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CANADA

MEDICAL AND SURGICAL JOURNAL.

A

Monthly Record

OF

MEDICAL AND SURGICAL SCIENCE

EDITED BY

GEORGE E. FENWICK, M.D.

PROFESSOR OF SURGERY, MCGILL UNIVERSITY; SURGEON TO THE MONTREAL GENERAL HOSPITAL.

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INDEX TO VOL. VII.

LIST OF CONTRIBUTORS TO VOL. VII.

Bell, James, M.D.

Burland, W. H., M.D.

Clark, Andrew, M.D., F.R.C.P., Lond.

Dawson, Rankin, Esq., B.A.

Duncan, Geo. C., M.D., L.R.C.S., Ed.

Edwards, A. C., M.D., M.R.C.S., E.

Fenwick, George E., M.D.

Gray, Thos., Esq.

Head, Henry, H., M.D.

Henderson, A. W., Esq.

Howard, Henry, M.D., M.R.C.S., E.

Howard, R. P., M.D., L.R.C.S., Edin.

Hutchinson, J. A., M.D.

Imrie, A. W., M.D.

Lloyd, H. W., Esq.

MacDonnell, Richard, B.A., MD., M.R.C.S., Eng.

McArthur, J. A., Esq.

McCallum, D. C., M.D., M.R.C.S., E.

McDonald, J. W., M.D., M.R.C.S, E.

McKenzie, B. E., B.A.

Mignault, D., B.A.

Osler, William, M.D., M.R.C.P., L.

Roddick, Thomas G., M.D.

Rodger, Thos. A., M.D.

Ross, George, A.M., M.D.

Sewell, J. A., M.D., L.R.C.S., Edin.

Shepherd, F. J., M.D., M.R.C.S., Eng.

Stewart, J., M.D.

Sutherland, W. S., M.D.

Tremain, L., M.D.

Vineberg, H. N., M.D.

CANADA

MEDICAL & SURGICAL JOURNAL

AUGUST, 1878.

PYÆMIA AND DEATH FOLLOWING THE CUTTING OF A CORN.

BY OLIVER C. EDWARDS, M. D.

(Read before the Medico-chirurgical Society of Montreal, May 31st, 1878.)

On Wednesday, March 6th, I was called to see S. S., a young man aged 19, residing in Prince street. On enquiry the following facts were given me of his previous history. He had had an attack of pneumonia three years prior to his present illness, otherwise he had enjoyed excellent health. He was one of a family of thirteen, two of whom had died in infancy. Father and mother are living. He had been engaged as a printer for five years, and for the past two years of that time has been working in a well-ventilated office in this city. The house in which he was lodging was comparatively comfortable and neat, but the street is low-lying, and the drainage defective. He had lost much sleep during the winter, from an over indulgence in dancing, often dancing all night—this taking place on an average two nights a week. Three days before his present illness he danced all night in a very warm room, and perspiring freely. He slept for about half an hour in his damp clothes, and then went to his work at the usual hour. I was also informed that on February 27th, while in the act of shaving down a corn on the little toe of the right foot, with a razor, he accidently cut too deep, and the wound bled somewhat freely. Having bound up the toe he went about his work as usual. On Saturday, March 2nd, he complained of pain in the toe, and noticed it somewhat inflamed. On the following day the pain

was more acute, and the inflammation had extended up the foot for a distance of three inches. It was also noticed that a few drops of pus had formed around the corn on the little toe. A bread and water poultice was applied and the pus discharged. The pain was so acute on the evening of that day, that having gone to a friend's house he was obliged to be assisted back to his home. He also felt a slight pain extending up the inner side of the leg and thigh.

On Monday March the 4th the painful sensations had ceased entirely in the right leg, and the inflammation had entirely passed away from the foot, but he now experienced a very acute pain in his left hip and joint. Fever came on during the day and perspiration, which became very profuse at night-time, but no chills.

On Wednesday, March the 6th, I saw him for the first time. Found him lying on his right side, which position he had retained for the past two days, the left leg somewhat flexed—face expressive of much anxiety, and complained of great pain in the left hip-joint, the character of which he described as "like the beating of a blacksmith's hammer." There was no swelling about the joint, but it was tender to the touch. He complained also of a slight pain in the popliteal region of the same leg. Pulse, 100; temperature 100 2-5°. Tongue coated but moist.

Knowing that the patient had, two nights before his illness, exposed himself to cold by dancing, perspiring freely, and afterward sleeping in his wet clothes, and thinking that the slight accident in cutting the corn on the little toe was a mere coincidence, I at first judged this to be a case of inflammatory rheumatism, of a kind which is sometimes present, the pain confined to one joint, no appearance of swelling, and the pain most excruciating. Accordingly, I administered at the first visit a hypodermic injection of morphia, and put him on the salicylate of soda, 20 grs. every three hours, powder of morphia to be given at stated intervals, and ordered hot applications to the joint, and nourishing liquid diet.

March 7th.—Perspired very profusely during the previous night, his bed-clothes and shirt saturated. Appears, however,

more comfortable, pain is considerably relieved, but the temperature is no lower.

8*th.*—Temperature 101°; pulse 104. Though the medicine is given carefully and regularly there is no diminution in the temperature, but the opposite. His sleep is very much disturbed. During the following week the symptoms continued much the same. Having had misgivings on my mind that possibly the trouble in the joint might be of Pyæmic origin I had each day made careful enquiry for any history of rigors, and had closely examined the painful part for any evidence of an abscess, but could detect none.

12*th.*—Temperature 101 2-5°. Pulse 110°. Retains the same position on his right side, and cannot bear to be placed in any other position. His sleep is exceedingly restless and delirium is present, but not constantly.

13*th.*—Morning temperature, 101 2-5°. Pulse 116. Evening temperature 102 2-5°.

15*th.*—Morning temperature 102 1-5° Evening 103 2-5°. His bladder is excessively irritable; scarcely able to retain even a few drops of urine.

16*th.*—Had during the night very severe bleeding at the nose. He has, however, been often subject to this before. Patient is evidently much worse to-day. Face expressive of the greatest anxiety. Pulse 128 and very irregular. Temperature in the morning 103 1-3°. Tongue dry and clammy. I ordered brandy, a half ounce every three hours, and substituted quinine in the place of the salicylate of soda. Dr. Fenwick saw him in consultation with me and regarded the case as one of pyæmia. There was not however, as yet, the slightest evidence of pus. The pain in the hip joint is very severe; the opiate has lost its power though administered in increasing doses from the beginning. He also complains of great pain and tenderness over the scrotum. The quinine was directed to be given—5 gr. dose three times a day. Temperature that evening 104°

17*th.*—Morning temperature 102 2-5°. A rash not unlike measles is now present on the back and forehead. The perspi-

rations have continued from the first very profusely, especially at night time. Has also complained of a feeling of coldness, but has never had anything like a chill. Pulse to-day is firmer. A bed sore has formed on right hip. Continued much the same on the 18th and 19th. Has attacks of epistaris each night, which, however, are controlled by snuffing up a solution of iron. On the 19th, the bowels moved three times, a little more liquid than natural. Up to this date there had been a decided tendency to constipation.

20*th*.—From the fact that circumstances prevented his being properly nursed, he was to-day removed to the General Hospital, and placed under Dr. Fenwick's care, to whom I am indebted for the facts of the case up to the time of his death, which took place ten days after admission. On the second day after his admission, a swelling of considerable size was seen over the sacrum, corresponding with the part where he had suffered such acute pain. This abscess was opened. At this stage of the disease the patient was placed lying on his belly, owing to the great pain in his back and the bed sore on his right hip.

Wasting progressed rapidly; he was delirious during the night, and there was a tendency to picking at the bed-clothes. A second abscess formed in the vicinity of the hip-joint, which was opened and discharged freely. The day following, (April the 1st), he died. Unfortunately a post mortem examination was not afforded, as the body was removed to Belleville *before such investigation was possible.*

It is a matter of interest to notice such a formidable disease as Pyæmia, arising from such a slight cause. Certainly it is a disease to be dreaded in all major operations, but how very unusual to see it follow the presence of a few drops of pent-up pus in such a superficial place and from such a small accident as cutting a small corn too deeply. In looking into the subject I find that pyæmia in private practice and from slight causes was made the subject of the inaugural address by Mr. Prescott Hewitt, at the Clinical Society of London, in 1874. It may be of interest in connection with the present paper to cite some of the cases which Mr. Hewitt reports:

"A hale old gentleman close upon 80, who had long enjoyed excellent health, had a small warty growth on the skin just over the tendon Achilles. This was removed, as it chafed him in walking. After laying up for a few days and the trifling wound was all but healed, he was allowed to go about a little, but being of active habits, he one day took a longer walk than usual. This was followed by some slight inflammation of the skin, which, however, soon subsided. He was on the eve of returning to his usual avocation, when rigors and sweatings appeared. Then came an immense, deep-seated abscess in the thigh, under the constant drain of which he ultimately sank."

In another case, the removal of a small sebaceous cyst of the scalp was followed by erysipelas, pyæmia and death.

Another case of a gentleman residing in the country, supposed to be suffering from acute inflammatory rheumatism in both ankle joints, but which proved to be pyæmic abscesses. Here the cause was suppuration about the tonsils. This patient at that time recovered, but four years later he died of pyæmia, following the removal of a small warty growth from the scrotum.

Another interesting case was that of a young woman who had run a needle into the fleshy part of the leg. It was afterwards removed, and nothing more was thought about it till a few days later, when the spot became painful. A tiny abscess formed which was attended to, but she shortly after had rigors and profuse sweatings. She ultimately recovered, but was five months confined to her bed.

Other cases equally interesting are recorded, as from the pulling of a tooth, or resulting from periostitis of the tarsal bones, from being tripped up in the street; also, cases following or associated with gonorrhœa.

In the case presented to the Society this evening, there was an absence of all rigors, which is one of the distinctive evidences of the disease. He complained of being chilly, especially at night-time, but he never had a distinct rigor. There was the absence also of much fluctuation in the temperature, which is so markedly present in pyæmia. The morning and

evening temperature ran a pretty definite course. It is worthy of note that many cases of pyæmia in its early stages have been mistaken, as was the present one, for Inflammatory Rheumatism. In the *Pathological Transactions* Vol. 13, page 189, Dr. Bristowe, of St. Thomas' Hospital, makes this remark in a report of five cases of pyæmia, the result of necrosis, which had been mistaken for inflammatory rheumatism:

"The patient is attacked, not necessarily as the result of accident, with slight rheumatic pains in the course of one of the bones. The disease at first mild, soon becomes severe; swelling and tenderness soon manifest themselves more or less obstinately. The aspect of the patient is that of a person suffering from inflammatory fever. Soon, however, in a large proportion of the cases, symptoms bearing a superficial resemblance to those of typhus, typhoid or even delirium tremens, set in. pyæmia has become established, and the patient rapidly sinks."

