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THE
Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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SUBSCRIPTION, $3 PER ANNUM.

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TORONTO, NOVEMBER, 1882.

Original Communications.

DIPHTHERIA.

BY JOHN A. MULLIN, M.D., HAMILTON.

(Read before the Canada Medical Association, Sept., 1882.)

In considering the influence of treatment in any disease, it is of primary importance to recognize not only that the special disease is present but also the course which it will probably take if no medication is used. As regards diphtheria it is highly probable that many forms of treatment have obtained popularity because they have been adopted, in some instances, when diphtheria was not present, and also in a large number of cases where the disease was present in a form that would terminate favourably solely through the *vis medicatrix Naturæ*. As with measles, and scarlatina, so also with diphtheria, there are mild forms; in other words it occurs under circumstances, either constitutional or local, favourable to throwing off the disease. I apprehend, too, that many cases have been regarded as diphtheritic where the patient has suffered from an inflammatory affection of the throat, the result of what is called a cold. During the autumn, winter, and spring months we frequently find patients suddenly taken ill with chills, fever from three to four degrees above the normal, soreness of the throat, redness and swelling of the tonsils, and an exudation of a yellowish colour more or less extensive, generally thin, in spots corresponding with the depressions of the follicles and sometimes in small patches. This form of illness may affect two or more members of a family, and its prevalence at times in different families distant from one another seems to indicate a dependence upon some general influence. The symptoms are severe for, perhaps, twenty-four hours, and then rapidly pass away. It is not accompanied or followed by croup or other diphtheritic complications or sequelæ. It differs from the mild form of diphtheria in the urgency of the symptoms at the outset, the patient's being suddenly ill with a local affection that seems severe, and a high fever which quickly subsides; while the latter is attended with scarcely any elevation of the temperature or acceleration of the pulse, and the local symptoms give but little trouble. So frequently is this the case that we are often called when symptoms of croup have appeared after the patient's complaining of symptoms apparently due to a cold, and an inspection of the throat has shown the presence of diphtheritic disease. In a family, one of whose members had died a few weeks before from diphtheria, another child complained of slight soreness of the throat, and an examination of the fauces daily for three days discovered small spots of diphtheritic deposit. There was scarcely any elevation of temperature until the morning of the fourth day, when croup symptoms supervened of an alarming character, and the child died the next day.

A case of diphtheritic croup came under my care recently where urgent symptoms appeared after an illness of only a few days. G. H., aged 6½ years, had ague at the end of the previous week, for which quinine was given on Saturday. The following Sunday and Monday he appeared quite well; on Tuesday the 1st of August his parents thought he had a slight cold; Wednes-

day evening, after being hoarse in the afternoon, he presented symptoms of croup, and, on visiting him at 9 p.m., I found the temp. 100, cough and breathing croupy, but not much embarrassment—the mother said he was worse at intervals. The tonsils were a little red; on the left side there was a slight chronic enlargement; no membrane could be seen. An emetic of ipecac was given, with small doses at intervals through the night; hot applications to the throat and inhalations of steam.

The lad had been healthy with the exception of ague, of a healthy family with no indications of hereditary weakness; he lived in a cottage in the suburbs, the premises were isolated and carefully kept, the unfavourable influences to which he had been exposed were malarial, residing only one block from the bay, and there were probably unhealthy emanations of another kind from the waters of the inlet, not far distant into which the Cathcart street sewer discharges.

August 3rd.—Pulse, 100; temperature, 100; respiration, 36; cough dry, breathing croupy, and appears to have been much embarrassed at intervals through the night. It was more easy at the time of my visit in the forenoon, 9 a.m. Fauces somewhat red, and at one or two spots the appearance of the left tonsil was suspicious, but no membrane was perceived. Slight enlargement of the glands behind the lower jaw. The ipecac and steam inhalations were continued. At 4 p.m. of the same day, received word that the condition was alarming, and found him breathing with very great difficulty, and almost asphyxiated,—temperature, 100½. Chloroform was administered, and my friend, Dr. Malloch, performed tracheotomy. When the trachea was opened, a small piece of membrane was expectorated, and the tube being inserted, the difficult breathing was relieved. The trachea was opened below the isthmus of the gland, and Foulis's tubes were used.

August 4th.—Pulse, 109; respiration, 30; temperature, 100½; skin moist, respiration easy, no spasms in the night, small portions of membrane were coughed through tube. Patient was kept breathing the steam.

Tr. fer. ch., pot. chl. and glycerine given.

August 5th.—Pulse, 110; respiration, 24, temperature, 100; portions of membrane expectorated; the tonsils on both sides show small spots of exudation.

August 6th.—Pulse, 109; respiration, 20; temperature, 100.

August 7th.—Pulse, 100; respiration, 18; temperature, 99. Muco-purulent expectoration.

August 8th.—Pulse, 100; respiration, 18 temperature, 98½. Muco-purulent expectoration.

August 10th.—Pulse, 96; respiration, 18; temperature, 98½; skin moist, tube removed, respiration easy, can speak with the opening closed. The progress of the case was favourable, except ague at the end of second week—two attacks,—and the patient made a good recovery.

Wm. A. S——, aged 19, barber, had for several years enjoyed good health; suffered from measles and whooping-cough in childhood, but no illness of importance since, except occasionally a slight cold affecting the throat which passed away in a few days. The family history shows no unfavourable features, except the death of an uncle from phthisis. The parents are both living, middle aged and healthy. This is the only child. Residence on John St. near Rebecca, in one of two frame houses in a block, the ceiling of first floor 9 feet, the second less than half a story, house close to the street, the yard about 15 feet square, the water-closet 12 feet from the door of kitchen, the wash-water has been thrown into it, and the tenants frequently complained of the foulness of the yard.

On the 1st July the lad went to the beach, and when the present illness came on he thought it due to catching cold on that day. Four days afterwards he complained of lassitude, and the throat was sore; that day, however, and the following, he continued at his usual work. On the evening of Thursday the 6th, the throat was very painful, and he was giddy. As the symptoms were growing more severe, I was called in. The tonsil on the left side was much swollen, and presented a thin yellowish film; he complained of severe pain, and difficulty of swallowing, and a sensation of choking; the pulse 100, temperature 101°; skin dry. On the morning of the next day the general symptoms were similar; there

was slight swelling of the glands behind the jaw; the tonsil more swollen, and also the uvula, which was œdematous; the yellowish exudation continued as on the previous evening. On the 8th, the glands behind the jaw on the left side were very much swollen, and the left tonsil and uvula, more swollen than before, presented a marked diphtheritic membrane. This day an hœmorrhage occurred, and a sanious discharge from the nostrils; the pulse increased in frequency to 120, and the temperature rose to 102°. These symptoms continued for three days, the discharge from the throat being very offensive. Tr. fer. chl. pot. chl. and glycerine were given, and each morning ten grains of quin. sulph. On the 11th, the swelling of the tonsil and uvula was less, and the membrane had, in great part, separated; on the 12th, the membrane had disappeared, leaving the tonsils, pharynx, and uvula of a dark red colour, and not much swollen; the pulse 90 per min., temp. normal; the patient had become much reduced, the emaciation being marked. On the morning of the 13th my visit was postponed till mid-day. A little before I arrived the patient's condition seems to have changed very much for the worse; the parents stated that he felt a choking sensation when he attempted to swallow even liquids; a teaspoonful of water given was coughed up at once, mixed with bloody mucus. Turning the patient on his side, he swallowed with less difficulty, but only a part of a teaspoonful could be given without exciting a spasm of coughing; the temp. 98, pulse 45 per min., the respiration 18, the general surface cold, the throat of a dusky red colour. The urine had through the illness been passed in usual quantity; it was now examined, and found to contain albumen. The remainder of this and the two following days the condition continued similar. The emaciation became more marked; respiration 16-18 per min., pulse 45, temperature subnormal. Saturday about midnight the pulse was found increased in frequency, and became more rapid and feeble towards morning; he died about 11 a.m. the 16th.

Efforts were made during the illness to clear the throat with the syringe, using a solution of salt, but with little avail, for the patient could not be prevailed upon by his parents to use local treatment, or take the medicines as directed. The quantity of nourishment taken in the form of milk and beef-tea was limited. Stimulants were ordered, but little taken. The patient was at times delirious, but generally spoke rationally in reply to questions, until within a few hours of his death.

These cases, so different in their form, the course of the disease, and the result, illustrate the different manner in which the diphtheritic disease in its action upon the system is modified by age and local conditions—the croupy form occurring in the younger, and without septic results, as he was placed as regards residence in a condition more favourable for resisting the constitutional effects of the disease; the other form, occurring in a young man whose days were spent in an in-door occupation, and who lived in a house where hygienic requirements were to a great extent neglected. The proper treatment for the septic form has an important relation to that for the croupy, for upon the efforts of local and general remedies to a great extent depends the question of the time at which an operation should be performed, for the relief of the condition which threatens to destroy life by apnœa (asphyxia). If it is possible by local means to modify to any great extent, and quickly, the disease in the throat and air passages, so much the longer may an operation be delayed, but if this can not be done, it seems to me that, when symptoms of laryngeal or tracheal diphtheria present, an early operation is demanded, while the importance of constitutional treatment is recognized. Many seem to think that the disease may be modified by the use of remedies applied locally, for on looking over cases reported, we notice constantly the belief that local applications are of primary importance. It is true the members of our profession are far from unanimous as regards the local applications that are thought most useful; sulphur, the sulphites, carbolic acid, chloral, tinct. of iron, salicylic acid, borax, oxalic acid, tinct. of iodine, nitrate of silver, benzoate of soda, creosote, lime water, phosphate of soda, and many other medicines, have had the credit of being spe-

cially useful in the treatment of diphtheria. Each remedy is supposed to act upon the disease locally, some in one way, some in another; one writer, essaying to attack the disease from more than one point, recommends a combination of chloral, salicylic acid, sulphite of soda, and glycerine, and believes that in it he has found that which acts as "an energetic antiseptic, anti-fermentative, disinfectant, hæmostatic and preservative, as well as a destroyer of parasitic organisms." The efficacy of local remedies may be shown in the modification of the inflammatory conditions which co-exist with the diphtheritic deposit. In the hope of doing something in this way, I have advised inhalations of steam, frequent spraying of the throat, and the washing of the inflamed parts with warm water, and saline solutions thrown in with a syringe.

The inhalations of steam may be of value in cases where the symptoms refer to the larynx and trachea, and in one case where the dyspnœa was very great through a laryngeal complication, the use of the steam-spray atomizer was attended with good results. Some have placed value on solvents, as liq. potass. and lime water, in the belief that they will dissolve the diphtheritic membrane; my own trials with liquor calcis did not succeed in dissolving the membrane expectorated in the case treated recently; some of the mucus adhering to it was dissolved in a few minutes, but there remained portions of the membrane which resisted the action of this agent for a month. Some, regarding the disease as due to the agency of low forms of vegetable life, hope by destroying these to remove the disease. I may not be sufficiently impressed with recent theories regarding the action of these agents upon the human system. It is possible that the atmosphere may be the abode of countless germs which invade our bodies and destroy vitality, and that we are to a greater or lesser extent exposed to their influence unless we ascend, as Prof. Hueter remarks, "mountainous regions, near and above the line of perpetual snow." If this be true, it would account for the difficulty met with in the treatment of severe forms of diphtheria. With respect to the micrococci present in suppurating wounds, Dr. Ogston says that "once they have gained access to a wound it is not easy to eradicate them. Ordinary Lister dressings will not do so. After weeks of dressing with carbolic lotion, carbolic oil, 1 to 16, and 1 to 8 in strength; after the use of dressings with boracic lint, salicylic acid, and chloralum, all carefully and thoroughly applied, they were found in the wounds and ulcers in nearly as great numbers as before, and it was clear that these applications, at least as ordinarily employed, though generally sufficient to kill bacteria and bacilli, are powerless to eradicate micrococci. The only way in which I succeeded in destroying them in wounds where they had once established themselves, was by cauterization with a strong solution of chloride of zinc, or by strong frictions with a 5 per cent. watery solution of carbolic acid." The micrococci present in diphtheria may possibly be less tenacious of life, but these low forms of vegetable life seem to have high degrees of vitality, the lower the form the higher the degree, for they seem to exist and survive where all animal life dies; and if our hopes of treating the disease with success depends upon the agency of remedies applied to the throat with a view of destroying these organisms, I think that those who have often tried the influence of agents upon the vegetable growth present in tinea tonsurans will not be sanguine of results in combatting diphtheria on this line.

Dr. Bilkington says that 60 per cent. of all cases will recover without treatment, 5 per cent will die no matter what treatment may be employed. These figures show how wide a field there exists for forming incorrect conclusions as to the usefulness of remedies. There remains, however, a sufficiently large proportion of cases for us to enquire in what manner, and to what extent, the disease may be influenced by remedies local or general.

