops of the sesquichloride tincture—when it seems, apart from the presence of any definite anæmia, to have *a special effect in modifying the morbid state of nerve-tissue.*"—(Liverpool and Manchester Med. and Surg. Reports, 1873. Quoted in Braithwaite's Retrospect, July, 1873, p. 41.)

Let the last eleven words (italics my own) of this quotation, then, for the time being, explain how it is that 20 or 30 minim doses of the tincture of the chloride of iron abort coryzas.

December 3rd, 1873.

ACTION AND USES OF CROTON-CHLORAL HYDRATE.

BY OSCAR LIEBREICH, M.D., Professor of Materia Medica in the University of Berlin.

I have the honor of directing attention to a new remedy, which serves to corroborate the theory I have propounded with respect to the action of hydrate of chloral.

When chlorine gas acts on aldehyde, croton-chloral is formed, as has been demonstrated by Dr. Krämer and Dr. Tinner. In order to avoid a mistake which is apt to be caused by the name, I must here remark that this body possesses no relation whatever to croton-oil, although its chemical constitution proves it to be the chlorated aldehyde of crotonic acid. Croton-chloral differs in its outward appearance from hydrate of chloral, differs widely from the latter with regard to its physiological effects. Four *grammes*, or a drachm, of this substance, dissolved in water, and introduced into the stomach, produce in the course of from fifteen to twenty minutes a deep sleep, accompanied by anæsthesia of the head. Whilst the eyeball has lost its irritability, and the nervus trigeminus shows no reaction whatever on being irritated, the tone of the muscles remains unaltered.

I have experimented with this remedy on maniacs during an attack of mania. They remain quietly sitting on their chairs in a deep sleep, their pulse and respiration being unchanged for two whole hours together. If anæsthesis had reached so high a degree in consequence of the application of hydrate of chloral, the patients would have dropped from their chairs, and both their pulse and respiration would have been considerably retarded. I have seen croton-chloral acting in the same way on healthy individuals. In some cases of tic douloureux, the remarkable phenomenon is exhibited that pain ceases before sleep sets in. I am sorry to say, however, that this remedy acts only as a palliative in this dreadful disease. I nevertheless prefer its action to that of morphia, because it has effects as good as the latter remedy, without being so detrimental to the constitution in general. I have never observed any unfavorable effects of croton-chloral on the stomach or any other organ, although I have made frequent experiments with it.

The indications for the use of this remedy are to be found—1. In cases where hydrate of chloral is inapplicable on account of heart-disease; 2. In cases of neuralgia in the district of the nervus trigeminus; 2. In cases where very large doses of chloral are necessary to produce sleep. I there recommend the addition of croton-chloral to hydrate of chloral.

Whilst examining the difference between the action of hydrate of chloral and that of croton-chloral. I have discovered the remarkable fact that it is not the first, but the second, product of decomposition of the latter substance which is brought into action, on account of the first being rapidly destroyed. Croton-chloral, when subjected to the influence of an alkali, first forms allyl-chloroform, a trichlorated body, which is rapidly decomposed into a bichlorated substance which is called bichlor-allylene. Now, both chloroform and trichlorated substances act, as I have shown, in their first stage on the brain, in the second on the spinal cord, and in the third on the heart. The retardation of respiration is to be explained by the agency of these substances on the last mentioned organ. Bichlorated substances act differently, as is proved by bichloride of ethylene. Even if the circulation of the blood in an animal have been stopped by this latter agent for one minute, life may be restored by artificial respiration, which is impossible whenever trichlorated substances have produced this effect, in which case the muscles of the heart remain paralyzed. Well, in animals poisoned by croton-chloral to such a degree that both circulation and respiration are stopped entirely, artificial respiration is able to restore the action of the heart immediately, and the life of the animal may thus be saved. Bichlor-allylene, inhaled by the lungs, produces the same effect on animals as croton-chloral. We thus see these bichlorated substances acting on the brain, spinal cord, and medulla oblongata, but not on the heart, which explains the fact that both respiration and circulation remain unaltered in a man by a medicinal dose. It is a highly interesting fact, however, that under favorable conditions, we still are able to produce in animals the effects of the first product of decomposition of croton-chloral—*i. e.*, of the trichlorated substance or of allyl-chloroform. In order to observe these effects, it is necessary to introduce immense doses of croton-chloral into the body, when paralysis of the heart actually does ensue.—*From the British Medical Journal, Dec.* 20, 1873.

THE APPLICATION OF COLD IN SCARLET FEVER.