In connection with the treatment of this most formidable disease, there is a statement made by Mr. Durham, of Guy's Hospital in the *Lancet* of March 7th, 1874, and coming from so eminent a surgeon, it certainly merits our attention. He says:

"Of late years, whenever I have the slightest indication of the symptoms setting in, I have immediately given large doses of quinine; and in cases in which pyæmic symptoms have been well established, and which I have no doubt would have gone on to fatal termination, I have also given large doses of quinine, and in some cases the most satisfactory results have been obtained. I have seen over and over again, a patient with a dry, red, glazed, brown-furred tongue, with a rapid pulse and high temperature, having had a rigor a short time previously, with evidence of suppuration occurring in one part or another. I have, in such a case, given a drachm of quinine, and repeated it in three or four hours, and the next day have seen the patient in a totally different condition—the temperature down, the pulse lower, tongue clean and moist, and the patient expressing himself as well"

While the true nature of the toxic matter that gives rise to the blood-poisoning in Pyæmia, its origin and mode of opera-

tion are not fully known, and while it manifests itself more frequently in the surgical department of Hospital practice, but, seen also in private practice, it is interesting to observe that we may have it present without any traumatic cause, following some exhausting disease, notably typhus, and in some cases of typhoid fever; and we may also have it attendant on some of the most simple accidents in daily life—the running of a splinter into the toe, or the prick of a needle, as among the cases recorded by Mr. Prescott Hewitt, or such a simple thing as the cutting of a corn, the notes of which I have had the honor of presenting to the Society this evening.

ANEURISM OF THE INNOMINATE ARTERY CURED BY THE METHOD OF TUFNELL.*

BY HENRY H. HEAD, M.D.

To the Editor of the CANADA MEDICAL AND SURGICAL JOURNAL.

QUEBEC, June 24th, 1878.

SIR,—I herewith send you the report of a case of Aneurism of the Innominata, treated by Dr. Head of Dublin, on the plan suggested by Mr. Joliffe Tufnell, also of Dublin. This report was kindly forwarded to me by the latter gentleman, and as it is to my knowledge that several other cases of internal aneurism have been treated in an equally successful manner by the same method, I think it due to humanity and the spread of science, that the knowledge of Mr. Tuffnell's treatment, at once so successful, and yet so simple, should be extended as far as possible.

You will therefore oblige me much by giving the report an insertion in your valuable journal.

JAMES A. SEWELL, M.D.,
Dean, Medical Faculty Laval University.

The case which I wish to present to the Society is one of an aneurismal sac that had undergone cure by the process upon which so much stress has been laid by Mr. Tufnell — viz.,

* Read before the Dublin Pathological Society, January 20, 1878.

consolidation, by successive deposits of fibrin. The previous history of the case is short. In July last, the gentleman, who was leaving Ireland, came to thank me for my long attendance upon him, two years before, for a stomach affection. I had not seen him for these two years, and he told me that, during that time he had suffered from intense neuralgia in the back and shoulder, along the back of the neck, and in the back of the head. For this he had been treated in various ways, and he had used large hypodermic injections of morphia, which gave him a good deal of relief; but, after some time he was obliged to give them up, from the intense itchiness of skin which they caused. He then appeared to be well, and had not suffered much from neuralgia for some time. He was a Presbyterian chaplain in the army, and was going over to take charge of troops at Shorncliffe, in England. He mentioned to me that he had a little mark on his chest, beneath the right collar bone—a dusky spot, about the size of a five-shilling piece, as if he had got a bruise, and asked me to look at it. Upon examining it, I detected a distinct pulsation underneath, and came to the conclusion that he had a thoracic aneurism. But for the pulsation, however, it would have been impossible to detect an aneurism. There was no sign of pressure—no murmur, no difficulty of deglutition, no dilatation or irregularity of any vessel. There was no sign of interference with either recurrent nerve, and his voice was natural. The impulse of the aneurism was, if anything slightly in advance of the heart's impulse, as if the commencement of the contraction of the heart acted upon the aneurism before the apex of the heart struck the walls. This I have observed in two instances of aneurism of the aorta. There was no double impulse, and no murmur or bruit. He complained of little or no pain, except a burning sensation. I told him that I thought he was not fit for duty, and explained to him, to a certain extent, the nature of his illness—that an effort should be made to cure him; and I suggested a consultation with Mr. Tufnell, who concurred in my diagnosis that it was an aneurism, and most probably of the arteria innominata. As I considered that this gentleman was likely to be benefited by the

treatment which Mr. Tufnell has so ably advocated, we explained to him the nature of the treatment. He said that he would be glad to adopt it. He assumed the recumbent position the last week in July, and continued it until the middle of October. I had to leave town myself at the beginning of August, and Mr. Tufnell was then kind enough to take charge of the case. The patient took little or no medicine, and we did not give him any iodide of potassium; but when he was under my sole care, and occasionally when his heart beat a little fast, he got small doses of aconite, which reduced the frequency of the pulse a good deal. The principal treatment consisted simply of the horizontal posture, absolute rest, and a minimum of liquids, his food consisting as much as possible of solids, so as to diminish the quantity of blood, and at the same time keep up its healthy condition. He bore his confinement very well; but, in the beginning of October, he began to show signs of great restlessness, and I thought it better not to confine him any longer. He began to get up, and gradually to go out; but became sleepless, and got into a state of great mental depression, fearing that he would be put on half pay, and that he would be arrested for debts which really he did not owe. Mr. Tufnell and I now advised him to apply for additional leave of absence, thinking that the aneurism being now very much consolidated, a little more rest might enable him to go back to his duty. He applied for additional leave, and on the very day before the occurrence of the unfortunate act which terminated his life, went before a medical board; the leave of absence recommended was granted, but of this he could not be made aware, as the proceedings are private. He was now advised to go to the country for change of scene, and his friends were taking him there, when, at the Railway Station at Kingsbridge, he became suddenly excited, ran away from them, and threw himself over the wall, which is twenty-four feet in depth, into the Liffey. He was not killed by the fall, but the water in the river was shallow at the time, and he was immersed in the mud. From this he was extricated as speedily as possible, and taken to Dr. Steevens' Hospital, and after lying there for about two hours, he died. I did not see him myself, but was

informed that no impulse could be detected over the aorta, but he got a violent cough, which was characteristic of pressure. The Coroner directed a limited *post mortem* examination to be made, which gave the opportunity of ascertaining exactly the site of the aneurism and the result. While undergoing treatment Mr. Tufnell and I came to the conclusion that the aneurism had undergone a great deal of consolidation, although to what extent exactly we could not tell, because there was still a strong impulse. It, however, gave the impression of a solid tumour striking against the sternum, and we could not feel any signs of lateral dilatation whatever. The centre of the impulse was about the edge of the sternum, between the cartilages of the first and second ribs, extending about an inch and a half in each direction; and there was also marked dulness on percussion. The heart was slightly displaced and pushed downwards, the apex beating between the sixth and seventh ribs, a good deal to the left of the nipple and over a considerable surface; and there was also some amount of dulness on percussion over the region of the heart. We came to the conclusion that the heart was slightly enlarged. Upon inspection by *sectio cadeveris*, a *solid* tumour was found, occupying the entire mediastinum, and firmly attached to the under-surface of the sternum and the cartilages of the first and second ribs. A portion of the sac of the aneurism being adherent to the under-surface of the bones, it was supposed at first that the shock of falling twenty-four feet had burst the sac of the aneurism, but it was found that there had been no rupture whatever, nor were there any signs of extravasation of blood. The heart itself was covered with fat, and to some degree enlarged, flat, and flabby. On opening the left side of the heart the wall was found to be very thin and the cavity a good deal dilated; but the valves were perfect,—when we opened the aorta, we found it very much dilated and altered by atheroma in a marked degree, with dilatation almost amounting to true aneurism. Upon slitting up the aorta, we found that the original aneurism occupied almost the entire of the arteria innominata. At the back of it the vessels were pervious—namely, the subclavian and the carotid on the right.

Those on the left were also perfect; but the descending aorta was very atheromatous; and at a distance of between three or four inches, there was another small aneurism, the size of a walnut. This we could not diagnose during life; but it, too, was all but filled up with fibrin. The principal interest in the case lies in the manner in which the aneurism was cured. The layers of fibrin were very firm, and closely laminated, the layers of it being almost as thin as sheets of paper spread one over the other. It is a most interesting example of what may be done by the absolute rest and other items of treatment advocated by Mr. Tufnell — in fact, this aneurism was cured. This case ought almost to have been Mr. Tufnell's, for he had more to say to the treatment; but as the patient was mine at the first and the last, I have laid the case before the society. The age of the patient was fifty-six.

DR. BOOKEY said that the lungs were congested, and had a good deal of frothy fluid in them, such as is met with in the lungs of a person who has been drowned. The patient, who was a heavy man, sixteen stone weight, had fallen twenty-four feet, and was found lying on his face. He died within two hours after he was received into the hospital, and breathed, it was stated, all the time he was there.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Gunshot Injury of Femoral Artery—Ligature. Under the care of Dr. WILKINS.

(From Notes taken by Dr. BURLAND, Assistant House Surgeon.)

J. McC., æt. 22, was admitted into the Montreal General Hospital 9th August, 1877, under the care of Dr. Wilkins, suffering from the effects of a bullet wound in the right thigh. The accident occurred in this way: Patient had a revolver at full cock in his hand, which he was about to place in his coat pocket, but before doing so forgot to let down the cock, and the trigger caught in the side of the pocket, causing the charge to

explode, the ball entering the right thigh about 2½ inches below the anterior superior spinous process, taking a course downwards and inwards, becoming superficial in the inner aspect of the thigh about five inches below the crutch, where it was easily extracted by a small incision.