There seems some reason to believe that when it first appears this disease is a local one; it has been produced by localized infection, and it is probable that it begins in that part where the germs have been planted. But does it follow that by attacking it there it will be cured? A chancre is produced in the same

manner, so also is the vaccine vesicle; but will the removal of either result in the prevention of the infection of the system? It has not been so proved. And as diphtheria is thought to resemble them through being caused by a local inoculation, so it must be held that like in these cases where the local manifestations are seen there has also taken place a constitutional infection. It has been thought that if the appearance in the throat is destroyed there will not be a subsequent extension to the nearest glands, and thence to the general system. But is it not true that when we notice the slightest appearance in the throat, we find also that the glands are already enlarged? And if afterwards the glands become more and more enlarged, may we not with good reason refer it to the continuance of the effects of the original irritation. I do not doubt that the absorption of the results of decomposition in the throat may aggravate the glandular swelling and still increase the blood-poisoning, whatever that may be. And a recognition of this possibility will lead us to adopt those local measures which will tend to prevent such consequences, although not expecting thus to cure the disease. It seems, therefore, altogether opposed to the analogies we have to regard diphtheria as a local disease at that stage when it comes under our observation. Could we at the moment when the germ is implanted recognize the fact, it might be reasonable to place great value on those remedies which act locally, but from the considerations which occur to my mind, it seems that we err if we fail to recognize the disease as one involving a constitutional infection; and that we should treat it upon the same principles as guide us in the treatment of similar diseases, using, it may be, local remedies to prevent putrid collections, but not expecting through their action to remove, antagonize, or dissolve away the disease.

The death of Staff-Surgeon W. St. George Davis, R.N., is announced, at the great age of 96. He entered the Royal Navy in 1806, and was present at many of the great naval battles of the early part of the century.

SOME MISTAKES TO BE AVOIDED IN DEALING WITH DISEASES OF THE NOSE AND THROAT.

BY T. WESLEY MILLS, M.A., M.D., L.R.C.P., LOND.

Assist. of the Prof. of Physiology, McGill College; formerly Clinical Assistant at the Throat and Chest Hospital, London, England.

(*Read before the Canada Medical Association, Toronto, Sept., 1882.*

That noses differ in external characteristics widely enough has been a matter of such observation as has been turned to the widest account by literary writers; but that noses assert their individual idiosyncracies strongly, as they come under the notice of the physician, has not been very clearly pointed out, and yet, I venture to think, that there is no organ in the body of which this holds true to a greater extent than of the nose. One is constantly learning that applications that are too strong for certain cases are scarcely felt by others, belonging, apparently, to the same pathological class. This may be owing to imperfect diagnosis; yet such can scarcely be the whole explanation. The treatment of catarrh has been, upon the whole, so unsatisfactory, that many physicians have reluctantly adopted the incurability of nasal catarrh as an unwelcome article of their medical creed; and this is the first serious mistake the practitioner is liable to commit. It paralyses the physician and discourages the patient. Catarrh is a most intractable disease, but it should not be pronounced incurable, unless we also class under that division a large number of diseases, for which we profess to be able to do much. I am not sure that the term catarrh, or nasal catarrh, applied as it is to so many various forms of disease of the nasal cavities, and with much less accuracy than the term Bright's disease is to a certain class of disorders of the kidneys, is not responsible for some of the unsatisfactoriness in connection with the class of diseases in question. The term is very vague; it may cover much ignorance; it allows of a very ready, but a very imperfect, diagnosis—in fact, such a term is in every way bad, and should be only applied in a transitional state of knowledge. To ask is catarrh curable, seems to me about as vague a question as to ask is Bright's disease

curable? Is lung disease curable? Holding, then, that the nasal cavities may be the seat of a great number of diseases more or less allied, or if you will, of many stages of one disease, so different in character, however, as to require the widest diversity of treatment, it must be evident that to manage them successfully, the diagnosis must be accurate; the more so because the nose is the most exposed organ in the whole body, in fact, the only one that is so constantly exposed to every injurious influence that may float along on the ever-present atmosphere. Its mazy recesses are peculiarly ill-adapted for perfect scrutiny, and every help of artificial light and mechanical contrivance is needed to overcome the natural difficulties.

The limits of this short general paper will not permit of a discussion of instruments. What is required, is, of course, such arrangements of light, and such appliances as will give the observer a perfect view of the whole of the nasal cavities and the whole of the nasopharynx. Now, no *single* form of speculum, or other similar instrument, answers this purpose in every case; what is most suitable for one case, or under certain circumstances, may be quite inadequate in another. But, after all, is not the best instrument any physician can carry about with him, or keep in office, a strict medical conscience. If he has that, he is pretty sure to get the other necessary ones, and, what is of more importance, to use them. In no case should any individual be subjected to treatment for what he may call catarrh till he has been submitted to as careful a physical examination as the practitioner can make; for, with an organ so extremely sensitive as the nose, a very little treatment, if wrong, may do very much harm, possibly of a permanent kind. Nor should this examination be confined to the field within view from the front, but the rhinoscope should picture the condition of the nasopharynx, for the major part of the trouble may be in this region. As this application of the laryngeal mirror is not in all cases easy, even in practised hands, it is well in cases of doubt to pass the finger up gently, but decidedly, behind the soft palate, and explore by touch. If this be done, growths (and adenoid vegetations are not uncommon) can scarcely escape detection. Some people have a pleasing belief that they are accompanied by an invisible good spirit that ever manifests a benevolent interest in their welfare; whether they believe equally or at all in the presence of a corresponding evil agency, I know not; but if there be such a spirit that dogs the footsteps of the medical man, especially when he has arrived at that stage of development designated by the prosperity suggesting term, "busy practitioner"—I say, if there be such a spirit, it is the demon of routine in practice; and 'tis so seductive a devil, one may be led half-way to medical perdition without knowing anything of his scientific longitude. Now, if any one organ has suffered from routine treatment it is the nose; of course, I speak of the dark ages that preceded our time. It would be interesting to know how many cases of catarrh so-called have been treated without the nasal douche or some of its modifications. So common has this treatment been, that the laity have caught the belief of its necessity and acted upon it. Lately I had a case of this kind who had carried out this treatment with a vengeance. He did not use the favourite "teaspoonful of salt in a cupful of lukewarm water," but he used, as he said, "plenty of salt and cold water," by insufflation, on the advice of a lay friend. The result corresponded with the treatment. In a week he had painful disease of both ears—*otitis media*—I take it, and now, some months after, he has thickening and opacity of both drumheads, and can hear the watch only at three inches. After careful observation on others, and some experiments on myself, as to the effects of the introduction of such fluids as are commonly used for cleansing and medication, by the anterior nasal douche on the syphon principle, and by insufflation or sniffling of fluid I conclude that: (1) In a large number of cases no douche or other form of cleansing apparatus of such kind is at all required. (2) That as a means of medication the anterior nasal douche is a failure. (3) It is not free from danger, especially in the hands of the ignorant and obtuse patient, and the danger is greatly increased if there is any sort of obstruction in the nasal passages. (4) Neither the nasal douche nor insufflation perfectly cleanses

the naso-pharynx; the former least so. (5) The long continued and frequent use of a douche produces nasal thickening. The same remarks apply to the insufflation of liquids, the danger, perhaps, being greater, as by the effort to draw up the fluid the muscles of the pharynx are called into action, and the Eustachian tube may be opened and the fluid sucked up into the middle ear. The posterior nasal douche is less dangerous, but is difficult and unpleasant to use, and in some cases induces neuralgia, &c. As a general rule douches may, I think, be considered unnecessary in the treatment of catarrh; if a cleansing apparatus requires to be used at all, an atomizer, throwing a continuous spray, applied either anteriorly or posteriorly, according to circumstances, is, perhaps, the best. When the secretions are fetid, or hardened into crusts, or acrid and corroding, they must, of course, be removed by some such means, but an abundance of secretion does not necessarily imply the use of any form of detergent apparatus. The limits of this paper will not admit of my dwelling on the reasons for these conclusions, but they are shared, I find, by more than one recent writer of extensive experience in this class of diseases. But the actual harm produced by the long-continued use of the means referred to, in producing infiltration and consequent thickening of the mucous and submucous tissue of the nose, is a most serious matter, and does certainly occur. If the nasal douche and kindred agencies are employed, the patient should be most carefully instructed in all details as to its use. The temperature and specific gravity of the fluid to be used are matters of great moment; moreover, as indicated before, individuals so differ, that no absolute rule can be laid down for every one. I am now satisfied that a large number of cases of nasal catarrh would be benefited by constitutional, in addition to local, treatment; and, in some cases, it is doubtful whether a cure can be effected without the use of internal remedies. It would be a mistake to treat a case of catarrh without having ascertained, with ordinary minuteness, the habits of the individual affected, for these may be such as to constantly undo what the treatment effects. Inquiries in regard to the air habitually breathed, and as to whether there be exposure to draughts or other causes of chill, are especially important. Coldness of the lower extremities is, in some persons, a very powerful agency in inducing and perpetuating catarrh. However, the causation of this malady is a subject requiring much more investigation, and is one of those questions on which a society like this, with representatives from so many different localities, might, I would suggest, throw some light.

II.—Diseases of the Throat.

Allusion will be made to but one form of acute disease of the pharynx, because mistakes are not so commonly made in the treatment of acute diseases of the throat as of the chronic forms. Cases in which the tonsils are somewhat, perhaps, only slightly enlarged, but are several times a year the subject of inflammation, generally accompanied by acute pharyngitis, and occasionally by acute laryngitis, are not very rare. Individuals are met who have been thus troubled for, perhaps, fifteen or twenty years. A close inspection of the tonsils, even when the patient is free from an attack, reveals a pitted condition of these organs—the little follicles being filled with inspissated whitish secretion. Now, instead of touching such tonsils, which are always the starting-point of the mischief, with nitrate of silver or other caustic, why not remove by operation the diseased, and, therefore, worse than useless parts, and thus prevent repeated attacks of the disease extending, it may be, through the third of a lifetime? I cannot help thinking it is a radical mistake to leave such tonsils without operative treatment. But, although the throat specialists of largest experience are unanimous on the question of excision of tonsils, the general profession is, perhaps, rather conservative in this particular still. There is a good deal of prejudice with the public in regard to operative measures applied to these comparatively unimportant structures; part of this may be due to clumsy, slow, and otherwise defective modes of procedure. Had there been any serious objection to abscision of the tonsils, when mischief plainly arises from their presence, it would be natural to suppose that those, whose experience extends over

thousands of cases, would have ascertained and stated that objection. This subject of tonsilotomy is an interesting and important one, as well as uvulotomy, but this paper does not pretend to be more than suggestive on any point. With regard to excision of the uvula, there is one point of very great importance, and that is, the amount to be removed. The action of the soft palate is important in speaking and singing, as well as in swallowing, while it is regulated, and its action completed, so to speak, by the uvula. I think it may be laid down as a principle to follow, that only so much of the uvula ought to be removed as is necessary to leave a stump which, when healed, will be of the length of the uvula originally, and *not shorter*. There is a certain amount of retraction, of course, after operation, and this must be allowed for. One occasionally meets with an almost entire absence of uvula as the result of operation. Allow me to repeat that, slight as this operation may seem, it appears to me to be, especially in the case of those who use the voice in singing or public speaking, a matter of the most serious character. As it is of the utmost importance, both in tonsilotomy and uvulotomy, for the operator to see exactly what he is about, the best illumination possible should be employed, and, as a rule, this will mean artificial light and a good reflector.

CHRONIC PHARYNGITIS

is a disease so common, it may be assumed, that cases fall to the care of every physician. To treat this and other forms of throat disease so much more with nitrate of silver than other remedies, is one of the mistakes from which we are not yet free. The general swab-around of all the parts beyond the base of the tongue—the latter getting a liberal share of attention in the general struggle, while the patient is half-choked—is a method of treatment which, though not extinct, need only be mentioned to be condemned. Such treatment might be considered justifiable in the case of a young child with whom no better can be done; but in the case of an adult, with a chronic disease, there is no excuse for such procedure. It is important to ascertain in a case of pharyngitis, whether it has extended from the naso-pharynx; it will be always advisable to make inquiries in regard to present or previous naso-pharyngeal catarrh. If the latter has existed, before a cure can be considered complete, the naso-pharynx will, in all probability, require treatment. In my own experience, the sprays recommended in the books for pharyngitis are much too weak. To be of any serious value I find that a spray must possess the strength of xx to xxx grs. to the oz. of water, &c., at least. There is but little time left me to speak of the larynx; in fact, I shall condense my remarks into three or four propositions, if you will have the goodness to excuse so dogmatic a form. (1) In all cases of phthisis, or suspected phthisis, the laryngoscope should be used early, and if there be catarrh or congestion of the larynx, treatment should be carefully applied. (2) The attempted local application of remedies to the larynx, by means of brush, probang, &c., without the use of the laryngoscope to guide the hand, is inefficient, unscientific, and dangerous. What would be thought of such treatment in the case of the uterus or rectum, organs far less sensitive and vital? (3) The laryngoscope should be used to make the diagnosis in all cases of dysphonia or aphonia, lasting longer than ten days at the most. Within six months I have met two cases of serious foreign growths on the vocal cords, that were overlooked through neglect of this precaution. (4) In the case of public speakers and singers, especially, who suffer during functional use of the voice from hoarseness, &c., it is of the greatest importance to get all the parts of the throat above the larynx into good condition, as the laryngeal mischief is generally a result, in fact, a sort of reflex of the disease in the parts indicated. This class of patients, however, not infrequently requires on the part of the physician, not only considerable skill and experience, but special natural and acquired abilities; in fact, it is well that he should know both theoretically and practically, at least a little of the arts that engage both the musician and the public speaker.

Rossbach has been called to Jena to fill Nothnagel's place.

NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONELL, B.A., M.D., M.R.C.S.

(Assistant Demonstrator of Anatomy in McGill College. Physician to the Montreal Dispensary.)

THE ABORTIVE TREATMENT OF GONORRHŒA.