Dr. George Bayles says, in the New York *Medical Journal*:—The extraction of heat by the application of cold is a recognized principle in practice, and the extraction of superfluous heat by the application of a heat-absorbing agent of any description, would not violate the principle. Through my friend, Dr. James R. Leaming, I have been made acquainted with the wonderful heat-absorbing properties of *theobroma* (cocoa-butter). I do not venture too much when I say that, for its refrigerent action in fevers of the major kind, it is an agent cognate to ice water. Its application must be frequent and lavish all over the cutaneous surface. It is absorbed so rapidly that a considerable time is required to so modify the general surface heat that any of it will remain upon the skin, thereby showing (when that is accomplished) the skin to have become, for the time being, supersaturated. The effect upon the patient is agreeable beyond expression, and I hope to see it supersede all other forms of inunction. That tossing violence of unrest and

distress is at once measurably decreased. The temptation to constant repetition of this inunction is only restrained by the salutary fear that the interior caloric is not diminished synchronously with that of the surface. That it should is more than desirable. This butter of cocoa has the rare advantage of being a valuable nutrient. Its liberal absorption by the skin is equivalent to a fair share of food taken into the stomach, and normally assimilated. During the desquamative stage it far surpasses lard or oils, being neither so disagreeably unctuous or offensive to the smell. Indeed the odor of the body after its use is positively agreeable. It always retains its massive form, ready to be laid aside like a piece of fragrant soap when, for the time being, no longer needed, and its application is, to the nurse, almost a pastime.

During the period of intensest febrile excitement, it is quite right to adopt a sort of *coup-sur-coup* course, so to speak, with this agent as heat must be withdrawn as rapidly as possible for the comfort and welfare of the patient. Once an hour is as often as I have ever applied it, though it might be used oftener with benefit in some cases, and once every three or four hours is the minimum frequency where it is needed at all. I see no reason why, for similar conditions in other diseases, this admirable, pleasantly-flavored, heat-absorbing agent may not be used with great advantage.

Cold to the head must not be overlooked. In a child it cannot be applied in the same direct and comparatively unguarded manner as can be done in the adult.

I have found it sufficient, and more than *tolerable* (being *positively agreeable*), to have pounded ice enclosed in a bladder, and either laid or suspended near the vertex. The air, for many inches around the ice-bag, will be several degrees cooler than the prevailing temperature of the apartment. This can be borne for an indefinite period of time, as it is not attended with the shock ordinarily produced by other more direct applications of intense cold. The shifting and changing so frequently required by other methods, to the great disturbance of the highly-excited or morbidly-conscious patient, are, by this method, quite done away with. On the small iron cots or cribs of the nursery, I have often hung the half-loaded ice-bag, within a few inches of the crown of the head, and induced thereby an undisturbed sleep for as much as an hour or more at a time. This refreshment has a value which we can all readily appreciate in the delirious or semi-delirious subject. Such practical matters relating to the management of the disease, in this stage of high vascular excitement and perturbation, may be more or less fully rehearsed at any subsequent period, calling for the resumption of measures similar to those adopted at the first. A relapse of the fever is as successfully treated by the means herein indicated as it is at the the beginning, and for many reasons often the whole array of measures, such as are here suggested, are urgently demanded. For rapid reduction of abnormal temperature, I know of no better or more acceptable means.

BELLADONNA PLASTER IN OBSTINATE VOMITING.

Dr. Guéneau de Mussy recommends, in obstinate vomiting, diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimeters in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncracy caused some ill effects to result. It is not meant to be asserted that this means always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases, he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so extremely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a young married lady, who never could place foot on a vessel without being tortured with sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having had some vomiting on the first day, she, when last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.—*Medical and Surgical Reporter.*

ANTICIPATION AND TREATMENT OF POST PARTUM HÆMORRHAGE.

By JOHN BASSETT, M.D., Professor of Midwifery to Queen's College, Birmingham.

After an active experience extending over five-and-twenty years, and a very careful examination of all the circumstances surrounding *post partum* hæmorrhage, I have arrived at the conclusion that the best method of anticipating it is to prepare the patient for her confinement by a course of medical treatment extending over a period of from four to six weeks, the basis of such treatment being the administration of iron. Of course, this can only be

done in those who are subject to flooding, and in those who are so out of health that they seek medical relief. I have found no difficulty in carrying out this plan, for those who are liable to flood are very glad to carry out any method which will prevent it. It is to this thatI attribute the fact, that I have never had a fatal case of *post partum* hæmorrhage amongst my private patients, although I have unfortunately seen several in the practice of others.

As regards the treatment of hæmorrhage, the remedies are of two kinds—those which are immediately available, and those which require time and circumstances for their development. Ergot has been put prominently forward, and I have seen it answer admirably sometimes; but it is always somewhat uncertain in its action, and it may throw the uterus into a state of spasm. It has appeared to me on several occasions that, where the uterus has been shy and lethargic, it would have been better to leave it alone rather than to hurry it by the hand and ergot; but I do not think any positive rule can be laid down on this subject. Every accoucheur carries about with him nature's *tourniquet:* the human hand applied to the uterus is not only the most available, but the most efficacious of agents; and, if this do not answer, it is not difficult to transfer the pressure to the aorta, a proceeding which I have often seen of great service; then cold may be added as an excellent assistant to pressure; in certain cases, opium is a valuable remedy. The precise position which a solution of the perchloride of iron will occupy in the future, I cannot tell; it has not, in my hands, appeared to be so innocent an agent as, from what has been written about it, I had supposed; but, as my experience has been limited, I give no decided opinion.

I have written briefly, because I send herewith a paper on this subject which I had the pleasure of reading at the last meeting of our branch; in this, I have stated the result of my experience on this very important subject.—*Obstetrical Journal.*

TEDIOUS LABOUR FROM DEBILITY, AND ITS TREATMENT.