Patient is one of a family of six, all of whom are healthy except one sister, who is subject to rheumatism. Father and mother both living. Has followed the trade of tinsmith for several years; has never been intemperate, and has enjoyed good health. Height 5 ft. 7 in.; weight about 133 lbs. On examining heart, a systolic basic murmur can be heard. The copious hæmorrhage which took place immediately after the accident had stopped before his arrival in hospital, and as there was almost no bleeding then, nothing further was done than to apply ice over the track of the wound. The case seemed to do well until a couple of days after (11th Aug.), when swelling was perceived over the femoral artery as well as to its inner side. Upon palpation pulsation was distinctly felt, accompanied by a thrill. Auscultation revealed a moderately loud bruit. No pulsation could be felt in popliteal artery, but there was pulsation in a small artery lying somewhat posterior to the usual situation of the posterior tibial. The leg retained its normal temperature.

These conditions revealed what we were before doubtful of—that is, that an artery was injured and that a traumatic aneurism was forming.

The next two days (Aug. 12 and 13) the swelling continued to increase and the temperature commenced to rise, reaching on the evening of August 13, 102°.2. The injured leg over affected part was three inches more in circumference than the left leg.

As it was decided (Aug. 14) to cut down upon the injured vessel and tie, the patient was etherized, and after completely emptying the leg of blood by elevating it and applying a roller, Esmarch's elastic ligature was firmly applied to the highest point of the leg, part of the ligature encircling the pelvis. Dr. Wilkins now made a free incision, about four inches in length

over the course of the femoral artery, the centre of the incision being a little above the lower angle of Scarpa's triangle, and corresponding with the point of intersection of two lines, one drawn over the course of the femoral artery, and the other over the track of the bullet. The sartorius having been pushed aside and some further dissections made, the sheath of the vessel was brought into view, when it was discovered that the bullet had perforated the femoral artery, about 1½ inches below the origin of the profunda. The artery was not completely severed; about three-quarters of its circumference was carried away, leaving a rent about two-thirds of an inch long; the distal end was first tied, a second ligature was also applied to the cardiac end as close as possible to the rent, and the vessel cut between the two ligatures, this last fixed ligature was for the purpose of preventing retraction and to manipulate this end of the artery, as it required further dissection to enable it to be firmly tied. A large quantity of coagula and decolorized fibrin were turned out of the aneurismal cavity, which was to the inner side of the artery extending upwards to Poupart's ligament. The distal cut end of the artery was now sufficiently bared and firmly tied with silk, and the cavity formed by the aneurism washed out with carbolic lotion. The edges of the wound were brought together by means of wire suture and a free opening left at the lower end of the wound, a drainage tube inserted and carbolic oil dressing applied. Patient was immediately put under the influence of opium; watch was constantly kept up for a few days by his bedside to guard against hæmorrhage.

Temperature continued to rise for a couple of days after the operation, when (Aug. 16) it reached 105°.2. For the first time he now (Aug. 16) complained of pain in his right foot; on the following day this pain was limited to that portion of the foot immediately behind and below the right internal malleolus, over which, on the 17th, a bulla commenced to form. On the 19th this bulla was filled with a dark fluid, and the lymphatics leading from it were inflamed. It continued to increase in size until the 21st August, when it burst, bringing into view a large slough beneath, portions of which separated on the 24th, leav-

ing healthy granulations beneath; other portions of the slough separated on the 27th August, but the last of the slough did not come away until two days subsequently (August 29).

On the 26th August, seventeen days after the accident, he complained for the first time of his toes being tender; three days later (29th) there was considerable swelling and fluctuation over the metatarsal bone of the great toe. This was opened, when a large quantity of pus escaped, and the metatarso phalangeal joint was found to be involved. This joint continued discharging more or less every day until the 10th Oct., when Dr. Wilkins decided to resect the joint, but after laying bare the heads of the bones, the metatarsal bone was found to be diseased so very far up it was necessary to amputate the toe close to the tarso-metatarsal articulation, after which the patient did well without a single bad symptom.

During the course of his confinement to bed two sloughs were produced by pressure on the inside of the foot, the integument over the outer malleolus giving way August 26, and that over the outer edge of the base of the fifth metatarsal bone on the 15th of September.

On the second day after the operation (Aug. 16) symptoms of septicæmia made their appearance; profuse perspiration with high temperature, vomiting and diarrhœa. His temperature, which commenced to rise two days before the operation, reached 105°.2 on the second day after, and kept moderately high (103° to 104°) for about six weeks subsequently, occasionally falling three degrees, sometimes a little more, after the administration of a twenty-grain dose of quinine. Stimulants were freely administered; for one period of forty-eight hours he had continuously one ounce of brandy every two hours. Besides aiding the quinine in bringing down the temperature, it materially lessened the frequency of the pulse, which had reached 148° on August 17.

The destruction of the great toe joint so long after the accident I consider to have been due entirely to embolism: the femoral was tied so close to the origin of the profunda (about an inch from origin) that the cardiac end of the thrombus is

likely to have projected, in the form of a cone, a little beyond the opening of the profunda, and thus permitted one or more small portions of the plug being detached from it and carried with the current until arrested in the small blood vessels of this joint where suppurative processes were set up.

Case of Dislocation of the Femur into the Foramen Ovale. Under care of Dr. Reddy. Reported by JAMES BELL, M.D., Assistant House Surgeon, M. G. Hospital.

W. S., a medium-sized, well-built and healthy Englishman, 40 years of age, was admitted to Dr. Reddy's wards on the 23rd of June last, having received an injury to his left hip the evening before. He was wrestling with a friend and threw him, and the latter while down grappled him by the legs and brought him to the ground, at the same time rolling over him. He felt something give way in the fall, and he had to be assisted to his feet. On admission he was suffering great pain, especially over the adductor muscles of the thigh near Poupart's ligament. The body was bent forward in attempting to walk, and in the recumbent position the thigh was semiflexed on the abdomen. The whole limb was abducted and the foot everted. There was also considerable apparent lengthening of the limb. The buttock was much flattened, and the gluteal fold absent. The trochanter could be felt at the bottom of a deep depression over the outer side of the thigh. There was preternatural fulness of the anterior and inner portions of the upper third of the thigh, and in this situation even slight pressure was very painful. *Bryant's Line* measured 3¼ inches on the left side and 2½ on the right, and the left leg was half an inch longer than the right. The patient was chloroformed and Drs. Reddy and Fenwick proceeded to reduce the dislocation by the rotatory method. The first attempt threw the bone into the ischiatic notch. It was easily thrown back again into the foramen ovale, and a second attempt was made with a similar result. On the third attempt it slipped into its place without difficulty. The patient's legs were bound together and ice applied to the joint. There was considerable swelling for a few days and his temperature rose a

little. It ranged for three or four days between 99° F. and 101° and then became normal. The ice-bags were removed in three or four days and the bandages at the end of a week. The patient was kept in bed for two weeks. He was finally discharged on the 13th of July, feeling quite well and able to walk with the aid of a stick.

Correspondence.

LONDON, July 11, 1878.

To the Editor of the CANADA MEDICAL AND SURGICAL JOURNAL:

DEAR SIR.—At Edinburgh, from the great and long standing reputation of its University, there is always found much to repay any medical visitor. Yet at the present time one cannot but be struck with the absence of any who stand as Syme, Simpson and others stood, head and shoulders above all the rest. London men taunt their northern friends by telling them that every good man there naturally comes to London. That is certainly true; but the retort which has been thrown back has equal justice, viz., that when a London school is in want of a teacher it is very often to Edinburgh that they look to find the man.

Of course one cannot speak of Edinburgh without being led to speak of Listerism. My impression so far is that the last 12 months does not appear to have made any change in the position of the germ-doctrine. I don't think the full antiseptic teaching and treatment can be said to be gaining ground, and it will apparently be a long time before this matter can be definitely settled. The opponents of Listerism are not confined to such men as Spence, who have grown grey in the practice of now-called old-fashioned surgery, and who obstinately refuse for a moment to entertain the idea of such radical changes in procedure, but number amongst them young men, active, keen and earnest, who have had ample opportunities of studying both, and who will asseverate and maintain and shew cases to prove that as good results can be obtained one way as the other, provided always it be in the same hands and equally carefully

and skilfully managed. Even in Edinburgh itself there are but a few who may be called enthusiastic and thorough antiseptic men. Of these probably Chiene is the chief. Many others, such as Mr. Jas. Bell, for instance, use a thoroughly antiseptic treatment in certain cases, but object to its employment in many others of a similar class.

The new Royal Infirmary at Edinburgh is approaching completion. It is an immense structure, built of stone, on the most approved modern pavilion-plan, and covering several acres of ground. It will surely be much appreciated by the members of the schools and by the public. No stranger can help being struck with the antiquated and wretched condition of the present building, seeing that it is the teaching field of the largest schools in Great Britain.

Nerve-stretching in sciatica continues to be practiced there to a limited extent. Some of the results from it are brilliant but in other cases it has quite failed, and as yet there is no positive means of distinguishing between those which are amenable to this treatment and those which are not. I saw one case there supposed to have been cured but in whom it had speedily returned.

There is a considerable number of Canadian graduates and students here at present. St. Thomas' Hospital is their favorite resort. Dr. Murchison still continues his summer clinics twice a week. There are always to be found in his words an admirable selection of severe and important medical cases. From the severity of the cases admitted also autopsies are frequent. Here probably more than at any other school are the students of the class diligently and systematically instructed by the bedside and made to take a continually active part in the diagnosis of all new cases. Owing of course to Dr. Murchison's great reputation in connection with diseases of the liver and allied organs, great numbers of rare and interesting varieties of abdominal complaints are constantly to be seen. For instance, within two days of each other, I saw two very parallel cases of encephaloid of the testicle combined with secondary disease in the post-peritoneal glands, and one of these in a monorchid, where the disease first attacked the undescended gland.

The recent conversazione of the Royal College of Physicians, which is always one of the features of the season, was perhaps remarkable for the number of new scientific instruments which will probably soon in various ways come into use in medical practice, viz., improved sphygmographs, the microphone, and the phonograph. You are aware that Sir Henry Thompson has already made some noise about the employment of the microphone for the detection of stone. It is complained that the sound of the "click" reached the *Times* office as soon as it did the ears of the bystanders! As an example of the way in which the phonograph may possibly be useful, I might mention the suggestion which I heard made by a well-known alienist the other day to cause a patient affected with general paralysis or other forms of nervous speech derangement, to register his peculiarities of accent by this instrument, and thus by setting the clock-work in motion, every one of the modifications, &c., would be most accurately reproduced at any time, and could thus be used for purposes of illustration or comparison.