There are many remedies for gonorrhœa. Thirty eight are mentioned in Dunglison's Practitioner's Reference Book. Mr. Cheyne, in a recent number of the *Lancet*, describes a new abortive treatment, which is based on the theory of a germ origin of the disease.

All surgeons nowadays are agreed in condemning the old abortive treatment, the injection of a strong solution of nitrate of silver, in order to thoroughly alter the nature of the inflammation.

In estimating the value of any particular line of practice, we must remember that the greater part of our success depends upon the condition of the general health of the patient. Rest in bed is half the battle. Mr. Cheyne does not say whether his patients were kept quiet, or whether they followed their daily occupations while under treatment.

An antiseptic urethral bougie is the engine of destruction by which the gonorrhœa germ is to be killed. This is to be made four or five inches long and about as thick as a No. 10 catheter. It should contain five grains of iodoform, ten minims of eucalyptus oil to about forty grains of cacao butter.

The patient is told to pass water; he then lies down and an iodoform and eucalyptus rod is dipped in eucalyptus oil and passed into the urethra, a small pad of boracic lint is applied over the orifice, outside this a large piece of gutta percha tissue, the whole being fastened on by strapping. He is told to allow this to remain on as long as he can, generally about five or six hours. He then takes it off, passes water, injects one or two syringefuls of the sulpho-carbolate of zinc solution (two grains to the ounce), and if the case is very acute another rod is introduced. Afterwards the injection is to be used as often as possible, six or seven times a day, always passing water before its use in case any infective material should remain in the urethra, which might be driven back before the injection. Boracic lint is to be placed under the prepuce. Purgatives and salines to be given. Mr. Cheyne is a believer in the efficacy of copaiba (half a drachm three times a day). After the acute symptoms have subsided an astringent injection is to be substituted for that of the carbolate of zinc.

Fifty-one hospital patients were treated, more or less in the way described In forty-one the average time from the commencement of the treatment, until complete cessation of the discharge was 9.9 days. Of these four cases lasted longer than 14 days, being 18, 26, 28, 30 days respectively under treatment.

The results are thus summed up:—This treatment has the effect in the great majority of cases of acute gonorrhœa, of checking the acute symptoms in a day or two, and bringing the disease rapidly to a chronic stage, thus avoiding all the risks dependent on the violence of the inflammation. The discharge at this time is amenable to treatment, and gets rapidly well under the use of suitable remedies. The essential parts of the method are the use of the bougie and the injection; but the rapidity of cure is much aided by commencing the use of copaiba or sandal wood at once. This method may be employed at any stage of the disease, but, according to the experience of its originator, only of use before or during the acute stage up to (say) the eighth day. The result is the more marked the more acute the inflammation, the rapid subsidence of the inflammatory symptoms being very striking.

With regard to the efficacy of balsam of copaiba in gonorrhœa some practitioners have doubts. The following case certainly proves the fact that it has a specific effect upon the urethra. One of my patients aged 22, came to me on the 13th October, 1881, with a recently contracted gonorrhœa. I ordered him a purge and directed him to inject frequently with a very weak chloride of zinc solution. The discharge was very slight at the end of a week, but it persisted until the 28th November. There had been no bubo, chordee, or marked ardor. On that day I gave him pills of copaiba (McKesson and Robins) ordering him three to be taken on the first day, five on the second,

six a day afterwards. The usual dose is one to four pills thrice daily. On the third day, the six-pill day, the discharge suddenly became copious, and purulent. The prepuce became inflamed, phimosis, scalding, and inguinal tenderness set in. In fact there was all the appearance of a severe new attack. The discharge continued to be free for about a month. For some months afterwards there was a slight gleet. There was no chance in this case of the attack having been a really fresh one, for dependence can be placed on the patient's statement that such was not the case.

THE TREATMENT OF PHTHISIS BY ANTISEPTIC INHALATIONS.

The recent discoveries as to the nature of tubercle, lead us to suppose that we have in hand a solution of the problem as to how it ought to be treated. A spray of a germicide solution would destroy the bacteria and with them the disease. Disappointment is likely to follow this expectation. Dr. Saundby,* a man who has had much experience with consumptives, states that the inhalation treatment, though a valuable and rational method for allaying cough, diminishing expectoration, and indirectly promoting the healing of the inflamed and ulcerated pulmonary tissues, has not led him to modify his views as to the gravity of the prognosis of pulmonary consumption

Antiseptic surgery is a different thing from antiseptic medicine. The Listerian uses his carbolic acid to prevent the formation of germs, while in tubercular phthisis we attack a citadel of which the enemy is in full possession. And again, as Dr. Saundby points out, surgeons have not found that carbolic acid is of any special service in the treatment of surgical tubercular disease; cod-liver oil and sea air are still needed to promote the healing of wounds in strumous subjects; and finally but by no means least in importance, antiseptics are known to be of small value when the wounded surfaces have been for some time exposed to the air, especially when they are deep-seated, irregular, and practically out of reach.

The discovery of a parasite is not the discovery of a remedy. Germicide remedies have been found to be of no special advantage in diphtheria.

"We do not possess a cure for relapsing fever or anthrax, nor has it been worth any one's while to announce that Eklund's discovery of the bacillus lepræ is the foreshadowing of knowledge mightier still, which shall cleanse the leprous skin, heal the ulcered limbs, restore the blighted features, and make the flesh again like the flesh of a little child."

It behooves us, then, to set about the study of the remedies likely to effect the desired object. Dr. Robert J. Lee (*British Medical Journal*, June 24, 1882) throws out a few useful suggestions. After many experiments he finds that carbolic acid is the only antiseptic as far as I know which can be volatilized in a definite and constant manner. If a solution of one part of carbolic acid in 80 of water, be distilled under slight pressure, the vapour will contain the same proportion of the acid as the solution during the process of boiling; so that we can obtain vapour of any strength and diffuse it in the atmosphere.

It is necessary to observe that vapourizing a solution in the form of spray does not volatilize the antiseptic to any great extent, since the dew settles quickly upon the nearest surfaces, and does not rise and diffuse itself as the vapour of steam does.

But many observers doubt the benefit of steaming inhalations. Dr. Coghill is convinced that the steaming process is not only inefficient, but in every respect positively injurious. It relaxes the tissues with which the vapour comes into contact; it encourages suppuration where the ulcerative process has begun, and it tends, therefore, to increase expectoration and cough and consequently the distress and exhaustion of the patient. Moreover, there is risk from the exposure of the air passages to air of a lower temperature after hot inhalation.

Dr. Coghill's antiseptic solution for inhaling is as follows: R. Tinct. iodi etherealis, acidi carbolic, aa. ʒii; creasoti v: thymoli, ʒi; spiritus vini rectificati, ad ʒi, M. Where cough is urgent, or breathing embarrassed, chloroform or sulphuric ether may be added at discretion.*

Dr. Hunter Mackenzie's plan is to insist

* *Practitioner*, September.

* *British Medical Journal*, May 28th, 1881, p. 841.

upon continuous inhalation. Intermitting spraying or inhaling does not produce the same result. Creasote is his favourite, used either pure or dissolved in one to three parts of rectified spirit.*

Dr. W. Williams' apparatus is a wire framework which goes over mouth and nose covered with carbolic gauze. The whole affair is dipped into a watery solution of carbolic acid of the strength of 1 in 40; the gauze itself being renewed every two or three days. The respirator should be worn constantly.†

Dr. S. Wilson Hope's suggestion is a good practical one. His plan requires no special apparatus and costs nothing. Cut from an ordinary roll of wadding two pieces large enough to cover the nose and mouth. A diamond shape answers very well. Now remove the skin like substance which coats the pieces; put them together and fold them in a piece of thin muslin, to the end of which ribbons may be sewed, and your inhaler is made. Dr. Hope has used it for the last two years, directing the patient to drop five or ten drops of creasote between the layers of wadding, fold it in the muslin, and to wear it for half an hour two or three times a day, or sometimes through the night. It is useful in many cases of phthisis, in some cases of chronic bronchitis, and in some cases of diffuse capillary bronchitis in young people.‡

The strength of the agents to be used in these different modes of inhalation is as follows: Amyl. nitrite, pure for adults; one in ten of the tincture for children. Benzole, rectified, used undiluted; bromine, three grains (m.j) in 299 minims of distilled water. Camphor the B. P. spirit; iodine, the B. P. vapour; iodoform used pure; creasote deodorised, used undiluted; mephitis putorius one in ten of the tincture; musk, one in ten of the tincture; phenol absolute, ten grains to one ounce of boiling water. Oleum pini, all the pine oils, including terebene, also eucalyptus, used pure; soda chlorata the B. P. liquor; sponge should not be used in an inhaler.‖

* *Lancet*, May 14th, 1881, p. 775.
† *British Medical Journal*, July 23rd, 1881, p. 120.
‡ *British Medical Journal*, July 16, p. 81.
‖ *Braithwaite*. Part lxxxv. July. p. 282.

ETHER *vs.* CHLOROFORM.

This case is still before the courts. Until the ardent chloroformist has, to use a Western expression, "killed his man" he will refuse to see the danger of using this treacherous anæsthetic.

I would suggest to the practitioner, "who has used it hundreds of times and never had any trouble with it," to take the last volume of the *Lancet*, January to June, 1882. He will find in that volume alone the record of nine fatal cases of chloroform, and one of ether, poisoning. Of these not one was preventible. Many other deaths have occurred in that period and have been left unrecorded, or have been published in other journals.

It is worthy of note, too, that the proportion should be 9 to 1. This is in keeping with the published statistics. Chloroform kills 1 in 2,500, ether 1 in 23,204, or, in other words, ether is eight times safer than chloroform.

The following synopsis of these *Lancet* cases is instructive.

DEATHS FROM CHLOROFORM.

1. A boy, aged 9, Manchester, chloroform given for diagnostic exploration of an abscess. Quantity taken not given. Died a few minutes after administration.

2. A man, aged 50, Malvern. Reduction of shoulder dislocation. Two drachms. P. M. fatty degeneration of the heart and other organs diseased.

3. A man, aged 23, Gloucester. Excision of eyeball. Post-mortem revealed no abnormal condition.

4. A woman, Guy's Hospital. Setting a fracture. Heart examined before administration. Sudden death in two minutes. P. M. fatty degeneration of the heart.

5. Woman, at the Rotunda, Dublin. Ovariotomy.

6. Woman, aged 35, Kensington. Removal of piles. Fatty degeneration of the heart. Had previously taken chloroform for incision of fistula in ano.

7. Man, aged 52, St. Bartholomew's Hospital. Cancer of lip. No indications of organic disease.

8. Man, aged 49, Canterbury Hospital. Removal of diseased bone in the foot. No indications of organic disease.

9. Man, 27, London Surgical Home, Fitzroy square. Opening of lumbar abscess by Prof. Lister. P. M. heart quite healthy.

DEATHS FROM ETHER.

1. Woman, aged 54, New York. Reduction of a dislocated shoulder. Death from congestion of the lungs two hours after the operation.

On this interesting subject two papers have recently been published. Dr. Johnson, in an essay read before the Medico-Legal Society of New York, notes the fact that chloroform accidents occur, next in frequency to those in the dentist's chair, in operations about the anogenital region. These parts lose their sensibility the last and so profound anæsthesia must be induced. Dr. Johnson though, is wrong in supposing that the degree of anæsthesia is the dangerous element. Deaths have occurred from the very smallest quantity as any one who studies mortality tables will see. The following are the quantities selected from Turnbull's work on anæsthetics. "A few drops," forty drops, fifty minims. M. Vulpian recently, at the Paris Académie de Médecine explains these early deaths by showing that if chloroform be merely applied to the nostrils of an animal, respiration is sometimes arrested. Dr. Johnson believes the remnant of sensibility left in the genital region is the origin of the charges brought against practitioners by patients who have been under anæsthetics.

Among the medico-legal points made by the essayists is one which it would be well for hospital surgeons to bear in mind. "A surgeon allowing an untrained medical student to administer anæsthetics, and life being, therefore, lost, will subject the surgeon himself to a suit for damages."

Mr. Teale (*British Medical Journal*, March 11th) has more than almost abandoned chloroform. The exceptions he makes in its favour are these: in infants, in patients subject to asthma or chronic bronchitis, and also, perhaps, in cases of abdominal obstruction, with difficult breathing in which an operation has to be performed. A good "etherist" can get most patients under the influence in from one and a half to two minutes, whereas Mr. Teale thinks chloroform takes longer to act. This is, perhaps, going a little too far. Ether in some cases, according to my experience, can produce insensibility in a very short time, but in the generality, the patient is not anæsthetized thoroughly for five to ten minutes.

REPORT ON DERMATOLOGY FOR THE QUARTER ENDING SEPTEMBER 30TH, 1880.

BY J. E. GRAHAM, M.D.,

Lecturer on Dermatology and Adjunct Lecturer on Medicine, Toronto School of Medicine; Pathologist to Toronto General Hospital.

Rötheln.—Dr. Cheadle, in an article on this subject, arrives at the following conclusions:—

(1) That rötheln is a specific contagious exanthem, distinct from either measles or scarlatina.

(2) That the period of incubation is from eleven to twelve days; the period of invasion from two to three days, but in mild cases may not be more than twenty-four hours. On these points, however, more extended observations are desirable for their precise estimation.

(3) The other features, which not singly, but taken together as a clinical proof, may serve to distinguish severe cases of rötheln from severe cases of ordinary measles, with which they are liable to be confounded are:—

The slightness or absence of sneezing and coryza.

The greater severity and frequency of the cough; its hoarseness and laryngeal character.

More marked catarrh of the larynx and bronchi.