By Hugh Miller, M.D., Glasgow.

The remarks in this paper had reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labours, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural when the pains were no longer active, and the labour non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time, the pains either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of acute fatigue set in, the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and, as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the fetus. In his private practice, he found one case in every twenty-six labours show symptoms of debility; and, since he had adopted the early application of the forceps, not one of the children so delivered was still-born.—*Obstetrical Journal.*

CONVULSIONS DURING LABOUR. FORCEPS. BROMIDE OF POTASSIUM.

By Mons. le Dr. Jalabert.

Last year the author was called to a primipara who had been in labour since the morning, and in whom convulsions came on at noon, continuing every quarter of an hour, without any return of consciousness in the intervals. Another doctor had bled largely in the evening with no result; the inhalation of ether also proved unavailing.

At nine o'clock the woman, alternately comatose and convulsed, was delivered by the forceps of a dead child. Fearing some spasm of the uterus the placenta was removed by the hand, which was followed by contraction; no hemorrhage of any account. From this time she remained comatose, but without any convulsion till eleven o'clock, when another occurred, followed by an hour's rest, and a second attack at twelve o'clock. She was then given the bromide of potassium in fifteen-grain doses every quarter of an hour. The attacks ceased. The woman remained comatose till five in the morning, when she showed signs of returning consciousness. Up to this time she had taken over 150 grains of the bromide, the doses having been given at longer intervals, and they were continued during the day. Abdominal pain now being complained of, the bladder was found to be full; a large quantity of dark-colored urine was drawn off, and all pain ceased. The patient regained her consciousness fully in the morning, and her recovery was uninterrupted. Is the bromide of potassium responsible for this happy result? It must not be forgotten that convulsions during labour are divided into three classes. In the first category the attacks are in nowise modified after the birth, the patient succumbing; in the second the attacks continue, but are less intense and more rare, a cure following; in the third the attacks cease. Can the bromide increase the number of cases in the two latter classes? Statistics alone

can answer this question; and as statistics depend upon facts, it was thought proper to publish these. —*Gaz. des Hôpitaux.*

TREATMENT OF ORCHITIS WITH NITRATE OF SILVER.

(*Pacific Medical and Surgical Journal, Oct.*, 1873.)

Dr. W. E. Whitehead states that his plan of treatment for orchitis has been as follows: Rest in bed, and the application of a thorough coating of a solution of nitrate of silver—forty to eighty grains to the ounce—to the scrotum of the affected side, first having the scrotum well washed in soap and water; the administration of small doses of Epsom salts and tartar emetic dissolved in water, and repeated as often as once in four hours; support to the testicles and low diet. In some cases it is only necessary to make one, or at most two, applications of the solution of nitrate of silver to the scrotum; but sometimes it becomes necessary to paint once a day for three or four days before the swelling and pain are arrested. When the whole testicle is painful, hot, and swollen, stretch the scrotum over it gently, and then apply the solution with a camel's hair brush; but when the testicle is not so seriously implicated, merely draw the scrotum lightly over the epididymis portion, and apply the solution in the same way. One application is generally sufficient to relieve the extreme pain and at once arrest the inflammation and distressing sense of tension in the testicle, and the lumbar pain that follows the course of the spermatic cord. When the inflammation runs high, give tartar emetic in nauseating doses, otherwise in much smaller quantities.

DEPRESSED STATE OF THE BAROMETER AS A CAUSE FOR FRONTAL HEADACHE.

I have lately been reminded of a fact that I have observed in different parts of the world—viz., that some relation exists between a depressed state of the barometer and the prevalence of frontal headache; and although this fact has doubtless been observed by others, I believe that it is not generally known, and that its communication may prove interesting to some of your readers.

During the first five days of this month the barometer was exceedingly low, ranging from 29° to 29·30°, or 29·40°, and three members of my household and several of my acquaintances suffered from frontal headache of a more or less intense kind, and in addition to the headache, a sense of general languor and a slightly bruised sensation of the lower extremities. The headache was somewhat alleviated by the exhibition of guarana powder. This is the only instance in which I have observed the two phenomena concurrent in our latitudes.

I beg to leave the explanation of this phenomenon to abler men, and content myself with stating the fact.

I am, &c.,

FREDERICK IRVING DE LISLE, L.R.C.P.

Physician to the Hospital of St. Peter Port, Guernsey.—*Times and Gaz., Dec.* 23, 1873.

WHAT IT COSTS TO SUPPORT HOSPITALS IN NEW YORK CITY.