Lymphadenoma is a disease attracting a good deal of attention. Cases here appear to be tolerably numerous, but there certainly appears to be much wanting a good description of the points of differential diagnosis between this disease and strumous enlargement of the cervical glands. There is a case however, of an undoubted character under Dr. Bristowe in St. Thomas' hospital, where the glandular enlargements are very general; there is enormous enlargement of both sides of the neck pressing deeply against the pharynx and upper part of the larynx. Tracheotomy has been performed for a month with great comfort to the patient. He wears an elastic rubber trachea-tube, which is only removed once a week, and seems to answer extremely well.

I had the pleasure of hearing Professor Burden Sanderson's Harveian oration. It was made much more interesting than one might have expected. He left the ordinary ground of following the course of Harvey, as an investigator, and tried to impress upon his audience, especially addressing the younger portion, the advisability of devoting themselves earnestly and continuously without hope of any immediate reward, to the investiga-

tion of the medical problems of the day, and to the observation of nature with strict records of facts obtained. He particularly insisted upon the necessity of such men travelling. He believed it to be too much the custom at present to be confined to the London schools, but he considered it just as requisite in the present day to spend some years in foreign countries for all men devoting themselves to original investigations, as it was for Harvey to have spent five years at Padua after he had completed a full curriculum in London and obtained the English degrees.

Sayre's plaster of paris bandages have become so popular since his demonstrations in this country that anything connected with that subject can hardly fail to interest your readers. The surgeons of the National Orthopædie Hospital have been experimenting with a new substance which they are hopeful will supersede the heavy plaster. The composition is a patent, and the exact composition not known. Sheets of this material, which is a kind of felt impregnated with certain gums and resins, are made into a cylindrical form. Measurements of the patient are made and from this a block like a shoemaker's last is fitted out to approximate to the patient's size and outline. A portion of the sheet is blocked on this and sent to the operator. When the patient is slung, the felt bodice is simply heated over a gas-stove, when it becomes perfectly pliable and can be smoothly adapted to the body. It sets quite hard in two or three minutes. It is then laced up in front. The advantages of course are lightness, cleanliness, and the fact that it can be removed as often as desired without any ill-effect whatever. I saw two cases treated with it and was pleased with the working of the material. The objections to it are too obvious to require mentioning.

You will be pleased to hear that the small volume of Pathological Reports lately issued from the Montreal General Hospital has been extremely well received by those best competent to judge of its scientific merits. I have heard it in some quarters very highly complimented. Having now attended several of the best autopsy-rooms in London, I have not yet found one in which the post-mortem examinations are conducted as well or as systematically as they are in our own General Hospital.

G. R.

Reviews and Notices of Books.

A Manual of Operative Surgery. By LEWIS A. STIMSON, B.A., (Yale) M.D., Surgeon to the Presbyterian Hospital, Professor of Pathological Anatomy in the Medical Faculty of the University of New York. With 332 illustrations, 8vo., pp. 477. Philadelphia: Henry C. Lea, 1878. Montreal: Dawson Brothers, St. James Street.

In the preparation of this manual the author has endeavoured to render it complete as regards the details of the descriptions of operations, to meet the wants of the surgeon and also the student of medicine and surgery, taking care however not to over-burthen his work with minuteness of detail in non-essentials. Still, where he deemed it necessary, he has not hesitated to describe very fully the method of performance of operations and the anatomical relation of parts. He divides the work into seven parts. In part I. we have considered the accessories of an operation, such as anæsthetics, means of arresting hæmorrhage, treatment of surgical wounds, the suture and bandages. Part II. is devoted to the ligature of arteries. Part III. to amputations. Part IV. to excision of joints and bones. In part V. is considered neurotomy and tenotomy. Part VI. treats of plastic operations about the face; and in part VII. we have considered special operations. Fully half of the book is devoted to this part, and we have the subject discussed in nine chapters.

In the first chapter is given operations on the eye and its appendages. Then we have operations on the ear and its appendages; on the mouth and pharynx; on the neck; on the thorax; on the abdominal wall, stomach and intestines; on the genito-urinary organs of the male; the same of the female; and finally a description of miscellaneous operations. These latter consist of splenotomy, subcutaneous osteotomy, erectile tumours, birth-mark, web-fingers, cicatricial flexion of phalanges and ingrowing toe nails. The type is clear and well impressed; the illustrations are all that can be desired. Every department is fully illustrated by engravings, which will be found of incalcula-

ble use to the surgeon. The description of each operation is concise and clear. We commend this work to our readers; in many respects it is superior to Joseph Bell's little work on the same subject, and which for years past has been the familiar guide to the student in following a course of operative surgery.

Fownes' Manual of Chemistry, Theoretical and Practical. Revised and corrected. By HENRY WATTS, B.A., F.R.S. Editor of the Journal of the Chemical Society. A new American, from the twelfth English Edition. Edited by ROBERT BRYDGES, M.D., &c., with 177 illustrations; 8vo., pp. 1027. Philadelphia: Henry C. Lea, 1878. Montreal: Dawson Brothers, St. James Street.

Fownes' Elements of Chemistry has been a favourite text book for many years. The work is designed to give the student a general outline of the principles of chemistry and serve as an introduction to the larger and more voluminous works on this science, and furthermore to fit him for the perusal of original memoirs, which, together with practical work in the laboratory, can alone lead to a real acquaintance with the spirit of research, and the wonderful resources of chemical science. The first three editions were brought out by the author, or nearly so, as the third edition was nearly completed before his death in 1849. At the commencement of the following year the third edition appeared edited by the late Dr. Bence Jones. The six following editions came out under the conjoint editorship of Dr. Bence Jones and Dr. Hofmann. The tenth edition in 1868, was published by Dr. Bence Jones, and the present edition by Mr. Henry Watts. These gentlemen found it necessary to make considerable alterations and additions in almost every part of the work in consequence of the numerous changes which had taken place in chemical knowledge. The chapter on General Principles of Chemical Philosophy was re-written. Considerable additions to the description of the metals were made and the greater part of Organic Chemistry was re-written, and in the last English edition a vast amount of new matter was added, so

that it was deemed desirable to divide the work into two volumes, the first including chemical physics and inorganic chemistry, and the second being devoted to organic chemistry. In previous editions there is to be found a portion devoted to physiological chemistry, including a description of the tissues and fluids of the animal body, and also a description of the functions of nutrition and respiration. In the present edition however this part has been omitted, in consequence of this department of chemistry having become so extensive as to demand consideration in a separate work.

In this the American edition, the publishers announce that in reprinting the work "by the use of a small but exceedingly clear type, it has been compressed into one volume." This however has not been done at the expense of any portion of the work, and the American editor has confined any additions he may have found advisable to make to the narrowest compass.

We feel convinced that it is alone necessary to announce this work to ensure a large demand, as it is one of the best manuals issued from the press, and has always been a favourite text book.

Nervous Diseases, their Description and Treatment.—By Allan McLane Hamilton, M.D., Fellow of the New York Academy of Medicine, Attending Physician at the Epileptic and Paralytic Hospital, Blackwell's Island, New York, with fifty-three illustrations; 8vo., pp. 512. Philadelphia: Henry C. Lea, 1878. Montreal: Dawson Brothers, St. James Street.

The author informs us in his preface that it has been his object to produce a concise and practical book, and he also declares that he will be amply rewarded for this self-imposed task should he at any time be made aware that the diagnosis and treatment of nervous diseases has been simplified through his means. The subject of insanity has not been gone into, as he believes that it demands a more careful and extended notice than could be accorded to it in a work of this size; cerebro-

spinal meningitis is however discussed, although many authorities regard it as not belonging, strictly speaking, to nervous disorders. Von Ziemmsen in his cyclopædia classifies it among the acute infectious diseases, and many other authors place it among the fevers. It can, however, in a work of this nature, be very properly considered. The work commences by an introduction in which will be found in the first part hints as to the method of examination and study of cases, and also the proper method of conducting an autopsy, and microscopical examinations.

In the second part is mentioned instruments used as aids to the diagnosis and treatment of nervous diseases; such as the thermometer, the æsthesiometer, the dynamometer, and the ophthalmoscope. These are all essential aids to the diagnosis of these affections; and in the treatment we have electrical apparatus, the hypodermic syringe, ice bags of various designs, and cauteries. The rest of the book is divided into eighteen chapters; the opening chapter being devoted to disease of the cerebral meninges. Chapters ii. to vi. inclusive are given to the discussion of diseases of the cerebrum and cerebellum. In chapter vii. diseases of the spinal meninges are considered, then the ensuing four chapters are devoted to diseases of the spinal cord. There is a chapter on bulbar paralysis, then follow two chapters on what the author classifies under the heading of cerebro spinal diseases, these consisting of cerebro spinal menengitis, cerebro spinal sclerosis, alcoholism, hydrophobia, hysteria, hystero-epilepsy, catalepsy, chorea paralysis agitans and exophthalmic goitre. The remaining four chapters are on diseases of the peripheral nerves.

At the end of the volume there are formulæ for various mixtures, pills, powders, hypodermic injections, inhalations, lotions and unguents. This book contains a large amount of material which is not to be found elsewhere; the style is very clear and readable, and the teaching sound. No physician ought to be without a copy of this work. The author has had ample opportunity in connection with the epileptic hospital on Blackwell's Island, as also with the out-door department of the New York

Hospital, and has apparently fully utilised the material at his disposal. The work appears to be a very important and useful addition to the literature of this subject, which was prior to the appearance of this volume rather meagre.

Transactions of the American Gynæcological Society. Vol. 2. For the year 1877. 8vo., pp. 672, with index of Gynæcological and Obstetrical Literature of all countries, from July 1st 1876, to January 1st 1877, pp. 25. Boston: Houghton, Osgood & Co., Cambridge. The Riverside Press, 1878.