The absence of intestinal catarrh, as evidenced by absence of diarrhœa.

The more papular character of eruption.

The absence of crescentic arrangement, and its frequently becoming confluent.

Higher range of temperature, and its longer persistence.

Extreme drowsiness during the eruptive stage.

The occurrence of vomiting when the eruption approaches its maximum.

The occurrence of earache during its decline. —*Archives of Dermatology, July*, 1882.

Naphthol.—Prof. Kaposi has made several experiments with this remedy in the treatment of different diseases of the skin. It is used in the form of a solution or an ointment. The solution is made as follows:—.10 to .50 gram. of naphthol in 100 of spirit and water; from .15 to 1 gram. of naphthol to 100 of ointment. An ung. naph. co. was also used. ℞ naphthol 15; axung. 100; sapo vir. 50; cretae alb. pre. 10—M.

The remedy seemed to be of great value in the treatment of scabies, psoriasis, and prurigo.

It is absorbed like tar, and separated by the kidneys and bowels. (I have myself witnessed the rapid improvement of an obstinate case of prurigo in Prof. Kaposi's clinic, from the use of this remedy.)—*Wien. Med. Wochenschr, Archives of Dermatology.*

Iodoform in Lupus.—Dr. Riehl has used this drug as a local application with very great success. In order to remove the epidermis, a fifty per cent. solution of caustic potass was applied after all dirt and grease had been removed by soap and water. Left in contact with the skin, a caustic solution of this strength in from one to two minutes caused swelling and transparency of the epidermis. The excess of caustic potass was washed off, and a layer of iodoform applied, and allowed to remain for from five to eight days. No suppuration was found on removal of the dressings.—*Archives of Dermatology.*

Rickman Godlee recommends the following formula: ℞ Iodoform grs. x, ol. eucalypti ʒss., vaseline ʒ j. M. To be applied to lupus after erasion.

(This formula has been found of great use in two cases in my own practice.)

New Remedy for Elephantiasis Græcorum.—Dr. E. Westland, acting on the theory that leprosy is due to a micro-organism, has tried salicylate of soda, with marked effect in three cases.

Dr. Thin, of London, has made a series of investigations on the habits and growth of the various parasites which infest the skin, and reported the result to the Royal Society.

"The conclusions regarding trichophyton tonsurans which are warranted by the experiments recorded in the paper read before the Royal Society are, that it is not one of the common fungi, and that it can be cultivated artificially when moistened by vitreous humour. When it was completely immersed in vitreous humour, I found no evidence of growth.

"So far as we know, this fungus only grows in the epidermic elements of a limited number of mammals. A careful consideration of the views of previous observers, who have described it as being simply one of the common fungi, accidentally growing on the skin, has led me to the conclusion that these opinions are based on erroneous observations. In their cultivation-experiments, they had not succeeded in excluding growths of the spores of the common fungi present in the atmosphere.

"The experiments which I have tried are pregnant with instruction regarding the management of ringworm. Cases of this disease are divisible into two categories. In the first, owing to the superficial position of the spores, the fungus can be destroyed by the application of parasiticide lotions and ointments. In the second, owing to the depth of the hair-follicle, the spores are beyond the reach of these applications. In this latter class of cases, we have recourse to applications which provoke inflammation; that is to say, to an effusion of serum around the follicles. With the thorough penetration of serum or pus through the internal root-sheath and into the fungus logged hair-root, the parasite dies: a clinical fact established and understood by all competent observers. The limits of this paper do not permit me to enter fully into the best means of provoking this curative inflammation; but I desire to warn practitioners against placing too much confidence in any one kind or form of application. The age of the child, the probable depth of the hair-follicle, and, above all, the degree of susceptibility of the superficial blood-vessels to irritation, must determine the substance used, and especially the strength in which it is to be employed. In all chronic cases of ringworm, the practitioner must, in the first instance, proceed cautiously and experimentally, in order to test this susceptibility of the skin, increasing the strength of his

remedies and the frequency of application until he has obtained a moderate but persistent congestion of the skin of the affected patch. With young children, this experimental process must be carried on with a certain amount of caution; with older children, and more especially with boys over ten years of age, much time need not be lost in making a very decided impression. In ringworm of the scalp, it is not so much the remedy that is of importance, as the judicious use of the remedy.

In ringworm of the body, the parasite is so well within reach, that its destruction presents no difficulty. I find one application of tincture of iodine, and subsequent scrubbing with soap and water, sufficient to effect a cure."

Dr. Thin is of opinion that in alopecia areata there is a fungus which he names the bacterium decalvans. His concluding remarks on this subject are as follows:—

"It may be well to divide the statements made in this paper into two heads: those which relate to ascertained facts, and those which relate to a theory of the causation of alopecia areata, which, I believe, is sustained by these facts.

"1. The facts are, that minute bodies of definite and fixed shape and size are found in and on the hairs in alopecia areata. These bodies are distinct from the granular elements present in hairs, and are neither oily particles nor crystals. They are of the size and shape, and have the refractive qualities, of bacteria. When present in small numbers on the shaft, the hair is entire; whilst within some hairs much affected by the disease they were found in great numbers.

"2. The theory is, that these bodies are bacteria, and that the disappearance of the hair is due to a breaking up of the hair-shaft by the multiplication in it of the organisms.

"As I believe it is desirable to give to definite objects like those which I have described a name which will mark their association with the theory I have founded on them, and as I am myself satisfied as to their nature, I suggest the term Bacterium decalvans as a convenient designation."*

Dr. Thin's views on this subject are opposed to those of many leading Dermatologists. The latter consider alopecia areata to be the result of a trophic nerve lesion. The whole paper shows the great patience and perseverance of the author in pursuing these very delicate observations. It would appear that the vegetable parasites which grow on the skin are exceedingly difficult to cultivate, not growing at all in many solutions in which the ordinary fungi sprout out most luxuriantly.

With regard to the microsporon furfur, the parasite of pityriasis rubra, he concludes as follows:—

"The required soil for the development of microsporon is not only the human skin of certain individuals, but of certain individuals within certain limits of age. Moist parts of the skin of certain individuals during the period of sexual activity would seem to be a definition of this soil. Tinea versicolor develops after puberty, and disappears spontaneously on the approach of age."

A. R. Robinson, in a contribution to the histology of the skin and sensory nerves, read before the American Dermatological Society, stated that "the non-medullated nerves form plexuses both within the skin and epidermis, but in neither situation did he find the nerves ending in free extremities, as is usually stated. The majority of the medullated nerves pass into the papillæ and form loops, the fibres turning either into the corium, or into the neighbouring papillæ.

TRICHINOSIS.

W. H. AIKINS, M.D., L.R.C.P., LOND., ETC.

The following is a report of a case of trichinosis which was treated in Rudolph Hospital, Vienna:—

The past history is incomplete, and, as no suspicions were entertained that the patient had other than an acute attack of rheumatism,

* Subsequent recent investigations have confirmed the author's views regarding the existence of this bacterium. He has now observed it in all the phases through which a bacterial organism may be traced, and will shortly be able to publish an account of methods by which it can be more readily observed.—August, 1882.

no inquiries were made to ascertain whether diseased or uncooked meat had been eaten.

Philippena K., aged 19, occupation day labourer. Born in North Austria. Came to Vienna, Aug. 23rd, was admitted into the hospital Aug. 28th, and died Sept. 5th.

Clinical history: Aug. 28th.—Patient has no history of any disease previous to the present attack. Menses regular; for past two weeks, sharp pains have been felt in both upper and lower extremities, constantly changing from one part to another; tongue coated; in the apex of the right lung the respiratory sounds are weak; abdominal wall tense; stomach distended; has had diarrhœa since last evening; left wrist and knee-joints swollen; morning temp. 100.7; pulse 102; evening temp. 101.8.

Aug. 31st.—Morning temp. 99.1; back of left hand œdematous.

Sept. 1st.—Morning temp. 99; during the day has had three fluid stools; evening temp. 103.1.

Sept. 2nd.—Morning temp. 99; œdema on dorsum of both feet, and lower extremities well marked; pain in small of back and all muscles; great difficulty in swallowing; tenderness in jaws; uvula red and somewhat œdematous; evening temp. 102.3.

Sept. 3rd. — Morning temp. 102; voice hoarse; passes urine continually in bed; pain continues in muscles while the pain in the joints is not so severe; evening temp. 101.6.

Sept. 4th—Morning temp. 99.1; pulse 110; slight œdema on upper right eyelid; great œdema in back, over the region of kidneys; no albumen in the urine; pain in muscles much less marked; patient complains greatly when the knee-joints are moved; profuse perspirations during the day; slight diarrhœa; spleen not enlarged.

Sept. 5th.—Temp. 101.2; œdema is much greater. 11 a.m.—Both elbow joints strongly flexed; extension of arms is all but impossible; from the vagina there is a slight muco-purulent discharge; patient is very weak; respiratory sounds rough; mind wandering. Died at 2.45 p.m.

Clinical diagnosis: Acute rheumatism.

Treatment: Quinine and salicylate of soda.

Post-mortem: Body small, slightly built; rigor mortis well marked; great œdema of extremities, not so well marked in the body; dependent parts of a deep purple colour; meninges and brain pale; a quantity of slimy fluid in the trachea and air passages; the mucous membrane of the larynx, trachea, and pharynx injected and ecchymosed; lungs congested and œdematous; in the pericardium about 150 c. c. of clear serum, and double that quantity in the peritoneal cavity; liver fatty; gall bladder full of dark-coloured bile; kidneys showed evidence of previous disease, their capsules were strongly adherent; in the bladder there was some high-coloured urine, its mucous membrane showed many spots of ecchymosis; the labia minora swollen and abraded; on the abraded surface there was a quantity of greenish-coloured pus; stomach and bowels distended, their mucous surface swollen; in the elbow and knee-joints a large quantity of synovial fluid.

There was nothing so far observed to account for the clinical symptoms, so the muscular tissues were examined microscopically and found to be packed with trichinæ, which were still living. When a small portion of muscle was treated with a solution of caustic potash, and mounted in glycerine, the trichinæ were observed to move slowly, uncoiling and recoiling themselves. In all the muscles I examined, with the exception of the heart, they were present in large numbers; none were encapsuled. In stained sections, around the parasite there was seen to be an inflammatory infiltration of small cells. I examined also scrapings from the mucous surface of the intestines, and found many of the parent parasites.

Since the *post-mortem* it was ascertained that the deceased had not eaten any preparation of pork during the past year, but that her meat diet was confined exclusively to horse-flesh and underdone liver.

M. Hillairet, one of the most distinguished members of the Paris Academy of Medicine in the Section of Public Hygiene, and formerly Physician to the Hôpital St. Louis, died suddenly, in September, from the rupture of an unsuspected aneurism. His age was sixty-seven years.

CASE OF DISLOCATION OF THE HIP.

BY JOHN L. BRAY, M.D.

President Ontario Medical Council, etc., Chatham.

On Saturday, the 7th Sept., I was called to Louisville Switch, about nine miles distant on the G. W. Railway, to see a man who had just been run over by a hand car, containing eight men. Dr. Tye accompanied me, and, on arrival, we found a man named G. Bapel, about 45, strong and very muscular, lying on a lounge, moaning greatly, and complaining of intense pain in the left hip. He also was bruised over almost every part of his body and extremities. On examination under chloroform (for he would not allow of it without), we found the left femur dislocated upwards and backwards. The signs were well marked: knee rotated inwards; leg flexed, shortening of about two inches; and the tendons of the biceps femoris, semi-tendinosus, and semi-membranosus muscles on the stretch. After he was thoroughly under the influence of the anæsthetic, which was administered by Dr. Tye, I thought I would try what manipulation would do, and was much gratified with the result, for in less than five minutes I had the satisfaction to find the head of the bone in close proximity to the socket, and then, by elevating the head a little, it immediately returned to its place with an audible snap. I do not report this case as anything new, but to show that in recent dislocations of the femur (no matter how unpromising they may appear), how much better it is to reduce them by manipulation—when it can be done—than to do so by means of extension, either with or without the pulleys—for the ligaments about the joint are always more or less lacerated—and forcible extension, no matter how applied, does not tend to improve their condition in this respect

This was the fourth dislocation of the hip I have had, and the only one I succeeded in reducing by manipulation, although it was tried in the other three cases; and I am persuaded that the chief reason why I failed was, that the patients were not thoroughly anæsthetised, and although Hamilton says there is more chance of reducing this dislocation by manipulation, without an anæsthetic, as certain sets of muscles aid in the return of the bone, which force is lost when chloroform or ether is given. Still, I cannot agree with him, for if one set of muscles assist in replacing the femur, another and a stronger set of muscles antagonize their efforts, and it is only when the whole muscular power is lost that this difficult dislocation can be reduced with comparative ease.

Selections.

FATTY DEGENERATION OF THE LIVER.

MM. Lépine and Eymonnet in the *Lyon Médical* note the fact that the diagnosis of fatty degeneration of the liver is surrounded with great difficulties. The local physical signs being equivocal and defective, the increase of volume, the form and consistence of the organ having nothing characteristic, Verneuil's sign, general dropsy and diarrhœa, having no decisive signification, and the dosage of the biliary sulphur of the urine being only indicative of diminution of the activity of the liver, they bring forward a new element to assist in the diagnosis. This new element is taken from the dosage of phosphoglyceric acid contained in the urine. Their method is as follows: Remove all the phosphoric acid by the magnesian fluid or baryta water, filter and evaporate to dryness, calcine the residue with nitrate of potash, dissolve this in a little water acidulated with nitric acid, this solution treated with magnesian fluid will show the presence of phosphoric acid anew. This phosphoric acid proceeds from the destruction during calcination of the phosphoglyceric acid contained normally in the urine, as an integral part of lecithine. In the normal state the quantity of phosphoglyceric acid contained in a litre of urine is very small—compared with the urea, about 1-200th part. This proportion in fatty degeneration of the liver may be quintupled or decupled, which happens in no other physiological or morbid condition known up to the present.