According to the official estimates for 1873 we have the following: *Department of Charities and Corrections*:—Out-Door Poor Department, $128,066; Bureau of Out-Door Sick Poor, $5,300; Bellevue Hospital, estimated number of patients 700, $103,370, or $147.67 each patient; Charity Hospital, estimated number of patients 950, $133,302, or $140.31 each patient; Hospital for Contagious Diseases, 180 patients, $20,667; Fever Hospital, 60 patients, $6,179; Small-Pox Hospital, 175 estimated inmates, $24,950; Hospital for Incurables, $13,393; Asylum for the Blind, 150 inmates, $8,055; Convalescent Hospital, 250 inmates, $22,041; Lunatic Asylum, 1,300 patients, $119,919, or $92.25 per patient; New York City Asylum for Insane, 650 patients, $83,026, or $127.72 per patient; Hospital for Epileptic and Paralytic Patients, 120 patients, $13,172; Hospital for Infants, 450 children, $51,780, or $115.06 per child; Randall's Island Nurseries, 650 inmates, $61,282, or $93.58 per inmate; Nursery Hospital and Idiot House, Randall's Island, 450 inmates, $47,887; Inebriate Asylum, $23,611; Reception Hospital, Centre street, $10,180; Reception Hospital, 115th Street, $5,920; Ambulance Establishment, $3,995; General Drug Department, salaries, $2,500. Total, $888,595, as the estimate for the above hospitals, etc.. Department of Charities and Corrections.—*N. Y. Record*, Dec. 1, '73.

ABORTIVE TREATMENT OF BOILS.

The *Cincinnati Lancet and Observer* has a note from Dr. C. B. Hall, stating that the following, applied to boils, with a camel-hair pencil or feather, gives great relief in a very short time. The inflamed surface, and a little beyond all around, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part. The throbbing, tensive pain, and the intense tenderness will be promptly relieved; the redness will subside; the smooth, shining integument will shrink and become wrinkled, and comfort will succeed torment. If the boil is in the first stage, it will disappear without sloughing. If the slough has already formed, it will be quickly separated, and the cure soon complete:

℞.—Tr. arnica flowers, ʒ i;
Tannic acid, ʒ ss;
Gum acacia pulv., ʒ ss. M.

It should be used as soon as prepared.

EUSTACHIAN OBSTRUCTION IN CHILDREN.

Mr. Dalby says, in his late work on the Ear, that this is a common affection, the mucous membrane of the nares, fauces, and Eustachian tube being affected together. The mucous membrane throughout is thickened and tumid, and secretion from the surface is much more abundant than it should be. The tonsils are generally enlarged, and sometimes to a very considerable extent. Of such children it is

hardly necessary to ask what is the matter. The stupid vacant look as they advance with open mouth, and their generally flabby appearance proclaim their disease. They snore loudly in their sleep, and the deafness is generally severe. The tympanic membrane will be seen to be drawn in, but to retain its proper translucency; as a rule there is no tinnitus. It is surprising for what a length of time this state of things will go on with children and yet permit of complete recovery; while, on the other hand, in the case of adults, when the Eustachian tube is obstructed from a relaxed condition of the mucous membrane, the tympanum will generally become involved if they are not attended to soon after the deafness is noticed. The treatment to be adopted for these young patients is to apply astringent solutions locally to the fauces, tonic medicines (preparations of iron and the mineral acids), plenty of fresh air and exercise, together with the ordinary rational means of improving the health.

THE DOCTOR AND THE DEBTOR.

How different the reception a physician meets with when he hastens to respond to an urgent summons, and when he calls to present an over-due bill, is only too familiar to us, and was equally so to our predecessors. Enricus Cordus, who died A. D. 1535, doubtless told his own experience, as well as that of his apostolic succession in the healing art:—

"Tres medicus facies habet; unam quando rogatur,
Angelicam; mox est, cum juvat, ipse deus:
Post ubi curato, poscit sua præmia, morbo,
Horridus apparet, terribilisque Sathan."

Which may be translated:

"Three faces wears the doctor: when first sought,
An angel's, and a God's the cure half wrought;
But, when that cure complete, he seeks his fee,
The devil's then less terrible than he."

REMEDIES FOR FURUNCULOSIS.

The tendency to the frequent recurrence of crops of boils and styes is in some cases extremely annoying. M. de Savignac says he has always succeeded in effectually checking them by the alternative use of glauber salts and arsenic, the latter constitutionally, the former as an occasional purgative.

SNUFF FOR FACIAL NEURALGIA.

Dr. Scriffigano recommends:

℞	Quin. citrat.	ʒj.
	Strong tobacco snuff,	ʒiss.

Sig. To be used as required in neuralgia.

IMPROVEMENT IN THE ADMINISTRATION OF PERCHLORIDE OF IRON.

Dr. Herbert L. Snow (*Br. Med. Jour.*, June 28) says that the metallic, astringent taste long remaining in the mouth after the administration of tincture of perchloride of iron may be completely avoided by the addition of a small quantity of glycerine, about half an ounce to an eight-ounce mixture being ordinarily sufficient.

In the same journal of July 5, Dr. Alex. Boggs, of Paris, recommends glycerine not only for this purpose, but also as an addition to remedies which have a tendency to constipate the bowels, its action being mildly aperient, and also on account of its solvent powers, which exceed those of syrups.

NOVEL USE OF THE STOMACH-PUMP.