This is the second volume of Transactions of the American Gynæcological Society, and consists of a series of papers submitted to the Society at its second Annual Meeting, held in May, 1877. It has taken a little over a year to bring out this volume—perhaps a little tardy, but what has been done is well done. The volume is got up in the same style as its predecessor, in good readable type, on fully toned paper, and illustrated throughout with chromo-lithographs and heliotypes of excellent finish. From an introductory note by Dr. Chadwick, the secretary of the Society, we learn that it is the intention to publish in each succeeding volume, an index for the year to the Gynæcological and Obstetric Literature of all Countries. This volume contains such an index, extending from the 1st July 1876, to the 1st January 1877. It has been prepared with the coöperation of Dr. J. S. Billings, of the National Medical Library at Washington; this will add greatly to the value of the work, and if kept up from year to year will render the work indispensable in the library of the scientific student. After lists of honorary fellows and ordinary fellows, and minutes of the proceedings of the second annual meeting, the real interest in the volume opens with the annual address on medical Gynæcology by the president, Dr. Fordyce Barker. In a few introductory remarks, he points to the advisability of the careful distribution of foreign honorary fellowships, observing that the society should adopt "the wise policy of selecting a very small number from those

only who have done so much for the literature and science of our branch of the profession, as to make their election an expression of the highest respect which this society can evince"; and as regards honorary fellowships from amongst his own countrymen he suggests the expediency of selection only from amongst those who "have won the honour by good service in the society." Certainly if these suggestions are fully carried out they will do much to elevate the character and standing of the society, for, as he truly observes, "honours cheapened by being made common, are but lightly esteemed."

This excellent address is followed by one from the pen of Dr. James R. Chadwick, of Boston, on the functions of the anal sphincters, so called, and the art of defecation; in this we have described the physiological action of the sphincters, the author recognising after Hyrtl the sphincter ani tertius. This paper is very interesting and leads to practical deductions, of which the following are a summary: That in the introduction of a bougie into the rectum it is an error to imagine that a straight bougie ought not to meet with any natural obstruction. 2nd. "As the anterior half of the inferior detrusor is just below the level of the bottom of Douglas's pouch, it seems probable that the point at which inter-peritoneal abscesses are most likely to perforate the rectum is just above this constricting fold," and 3rd. "As the superior detrusor is shown to be forced down into the canal during defecation by the action of the abdominal muscles, the suggestion presents itself that this part of the rectum is the one that first emerges in cases of prolapsus of the rectum." This article is illustrated by two heliotype plates.

Dr. John Byrne, of Brooklyn, N. Y., gives a practical paper on amputation and excision of the cervix uteri, their indications and methods. The term excision he restricts to the removal of comparatively small portions of the cervix in contradistinction to the term amputation, by which he would imply the entire removal of an hypertrophied or diseased cervix. In speaking of the means used for the amputation or excision of the cervix, the author shows a decided preference to the use of the galvanic cautery; seven cases are reported with encouraging success;

an interesting discussion on this paper follows, and we have the opinion of Dr. Scott, of the Women's Hospital, San Francisco, Dr. Byford, of Chicago, Dr. Goodell, of Philadelphia, and Dr. Noeggerath, of New York.

We next have a report on the corpus luteum, from the pen of Dr. John C. Dalton, of New York. It appears that at the meeting of the society, held in 1876, Dr. Dalton was invited to prepare a report on this subject, and through the coöperation of a number of medical friends he obtained in good condition thirty-two pairs of ovaries, at various periods after menstruation, and after delivery the first ten cases reported, illustrated the growth and retrogression of the corpus luteum as connected with the menstrual period. Then we have the record of six cases in which the condition of the ovaries is described after menstruation had been suspended for several months or years. These cases, the author informs us, serve to illustrate the negative history of the corpus luteum in its relations with menstruation. The ensuing five cases illustrate certain irregularities and marked deviations in the corpus luteum of menstruation, and the remaining cases illustrate the appearance of the corpus luteum of pregnancy and after delivery; this paper is illustrated with twelve coloured lithographs.

Dr. G. H. Bixby, of Boston, gives a translation of a paper by Dr. Otto Spiegelberg, on the pathology and treatment of puerperal eclampsia. This is followed by a paper on dilatation of the cervix uteri for the arrest of hæmorrhage, by Dr. G. H. Lyman, of Boston. There are three short papers, one by Dr. Skene, on the principles of gynœcological surgery applied in obstetric operations, another, researches on the mucous membrane of the uterus, by Dr. Engelmann, and a third on the necessity of caution in the use of chloroform during labour, by Dr. W. T. Lusk. In this paper the author assigns five reasons why chloroform is objectionable. 1st. If carried to complete loss of consciousness, it sometimes weakens uterine action, or may suspend it altogether. This may possibly follow, but we should think it exceptional. Uterine action may, as a first effect, be weakened, but we cannot call to mind any case where

it has been totally suspended during the parturient act. In the third proposition the author denies that patients in labour enjoy any absolute immunity from the pernicious effects of chloroform. Fourthly, the author holds that the anæsthetic ought not to be given in the third stage, as he remarks, the relative safety of chloroform in parturition ceases with the birth of the child. In this we fully agree. The chief objection to our mind to the use of chloroform, is a decided tendency to post partum hæmorrhage as following its employment. It appears to influence injuriously the contractile power or tone of the muscle of the uterus, and in our experience post partum hæmorrhage is very apt to follow its use.

This fact was long since pointed out, and in all cases in which chloroform has been freely administered, the accoucheur should always use more than ordinary precautions against this result which is so apt to follow, as undoubtedly the anæsthetic tends to produce uterine relaxation.

The next paper is by Dr. Van de Warker, on the present status of the intra uterine stem in the treatment of flexions of the uterus. This paper is fully discussed, the discussion being participated in by all the leading gynœcologists present. A case of vaginal ovariotomy is reported by Dr. Goodell. This is followed by a paper from Dr. Robert Battey, entitled, "Is there a proper field for Battey's operation?" As our readers are aware, Dr. Battey proposes the removal of the ovaries while still functionally active, as a means of relieving certain conditions, and he offers the following propositions: He would practice removal of the ovaries—1st. "In those cases of absence of the uterus, in which life is endangered or health destroyed by reason of the deficiency." 2nd. "In cases when the uterine cavity or vaginal canal has been obliterated and cannot be restored by surgical means. If grave symptoms are present, the removal of the ovaries becomes a last and only resort, and may be hopefully invoked in the case." 3rd. "In cases of insanity or confirmed epilepsy, dependent on uterine or ovarian disease." 4th. "In cases of long protracted physical and mental suffering, dependent on monthly nervous and vascular

perturbations which have resisted all other means of cure." We cannot believe that this operation will ever become a recognised surgical procedure. In the discussion which follows this paper, the general feeling appears adverse to the adoption of this as a recognised and justifiable operation.

Dr. Paul F. Mundé gives an excellent paper on "the value of electrolysis in the treatment of ovarian tumours." The conclusions he arrives at are as follows: 1. Unquestionably a number of cases of ovarian tumours reported on reliable authority have been completely cured or permanently improved by electrolysis. 2. It is equally unquestionable that in a number of cases the electrolysis was followed by dangerous and even fatal results. 3. Further, six cases out of fifty-one received neither benefit nor injury from the treatment, and four were only temporarily improved. 4. The lack of accurate reports of the anatomical character of the cyst in the cases collected, prevents any definite conclusion as to whether monocysts or polycysts are more or less amenable to electrolysis, or unfavourably affected by it. 5. How the cures were effected is a matter still open to investigation. 6. Notwithstanding these undoubted cures the percentage of successes (55 per cent.) compares unfavourably with that of ovariotomy. Spencer Wells had 78 per cent., and in 1876 as high as 91 per cent. of recoveries. 7. Judging partly from these statistics, and partly from general considerations, it would seem that electrolysis can in no wise supplant ovariotomy, and that to try electrical experiments with patients whose tumours and constitution are in every way prepared for the radical operation, looks very like trifling with their lives.

Notwithstanding these conclusions, based on a most careful analysis of all the cases so far published, we cannot altogether agree with Dr. Mundé, as it must be admitted that the number of cases in which the electrolytic treatment has been practised do not bear comparison with those in which ovariotomy has been followed. Electrolysis in ovarian cysts is yet in the very outset of its career, and we cannot but believe that it has a bright future, and that in the hands of scientific and honest men it will yet be found a powerful means for good.

There is an excellent paper by Dr. Emmet, of New York, on congenital absence and accidental atresia of the vagina. Dr. Giddings reports a case of sarcoma of the kidney in a negro child; this is illustrated. Dr. Parvin gives a supplementary report of a case of xenomenia, which was published in the first volume of the transactions; this is accompanied with two heliotypes. Dr. Engelmann writes a paper on the hystero-neurosis, with especial reference to the menstrual hystero-neurosis of the stomach. The volume proper closes with an obituary sketch, by Dr. Lyman, of the late Charles Edward Buckingham; this is accompanied with an excellent likeness of Dr. Buckingham, who was one of the original fellows of the society. There is also published a number of supplementary papers, presented to the council by the candidates elected to fellowship of the American Gynœcological Society at its second annual meeting in 1877. These consist of cases illustrating important points connected with the operation of ovariotomy, by Dr. Kimball, of Lowell, Mass. The radical treatment of dysmenorhœa and sterility by Dr. Elwood Wilson, of Philadelphia. Dr. Wardale West's views of rotation, by Dr. John P. Reynolds, of Boston. Vascular tumours of the female urethra, by Dr. A. Reeves Jackson, of Chicago. The simple varieties of perineal laceration, by Dr. Thaddeus A. Reamy, of Cincinnati. On Lying-in institutions, especially those in New York, by Dr. H. J. Garrigues, of Brooklyn, N.Y. The menstrual cycle, by Dr. John Goodman, of Louisville, and also an appendix to Dr. John Byrne's paper on amputations and excisions of the cervix uteri.

We have thus far, we hope without prolixity, endeavoured to give our readers some conception of the contents of this excellent volume; it is a credit to the society from which it emanates, and we believe it will be hailed with satisfaction by the profession generally.

Extracts from British and Foreign Journals.

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

Lithotomy.—A case of Lithotomy, in which an enlarged middle lobe of the prostate gland was accidentally removed. By CHARLES WILLIAMS, F.R.C.S., Assistant Surgeon to the Norfolk and Norwich Hospital.—The specimen which I have the pleasure to exhibit to you represents an enlarged middle lobe of the prostate gland, accidentally removed from a gentleman on whom I performed the operation of lithotomy.

The patient was a tall thin man, aged 72, living about ten miles from Norwich. He had had symptoms of stone in the bladder for upwards of twelve months. A few months before I visited him, he had passed on one or two occasions, a large quantity of blood in his urine. Of late he had suffered much from the presence of the stone. He had been greatly disturbed during the night and had become low-spirited. His urine was found to be quite healthy and free from albumen. His feet were in no wise œdematous; and he could eat freely. There was a loud systolic *bruit* heard over an extended area of the chest giving rise to no inconvenience. Five years previously he fractured the neck of the right thigh-bone; ankylosis of the hip-joint resulted from the injury, and he now walks with a perfectly straight and stiff, and shortened, limb.