Professors Dastre and Morat have pointed out that the fat of the liver contains lecithine. MM. Lépine and Eymonnet have verified this by the direct analysis of fatty livers, and have

found the fresh liver substance (fatty) to contain 3 % of lecithine and more than 15 % in a dry liver.

BACTERIA OF SYPHILIS.

MM. Martineau and Hamonic have found the bacteria of syphilis, and have succeeded in inoculating a pig with syphilis from the culture liquid. The bacteria are thus described, they are rod-shaped, of variable length but not surpassing in length the diameter of a blood globule, formed of a clear matter and contain no trace of a nucleus, envelope nor granulations. They are grouped by twos or are single or are joined end to end and two by two, but between the conjoined bacteria there is a small clear space so that properly speaking they are not in contact. Some are joined so as to form more or less an open angle, and sometimes three by three. They offer divers movements around a central axis like a compass needle, some pirouette around a transverse axis, others around one of their extremities which appears fixed, others have an undulatory or serpent-like movement. Numerous other bacteria of varying sizes, forms, and movements were seen.

These bacteria above described were obtained by immersing an excised indurated chancre in a flask containing Pasteur's culture fluid. The liquor lost its transparency in three hours, in six a small grey deposit had formed and in twenty-four hours, the bacteria were found and inoculated into a young pig, in whose blood the next day were found analogous bacteria. A control experiment was made by inoculating a second pig with serum from an infecting chancre and four days after bacteria analogous to those of the first experiment were found in the blood, and shortly afterwards papular syphilides appeared, persisted for many days and finally disappeared two months after the experiment.—*L'Union Médicale.*

Signor Maudelin affirms that the violets v. syrtica, v. tricolor, and v. arvensis contain from 0.083 to 0.144 per cent. of salicylic acid The other species contain none. The wild violet has much more than the tricolour. It is the action of salicylic acid that explains the use of the violet in pharmacy.—*Nature.*

CONTAGIOUSNESS OF CONSUMPTION.

The conclusions of a paper on this subject, read at the last meeting of the British Medical Association, by Dr. C. Theodore Williams, Physician to the Hospital for Consumptives, Brompton, are as follows :—

1. The evidence of large institutions for the treatment of consumption, such as the Brompton Hospital, directly negatives any idea of consumption being a distinctly infective disease, like a zymotic fever.

2. Phthisis is not, in the ordinary sense of the word, an infectious disease ; the opportunities for contagion being most numerous, while the examples of its action are exceedingly rare.

3. In rare instances of contagion through inhalation, the conditions appear to have been : (1) Close intimacy with the patient, such as sleeping in the same room ; (2) activity of the tubercular process, either in the way of tuberculosis or evacuation ; (3) neglect of proper ventilation of the room.

4. In addition to the above, a husband may, though he rarely does so, infect his wife by coition ; and this risk is considerably increased in the event of pregnancy.

5. By the adoption of proper hygienic measures, such as good ventilation, and separation of consumptive from healthy people at night, all danger of infection can easily be obviated.

In a paper read on the same occasion by Dr. Robert Robinson, Resident Medical Officer to the National Hospital for Consumption, Ventnor, the following conclusions are reached :—

1. Among 100 individuals affected, about one-third have recognizably been exposed to the disease within a period having an appreciable connection with the outset of their own illness.

2. Among married couples, of which one person has been affected, there has been immunity from the disease in the other person in, at least, 80 per cent. of those inquired into ; and that, among the children in the families represented by patients under observation, immunity from the disease occurred in nearly 69 per cent.

3. The existence of phthisis in members of the preceding generation was attended with an increased frequency of its occurrence in the

succeeding one, amounting to nearly 13 per cent. Hence it may be concluded that :—

1. Probably, in every case of phthisis, the inception and presence of a specific bacterium is essential to the destructive process.

2. Probably there is a certain risk of communication of the disease to unaffected persons, and, *cæteris paribus*, the greater the more intimate the association.

3. Continued association with a consumptive person is probably not in itself sufficient to originate the disease in any instance.

4. The preparation of the lung tissue by a chill, debility, etc., is probably as essential to the destructive process as the presence of the specific bacterium itself.—*Brit. Med. Journal.*

Cardiac Typhoid.—M. Bernheim (of Nancy,) read a communication to the French Association for the advancement of science upon the *Cardiac form of Typhoid Fever.* The author intends to designate by this term, cases in which, without notable organic alteration of the heart, without pulmonary complications, or others capable of explaining the fact, the pulse becomes small, frequent, and depressible, and the patient succumbs to this paralytic acceleration of the heart, which may be produced either at the beginning of the fever, with or without concomitant nervous adynamia, or at a more or less advanced period of its evolution. The axillary temperature may be febrile, but moderately so, it may even be normal or subnormal. M. Bernheim considers this nervous asystole in typhoid fever to be due to a direct action of the poison or typhic microbe on the centre of cardiac innervation. In typhoid fever the pulse is usually slower than in other pyrexias, as though the typhic poison, like digitalis, had a slowing action on the pulse. It may be conceived, that this poison becoming concentrated in very great quantity on the cardiac nervous centre, may still act like digitalis in toxic doses, that is may produce paralytic acceleration. This theory, would also explain the fact noted by the author, that digitalis in these cases is not only inefficacious but dangerous, and that even given as a prophylactic it does not prevent the manifestation of the cardiac form. The author, bases his conclusions on six demonstrative observations with autopsies. Sudden death in certain cases of typhoid fever where we meet with no appreciable alteration of the heart, may be due to the sudden concentration of the poison upon the cardiac centre: this is the *foudroyante* variety of the cardiac form.—*Le Prog. Médical.*

Abnormal Respiration.—M. Grancher, in a paper upon the value of abnormal respirations as an early sign of ordinary tuberculosis, concludes, that in view of the necessity of making as early as possible the diagnosis of tuberculosis, a greater value must be attached to abnormal respirations than is usually done. When they are *localized* to one apex, especially to the left apex and are *permanent*, these abnormal respirations, not only permit a diagnosis to be made, but, compel it of themselves without any modification of the sound or vocal vibrations, and without any adventitious signs, as crepitation &c. These abnormal respirations are, in the order of their importance: rude and low inspiration, jerky respiration, and weak respiration. The rude and low inspiration has the greatest value, for it is the most frequent, and most precocious. These conclusions are inapplicable to patients, subjects of a former pleurisy or pneumonia. They have their highest value in young people. —*La France Médicale.*

Coca Leaves in Painful Affections of the Pharynx and Larynx.—Macerate some coca leaves in alcohol. Evaporate over a water bath to a syrupy consistence. May be employed by painting or in a vapour (with one-tenth water added) in painful pharyngitis, chronic or sub-acute; in painful laryngeal phthisis, in certain convulsive coughs, and sometimes succeeds in œsophageal spasm. If for laryngeal applications use as above; if for pharyngeal applications add one-sixth of its weight of neutral glycerine.—*La Tribune Médicale—Lyon Médical.*

Kaulich says that a few drops of tinct. belladonnæ given before the ingestion of quiniæ sulph. will surely prevent vomiting.—*Lyon Médical.*

SPONTANEOUS RUPTURE OF THE SPLEEN—A case of this kind is reported by Dr. F. M. Calkins, in the *Michigan Medical News.* It occured during the night, in a woman, aged 45, in her usual health, who had suffered from malaria and enlargement of the spleen, which was located midway within the left lumbar and inguinal spaces. The rent was in the inferior and convex surface, and was 5½ inches in length. The spleen weighed 2lbs 10oz; and the amount of blood effused was six and a half pounds.

SEA-SICKNESS.—Dr. Cœlho, Professor of Medicine in Rio de Janeiro, was on his way to France and suffered very much from sea-sickness. He tried all remedies likely to be of any use, but without benefit. At last he tried hypodermic injections of morphia, and found almost immediate relief. The same agent was used on the other passengers and with similar effect. Enough must be given over the stomach to produce sleep.—*Wien. Med. Woch.*

THE REGIONAL INCIDENCE OF HYDATID DISEASE.—Dr. Sigmund Theodor Stein, in his work on The "Parasitic Diseases of Man," gives the following figures, compiled from Davaine, Cobbold, Finsen, and Neisser: Out of a total of 1862 cases, the liver was the seat of the parasites in 953, intestinal tract in 163, lungs and pleura in 153, kidneys, bladder, and sexual organs in 186, brain and spinal cord in 127, bones in 61, heart and blood-vessels in 61, and other organs in 158.

BUBOES.—Dr. Pavee reviews in the *Wien. Med. Woch.* the literature on the treatment of buboes, and gives as the result of his investigations and his own experience in about 150 cases, that the best mode of treating is to paint the swelling twice a day with tr. iodi; and, if this does not prevent suppuration, to open the bubo freely and deeply, pass the finger into the wound along the undermining channels, and then fill the wound with iodoform. This plan gives the best results, both as to completeness of cure and the time required. His experience does not corroborate the statement made by some that iodoform is an irritating dressing in venereal sores.

THE CANADIAN
Journal of Medical Science,
A Monthly Journal of Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current meaical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, NOVEMBER, 1882.

THE INTERNATIONAL CONGRESS OF HYGIENE.

The Fourth International Congress of Hygiene was held in Geneva, under the presidency of Dr. H. C. Lombard, of that city, in September last, and is reported on all hands as a grand success. More than 400 members were present representing some 24 different nationalities. Our own Province had the fortune to be represented by Dr. C. W. Covernton, of this city, as a member of the Provincial Board of Health, and he was selected to occupy the chair of President for Canada. A great deal of work was accomplished in the five sections into which the Congress was divided, and the utmost zeal and enthusiasm were everywhere manifest. French was, of course, the language of the Congress. The lavish hospitality of both the Swiss Government and people called forth the loudest praises and gratification from all who experienced it. Public and private receptions, concerts, banquets, suppers, and illuminations were the order of the evenings, and on the Thursday the *Mont Blanc*, the finest steamer on Lake Leman was placed by the Government at the disposal of the Congress, 350 of whose members embarked upon her and were carried along the southern shore to Evian-les-Bains, where a sumptuous luncheon was provided. On re-embarkation the Italian members insisted upon holding a meeting to express the views of the Congress in favour of cremation. This was conducted in the principal cabin, while those who had no taste for this gloomy subject enjoyed the music of the band upon the deck, and the unrivalled scenery

of the environment. After a visit to the embouchure of the Rhone, and the famous Castle of Chillon, a landing was made at Montreux, amid a salute of 20 guns. At the Kursaal a grand banquet was partaken off enlivened by the music of several bands, and the songs of glee clubs occupying the stage. At this dinner members of the Swiss Government, the Federal Council, and Local Administration were conspicuous. At its conclusion the veil of night was found to have fallen, and the banqueters were surprised to see the whole coast illuminated in their honour. Then followed a never-to-be-forgotten scene, a description of which we give in the words of an eye-witness, the correspondent of the *London Lancet:* "The steamer was gaily bedecked with garlands of lamps of many colours, while on the still waters smaller craft flitted here and there, burning Bengal fire or carrying numerous lamps that reflected their colours in the transparent lake. The Congress once on board, the steamer put off a little distance from the pier, and then commenced a display of fireworks, starting simultaneously from the gardens of the hotels that line the shore, and from points high up in the mountains. Against the dark background of the mountains, the Bengal fire enabled us clearly to discern the elegant hotels and villas poised some 3,000 feet, above us at Les Avants and at Glion. The church steeple of Montreux was brightly lit. Vevey and the surrounding villages joined in the festivities. For some two or three miles along the coast it was one blaze of light, and rocket after rocket shot up towards the sky; while the roar of cannon, the stirring strains of the British National Anthem (played by a powerful brass band) the cheers from the ship, and the shouts from the shore, all helped to conclude a reception unsurpassed for its cordiality, and which will forever remain deeply impressed in the memory of the guests."

Dr. W. H. Johnson is practising in New Albuquerque, New Mexico; Dr. W. H. Oliphant, in Redwood, N.Y.; Dr. G. W. Clendenan in New Durham, Ont.; Dr. W. H. Montague at Dunnville, Ont.; Dr. W. F. Eastwood, at Zephyr, Ont. Dr. G. S. Bingham has removed to Hamilton.

THE PROVINCIAL BOARD OF HEALTH FROM AN ENGLISH STANDPOINT.

The *London Lancet* of the 2nd September devotes a leader to our newly created Provincial Board of Health, and comments in the most approving terms upon the general provisions of our Ontario Act, even going so far as to acknowledge that in some respects, notably the compulsory powers of isolation, in the public rather than the individual interest, we are much in advance of English legislation. On the subject of the notification of infectious diseases, and of the contribution of weekly health reports, without fee, however, the following remarks are made: "We are bound to confess that in this respect the Board is expecting too much of the medical profession. That the information asked for is wanted in the interests of public health we do not for one moment doubt; indeed the lack of proper sickness returns is now universally recognized as a serious want in connection with sanitary administration. But a public want should be met out of the public funds, and it is clearly unreasonable to ask that members of a busy profession should, at the sacrifice of much valuable time, and without any fee or reward, supply a public body with information which will need to be carefully compiled." This is the view we have held and uttered from the first, and we are glad of this opportunity to reiterate it once more, thus strongly corroborated by the chief mouthpiece of professional opinion in the Motherland. In referring to Dr. Covernton's visit to England, and to his being deputed to attend the International Congress of Hygiene, in his official capacity as a member of the Board, and to bring back with him a store of information gathered from the experience of the "older established State Boards of Health" of Europe, the *Lancet* adds, "It would be well if our own Central Health authority were in this respect to follow in the wake of the new Canadian Board."