In an obstinate case of constipation which had resisted all manner of remedies, it finally occurred to the physician to introduce the pipe of the stomach-pump into the rectum, and make use of the instrument as an aspirator. The result was, at first, a large amount of wind was drawn off, which was soon followed by an extraordinary discharge of fæces. With each stroke of the pump, the abdomen could be seen to diminish sensibly in volume, and complete relief was afforded.—*Il Raccog. Med.* No. xxiii., 1873.

LIQUID NOURISHMENT FOR SICK STOMACH.

The Dublin Medical Journal commends the following: An egg well beaten up, to which add one pint of good milk, one pint of cold water, and salt to make it palatable; let it then be boiled, and when cold any quantity of it may be taken. If it turns into curds and whey it is useless.

STYPTIC COLLODION.

The following will be found a most useful formula:—

Tannin	2 ozs.;
Alcohol	4 ozs., fl.;
Ether	12 ozs., fl.;
Soluble cotton .	1 drachm and 2 scruples;
Canada balsam	1 drachm.

Dissolve the tannin in one part of the alcohol, and ether with the Canada balsam; then add the cotton. —*Dublin Medical Press and Circular.*

PEPSIN IN OYSTERS.

It appears from some experiments made by Mr. E. H. Haskins (Boston Medical and Surgical Journal), that raw oysters contain pepsin enough to *digest themselves.* No wonder oysters agree with most dyspeptics. —*Detroit Review*, Dec., '73.

INCONTINENCE OF URINE.

Dr. Holmes Coote, of St. Bartholomew's, recommends for incontinence of urine in children, one minim of creosote three times daily, combined with assafœtida and rheubarb pill, of each two grains.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A. M.D. L.R.C.P. LOND.

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MONTREAL, JANUARY, 1874.

POISONING FROM COLCHICUM WINE.

On the 24th of November last one of Montreal's street arabs stole from an express waggon a large bottle, which eventually found its way into the house of a man who resided in miserable quarters. It was pronounced to be wine, and on the afternoon of November 25th some seventeen persons were called in. This bottle was again produced, and being placed to the nose of experienced ones was again pronounced wine, when a carousal began. In half an hour the contents of the bottle disappeared, all being drank, except a few ounces which were carried away by one of those who had partaken, for the purpose of treating a friend. Very shortly after, those who had drank it began to grow ill, and no wonder, for the contents of the bottle was Vinum Colchicum, made by Evans, Mercer & Co., and the bottle was on its way to the General Hospital when it was stolen. It was not till the next morning (26th November) that medical assistance was called in to one of the sufferers, and as no history of the drinking was given, a correct diagnosis was not made. It was noon of the same day when information of what had occurred reached the police authorities, who at once furnished them with medical assistance. Dr. Major was taken to the sufferers, who at this time were seventeen in number, and he assumed charge of all the cases, assisted by several other medical men. By evening seven deaths occurred—the remaining ten happily have got over it. Dr. Major has published the cases at great length in the *Canada Medical and Surgical Journal.* As they are exceedingly interesting we give the following Resumé of the symptoms:—

"In from 45 minutes to one hour and a half after taking the wine, vomiting ensued. The contents of the stomach were first rejected, then bile or mucus; afterwards a fluid similar to "rice water" of cholera.

When the amount of poison taken was very great, the purging came on simultaneously with the vomiting,—but if only a small quantity, comparatively speaking, had been swallowed, the evacuation of the bowels was delayed for several hours. The passages were first the natural fœces, then bilious stools, next "rice water,"—a very large amount of a frothy, slimy secretion, compared by one of the patients to clean soap suds. In no case were there any traces of blood to be found. The vomiting continued until the last moment in the fatal cases, and the bowels were emptied involuntarily. Cramps were severe in the stomach, bowels and legs. Severe pains were felt in the knee joints in some. And in two cases very markedly in the left shoulder, so much so, indeed, as to be a continual cause of complaint, and avoidance of lying on the left side. Rubbing was frequently demanded for relief. In the majority there was numbness from the elbow to the wrist; cramps of the fingers, especially the second finger, and in one case extreme numbness of the thumbs under the nails. This latter peculiarity was present even for twenty-six days after. In the case of the boy Thayer, there was great pain between the shoulders. The features (twenty hours after the accident) were pinched and drawn, lips and nose blue, as also the lobes of the ears. The eyes were congested, pupils dilated slightly; voice hoarse and husky, and pain was experienced in speaking.

Feet and lower extremities icy cold, as also were the hands and arms. The rest of the body had a warmish clammy feel, but was below the normal temperature. The pulse was rapid, 125 to 145 or more in the minute, small, compressible, intermitting, and at times imperceptible at the wrist, though it could be found at the elbow with some trouble. The temporal arteries were difficult of detection, even the carotids required patience to distinguish. For several hours before death they were almost pulseless, the heart's impulse was not to be felt over the chest, and even with difficulty heard on applying the ear to the chest wall. The sound might be likened to a blowing sound, or a murmur, or to a heart heard at a very great distance, or through a stone wall, both sounds lapsing into one.

Respiration was full and easy, and was well maintained throughout. The pulse respiration ratio was borne out throughout.

The sufferers were sensible to the last and throughout. One case terminated with a slight convulsive effort. All sat up before dying, falling back in less than an instant. No headache was complained of.

Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk.