On July 6th, with the assistance of Messrs. Morton, surgeons, of Aylsham (under whose care the patient had been), I performed the usual lateral operation, and removed a single stone, of an oval flattened shape, weighing five drachms, of uric acid formation. An enlarged middle lobe of the prostate became engaged between the blades of the lithotomy-forceps, anterior to the hinge, and was unconsciously torn off and came away with the stone. There was free arterial hæmorrhage from a deeply seated vessel, which was without much difficulty seen and secured by ligature. A tube was placed in the wound.

On visiting the patient next day I found him easy and comfortable. There had been no sickness; he had slept fairly well;

pulse 64. The wound looked well; the urine was clear, and dropping freely from the tube and abundant in quantity. On the ninth day, he passed the whole of his urine through the penis, and the wound was healing rapidly. Three weeks later, I found him in excellent health, and the wound perfectly healed. He seldom found it necessary to micturate more than once during the night.

REMARKS.—This case presents some points of much interest.

1. The presence of a loud systolic *bruit* is not a pleasant sign in connection with the administration of chloroform, of which my patient inhaled from four to five drachms, and from which he suffered not the slightest inconvenience, either during the operation or subsequently.

2. The fracture of the neck of the right os femoris had resulted in ankylosis of the joint. The limb was immovably fixed in the straight position; therefore it could not be tied up in ordinary lithotomy fashion, but was held by an assistant in a straight direction over my left shoulder. This rendered the performance of the operation somewhat less easy than usual. The parts forming the perinæum were lax instead of being tense, and in order not to wound the rectum, which was large and flaccid, I passed my left forefinger into the bowel, and retained it until the point of the knife was lodged in the groove of the staff; and, by directing the edge of the knife very obliquely outwards, the rectum escaped injury—an event which, in all probability, would have occurred had not these precautions been adopted. If such an accident had happened, taking into account the age of the patient, I fear the termination of the case would have been unfavorable.

3. The removal of a large portion of the middle lobe of the prostate, though quite accidental, was attendant with a happy result. The man was relieved of a trouble which, sooner or later, would have been a source of grievous annoyance to him.

I witnessed the same accident in a case operated on by Mr. Cadge. In the forceps, between the stone and the blades, there came away three masses, which were apparently fibrous outgrowths of the prostate, and which weighed one drachm two

scruples. In two months the wound had healed, and the patient was strong and well. Mr. Cadge remarks: "It has happened to me twice before to remove small fibrous tumours of the prostate gland during the operation of lithotomy, and apparently without harm to the patient." (*Transactions of the London Pathological Society*, vol. xiii, 1862.) And he gives the experience of an expert modern lithotomist on this subject, who says: "It has occurred to me, eight or ten times, to bring away portions of the prostate and without noticeable injury to the patient. In more than one instance, it was the prominent front lobe that got between the handles, anterior to the hinge, and was torn off entire; and although I have never known unpleasant results to the patient, and that sometimes he has been benefited in after-life, by having got rid of an useless impediment to a natural function, I would not willingly that such an occurrence should happen, and I try to avoid it by turning the blade of the forceps to the lower angle of the wound as I leave the bladder; but when it does occur, I lay no account by it."—*British Med. Journal.*

Congenital Absence of One Kidney.—In the current number of Virchow's *Archiv*, Dr. Beumer has collected from various sources forty-eight cases of this interesting malformation. In forty-four cases it was entirely absent, and in the other four rudimentary. It was as often absent on one side as on the other. It was of more frequent occurrence in the male than the female. In most cases in which the kidney was absent the supra-renal body was present; in two cases it was enlarged, in five cases it was absent. In thirteen cases an arrest of development of the sexual organs was observed.

The remaining kidney was in all cases enlarged and increased in size and weight, and a corresponding development of the vessels and ureter.

This is a fresh and striking proof of the completeness with which the one kidney can carry on the functions of two without suffering degeneration in consequence of the increased work.—*Medical Journal, N. Y.*

The Infantile Diarrhœa of Summer.—At a recent meeting of the New York Academy of Medicine (*Med. Record*, May 25, 1878), Dr. J. LEWIS SMITH contributed a very interesting paper on this subject. As regards its treatment, he said he believed that there were but very few remedies from which it was necessary to select, and for his own part he scarcely ever employed more than two, viz., opium and bismuth, before the hydrocephaloid stage was reached, and these he considered better than all others. The administration of the large doses of bismuth now employed is of but recent origin, but has been followed by the best results. In ordinary cases it should be given in doses of ten or twelve grains, and it may be advantageously combined with the compound powder of chalk with opium (which contains one grain of opium in forty), or else with ordinary Dover's powder. For general use, however, it is perhaps better to give the bismuth in suspension, and the following prescription will be found a very admirable one:—

℞.	Tinct. opii deodoratæ	gtt. xvj.
	Bismuth. subnitratis	ʒij.
	Syrupi	fʒss.
	Aquæ	fʒiss.

M.

Dose, a teaspoonful for a child of one year.

Dr. Smith said that he had been much more successful since he had employed opium and bismuth in this way than before, when he would often try a long list of remedies in succession, and not find good results from any. Such a combination as the above is retained on the stomach, and has the effect of both an antiseptic and an astringent. No preparatory treatment is necessary, unless it is found that some irritating article of food has been taken; but most of the cases are considerably advanced when the physician is called in, and any such source of trouble has long since been gotten rid of.

Almost all cases of entero-colitis need stimulus, and brandy is the best form in which it can be given. Of course, the amount should vary according to the age, and Dr. Smith is in the habit

of giving three drops for every month of the child's age (when under one year) every two or three hours.

When the hydrocephaloid stage of the disease is reached, the opium should be withdrawn or given very cautiously; but the bismuth may be continued as before. At this period, however, we must depend principally on tonics and astringents, and one of the most useful agents that can be employed is the liquor ferri nitratis. The following prescription will prove of great service:—

℞. Tinct. calumbæ . . . . . f℥ ij.
Liq. ferri nitratis . . . . . gtt. xviij.
Syrupi . . . . . f ℥ij.
M.

Dose, a teaspoonful.

At the same time the stimulus should be kept up as before.

Finally, the kind of diet used is of the utmost importance. If the child is under one year old it should at once be removed to the country, or a wet-nurse should be provided for it, as no artificial food is reliable. If both of these are impossible, the best cow's milk should be prepared in such a way as to resemble healthy human milk as much as possible. The milk should be allowed to stand for some time, and then only the upper third of it employed. In this way the larger part of the sugar and butter will be obtained, while the indigestible casein (which settles to the bottom) will be avoided. As regards farinaceous preparations for children under six months old, Dr. Smith prefers Mellin's Liebig's food, which also has the endorsement of such authorities as Eustace Smith and Tanner. Its taste is quite sweet from the dextrine and glucose which it contains, while it is almost entirely free from starch. When added to cow's milk, it makes as good a substitute for mother's milk as has as yet been obtained. After the age of six months infants can digest a certain amount of starchy food, and then Robinson's prepared barley may be used with advantage, if it is sufficiently boiled. As a rule, however, Dr. Smith prefers Ridge's food, which is highly recommended by Steiner, of Germany. Dr. Smith for-

merly used to employ Nestlé's food, but has been obliged to give it up, when the bowels are affected, on account of its laxative effect. In cases of habitual constipation in young infants, which is often a very perplexing condition to the practitioner, he has found it of very great service.—*Monthly Abstract.*

Surgical Treatment of Bronchocele.—Professor Bilroth has found that the injection of iodine is not as dangerous as was supposed. In some individuals a violent reaction occurs, in others, there is none. His method is as follows: He injects first from one-third to one-half of the so-called Pravaz syringeful of undiluted tincture of iodine, and, if this is well borne, in five or six days he makes a second injection of one half or a whole syringeful, repeating this twice a week. If the patient becomes thin, the treatment should be immediately stopped, as the emaciation may go on to an important degree. It should also be stopped if hæmoptysis appears. In general, the injections are well borne, and exert remarkable influence. They may be tried when suffocative symptoms have appeared, if the patient is kept under constant inspection; and even in cases about to be operated upon, their employment has been followed by recovery. It is essential that the iodine be injected well into the substance of the bronchocele, which may be done rapidly, the pain at the most continuing for five or ten minutes, and requiring cold applications, while in many cases it is entirely absent.

In cystic bronchocele he usually injects half an ounce of tincture of iodine, after having allowed the cyst to empty itself through a canula. The puncture is sealed up, and on the third day there is great swelling and accumulation of gas; from this moment absorption begins slowly, lasting about a year. In thirty-four cases treated in this way he had twenty-nine recoveries. The iodine is supposed to exert an alterative action upon the cells lining the cyst, and thus prevents further secretion. He has also tried incision with drainage, and stitching the wall of the sac to the skin. Three out of twelve treated in this way died however. Of thirty-seven cases of extirpa-

tion, twenty-four recovered. He finds the cartilages of the trachea so thinned by pressure that they become easily compressible, and hence several sudden deaths have taken place from swelling of the parts, giving rise to suffocation. The mortality in a series of ninety-four cases was eighteen, or about nineteen per cent. A case of goitre successfully treated by one subcutaneous injection of ergot was reported at the recent meeting of the American Medical Association.—*Boston Medical and Surgical Journal.*

Aneurism of Subclavian and Axillary Artery—Treated by Rest and Restricted Diet.—At a late meeting of the Clinical Society of London (*Lancet*, March 16, 1878), Mr. HULKE read the notes of such a case. The patient, a French-polisher, aged thirty-six, but much older in appearance, addicted to drink, after suffering from pains in the left shoulder and arm, supposed to be rheumatic, during two months, became aware of a swelling at the root of his neck on the left side, for which he went into King's College Hospital. Dissatisfied with what was there done for him, he left that hospital, and five months after the beginning of his illness entered the Middlesex Hospital, 28th March, 1877. At this time he had a large aneurismal tumour filling the axilla and implicating also the third, second, and presumably, to some extent, also the first part of the left subclavian artery; and he suffered great pain down the arm and over the shoulder-blade. He was kept in bed, and enjoined to keep perfectly still—not even to sit up or to move off the bed for any purpose, and he was put on a very limited non-stimulating diet. This was followed by rapid mitigation of the pain, by decrease of the aneurism and its obstruction by clot. He was discharged for disorderly conduct in June, at which time the axillary portion of the sac had shrunken to the size of an acorn, and was quite impervious, and the cervical part was very small, and felt very firm. It was thought that a slight pulsation of this part might be communicated. He afterwards entered Charing-cross Hospital, where, Mr. Hulke learned, doubts were entertained of the nature of the affection. This

