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Original Communications.

REMINISCENCES CONNECTED WITH THE MEDICAL PROFESSION IN MONTREAL DURING THE LAST FIFTY YEARS.

By A. H. DAVID, M.D., Edin., L.R.C.S.E., D.C.L.,
Emeritus Professor of Practice of Medicine and Dean
of the Faculty of Medicine Bishop's College.

(Read before the Medico-Chirurgical Society, October 5th,
1882.)

MR. PRESIDENT AND GENTLEMEN,—I entered upon the study of Medicine in January, 1829, being, as was then required by law, indentured for four years to Dr. William Caldwell, and the leading medical men in Montreal were: Daniel Arnoldi, J. B. Latourdaï, Wm. Robertson, Wm. Caldwell, Robert Nelson, H. P. Leodle, A. F. Holmes, Wm. Pardey, Henry Mount, John Stevenson, J. B. C. Trestler, Benjamin Berthelet, James Campbell, W. J. Vallee, J. B. Meillieur, O. T. Bruneau, C. G. O'Doherty, Charles H. Castle, F. C. T. Arnoldi, Pierre Beaubien, Sam. Waller, and several others whose names have escaped my recollection. Drs. Caldwell and Robertson had the principal English practice, and were both retired Medical Officers of the Army. Dr. Robertson settled in this city in 1815 and Dr. Caldwell in 1817.

These two gentlemen, with Drs. A. F. Holmes

and John Stephenson, about the year 1818 I think, were active in establishing a hospital for the English-speaking inhabitants, as from the increasing population of the city, which then was about 30,000, the Hotel Dieu Nunnery, as it was then named, was found to be too small. With the assistance of our merchants a house was hired, and a hospital was opened on a small scale; and after one year's trial it was found to effect so much good that, to give it a permanency, a subscription was opened to raise money to purchase a piece of ground and erect a building, which was done; and in 1821 the centre building of the Montreal General Hospital, on Dorchester street, was built; and it was opened for the reception of patients in 1822, and Drs. Leodle and Lyons were associated with Drs. Robertson, Caldwell, Stephenson and Holmes as Attending Physicians. In this same year these gentlemen, having a hospital for clinical teaching met together, and decided to open a School of Medicine with the following staff:

Anatomy and Physiology, Dr. Stephenson.

Chemistry and Pharmacy, Dr. Holmes.

Practice of Physic, Dr. Caldwell.

Midwifery and Diseases of Women and Children,
Dr. Robertson.

Materia Medica, Dr. Leodle.

Surgery, Dr. Stephenson.

and in the course of the summer, Botany was added, and taken by Dr. Holmes.

This school was entitled The Montreal Medi-

cal Institution, and the first prospectus was issued on the 4th February, 1823, but, unfortunately, I believe no records can be found of the first session, 1823-24; but at the second session, 1824-25, there were *twenty-five* students in attendance on the lectures. This Montreal Medical Institution in the year 1829 became the Medical Faculty of McGill College, and which it is still. During these four early years of the Montreal Medical Institution Dr. Leodle retired from the Faculty, but I have reason to believe he never gave a single lecture, and Dr. Lyons was appointed in his place, but he only held the position for a very short time; and in the session of 1830-31, when I first attended, there were only the four original teachers, Drs. Caldwell, Robertson, Holmes, and Stephenson, and the class consisted of about thirty students—of these I believe but five are still alive: Drs. Roderick Macdonald of Cornwall, Joseph Workman of Toronto, Hamilton D. Jessup of Prescott, Frederick W. Hart somewhere in Louisiana, U.S., and the writer.

We had a Student's Medical Society, of which the professors were patrons, but I never had the pleasure of seeing any one of them at any of the meetings. I place before you the diploma I received on being admitted a member, thinking it may not be without interest to you, gentlemen, in this advanced age to see how we used to do things fifty odd years ago in this then small, insignificant town, before we aspired to rank as a city or to be the leading medical teaching city in our new Dominion, with our vast hospitals, with two English and two French schools. Amongst them I am proud to say only a healthy generous rivalry exists which will, I sincerely trust, always continue so, to the benefit of rising generations who must occupy the position we now do, when we shall have shuffled off this mortal coil and be known here no more for ever.