They were perfectly sleepless. In two recoveries there appeared a pustular eruption on the face and lower extremities, resembling in its character poisoned wounds.

In the case of the boy Thayer, while sawing wood, an hour after drinking the wine, he was seized with violent retching and vomiting succeeded by a "fit," which from the description resembled a convulsive attack. Thumbs were turned in, with the fingers closed over them.

The amount of wine taken varied from one mouthful to 15 or more ounces.

The symptoms in every case were proportionate to the amount of wine taken.

All the fatal cases terminated in from 19 to 28 hours.

After death the features assumed a placid, quiet expression; dependent parts of the body were tinged blue."

We regret deeply that no *post mortems* were allowed, as it will in all probability be many a long day before another such opportunity will occur to ascertain the pathological conditions present in poisoning by colchicum wine.

THE LATE DR. CHARLES SMALLWOOD.

Within the last few years death has made sad inroads among our profession in the city of Montreal. Every now and again we have had to chronicle the decease of some of our number, and this month the melancholy duty again falls to us. This time, a veteran in the profession has fallen, and we all mourn his loss. We allude to Dr. Charles Smallwood, who departed this life on Monday morning, the 22nd of December, 1873.

We are sure that few announcements of the kind could excite more real and general sorrow, for Dr. Smallwood was for more than an average lifetime not only influentially identified with nearly every public and philanthropic movement amongst us, but also by innumerable acts of unostentatious kindness endeared to thousands who are living or who have passed away. We may well cherish his memory as that of one among us who was known and highly esteemed far and wide in the world without us. Canada shares with all newly and partly settled countries the disadvantage of contributing but sparsely to the world's advancement in scientific knowledge, and of only adding an occasional name to the roll of explorers and discoverers of the secrets of nature. Still we have made our contribution; we have added some names to the honorable roll of scientific "men of the times," though they have of necessity been few. Among them the name of Dr. Smallwood will ever occupy a foremost place.

Dr. Smallwood was born at Birmingham, England, in 1812, where he received his medical education. In 1833 he came to Canada, and took up his residence at Isle Jesus, where he established a meteorological and electrical observatory and made some important discoveries. About the year 1860, he removed to Montreal, and very soon obtained a most extensive practice, which he continued to attend to until a very few weeks previous to his death. About the time that he settled in Montreal he was appointed to the Professorship of Meteorology in McGill College, a position, however, of honor more than one of active work. In January, 1871, in conjunction with Drs. David, Hingston, Trenholme and F. W. Campbell he organized in Montreal a new School of Medicine, which, in the following March, was accepted by the University of Bishop's College as its Medical Faculty. At the first meeting of the Faculty he was elected to the position of Dean and Professor of Midwifery, &c., which position he continued to fill till the middle of June, when he tendered his resignation, upon the ground that he had just received an appointment from the Signal Office of the United States War Department, and from the Canadian Marine Department, which would fully and completely occupy his time. This terminated his duties in connection with the school, but up to the day of his death, he took an active interest in its welfare. He was for many years, about his middle life, an active contributor to Medical and other scientific journals, but of late years, increasing infirmities and constant occupation prevented his doing as much in this way as he desired. He was one of those who took a prominent and lively interest in the first appearance of this Journal, and in every possible way advanced its interests. Upon many occasions we were sensible of his valued advice. As a scientific man he was far too widely known for eulogy. Probably no Canadian has contributed more diligently to the development of the one department of physical science, viz., Meteorology, to which he mainly devoted his attention, than Dr. Smallwood. The value of his observations has often been acknowledged in official reports and by the public press. He was thoroughly devoted to the Church of England of which he was a member, and to whose courts he was from year to year elected to serve as a lay delegate. Yet he was tolerant as regards the views of others, and perhaps

few men of the Protestant faith ever had more sincere friends among the Roman Catholic priesthood than he had. His death, although somewhat sudden when it did come, had been for several weeks looked upon as a contingency which could not be a great way off. His disease was dropsy, due to hepatic obstruction, and the immediate cause of his death profuse hæmatemisis. At the time of his death he was one of the Governors of the College of Physicians and Surgeons of Lower Canada, and occupied many other prominent professional positions.

LOUIS BOYER, M.D.

Dr. Boyer died on the 15th of January after a protracted illness of several months, and his remains were enterred in the Côte des Neiges Cemetery, on the morning of the 17th January, followed to their last resting place by a large number of his professional friends. He graduated at McGill College in 1842, and almost immediately filled the position of House Surgeon to the Montreal General Hospital. About 1844, he proceeded to Europe, passing some two years in the French Capital, returning to Montreal in 1846. In 1847, in conjunction with Dr. Fenwick and a few others, he started the Montreal Dispensary, which is to-day in a very flourishing condition, and remained upon its attending staff till about the year 1866, when he retired. In 1848, he was selected to fill the chair of Medical Jurisprudence in the Montreal School of Medicine and Surgery, which position he most creditably filled till 1860, when he resigned. He never very actively engaged in general practice, his means being sufficient to render him independent. By those who knew him well—he was much esteemed by every one—he was the true type of a perfect gentleman.