Prof. Arnold, Director of the Berlin Institute for the Blind, has succeeded in teaching Stenography to his blind pupils. He says they learn it more readily than the ordinary method of writing.

TORONTO GENERAL HOSPITAL.

A handsome and commodious building is now in process of erection at the northern part of the General Hospital grounds. It will have two storeys, each of which will be divided into two large rooms, a large verandah facing the south, and a conservatory on the west side (the latter being specially demanded by one of the contributors). It will furnish day-rooms for the convalescent patients, and will no doubt prove a great boon in various ways, which must be evident to all.

Dr. O'Reilly, the energetic Superintendent, has been anxious for years to have such an addition made to his well-ordered Hospital, and through his representations some of our private citizens have generously supplied the required funds. We are not at liberty now to give full particulars, but it is probably no secret that Mr. Wm. Gooderham has very materially aided in this good work. It should not be forgotten, while we point with pride to the numerous charitable institutions of Toronto supported, or largely aided, by private contributions, that over twenty thousand dollars have been given within a few years by private individuals to our General Hospital.

OPENING OF THE MEDICAL SCHOOLS.

The two schools of this city—the Trinity Medical School and the Toronto School of Medicine—re-opened on the 2nd and 3rd ult., respectively, the former its 12th, and the latter its 40th session, both, we understand, with unprecedentedly large classes. This is, perhaps, not an unmixed evil, nor a subject for congratulation to anybody except the schools. There is a real danger of the profession becoming overstocked, the views of optimists to the contrary notwithstanding. Some years ago Dr. Pepper, of Philadelphia, in an introductory lecture, very clearly showed that in no other calling does so large a proportion of those who enter upon it fail by the way, and ultimately abandon it as incapable of realizing their initial expectations. A pretty full abstract of Dr. Barrett's introductory lecture at the Toronto School of Medicine will be found in another column, as well as a synopsis of Dr. Grasett's address at Trinity. An account of the Jubilee Celebration of McGill College will also be found in the same connection.

A SAD OCCURRENCE AND SORRY SEQUEL.

It appears that on the 24th of February last one of those melancholy accidents which may happen to any one of us at any moment, occurred to Drs. Burrows and Coulter in the Town of Lindsay. After amputation of a toe under the anæsthetic influence of a well-recognized mixture of chloroform and ether, the patient suddenly succumbed. All due precautions had been taken, no contra-indication existed, and all means of resuscitation were employed, but in vain. An inquest was at once applied for and ordered, but by some unintelligible interference of the patient's friends was prevented. The week following two letters over *noms de plume*, and defamatory to the Doctors concerned in the case, appeared in the *Canadian Post*. Thereupon Dr. Burrows brought suit for libel against the proprietor of the *Post*, who at once made apology and divulged his correspondent's name. An action was then instituted against the author of the letters, Dr. Herriman, of Lindsay; but just before coming to trial, in the beginning of October, was amicably settled, Dr. Herriman making a full apology and recantation in the columns of the *Post*. It does not often become our painful duty to record so disgraceful an occurrence as the attempt on the part of one medical man to defame the character and damage the prospects of a brother practitioner by the cowardly expedient of anonymous communications in the lay press. Still more unusual is it to find the melancholy occurrence of a death from anæsthetic narcosis made the text of a brutal slander, for such accidents are fortunately rare. While sympathising most cordially with Drs. Burrows and Coulter in the premises, we can only express our very deep regret that Dr. Herriman should so far have forgotten what was due to himself as a gentleman, and to his profession as an honourable, truth-loving, and charitable fraternity, as to have harboured such vindictive malice against a fellow practitioner and townsman, and to have stooped to such contemptible

means to give it utterance. Suffice it to say, however, that he has now done the only thing he could to remedy the evil; and we sincerely trust that his conduct in the future may prove to Drs. Burrows and Coulter a full and honourable amend.

McGILL COLLEGE AND THE CANADA MEDICAL ASSOCIATION.—The ungenerous and unjust insinuations of the *Canada Lancet*, in its last issue, that the members of McGill College, to use a pardonable vulgarism, were disposed to and actually did "run" the Canada Medical Association to suit themselves, was calculated, and, perhaps, intended, to excite the jealousy and animosity of the Ontario profession, and thus damage the interests of the Association. We are pleased, therefore, to find in the *Canada Medical and Surgical Journal*, published in Montreal, an editorial article repudiating the insinuation, and calling attention to the "true inwardness" of the suggestion.

That our esteemed Quebec contemporary may understand that the spiritual smallness evidenced by the *Lancet's* allusion is not participated in by the great body of the profession, in Ontario, for whom we profess to speak, we would refer them to our editorial remarks on the subject atpage 237 of our July issue.

If any cause for jealousy exist between Trinity Medical School and McGill College it can be of no concern to the Canada Medical Association, and if the Trinity, or other schoolmen are disposed on any such trivial account to hold themselves aloof from contributing what might reasonably be expected of them towards promoting the welfare of the Association, so much the worse for them. The Association does not owe its inception in any wise to their efforts, and it is quite apparent that their good or ill will neither makes nor mars its fortunes.

HONOUR TO WHOM HONOUR IS DUE.—At the late Jubilee Celebration of the Medical Faculty of McGill University was present one gentleman, whom we still have the happiness to number among us, who graduated from that institution 47 years ago, Dr Joseph Workman, for the last generation and up to within some four or five years Medical Superintendent of the Asylum for the Insane at Toronto; and, at the meeting of the Medico-Chirurgical Society of Montreal, on the 8th Oct., the following resolution was passed in honour of his presence:

"That the members of the Medico-Chirurgical Society of Montreal, in session this evening, cannot allow the opportunity to pass of expressing to you the pleasure your visit to this city has been to them. They feel that to you the Medical Societies of Canada owe much. Your zeal and ability have always been liberally expended in promoting their welfare, and they desire to express the hope that you may be still spared for many years to give them the benefit of your wisdom and counsel."

We are sure that the profession of this city, and especially the members of the Toronto Medical Society, at whose deliberations he for two years presided, and the constant sight of whose venerable form has been an encouragement to some and a reproach to many, will eagerly join with us in a heartfelt echo of the sentiments expressed above by the Medico-Chirurgical Society of Montreal.

MAGGOTS IN UNUSUAL SITUATIONS.—Dr. J. E. Prince, of Jacksonville, Ill., narrates in the *Medical News*, for Oct. 14th, a case of ozæna in which sixty-five healthy maggots had to be removed with forceps from the nares of the patient, they having resisted irrigation and other means of dislodgment. Their scavenging duties, however, had been well performed, the discharge being freed from all mal-odour. A recent English journal also contained notice of a case in which the stools of the patient contained live maggots at the time of voiding. A lady, too, in this city, under the care of the writer, suffering from a miscarriage, showed him some blood clots, swarming with maggots, which, she affirmed, were present at the time of the discharge of the clots.

In proposing the toast "Prosperity to the British Medical Association," at the dinner in the recent meeting, Sir James Paget used the following happy expression, "Do not let our disputes be very noisy on the scientific side. Remember always that it is only through clear and undisturbed waters that you can see what lies at the bottom. In storms of controversy, there is nothing to be found but the billow that moves to mischief, and the foam that disappears."

The first resection of the Stomach in America was performed by a Homœopathist, Dr. F. W. Koehler, of Louisville, Ky., on the 2nd of Sept. last, the patient being a woman sixty-five years of age. The operation seems to have been skilfully performed with all due precautions, except Listerism; but the patient died five and a half hours after its completion.

A new Antispastic has been discovered in guachamaca extract made from the bark of the Quebracho plant. It corresponds to curare in its properties and action; and not being absorbed by mucous membranes, must be administered hypodermically. Schiffer, of Berlin, has successfully employed it in tonic and clonic spasms of the musculature, in doses of $\frac{1}{6}$th of a grain.

The New York *Sanitary Engineer* has laudably undertaken to print as much as possible of the important information hitherto published in the National Board of Health Bulletin, whose publication has ceased and determined owing to the niggard parsimony of Congress. The *Sanitary Engineer*, apart from its own intrinsic merits, deserves the support of all physicians and sanitarians for its enterprise in the premises.

The New Medical School, London, Ont., opened Oct. 2nd with a class of fifteen students.

Dr. Stewart, of Brucefield, Ont., is at present in Vienna, Austria, where he will remain a few months.

Dr. Burnet, one of the Physicians to the Great Northern Hospital, is accompanying the Princess Louise on her Western tour.

PERSONAL.

Dr. Charles Morehead, C.I.E., died at Wilton Castle, Redcar, Yorkshire, on the 24th August, in the 75th years of his age. Dr. Morehead's name is intimately associated with the Medical history of India, where he spent the greater portion of his professional life, and his great work had the "Diseases of India" for its subject. An apt and favoured pupil of Alison and of Louis, his diagnostic powers and capacity for clinical work brought no discredit to the teaching of those two great masters. He entered the Bombay Medical Service in 1829, became first Principal of the Grant Medical College and Professer of Medicine there in 1845, and so continued until his return from India in 1859. "Whatever may be the future of the Medical Service in India," says the writer of the obituary in the London *Lancet*, "it has a past of which its surviving members may well be proud. In the long list of those who did honour to our profession, there are few names more deserving of fame than that of Charles Morehead."

Mr. J. T. Clover, F.R.C.S., probably the most accomplished practical administrator of anæsthetics of our time, is now no more. He was for many years resident Medical Officer of University College Hospital, and was a careful and accomplished surgeon. His name will remain inseparably connected with the apparatuses for anæsthetic inhalation, and the exhausting detritus bottle and irrigator, for use in the operation of lithotrity, which he invented.

Sir James Alderson, M.D., Oxon., D.C.L., F.R.S., for many years Senior Physician to St. Mary's Hospital, and President of the Royal College of Physicians, for three years from 1867, has lately passed away at the advanced age of 87.

Dr. Dorin, of Chalons-sur-Marne, said to be the oldest physician in France, has just died at the age of 94.

Luigi Concato, the celebrated Professor of Clinical Medicine in the University of Turin, is dead.

It is rumoured that Oliver Wendell Holmes is about to resign the Professorship of Anatomy at Harvard, which he has held so long.

Prof. Hildebrandt, of Königsberg, the eminent gynæcologist, and author of the treatment of uterine fibroids by the hypodermic injection of ergot, is dead.

Drs. Holland and Cottell resign the editorial chair of the *Louisville Medical News*, giving place to Drs. L. P. Yandell and McMurtry.

Book Notices.

Report on Some Anatomical Variations for 1882. By FRANCIS J. SHEPHERD, M. D., Montreal, (*Reprint from Annals of Anatomy and Surgery.*)

The First Biennial Report of the Michigan Free Eye and Ear Infirmary. By C. J. LUNDY, A. M., M. D., Surgeon.

Health and Meteorological Reports for the State of Michigan for the month of September. By HENRY B. BAKER, M. D., Secretary, State Board of Health.

Weekly Health Bulletins issued by the Provincial Board of Health of Ontario. By PETER H. BRYCE, M. A., M. D., Secretary.

The Journal of Cutaneous and Venereal Diseases. This is a new candidate for professional favour whose first appearance was made in October. It is edited by Henry G. Piffard and Prince A. Morrow, two well-known dermatologists of New York, under whose management it is sure to be well conducted. It is issued monthly, at $2.50 per annum, the publishers being Wm. Wood & Co.

Nitro-Glycerine as a Remedy for Angina Pectoris. By WM. MURRELL, M.D., M.R.C.P. Detroit: George S. Davis, 1882.

This is a small octavo of 78 pages, a description of which is best given in its author's own words, viz :—To give directions for the administration of nitro-glycerine in angina pectoris, the principal points being illustrated by reference to cases under his care, some of which were published in the *London Lancet*, in 1879. In view of the author's reputation it would be superfluous to add a word as to the execution of his design. It appears from his observations that the effects of nitro-glycerine in those distressing cases are much more lasting and satisfactory than those of nitrite of amyl.

A Treatise on Diseases of the Eye. By HENRY D. NOYES, A.M., M.D., New York. Wm. Wood & Co., 27 Great Jones St., N.Y., 1881. (Library of Standard Authors.)

By virtue of the ever-increasing stock of knowledge in all departments of medicine, works on special subjects intended for the profession at large have necessarily to be at once more minute and more comprehensive than they were formerly. Even the younger practitioner, who has had facilities not enjoyed by his older brother, ought to be fully satisfied with the fund of information on diseases of the eye provided by our author, whose work embodies the results of much thought, extensive reading, and a very large experience. More need not be said.

A Treatise on Food and Dietetics, Philosophically and Therapeutically Considered. By F. W. PAVY, M.D., F.R.S., F.R.C.P., Physician to, and Lecturer on Physiology at Guy's Hospital, etc. New York: William Wood & Co. Toronto: Willing & Williamson.