Mr. Hulke took to be confirmatory of the permanence of the consolidation and occurrence of a cure. The encouragement the case afforded for the trial of a modified Valsalva's method in aneurism, where the ordinary direct surgical methods were not applicable, induced Mr. Hulke to submit the case to the consideration of the Clinical Society.—*Monthly Abstract.*

Cerebral Localization and Amputation of Extremities.—A case of amputation of the right thigh at the age of nineteen, followed by atrophy of the fold passing from the second left frontal convolution to the anterior marginal one, is reported by Drs. Le Double and Violet, of Tours. The patient died of tubercular pleurisy thirty-one years after the operation. The general appearance of the brain upon autopsy, was found to be symmetrical with equal lobes, with exception of a very evident depression of the membranes in front of the anterior marginal convolution, which became more apparent on the removal of these envelopes. The left anterior marginal convolution had the same volume as the right, but the fold passing from it to the second convolution presented all the usual phenomena of atrophy. As the case was one bearing upon the disputed issue of cerebral localization, the reporters took the trouble to locate analogous cases, of which they found seven on record. In the first, amputation of the left arm had been followed, in the course of five years, by atrophy of the superior portion of the ascending convolution of the paracental lobule. In the second, amputation of the thigh had involved atrophy of a cerebral lobe and corresponding marginal convolutions, in the course of thirty years. In the third, amputation of the thigh having been performed, the patient died nine months later of purulent infection, and no atrophy had yet taken place. M. Luys reported three cases of his own to the Academy of Medicine, France, in October, 1877, in which amputation of the leg had been followed by atrophy of an ascending frontal convolution. The seventh case was one of arrested development of the leg, reported by M. Laudouze, in which the atrophy involved the superior part of the ascending

parietal convolution. Analysis of these cases shows that the lesion occupied a point near the motor centre proposed for the leg by Curville, Duret, and Ferrier, in only one of them.—*N. Y. Medical Review.*

Remedies for Mastitis Puerperalis and Excoriated or Fissured Nipples.—For Mastitis: ℞ Linseed oil, f ℥iv; Hydrate chloral, ℥ ss.

Powder the chloral very fine, then mix it thoroughly with the oil. Apply, spread thickly, on a piece of soft woollen flannel, a little larger than necessary to cover the breast, with a central opening through which the nipple may protrude.

Apply as *warm* as can be borne, and keep warm whilst it remains applied, by warm sacks of chamomile flowers or hops. The plaster should be renewed every four to six hours, until all pain, swelling and induration are relieved.

For excoriated or fissured nipples:

℞. Powdered nutgalls, ℥ j, Oil peppermint, gtt. x.

Comp. tinct. opium, q. s. to make a thick paste.

Apply a small portion just after the child nurses, each time. Just before the child nurses, the nipple should be gently cleansed with a soft sponge, and warm tar-soap suds.—Dr. Q. C. Smith in *Pacific Medical and Surgical Journal.*

Hypodermic Injections of Chloroform.—These injections have been highly recommended by eminent physicians as a substitute for morphine. It is claimed that they are painless, that they relieve pain rapidly and for several hours, and that they are entirely innocuous, being followed by neither local nor general symptoms. Dr. Jochheim, of Darmstadt, however, reports a case in which the injection of only ten drops of chloroform, which is only one half what is frequently administered, was followed by severe local disturbances. Five hours after the injection a violent local inflammation set in, and in twenty-four hours a hard, black slough had formed, which was not cast off by suppuration until six weeks afterwards.—*Allg. Med. Cent. Zeit.—Medical Review, N. Y.*

On the Diagnosis and Surgical Treatment of Abdominal Tumours.—By T. SPENCER WELLS, F.R.C.S.—[*Abstract.*]—The first lecture was delivered on Monday, June 10th, at 4 P.M. The lecturer entered at considerable length into the mode of examining patients with abdominal tumours, describing in detail the methods of external, internal, and combined examination, and showed his form of note-book for recording cases. He described the mode of distinguishing collections of fluid in the abdominal cavity from the collections in cysts, and illustrated, from preparations in the museum, ovarian, renal, and hydatid cysts.

We give the following remarks on combined internal and external examination of the abdomen and pelvis :—

"With the thumb in the rectum and the forefinger in the vagina we can often get an accurate notion of what may be contained in Douglas's pouch; or, on the other hand, if the thumb is on the cervix uteri and the forefinger in the rectum, it is quite easy to feel a considerable part of the uterus, even to the fundus, and to get a notion of its size and form, or of anything attached to its exterior, either in front, behind, or at the fundus.

"Simon, of Heidelberg, laid great stress on the combined examination of the bladder and uterus after dilatation of the urethra, believing that this was not only useful in completing diagnosis of disease of the bladder itself, but also for examining growths in the vesico-uterine pouch, tumours on the anterior surface of the uterus, or on either side of the pelvis, where they extend forwards. Combined examination between the walls of the abdomen and the bladder may occasionally become necessary. In some forms of uterine disease combined examination may be assisted by previous dilatation of the neck of the uterus with a sponge tent; and in other cases, where examination by rectum alone, or combination of rectal and external examination, may be insufficient, as in inversion of the uterus or cogenital absence of this organ, combined examination by bladder and rectum, either by finger in rectum or sound in the bladder, or finger in bladder after dilatation of urethra,

gives all the information required; but this seldom can be necessary, except in cases of atresia of the vagina.

"As Hegar has pointed out, if the thumb of one hand in the vagina fixes the vaginal portion of the cervix uteri, the index finger of the same hand in the rectum can not only feel the posterior surface of the uterus distinctly, but can follow the sacro-uterine ligaments; while, if the other hand presses the abdominal wall backwards towards the sacrum, a very accurate idea can be obtained of the relations of all the pelvic organs. The uterus can be moved in various directions, and anything between it and the bladder or rectum is distinctly felt, supposing of course no extraordinary amount of fat in the abdominal wall, nor any peculiar rigidity in the vagina, interfere. Flexions of the uterus are thus very accurately recognised, and often replaced easily.

"These examinations must be carried on, sometimes with the patient on her back, sometimes on her side, and sometimes in both positions, and occasionally in the knee and elbow position, with the shoulders low, a change of position of the organs giving information otherwise unattainable.

"Simon lays great stress on the fact that when a patient is deeply narcotised the whole hand may be passed into the rectum. I have done this occasionally, but have not obtained much additional information than is given by one or two fingers.

"Hegar deserves the credit of introducing a method of examination which, in some cases, is really of very great value. He fixes the vaginal portion of the cervix uteri by a pair of long hooked forceps, by which the uterus may be ran downwards or on either side. The same object may be obtained more safely by one of Marion Sims's hooks, and there can be no better method of clearing up doubts about the size and position of the uterus, its connexion with neighbouring organs, and especially its relation with abdominal and pelvic tumours.

"I need not say that this must be done with due care; that no forcible traction upon the uterus must be exercised, and that steadying the organ will often be found quite enough.

"Suppose the uterus thus fixed and gentle traction made

upon it with one hand, and one or two fingers of the other hand are passed into the rectum, the posterior surface and sides of the uterus are felt, and, if necessary, the finger may be carried over the fundus. Sometimes the forceps or hook may be given to an assistant, while one or two fingers of one hand in the rectum and the other on the abdominal wall effect a combined examination of the most complete character. The connexion of the abdominal tumours with the pelvic organs may be very accurately made out. A slight pull on the uterus may be sufficient to clear up any doubts as to the connexion between the uterus and the tumour, while the pedicle or membranous adhesions with the rectum may be made tense and felt.

"Supposing a tumour is partially or entirely in the pelvis, in more or less close apposition with the uterus, by drawing the uterus downwards or forwards on to one or other side, the examining fingers in the rectum may follow the outlines of the tumour and notice how its movements are affected by the movements of the uterus, or if it may be seperated from the uterus. It is by no means unfrequent that you can separate the uterus from a tumour where previously there had seemed to be intimate connexion, or union apparently inseparable. The assistant drawing down the uterus or to one side, with two fingers in the rectum and the other hand over the abdomen, pushing up the tumour, we may often get an idea of the length of the pedicle, and in reference to uterine fibroids information as to the possibility of removing them. You find out the length and thickness of the cervix, whether it is fixed or movable, and whether it is involved in the new growth. You pull, as it were, the neck of the uterus out of the mass which in a measure involved it, and this shows the tumour to be a growth which may be removed."

The lecturer then described the chemical character of the fluids removed by tapping in ascites and in ovarian cysts, reserving the microscopical characters for the second lecture.

In the second lecture, delivered on Wednesday, June 12th, Mr. Wells described the microscopical elements found in ovarian fluids, dwelling especially on Drysdale's granular ovarian cell, and on certain groups of large pear-shaped vacuolating cells

observed in peritoneal fluid in cases of cancer of omentum and ovary. The remainder of the lecture was occupied by the demonstration of specimens from the museum, to illustrate the diagnosis of different forms of multilocular, dermoid, and solid ovarian tumours from the various abdominal tumours for which they may be mistaken. Very interesting specimens of splenic tumours removed during life by the lecturer were shown, large tumours of the kidney and liver, a large gall-bladder with thick walls, hydatids of the omentum, aortic aneurisms, false cysts formed by adhesions the result of chronic peritonitis, numerous specimens of intra-abdominal cancer, extra-uterine pregnancy, and tumours of the abdominal wall. The very rich collection of uterine tumours in the museum was reserved for the last lecture of the course.—*The Lancet.*

Idiopathic Mydriasis, treated with Eserine.—A. STANFORD MORTON, in the *British Medical Journal*, observes: Mr. Benton's case of Idiopathic Mydriasis, treated with Eserine, recorded in the *Journal* of July 13th, is interesting, as showing the immediate and beneficial effect of sulphate of eserine, where Calabar bean discs and solution of extract of Calabar bean had been employed without any result. I presume, where it is stated that "the patient was suffering from great pain in the left eye, occasioned (as was at once apparent) by dilatation of the pupil," it is meant that the pain and dilatation were produced by the same cause; and whatever this may have been, I should be very glad if Mr. Benton would give us any further information as to how he arrived at the conclusions that "the impairment of vision was due solely to the dilated pupil;" and that "there was no loss of accommodation, as the patient could see to read quite plainly through a pinhole aperture in a piece of card held close to the eye;" for the following cases, which have come under my observation, would seem to show that a patient, having mydriasis, without loss of accommodation, may read small type even without a pinhole aperture; and further, that a patient, with combined mydriasis and suspension of accommodation, may even read brilliant type through a small aperture.