MONTREAL SCHOOL OF MEDICINE AND SURGERY, MONTREAL BRANCH (VICTORIA COLLEGE.)

We understand that serious difficulties arose the first part of December between the students of this Medical School and its Medical Faculty, one of whose members was so obnoxious to the class, that they positively refused to listen to him. The result was the closing of the school, and the expulsion of some five or six of the students. The school reopened about the 13th of January, the difficulty being about that time arranged in a manner satisfactory to the students. It is understood that at the close of the present session Dr. Beaubien will retire, and that his place will be occupied by Dr. Arthur Ricard.

WESTERN HOSPITAL, MONTREAL.

The charter for this new General Hospital has passed the Legislative Assembly of the Province of Quebec.

GOVERNMENT GRANTS TO MEDICAL SCHOOLS.

The Medical Faculty of Bishop's College have been placed on the list of those schools which receive Government aid. Five hundred dollars was voted them on the supplementary estimates. Laval and McGill College and the Montreal School of Medicine have been voted the usual grant of seven hundred and fifty dollars.

SMALL POX.

This terrible disease still continues its ravages in Montreal, its fatality entirely confined to those who have neglected to make use of vaccination and re-vaccination. Week after week we read the same melancholy tale, with a gradually increasing number of victims. The small pox accommodation of the Montreal General Hospital has more than once been so full as to necessitate the refusal of patients, and yet in spite of all this, we do not hear of anything being done by our Health Committee with regard to a Small Pox Hospital. This state of inaction is positively outrageous; lives are being sacrificed, the disease is spreading, each new case is a focus, from which it will multiply. We know the position which they occupy is a delicate one, but if they will only act according to the dictates of common sense entirely uninfluenced by outside pressure, we have no fear of the result. We must have one hospital open, alike to all, the Catholic, the Protestant, the Jew or the Pagan. The idea of two hospitals should not be entertained—such, at all events is our *firm* conviction.

TO OUR EXCHANGES.

Ever since the *Record* was issued, now about a year and a half, we have forwarded one to all those exchanges which we received when connected with the *Canada Medical Journal*. Quite a number, however, have never sent their Journal in return. Would editors of Medical Journals, who read this paragraph, kindly see whether we are on their exchange list.

TO CORRESPONDENTS.

P.—We have seen the paragraph you refer to in the University *Gazette*. It is a mixture of untruth

with the most bare-faced puffing. We do not believe that either of the medical gentlemen named had anything to do with it. It was evidently the gushing effusion of some embryonic Esculapius, who wielded the editorial pen for the first time. The way in which a prominent member of the Hospital staff was extinguished by him was quite refreshing, although not by any means complimentary to the writer's regard for truth.

THE CANADIAN MEDICAL *TIMES.*

We announce with regret, although not with surprise, that the *Canadian Medical Times*, published weekly at Kingston, Ontario, by Dr. Neish, has suspended publication after a brief existence of six months. In its last issue the editor says, "the experiment of a weekly Medical Journal hitherto untried in Canada, has met with a certain amount of success and encouragement, but not with sufficient to warrant its continuance." We are not surprised at this statement, for a ten years experience as an editor of a Canadian Medical Journal has satisfied us that the time for a weekly publication has not arrived. We regret it, but the fact has been so patent to us that we confess that we looked upon Dr. Neish's venture as a bold one. It was likewise, we must say, a somewhat rash one, for when a weekly Journal is called for, it must come either from Toronto or Montreal. During the issue of the *Times*, its editor weilded a vigorous and an active pen. We trust, however, that he will not allow it to remain silent; but will contribute freely to the Medical Journals of the Dominion.

MEDICAL DEPARTMENT CANADIAN INSTITUTE, TORONTO.

The annual meeting of this Society was held on the 16th January, when the following officers were elected: Dr. Oldright, Chairman; Dr. Archibald, Secretary; Drs. Fulton, Agnew and Coleman, Committee.

DEATH OF THE SIAMESE TWINS.

Telegrams in the daily prints announce the death on the 17th of January, at Greensboro, North Carolina, of the celebrated Siamese Twins. Some time ago Chang became partially paralyzed, and seems to have taken to drinking liquor, from the effects of which he died. Eng then immediately became much excited and shortly after comatose, dying about two hours after his brother. We will look with much interest for the details, which will doubtless appear in some of our Southern Exchanges.

TO OUR SUBSCRIBERS.

It is our intention to furnish our subscribers next month with their accounts. Those who owe us for Volume I, as well as for the present one, will find them written in RED INK. If they do not remit by the end of this volume we will strike their names off our list. We hope that we will not have to do this to any; but it is really more than human nature can bear to issue and pre-pay our Journal to a subscriber for two years without having received the first sign of acknowledgment for it. We don't intend to continue it, so that all who receive *Red Ink* accounts, should remit at once if they wish to continue the *Record.*

We are late again this month, due to a fire at Buntin's paper mills, Valleyfield, which destroyed paper for us, and which we were unable to replace.

PERSONAL.