In this work (one of the '81 series) the discussion of alimentary principles and alimentary substances is both comprehensive and exhaustive; while the second half, which treats of dietetics, is more practical, and will be read with interest both by physician and layman. This distinguished physiologist has long been an authority on this subject, and this treatise is well worthy of the author's reputation. It is not only the best, but, perhaps, the only complete and systematic work of the kind we have access to, and fortunately it is all that we could desire.

Lectures on Electricity in its Relations to Medicine and Surgery. By A. D. ROCKWELL, A.M., M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The second edition of these lectures contains some new matter—notably a lecture upon Franklinic Electricity, and a notice of the "Galvanic Accumulator," or storage battery.

The author's methods of general faradization and central galvanization are clearly and carefully explained, the indications for their use detailed, and their inapplicability to all cases admitted. Caution is urged upon the practitioner in the empiric use of electricity. Profound study, close observation, and long experience are required for the successful use of this powerful therapeutic agent.

The Lectures will doubtless prove beneficial to those who may be desirous of taking up the study of electro-therapeutics, as also to the practitioner by giving useful hints in obstinate cases.

Mental Pathology and Therapeutics. By W. GRIESINGER, M.D., Professor Clinical Medicine and Mental Science, in the University of Berlin. Translated from the German (second edition). By C. Lockhart Robertson, M.D., Cantab., and James Rutherford, M.D., Edin. New York: William Wood, & Co., 1882.

The issue of Wood's Library for 1882, contains this well-known work, reproduced from the translation made by Drs. Lockhart Robertson, and Rutherford for the New Sydenham Society, in 1867. The first edition of the original having been published in 1845, and the second, now nearly twenty years ago, it would be manifestly unfair to institute a comparison between it and later works upon the subject. The volume is valuable, however, as having been *facile princeps* in its time, and as presenting the views and teachings of an ancient chief in the modern school of German Medical Psychology.

The Diseases of the Rectum, including Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, &c. By WM. ALLINGHAM, M.D., F.R.C.S., Surgeon to St. Mark's Hospital for Diseases of the Rectum, &c. Philadelphia: P. Blakiston, Son & Co., 1882.

Dr. Allingham's reputation in this specialty is world-wide, and this fourth edition of his Treatise on this subject is, as might be expected, a most excellent one. The fruits of his rich and ripe experience are evidenced on every page. In operating on internal hœmorrhoids he expresses a decided preference for the ligature, combined with incision after dilatation of the sphincters, and shows by reference to the statistics of others, as well as his own, that it is much safer than the operation with Henry Smith's clamp and cautery. His treatment of fistula, ulcer, stricture, &c., is sound, while safe, and we can find no place for unfavourable comments. When we consider the price (75 cents) we must certainly feel surprised, if it is not found in the majority at least of medical libraries.

Treatment of Cancer. By JOHN CLAY, Professor of Midwifery in Queen's College, and Obstetric Surgeon to the Queen's Hospital, Birmingham. London: J. & A. Churchill, 11 New Burlington street. Price, one shilling.

In this pamphlet Mr. Clay gives his original paper on the treatment of cancer—especially cancer of the female generative organs—by Chian turpentine, as they appeared in the London *Lancet;* and, while confirming the statements which appear therein, he adds much that is interesting on improved methods of using the remedy, together with other important aids in the treatment of this formidable malady.

The experience of the majority who have used Chian turpentine is rather disappointing, but, in the face of the evidence adduced by this distinguished surgeon, this agent must not be overlooked while we are treating cancer of the uterus, and if we decide to use it, we should be careful in adopting all the precautions recommended in procuring the pure article, and giving it a thoroughly fair trial with all the "aids" our author refers to.

A Practical Laboratory Course in Medical Chemistry. By JOHN C. DRAPER, M.D., LL.D., Professor of Chemistry in the Medical Department, University of New York. New York: Wm. Wood & Co.

This is a really admirable little work. Without making any of the pretensions of the innum-

erable short cuts to knowledge with which the field of medical educational literature is flooded, it forms an exceedingly handy and useful compendium for the practical chemistry room. The volume is in note-book form, and by a judicious arrangement of alternate blank leaves, may be made to serve the double purpose of text and note-book. After a few introductory pages devoted to instructions for manipulation, it proceeds to give the methods for the detection and treatment of the principal poisons. This is followed by a chapter on the examination of water for organic or inorganic impurities, its purification, etc., and a third section deals with animal fluids, especial attention being paid to the subject of urinary analysis. The general arrangement of the work cannot fail to recommend itself to the student.

Syphilis. By V. Cornil, Professor Faculty Medicine of Paris, Physician to the Lourcine Hospital. Translated with notes and additions, by J. Henry C. Simes, M.D., and J. William White, M.D., of the University of Pennsylvania. With 84 illustrations. Philadelphia: Henry C. Lea's Son & Co., 1882.

This work is a re-production, with the addition of much valuable matter, interpolated within brackets in the text by the American editors, of lectures delivered by Cornil in 1878 at the Lourcine Hospital of Paris. The author had there, of course, unbounded opportunities of study and investigation; and his object was to occupy a new field and fill up a hiatus in the long list of many valuable contributions to the literature of syphilis in his own and other languages. This he has most successfully accomplished by approaching the study of syphilitic lesions from the anatomical side. The histological view of syphilis is therefore the unique and vital feature of this book; but clinical records of cases are not wanting. After general considerations on the disease, its incidence upon the various tissues and organs of the body is fully studied and elaborately illustrated, and a concluding chapter is devoted to treatment, after the French fashion of course. A valuable bibliography and a good index complete the work. Standing apart as it does, the only one of its kind, this work presents positive excellencies alone. There is no room for comparisons, odious or otherwise. As the original exhibits all the characteristics of a master-piece of a master mind, so the translation in its English dress bears ample evidence of the zeal and faithful imitation of true disciples.

Miscellaneous.

ABSTRACT OF INTRODUCTORY LECTURE.

40th Session, Toronto School of Medicine, October 3rd, 1882.

BY M. BARRETT, M.A., M.D.,
Lecturer on Physiology, &c.

Mr. Chairman and Gentlemen,—My colleagues have conceded to me the honour of addressing you upon this, the first meeting of the Toronto School of Medicine for the 40th Session, 1882-3.

In the first place, therefore, I beg leave to welcome our numerous friends who honour us with their presence upon this momentous occasion, and also those of my audience who in previous sessions have occupied the seats of this lecture-room, and further to say to those gentlemen who for the first time now present themselves as students of the Toronto School of Medicine, that as in the past, so in the present and future sessions, it will ever be the earnest endeavour of each and every lecturer to forward, by precept and example, the best interests of the medical student. To you then more particularly, gentlemen who now for the first time are attending a course of medical lectures, permit me to offer the following remarks: . . . You by your presence on this occasion testify that you are willing to assume the charge of alleviating, to the best of your ability, those ills of the flesh to which God's creatures are liable—ills arising in no case from the imperfection of an all-wise Maker's hand, but from man's violation of His divine laws. A violation not to be clearly traced, perhaps, in every case, yet in the large majority so manifest that we may safely infer that every ill that flesh is heir to, is but the

merciful punishment due to the infringement of His divine laws. In preparing yourselves to assume this sacred duty you are prompted, it is to be hoped, by no mercenary motives: the love of your fellow man, your sympathy with suffering humanity, must be the mainsprings of your contemplated devotion to the study of medicine; but your best emotions arising from natural instinct will not be sufficient to carry you through to the completion of your proposed undertaking. The very exercise of your profession will have a tendency to render you somewhat callous to human suffering unless your sympathies be founded on a broader basis than mere instinct—a basis, it is to be hoped, established before now, for the atmosphere of a Medical School is not, by the outside world, considered to be the most congenial for the development of the greatest of the Christian virtues, Charity. . . .

Among the several professions the introduction to that of medicine probably presents the greatest obstacles; independently of the time necessarily given to its study, and the expenditure of money which such time involves, the mental labour demanded is undoubtedly greater than that required for any other pursuit. . .

To some seeking a profession, the prospect of acquiring wealth is the all-powerful temptation. No matter what may be the difficulties surrounding it, or the liabilities which it may involve, if it should have happened that a few of those engaged in its pursuit, have acquired more than a competency, the multitude snatch at the phantom only to find their grasp eluded. Wealth is almost unknown to those in the ranks of the medical profession, yet a competency may be reasonably looked forward to after years of severe toil by the industrious and prudent. Some again desirous of escaping the laborious toil of the agriculturist or of the handicraftsman, without considering the question as to their aptitude, resulting from previous education and social position, take to the study of one of the learned professions, and disappointment is almost the invariable result. When too late they discover the error of their choice, more especially if the profession they may have selected should happen to be that of medicine; for here there is no escape from toil, and that the most arduous, both mental and bodily. The man who is afraid of excessive labour is little suited for an occupation which constantly requires its devotee to travel at all seasons of the year, exposed to the inclemencies of all weather, at all hours of the day and night, resisting the urgent demand for sleep, through, oftentimes, the worst roads of our Canadian back settlements, to visit the sick or to assuage the sufferings of the dying. Such an occupation is surely not one of ease, and compares most unfavourably with either that of the farmer, the mechanic, the lawyer, or the divine.

Has the profession of medicine no allurements? Is its difficulty of study and attainments such, its pursuit so full of anxiety, toil, and exposure, that even the mariner would not exchange his calling for it. and have these nothing to counterbalance them? Yes. The practice of medicine has its allurements, and they are sufficiently great in the minds of those worthy of the profession to outweigh the difficulties attending its acquisition. First of all, and before all, and above all, it confers the privilege of relieving suffering humanity; of saving from imminent death thousands upon thousands of those whose lives may henceforth justify the hope of immortal happiness. No more fitting emblem of mercy can be found than the physician braving the dangers of the pestilence in the wretched hovels of the poor, or the surgeon upon the battle-field, ministering alike to friend or foe, without hope of earthly reward, but feeling amply recompensed in the conscientious discharge of his merciful calling. One day of such an opportunity to render service to God and man is worth a whole life spent in the acquisition of a science which confers such power upon its possessor. To relieve the sick poor with medical aid is also the favourable occasion of the kind-hearted physician: in large cities such as this, where poverty so abounds, the demands made for charitable aid upon the time of the practitioner are frequently greater than his time and means will permit him to accede to; in such cases the efforts of the senior students of medicine are gratefully accepted by the suffering poor, and thus many opportunities are presented for the

acquisition of professional experience, and for the manifestation of that mercy so eloquently pourtrayed by the Bard of Avon, and peculiarly applicable to the position of the medical student—

"It is twice bless'd;
It blesseth him that gives and him that takes."

. . . .

Again, the study of medicine possesses great charms for the lover of nature. No employment can prove more congenial to the mind fitted for the admiration of God's works than the application of the truths derived from enquiry into Nature's mysteries to the well-being of the highest in the scale of creation.

Many of the greatest discoveries made in biological science have resulted from the labours of those members of the profession who have not been the most actively engaged in medical practice, but have chosen rather a continuance of the student's life, thus sacrificing every prospect of wealth or affluence in order to gratify their intense love for a knowledge of the wonders of nature. . . . .

But the profession of medicine is not without its worldly advantage and that of a high order—the universal demand for the services of the physician and surgeon is such that, place him where you will, his profession clothes him as with an ægis, ever protects him, ever supports him. . . . .

Having thus briefly laid before you the difficulties and the advantages of the medical profession I proceed to speak of the requirements necessary for those who embark in the study of the healing art; and first of all must be placed the desire for knowledge, for its own sake, independently of the honour and emolument to spring from its possession.

The profession of your choice demands for its successful pursuit the utmost culture of all the mental power which the largest munificence may have bestowed. Ignorance on the part of the practitioner is criminal and may never be pleaded as an excuse for malpractice. The lives of the most valued, of the highest as of the lowest in worldly station, of the aged and of the young, of the mother and of the offspring are henceforth to be confided to your professional skill. You may not excuse yourselves with the trite saying, "I did as well as I could," it must be, "I did as well as could be done." No second-rate order of attainment can be tolerated in the practitioner of medicine; when employed ever remember that you are so employed because you are thought to possess all the professional qualifications attainable by human being. . . .

The morals of the physician are scarcely second in importance to the knowledge he may bring to bear upon his profession; the medical practitioner should be a gentleman in the widest sense of the term. . .

The truly scientific practice of medicine may be said to have had its beginning in the latter part of the 17th century, for prior to the discovery of the circulation of the blood, no basis existed upon which to build a knowledge of physiology and through it the practice of medicine and surgery. Before this time the dicta of the astrologer and the sorcerer were accepted as the chief guides to a restoration to health when departed from.

Wm. Harvey was born at Folkestone, in England, and after graduating at the University of Cambridge went to Padua and prosecuted his anatomical studies under the direction of Fabricius d'Acquapendente; he returned to England when 24 years of age, and shortly afterwards received the appointment of Professor of Anatomy and Surgery at the Royal College of Surgeons. When about 40 years of age, in 1616-1619, he made public his great discovery of the circulation of the blood. The announcement was received with unsparing ridicule, and for more than twenty years provoked unrelenting persecution. The inventive spirit with which nature had endowed Harvey was not wanting to many of those who before him had engaged in the same path, but that which he possessed in a higher degree, and which enabled him to attain the end, of which his predecessors had, at the most, been able only to guess the existence, is that lucid comprehension, that prompt and sound judgment, that exquisite good sense which always guided him in the appreciation of facts, in the deduction of consequences, and in the selection of proofs which he invoked to set forth his teachings. Harvey was one of

those choice intelligences who, at the first glance, unravel the true from the false, who raise themselves to such a commanding point of view that they are enabled to embrace the whole connection of facts, but who love to walk upon a solid foundation, who reason always with exactitude, and who can clearly express the ideas which they have conceived.