Drs. Holmes and Stephenson were both natives of this city, and both graduates of the University of Edinburgh, which was then the foremost medical school of the world. I think it was about the year 1813 these two young men left this their small town for that city. Dr. Holmes returned to Montreal in 1816, but Dr. Stephenson did not get back for some years later, and only obtained his license to practice in 1821, Dr. Stephenson was born with cleft palate, and was operated upon in Paris by Baron Roux, and was, I believe, the first case upon which that eminent surgeon operated

for that disease; and in consequence of the success of the operation Dr. Stephenson was well known by all the leading medical men of both London and Edinburgh: he never spoke distinctly clear, but sufficiently so as to be well understood. Dr. Holmes many of those present here to-night recollect well. He was a quiet, learned, unassuming man; Dr. Stephenson was loud, boisterous and not always too courteous, particularly to the students. They both enjoyed good reputations, and had large practices.

Dr. Caldwell was tall, erect and very gentleman-like, but he had a stern countenance, although of a very mild, amiable disposition, and was constantly doing good. He was keen in discernment, cool in judgment, sagacious in expedient, and kind in counsel, he was, in fact, a physician of the highest order. From his severe cast of countenance most of the students were afraid to approach him, and as a little incident of this I will relate an affair that took place in the Montreal General Hospital in 1829. When Dr. Caldwell entered upon his term of duty at the hospital in November of that year not one of the students attending had applied to him for his dressership, and after waiting patiently for some three or four days he said to me one morning in his surgery, "I want you to come up to the Hospital to-day at 12 o'clock," and accordingly I went. He came in a few minutes after and said to the House Surgeon, "Give Mr. David the tray." I may mention in those days the dresser had to carry a tray with sponges, plasters, ointments and lotions, etc., etc. I was told to follow the Dr., and in all the cases that required to be dressed Dr. Caldwell did it, showing me how, and telling me what had to be done next morning by the time he made his visit. Thus was I installed "dresser" without my having taken out my ticket, as I was only a beginner in the study of medicine, and much, as you may well fancy, to the disgust of the older students, many of whom would have much liked to have been his dresser. Dr. Caldwell died in January, 1833; and here I would wish to correct a mistake as to the cause of Dr. Caldwell's early death, as stated on the memorial tablet erected by the Governors of the Hospital to his memory. Dr. Caldwell did not die "a sacrifice to typhus fever," as stated, but of "gangrene of the lungs." I speak authoritatively, as I had the melancholy duty of making the *post-mortem* for the medical friends present. Notwithstanding what I have said of Dr. Caldwell's stern appearance

he was much liked and respected by all the students, and when he was buried, the students, with the consent of the friends, took the horses from the hearse, and drew it all the way to the burying-ground. In connection with Dr. Caldwell's death, I may mention that I have always been under the impression that fright or fear was the origin of his disease. I am certain it is in the knowledge of all gentlemen present that Montreal was devastated with Asiatic cholera in 1832. The first case appeared on the 8th June of that year, and out of a population of 32,000 over 4000 fell victims to that dreadful disease. After the first few weeks Dr. Caldwell became so frightened at it that he would not go to any case, but sent me, his senior student, to all and every one of his patients, no matter what the disease. Consequently I was worked to the utmost of my capacity night and day, and, as I said, I do think it was the great depression caused by his fear of taking cholera that produced the debility which ended, a few months afterwards, in gangrene of the lungs. This, together with a visitation of severe typhus fever, which broke out here in the winter of the same year, completely knocked him up. Four of his students died of it, and the writer was the only one of his students attacked who recovered. The deaths among the students amounted to over thirty, so violent was the epidemic that prevailed here after the cholera had subsided. Dr. Caldwell was an impressive lecturer.

Dr. Robertson was a quiet gentleman, never contradicted anyone, would rub his left elbow and say, "Yes, yes. I believe you are right, but I don't interfere in these things." He was a very good lecturer, and was much liked by the students.

I have already alluded to Dr. Stephenson's brusqueness to the students, and will now relate one little affair. The Lectures of the Faculty were delivered in a narrow house of three storeys that was situated about where the west end of the present Montreal Bank now stands; it ran through to Fortification lane, on which was the dissecting room. Subjects were scarce in those days, and the students had to resort to resurrectioning to obtain the necessary material. One night some of the students went out and obtained three subjects, and when we brought them in, went to Dr. Stephenson's house to ask him for the key of the dissecting room so as to place them there, but he refused to give it to us, or to allow the bodies to be placed there, and sent us off with "a flea in our

ear." We did not know what to do, so after some consultation I had them put into my hayloft, where they remained over a week. The next day, when told of the circumstance, the students held an indignation meeting and passed resolutions condemning Dr. Stephenson's conduct, which were sent to the Faculty, but we never heard what it did in the matter, although Dr. Stephenson treated all of us much better afterwards. Six of us hired an old wooden house in Craig street, nearly opposite where the *Post* newspaper office is, and dissected all winter on our own hook, but Dr. Stephenson, as Professor of Anatomy, gave all of us our certificates, and mine, when I went to Edinburgh, was received as qualifying for the Examination of the Royal College of Surgeons and of the University for the Degree.