Dr. Arthur Ricard will, it is said, succeed Dr. Beaubien on the staff of the Medical Faculty (Montreal branch) of Victoria College, at the close of the present session. We rejoice at Dr. Ricard's promotion, for a more earnest, hard-working, and thoroughly competent member of the profession it would be difficult to find.

Dr. John R. Smallwood has been elected surgeon to the English Workingmen's Benefit Society, in place of his late father.

We regret to learn that our friend and class mate Dr. Frederick J. Austin, of Sherbrooke, has considered it advisable to proceed to Colorado for the benefit of his health. Previous to leaving he was presented with a purse of $500. We understand that he purposes retiring in the spring. We sincerely hope the change will be beneficial, and that he will come back completely restored to health.

Dr. H. S. Cunningham (Bishop's College, 1872) is practising in Indianapolis, Indiana.

Dr. Rottot has retired from the editorial chair of the *L'Union Medicale.* Entire charge is assumed by Dr. Grenier, lately one of the assistant editors.

Reviews.

Clinical Researches in Electro-Surgery. By DRS. ROCKWELL & BEARD. William Wood & Company, 27 Great Jones Street, New York. Dawson Bros., Montreal.

The study of electricity as applied to medicine

and surgery is fast advancing, and now occupies a prominent position, but not more than what it deserves. The little work on "Clinical Researches in Electro-Surgery," by Rockwell & Beard, is a new addition to the literature of the subject, and its value is not to be determined by its size, as it will well repay perusal. It consists of nearly altogether of cases submitted by them to electrolysis. The cases mentioned in the first half of the work were those suffering from the various kinds of tumours, some of which were malignant. The results of the treatment are faithfully given, whether successful or not. In the latter half of the book cases of skin diseases are described where the treatment by central galvanism alone was followed, and no application made to the diseased part whatever. In their hands it appears to have succeeded exceedingly well. The authors prefer the former to the latter method. At the end they give the comparative advantages of electrolysis and galvano-cautery. Both may be used to accomplish some of the same indications.

A Hand-Book of the Theory and Practice of Medicine, by Frederick T. Roberts, M.D., B.Sc., M.R.C.P., Fellow of University College, Assistant Physician to University College Hospital, Philadelphia. Lindsay & Blakiston, Philadelphia, 1874; Dawson Brothers, Montreal.

This volume, which has been upon our table for about a month, is a work which after a very careful examination we can strongly recommend, not only to students, for whom it has mainly been prepared, but to general practitioners, whose limited time does not permit them consulting more extended and exhaustive treatises upon Practice of Medicine. The extreme difficulty of condensing within a thousand pages in a clear and comprehensive manner a descriptive account of each disease to which the human body is liable, is easily understood; yet we venture to express the opinion, that but few have succeeded so admirably as has Dr. Roberts. A very important innovation has been introduced on the method which has usually been followed in manuals upon Medicine. Before describing the individual diseases of the several organs or systems, an outline is given of the clinical phenomena, which indicate a morbid condition of each, and of any modes of "physical examination" employed in their investigation, while the principal symptoms are considered in detail. This innovation is admirable, and constitutes a valuable feature of the work. To those of our readers who may feel desirous of adding to their library a volume upon Practice to which they may refer with satisfaction, we can cordially recommend Roberts' Practice of Medicine. It is beautifully got up by Lindsay & Blakiston, the paper is clear and white, the typography splendid—in a word, it is an elegant volume. It can be ordered from Dawson Brothers of Montreal.

Laceration of the Female Perineum and Vesico-Vaginal Fistula. By D. HAYES AGNEW, M.D. Philadelphia, U. S.

To those of our confrères who have not had the opportunity of reading the original papers upon the above subject—as issued some years ago in the Pennsylvania Hospital Reports, and the Medical and Surgical Reporter—their publication at the present time in book form will be very welcome.

The specialist will find this little brochure invaluable, as gathering up all the facts connected with the history of the subjects treated of, and ably pointing out the best methods of operating in order to secure success. To the general profession its pages cannot but be most acceptable and interesting.

A noticeable and instructive feature of the work is a record of a large number of cases operated upon, thereby presenting the reader with practical illustrations of the principles enunciated.

The numerous illustrations of the parts to which the work refers, and instruments used, as well as the general execution of the printing and binding, are very superior indeed, and do credit to the publishers, Messrs. Lindsay & Blackiston.

The work is to be had at Dawson's bookstore, St. James Street.

MARRIAGES.

On Dec. 17th, 1873, at the Eleventh Baptist Church, Philadelphia, by the Rev. W. Ward Willis, Alfred H. Henderson, of New Brunswick, Canada, and Lillie M., daughter of H. S. Potter, M.D., of Philadelphia.

DIED.

In Montreal, on the 22nd of December, Charles Smallwood, M.D., LL.D., D.C.L., aged 64 years.

In Montreal, on the 15th January, Lonis Boyer, M.D., aged 55 years.

At Brattleboro, Vermont, U. S., in December, W. H. Rockwell, M.D., for thirty-six years medical superintendent of the Brattleboro Lunatic Asylum.

At Belle Riviere, Province of Quebec, on the 8th instant, John Barr, M.D., aged 73 years and 3 months, a native of Kilwinning, Scotland.

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