In Harvey's own account of his discovery he says, "When I began to study, not in books but in nature and by the help of vivisections the movements of the heart, the task appeared to me so difficult that I was almost tempted to believe that God only could understand them. But by giving each day more attention and care, in multiplying my vivisections, making use of a great variety of animals, and collecting many observations, I believed that I had at length arrived at a knowledge of the truth. Since then I have not hesitated to communicate my views, not only to a few friends, but in public in my anatomical teachings. They have been favourably received by some, blamed by others; on the one hand the crime has been imputed to me of straying from the precepts of my predecessors; on the other hand, a desire has been expressed to see me further develop these novelties which might, perhaps, be worthy of attention. At length, yielding to the counsels of my friends, I decided upon making use of the press in order to submit myself and my labours to public opinion." Such are Harvey's expressions as to his motives for the publication of his book—he almost seeks to excuse himself for it, and nevertheless it is a masterpiece. Not only does it contain one of the most important discoveries in physiology, but it is written with such perfect method, that Roger Bacon perhaps was thinking of the researches of his modest and wise fellow-countryman when he laid down with a masterly hand the rules to be followed in scientific investigations.

. . . . .

Seven years after the publication of his treatise Harvey was appointed physician to the unfortunate King Charles I., and ever remained faithful to his Sovereign. As a reward he was chosen Warden of Merton College, Oxford, in 1645. When, however, the parliamentary visitors came there, he left Oxford for London where he died in 1658. We are not less indebted to our illustrious fellow-countryman who discovered the circulation of the blood for having paved the way to a rational treatment of aneurismal and wounded arteries by the modern operation of placing a ligature between the heart and the seat of disease or injury.

Although England has produced many distinguished anatomists, Dr. Wm. Hunter undoubtedly occupies the first rank; he was born in 1718, in Lanarkshire, and went to London in 1741. Dr. Wm. Hunter not only gave a new impulse to anatomical science, the effects of which have been transmitted to the present time, but his zeal in behalf of his favourite pursuit tended to make many converts. Among these the celebrated John Hunter stands foremost. Hearing of his brother's reputation he offered his services as an assistant, and his proposal was kindly accepted. The active mind of John Hunter, guided by a deep insight into the powers of the animal economy, substituted for a dangerous and unscientific operation, an improvement founded upon a knowledge of those laws, first revealed by Harvey, which influence the circulating fluids and absorbent system; the first operation was performed by John Hunter, in December, 1785, in a case of popliteal aneurism, in which the femoral artery was ligatured, and since that time this mode of treatment was universally employed by surgeons, until the introduction of compression in 1842. The result of the united labours of the two brothers was the formation of a museum of comparative anatomy; this museum was bequeathed under certain conditions, which have been most faithfully fulfilled to the Royal College of Surgeons in London. Dr. John Hunter died in 1793.

Passing down the stream of time we meet with the wonderful discovery of the effects of vaccination; it is to be observed that the practice of inoculation, meaning thereby the introduction of the actual virus of small-pox, had been in vogue throughout China and the East generally from a very early period in the world's history. This practice was introduced into Great Britain by a very celebrated Eng-

lish woman, Lady Mary Wortley Montagu, wife of the British Ambassador at the Court of the Ottoman Empire. . . .

The daughter of Lady Wortley was the first person inoculated in England, thus recommending the practice by her own example. To this noble and patriotic women, then, the profession and the public are indebted for that preliminary knowledge which led up, after eighty years, to the great discovery made by Jenner in 1798—its birthday being usually assigned to the 14th of May, 1796. Dr. Edward Jenner was an English physician, and the promulgation of the discovery made by him was so rapid, that in six years time it became known throught the civilized world. . .

Aided by the discoveries of that best handmaid of medical science, namely, organic chemistry, Sir James Young Simpson discovered the anæsthetical properties of chloroform and introduced the use of it in 1847, when Professor of Medicine at the University of Edinburgh. A new era was brought about in chirurgical science, and a means introduced whereby surgeons now perform operations and patients submit to them, even when of a prolonged nature, without the necessity of pain, and yet the required operations, although of the greatest magnitude, can be well and perfectly executed. And, moreover, the mortality prior to the use of anæsthetics, which was very great after major operations, has been most materially lessened. . . . .

I am confident, gentlemen, that you cannot have failed to notice that the prime discoveries thus hastily brought before you, namely, the circulation of the blood by Harvey, the greatly extended knowledge of anatomy by William Hunter, the ligation of arteries by John Hunter, the protective power of vaccination by Jenner, the use of anæsthetics by Professor Simpson, these have all been achieved by sons of Britain, discoveries which have advanced immensely our knowledge of physiology and anatomy, the practice of surgery, the practice of medicine, and the extension of the materia medica, thus every department of the science and art of medicine.

Surely as Englishmen, and the descendants of Englishmen, we may take a just pride in the honours gained by our ancestors, and may further trust in the belief that the energies, industries, and mental powers possessed by them have not been lessened in her sons simply by the fact of our having transplanted England's institutions, her laws, and her language to this western continent.

"Cœlum, non animum, mutant, qui trans mare currant."

SYNOPSIS OF DR. GRASETT'S OPENING ADDRESS AT TRINITY MEDICAL SCHOOL.

After according a hearty welcome to the old students who were present, and especially to the new, the lecturer proceeded to defend the custom of holding introductory lectures, regarding them as useful opportunities of conveying timely words of encouragement and advice, and deprecating the practice of some in making them vehicles of discouragement. He referred to the difficulty of selecting a subject for the address, there being no unbroken ground, and then proceeded to narrate briefly the progress of the School and the advantages of medical education presented of late years. In old times the system of apprenticeship was in vogue, and the old Medical Board tested a man's qualifications. Then King's College appeared, followed by University College, which soon lost its medical faculty. The establishment of Trinity College by the late Bishop Strachan was then referred to, and the reader claimed the present school as a lineal descendant of its old medical faculty which had lain dormant for so many years. In connection therewith he eulogistically referred to the late Edward Hodder, the well known gynæcologist; to the gentle and gentlemanly Beaumont, the accomplished surgeon; and to the amiable Bovell, a man of perspicacity and learning, a cultivator of the *science* of medicine. After a period of desuetude the old faculty was revived by the infusion of new blood, some 12 or 13 years ago; and after a few years, incorporation as a teaching institution separate from the College was sought and obtained. In the old faculty 7 lecturers were sufficient, now 13 are required. After a com-

plimentary allusion to the present faculty he informed the students that they had duties which must be properly performed. A prime qualification for the student was a good general education; he deemed a college course desirable, and quoted from a report of the visitors to the Scottish Universities, and from his own experience of college-bred men in Edinburgh in support of this view. He advocated cultivation of the natural sciences, and the establishment of a short summer session for the study of botany, natural history, and chemistry. He thought, too, that this would be a grand opportunity for teaching practical physiology and pathology, minor and operative surgery. He would also have one or two summer courses in physical diagnosis obligatory upon the student. To learn anatomy, careful, painstaking dissection was the one thing necessary, as illustrated by John Hunter. This year, he was glad to announce, they were to have the services of an additional able demonstrator (Dr. Teskey). He next referred to the rapid growth, and increased importance of physiology, and said that they were particularly fortunate in securing the services of a lecturer (Dr. Sheard) who had made this subject and practical pathology a special study. Clinical work at the Hospital he regarded as extremely important; in fact the keystone of the medical edifice. The hospital had been raised to great efficiency by the united efforts of the trustees and medical Superintendent, and now embraced the three departments of a General and Lying-in-Hospital and an Eye and Ear Infirmary. The system of clinical lectures now inaugurated he thought would prove the strongest point of the faculty from this time forward. Students would find that self-culture was the result of careful clinical work, and from simple observation deductions of great import might arise as in the case of Jenner and the milkmaid, and of Galvani and the frog. Let them keep their eyes and ears open, and they would become in time themselves elucidators of nature's processes. But too constant application was not to be commended. Physical exercise should not be neglected, and one afternoon and evening in every week should be set apart for relaxation. As to the mode of a student's life: Parents were often unduly apprehensive of the temptations which beset his path. Such undoubtedly did exist; but, if in any the power to resist were wanting he had better abandon the profession. One temptation, however, he would single out for mention, although it might seem *outré*, and that was the besetting evil of intemperance. He could not refrain from warning them against it, because he had witnessed its blighting influence on so many of his own contemporaries and compeers. He defended the character of medical students from the aspersions commonly cast upon them, and advised them to foster the natural quality of sympathy with patients, as being a therapeutic means of grand importance, and quoted Sir James Simpson's warm laudation of feminine qualities in the sick room. In the way of general advice he would say to the students that their difficulty arose from irresolution. Diligence, honesty of purpose, industry, and well-formed habits were their stock in trade. Habits of study must not cease with graduation for their subject was interminable. Members of the graduating class would soon become general practitioners, asylum physicians, specialists of one sort or another, but he could advise them that in whatever department they might cast their lot a general knowledge of the whole broad field of medicine was a prime necessity. Too sanguine expectations must not be formed in the beginning. Success demands a long courtship and unintermitting toil. The early disappointments of Sir Astley Cooper and a well-known Philadelphia surgeon were cited as examples of the fate of many who proved ultimately successful; but with the true physician pecuniary rewards were not the main, but rather the last, consideration.

ALUM FOR LEAD COLIC.—Dr. Geo. C. Pitzer says this is an excellent remedy in lead colic:

Alum	℥ij;
Dilute phosphoric acid	℥j;
Orange-flower water Water	āā ℥ij.

M. S. One tablespoonful every hour.

This will frequently relieve the nausea, relax the spasm, and open the bowels when other drugs fail to afford any relief.—*Amer. Med Jour.*

THE SEMI-CENTENNIAL JUBILEE OF McGILL MEDICAL FACULTY.

The oldest medical school in Canada, the tenth oldest in America, celebrated the opening of its fiftieth session on the 4th and 5th of last month. The Medical Faculty of McGill College is really older than fifty years, for it lost three sessions during rebellion times, and it is owing to this intermission that 1882-83 is its fiftieth session.

The proceedings commenced with an introductory lecture by the recently appointed Dean, Dr. R. P. Howard, in the theatre of the Redpath Museum, on the evening of the 4th October. The seats were filled by students and graduates of the University, as well as by many invited guests. The subject of the address was a history of the founders of the school, with a sketch of the life of the late Dean, Dr. George Campbell. At the conclusion of the lecture, all adjourned to the Museum, where a conversazione was held, an entertainment made pleasant and interesting from the number of graduates who had come from their homes to take part in the rejoicing over the successful career of their College. Upwards of six hundred people attended the reception, and it was regarded as one of the most successful entertainments of the kind ever held in Montreal. The following day was spent by those who had come from a distance, in visiting old haunts and hunting up old friends. The wards of the General Hospital were the chief attraction. The College classrooms and the dissecting-room, however, received their share of attention. Old boarding-houses and landladies were not forgotten.

The great event of the Jubilee was the dinner. Many more graduates arrived just in time for it. On the evening of the 5th there sat down some two hundred and twelve guests, in the magnificent dining hall of the Windsor Hotel. Of these about one hundred and ninety were medical graduates of McGill. The seats were arranged in such a way that men of the same class sat near one another. Many an antique joke was unearthed, many an old story retold.

The senior classes were well represented. Dr. Workman represented '35. His only surviving class-mate, Dr. Hart, sent his congratulations to the Dean and Faculty, with regrets that advancing age and domestic affliction prevented his leaving his home in Louisiana to join in the celebration. No '42 or '46 men were present. These two classes have gone where all college classes go. '43 sent up one graduate. '47, '48 and '50 turned out in force.

Among the guests seated at the principal table were: Dr. Chadwick, representing Harvard; President Buckham, of the University of Vermont; Dr. Covernton, of Trinity College, Toronto; Dr. Workman, representing the Toronto School of Medicine; Hon. D. A. Smith, Mr. Hugh McLennan, Dr. d'Orsonnens and Dr. Rottot, representing the French Schools, and Mr. David Morrice, the founder of the Morrice Scholarship in Physiology at McGill.

The Lieut.-Governor of Quebec, himself a graduate in medicine of 1860, sat at the Dean's right hand.

The toasts customarily given on such occasions were duly honoured. Immediately after the response to the toast of the Sister Professions, the Dean said he had a most gratifying announcement to make. He read to the company a letter which he had just received from one whose name he could not divulge. The writer offered $50,000, a gift to the Medical Faculty, as a nucleus for an endowment fund, if by the first of August next an equal amount were subscribed by others.

A tremendous burst of cheering followed this wholly unexpected announcement.

During the course of the evening congratulatory telegrams were received from various parts of the globe. The new College of Physicians and Surgeons, of Chicago, sent greeting, "the infant to the matron." The announcement that the Professors and students of Trinity College, Toronto, had sent by telegraph their congratulations, was received with the most enthusiastic applause.

The Secretary was instructed to transmit by telegraph to Dr. Roderick Macdonald, of Cornwall, the oldest McGill graduate alive, expressions of regret at his absence, and on behalf of the assembled company to wish him all happiness and prosperity.

A graduate, with commendable affection for his College, sent a cablegram from Edinburgh. One also arrived from California.

At a late hour the gathering broke up, the banquet having been a thorough success, and the occasion one to be remembered by all who were present.