Dr. Holmes many here present will recollect well, he died in 1860. He was a quiet, learned man and an able Lecturer. It was said of Professor Hope, who held the chair of Chemistry for very many years in the University of Edinburgh, that he was the most skillful manipulator in the world, and the same can be said of Dr. Holmes. I believe he was never known to have failed in any experiment he ever attempted before the class. After Dr. Robertson's death in 1844, Dr. Holmes became the Professor of Medicine, which position he held till his death in 1860. These are a few of the striking peculiarities of the founders of the Medical Faculty of McGill College, and they are reported to you in all reverence and respect for them, their talents and abilities. They all were an honor to the Profession, and would, even in what we are apt to term "this advanced age," have held as high and leading a position as they did fifty odd years ago. I am as certain as any one can be of the fact that it is to the example, conduct and lessons of these gentlemen, who educated the generation of Medical men who were to succeed them, that the Profession of Montreal stands as high to-day as it does. These gentlemen have passed through life's great tragedy, and fallen before the grim power against which they had waged for years a successful conflict; their success is our heritage, and their achievements our pride.

The next distinguished man that I shall speak of is Robert Nelson. This gentleman in his earlier years devoted himself to Anatomy and Physiology, and wrote an elaborate work on the latter subject; but, after devoting many years to its compilation, the whole of the manuscript was stolen from him,

and he never had the courage to rewrite it, and thus it was lost to the world. In his after years he devoted himself to Surgery, and was celebrated as a surgeon the world over. Unfortunately, he became implicated in the troubles of 1837-38, and fled the country. During the whole of his career in Montreal he had a dissecting room in the upper part of his house, and always had several students in his office or surgery, as he used to term it in those days, when all practitioners dispensed their own medicines. In 1822 he tied successfully the carotid artery of one of our wealthy merchants, who in a fit of despondency attempted to commit suicide by cutting his throat. When I was a student I witnessed him perform lithotomy 7 or 8 times, and I have heard it stated that during his career in Montreal he had performed that operation 39 times with only five deaths. You are not from this to conclude that stone in the bladder is a common disease in this country, for it is not, but Dr. Robert Nelson's reputation as a successful operator was so extended that patients flocked to him from all quarters far and near. He died at the advanced age of 79 in 1873, and his son, Dr. C. Eugene Nelson, of New York, has, in memory of his father, founded a Surgical Medal, (gold) in the Medical Faculty of Bishop's College, Montreal.

Dr. Daniel Arnoldi and his son Thomas were both distinguished physicians, and gifted with rare natural talents. Dr. Daniel Arnoldi was the first president of the College of Physicians and Surgeons of Lower Canada, and the present College has a splendid portrait of him, which is kept at present in the Laval University, Quebec. The honorary degree of M.D. was conferred upon this gentleman by McGill University. The son, Tom Arnoldi, as he was always called, was one of the founders of the Montreal School of Medicine, and was a colleague of the writer's in the St. Lawrence School of Medicine, as lecturer on Midwifery. It was Tom Arnoldi who first recommended the use of pure nitric acid in whooping cough and asthma, and for publishing a book some years after on this treatment, Dr. George D. Gibb, then of London, England, but previously of Montreal, obtained great celebrity, but I regret to have to say he did not give his old friend and colleague the credit of the discovery.

When Dr. Caldwell died in 1833, as I have said before, Dr. Robertson took the chair of the Practice of Medicine, and Dr. John Racey (who was senior student with Dr. Caldwell when

I began, and left that year for Edinburgh), who had returned the previous year, was appointed lecturer on Midwifery in Dr. Robertson's place, but Dr. Racey returned to his native city (Quebec) in 1836, and Drs. G. W. Campbell and Archibald Hall were added to the Faculty, Dr. Campbell getting the chair of Surgery, which he resigned only a few short years ago, and Dr. Hall that of Materia Medica.

Dr. G. W. Campbell, whose sudden and unexpected death occurred on the 30th May last in Edinburgh, where he was on a visit, came to Montreal in the year 1833, and here he remained, respected, honored and beloved by all. He may be said to have been the teacher of nearly the whole of the present generation of practitioners of this city and other places, all of whom always looked up to him with reverence, and to whom *he* was always ready to give a helping hand. His familiar and well-known face will be missed for many a long day, and his death sincerely regretted by thousands.