Case I. was a young lady, not in the least myopic, who, after complete dilatation of the pupils had been produced by a very weak application of atropine, could read small type up to within five or six inches of her eyes, and who declared that her vision was not at all affected by the mydriasis.

Case II. was a youth at the Moorfields Hospital, who had applied a strong solution of atropine (four grains to one ounce), thrice daily, for more than a week; and, though he omitted it for two days, he had put in five or six drops on the morning the following note was taken: He was emmetropic, and could see well in the distance, though the largest type he could read at about sixteen inches was J. 16, but on holding a pinhole aperture close to his eye, he was able to read easily Jäger I (brilliant type).

I have tried other cases with similar results; but as my notes have already taken up more space than I intended, I will not go into details about them; and will simply remark that, till we have further particulars, it appears, from the observation made by Mr. Benton on May 19th, that "distant objects could alone be discerned" even though the patient could read quite plainly through a pinhole aperture, there is still left the possibility, if not probability, of the further element of loss of accommodation in this interesting case.

The Stomach Bandage in Ascites.—Mr. S. Mackenzie urges the value of firm bandaging in dropsy of the abdomen. He gives a case in the *British Medical Journal*, from which we quote the portion referring to his treatment.

March 30th.—The abdomen now measured thirty-six inches; its summit was about three-quarters of an inch above the level of the sternum, and it was flat on the surface. The edge of the liver could now be felt three inches below the point of the xiphiod cartilage. No irregularities could be felt on the surface of the liver.

May 11th.—The condition of the patient appeared stationary. There was still a considerable amount of fluid in the peri-

toneal cavity. She passed about forty ounces of urine in the course of the twenty-four hours. *The abdomen was ordered to be tightly bound* with a flannel bandage, so as to exercise pressure.

June 4th.—When the bandage was first applied to the abdomen, the pressure caused a feeling of sickness, but soon the patient bore it without discomfort; in fact, it appeared to afford her relief. The measurement around the abdomen, at the level of the umbilicus, was now thirty-three inches. She passed about thirty to forty ounces of urine daily, and did not perspire much. I now ordered a properly made abdominal support to be constructed for her by the instrument maker. It was arranged with straps, so that it could be tightened to a very considerable degree.

June 29th.—The patient expressed herself, and appeared to be, in good general health, but she was still much wasted. The abdomen looked much smaller, and measured thirty-one and a half inches at the level of the umbilicus. There was pseudo fluctuation on percussion, but it did not convey the impression of being due to fluid. The liver could be felt in the same situation as before. Its surface was smooth, its edge firm, sharp and regular. The spleen was not to be felt in the abdomen. Its dullness reached the seventh rib in the axillary line. She passed, on an average, fifty to sixty ounces of normal urine daily. She ate and slept well. She was now allowed to get up, but was directed to continue wearing the abdominal support. The latter, owing to the diminution of the size of the abdomen, had required to be altered. After being up in the ward for a few days, the patient was allowed to go into the garden; and there then being no reaccumulation of fluid in the abdomen, she was made an out-patient. This was in July, 1875. The patient has been continually under my observation from then until now. She has had no recurrence of the ascites. Her general condition of health is feeble, but she is able to do her household work and earn her living. Unusual exertion causes slight œdema of the feet. She has never had albuminuria.—*Med. and Surgical Reporter.*

The Coming Duties of the Accoucheur.—Prof. Gaillard Thomas, lecturing on a case of neglected prolapsus uteri, makes (*New York Medical Record*, Dec. 22) the following observation :—"The time is not distant when confinement cases will be treated very differently from what they are at the present day. This is a subject of the utmost importance. There is the most urgent need of a radical change in the practice of the majority of the profession, and the time is ripe for the appearance of a stirring and able paper on the 'Proper Management of Natural Labour,' which will awaken medical men to a sense of their duty in obstetrical cases. The physician should be expected and required to visit his patient from time to time all through her pregnancy, in order to see that everything is progressing favourably for a successful delivery, and to remove, if possible, any condition (as albuminuria, for instance) which is likely to interfere with this; and I am fully convinced that it will not be long before the accoucheur who does not pursue this plan will be held culpable. Again, he will be held equally culpable if he discharge his patient at the ninth day, or at the end of a fortnight, without making a physical examination, to ascertain that the parts have sustained no injury from the strain and pressure of parturition, and that the process of restoration to the normal condition is going on satisfactorily. A little attention paid at that time will often prevent the most serious consequences in the future. If the physician had made such an examination in the case, and had found the cervix lacerated, he might have waited a month, and then, ascertaining that trouble was resulting from it, he should have sewn it up, and also restored the perineal body which had given away. * * * All this could have been readily done in the second month after delivery, and it would certainly have been a great deal better to do it than to wait thirteen years before undertaking the operation. It is true that this woman has suffered comparatively little pain and inconvenience in consequence of the neglect of her physician, but this is a very rare exception to the general rule; and, as I said before, the time is not far distant when the medical man will be held responsible for allowing such

a condition to continue without interfering to prevent the evil results so sure to follow from it."—*Med. Times and Gazette.*

On the Combined Use of Chloroform and Morphia.—Professor Kœnig, in a communication to the *Centralblatt fur Chirurgie*, (No. 39, 1877), says he has combined the hypodermic administration of morphia with that of chloroform in a large number of cases, with very favorable results. It is seldom necessary to give more than one or at most two centigrammes (one-sixth to one-third grain).

The indications for the use of morphia during chloroform-narcosis are twofold: 1. Motor disturbances occurring before or during chloroform-inhalation unless these are very transitory: 2. Operations of such a nature that the chloroform-narcosis cannot be maintained throughout, and especially towards the end. Among the latter may be particularly mentioned operations upon the eye, plastic operations, extirpation of tumours from the soft parts of the face. The object of using morphia is to induce analgesia over and above the chloroform-narcosis, and also that this narcosis should not be pushed so far. As regards any danger which may be connected with the combination of narcotics, Kœnig esteems this lightly. He says that out of seven thousand cases in which he has used chloroform, none have died from it, and many of these took morphia also. —*London Med. Record*, Feb. 15, 1878.

Abortive Treatment of Furunculus.—Dr. Lieven observed at the Petersburg Medical Society (*Petersburg Med. Woch.*, Dec. 29) that all modes of treatment hitherto tried (such as early incision, cauterizing, and cold or warm applications) have failed to arrest the further development of furunculus that has once commenced. The following procedure, however, brings it to a stand: A burning, pricking, itching, suddenly occurring in a normal portion of the skin, announces the commencement of the development of the furunculus, and on the same day a small and quite superficial induration can be felt at the spot. If the skin be now superficially scraped with

a small knife, so that a drop or two of blood may be pressed through the epidermis, no furunculus will be developed. This result would seem to show that the affection originates in the uppermost layer of the corium, and perhaps in the capillaries of the papillæ, and not, as hitherto received, in the subcutaneous connective tissue, with succeeding necrosis of the corium and epidermis. Disturbance of the digestive organs (frequently diarrhœa) always precedes or accompanies furunculus; but a plethoric or decrepit constitution is no necessary condition, as it may occur in one that is quite normal.—*Med. Times and Gazette.*

Sulphate of Quinine.—A property of Sulphate of Quinine not well known.—This property consists in the modification it causes on suppurating surfaces when it is applied locally. The injection of a solution of 60 centigrammes of sulphate of quinine in 60 to 100 grammes of distilled water is very advantageous in the treatment of empyema. The same injection is efficacious in gonorrhœa, and an ointment of sulphate of quinine exercises a cicatrizing action on wounds and chronic ulcers. The injections of quinine have the same action on suppurating cavities and fistulous tracts.—*Gazetta Medica Italiana.*

Uterine Hemorrhage.—In a recent discussion at the Obstetrical Society of London on the value of injection of chloride of iron in uterine hemorrhage, Dr. Robert Barnes said the point of the syringe should be carried to the fundus. This could only be insured by introducing the hand into the uterus. Clots should be removed before injection. One to four is a good strength, but a stronger solution might be used if necessary, but it should not be escharotic. This means of arresting hemorrhage had stood the test of experience, and had saved many lives. The test for its use is the possibility of exciting reflex action. Where this cannot be done, use perchloride of iron.—*Med. Times and Gazette.*

The Dilatable Tampon to arrest Hæmorrhage after Lithotomy.—Dr. C. F. MAUNDER, in the *British Medical Journal*, remarks: Having to perform lateral lithotomy out of town a short time since, on a patient sixty-five years of age, with a large prostate and deep perinæum, I provided myself with one of Mr. Buckston Browne's instruments. The operation was performed on a curved staff, and the patient was soon comfortably in bed. After a short time a little bleeding occurred; and as I had to return to London, I introduced the tampon and stopped it. One of my dressers, Mr. W. Whitford, remained in charge, with the acquiescence of Dr. Wolston, the medical attendant. On visiting this gentleman in the evening, eight hours subsequently to the operation, I found him very comfortable indeed; no bleeding, and the urine flowing freely through the tube. At 5 A.M., Mr. Whitford allowed the tampon to collapse; and at 9 A.M. I removed the instrument. The patient made an uninterrupted recovery.

Should the tampon become somewhat flaccid too soon, as it may do by an insidious escape of air, it can be readily refilled. Certainly I shall never perform lateral lithotomy without having one of these instruments at hand.

Turpentine as an external application in Small-Pox.—Dr. Farr, of Lambeth, ascribes great value to turpentine as an external application in small-pox. He claims that it at once relieves any smarting or irritation, effectually corrects the unpleasant odor given off in the more confluent form of the disease, and seems in a marked degree to arrest pustulation, thereby modifying and sometimes entirely preventing pitting. In consequence of its powerful antiseptic and disinfectant properties, it tends, moreover, to prevent the spread of the infection. Mr. Farr uses it in the proportion of one part of rectified spirits of turpentine to three or four of olive oil, and applies it night and morning by means of a feather.—*The Lancet*, May 11th.