In 1831, three Montrealers who had been in Edinburgh returned and settled here: James Bell Johnston, who has been residing in Sherbrooke for many years; James Robertson, son of the Dr. Robertson already spoken of, but he died shortly after his return, and Thomas Walter Jones, and during the following years Drs. John Racey, Archibald Hall, Edward Quincy Sewell, Stephen Charles Sewell and the writer.

Dr. James Crawford, who was afterwards a professor in McGill College, left his regiment, the 24th and settled here in 1834. He was killed in 1855 by being thrown out or rather by throwing himself out of a carriage on returning from his visit to the Montreal General Hospital, the horse having run away.

In 1833, Dr. Michael McCulloch, who had been practicing at St. Eustache for some years, came to Montreal and opened a drug store in Notre Dame street, nearly opposite to where Devins & Bolton's store now is. He was a jovial good fellow, and was well known in Montreal. His store soon became the resort of all the leading men, who used to "drop in" to talk over the news of the day. From this he laid the foundation of a very large and lucrative practice, and this was the way it happened. Sometimes some of these friends would not feel very well, and would relate their aches and pains to the good Doctor, who replied that he would give them some *pooders* that would soon put them all right, and he only charged for the medicine and

not for his advice. Sometimes these pooders did good, sometimes these pooders did not do any good or give any relief, and Dr. McCulloch had to be sent for during the night. Of course the Dr. had no alternative but to go, as he had prescribed the day before. He told the patient he had better send for his own medical attendant early in the morning, and tell him that *he*, Dr. McCulloch, had been called to him during the night. This, of course, was done, and so it came to pass that Drs. A, B or C stopped at Dr. McCulloch's store next day and took him with them to visit the patient. The public soon began to notice this, and came to the conclusion that Dr. McCulloch must be a "wonderfully clever Doctor," as all the other Doctors were calling him in consultation, and it was this that led to his large and lucrative practice, and caused him to dispose of his drug store and confine himself entirely to practice. A few years afterwards Dr. McCulloch was appointed to the chair of Midwifery in McGill College, and received the honorary degree of M.D. from that institution. He was also elected one of the physicians of the Montreal General Hospital, but he never undertook the duties of that office. He died of cholera in 1854.

In connection with this account of the way Dr. McCulloch gained his large practice, it may not be uninteresting to relate to you "the dodges" which two other practitioners resorted to, to increase their name, fame and practice. It is proverbial that some medical men resort to expedients for this purpose—they sometimes succeed, but as often fail. In the days of which I am now speaking we all drove ourselves in our old-fashioned gigs—we did not have liveried servants to drive us, so as to be able to carry our visiting list in our hands to hold up to the public, and to occasionally open and become deeply absorbed in its contents, as if we had eighteen or twenty patients to visit, when, were the truth known, we have actually only one or two to see—but this is not the anecdote I want to tell you. One of the gentlemen referred to was very religious and devout, and never missed attending church, at least once a day on Sunday, but, unfortunately, it happened that he was called out during the service every other Sunday. This of course was not pleasant for the congregation, and the clergyman, who was a bit of a wag, was determined to prevent his congregation being disturbed. On the following Sunday when the Dr. was called, he stopped suddenly in his prayers and said, "My brethren, I must ask you to join me in prayers for

the 'unfortunate' person," putting an emphasis on the word unfortunate, "that he or she may be benefited by the skill and knowledge of our brother, who has been disturbed in his devotions." This of course soon spread all over the city, and the roasting and teasing the Dr. received ended this old trick. The other gentleman resorted to a deeper dodge, and this it was: he hired a respectable looking man at \$2 a day to follow his gig, and when he drove away from certain houses to rush up out of breath and ask in a hurried manner whether the Dr. was there, and on being told he had just gone, he was almost in despair and said, "my wife is taken suddenly ill, and Dr. — is the only one can do her good," and off he would run as if to follow the Dr. This occurred so often, and only in certain streets, that the trick was soon seen through, and the badgering, the bullying and laughing at he received, put an end to any further tricks on his part. Both these gentlemen had fair practices for young men, were rising fast in their profession, and had no occasion to resort to any other than legitimate means to obtain practice, but such is the nature of man, however honest and straightforward we may be, we are all more or less tinged with "humbug."

In 1834 Dr. Thomas Walter Jones returned from Edinburgh, and settled down in Montreal, and soon got into a good practice, but during the political troubles of 1837-38, he turned his lance into a sword, raised a troop of cavalry, called the Queen's Light Dragoons, and was in active service on the Frontier for about twelve years. The corps being disbanded in 1850, after the pelting of Lord Elgin, Dr. Jones returned to practice. He was always very fond of anatomy, and devoted much of his time to its study, and became a first-rate anatomist, and consequently an excellent surgeon. He was a colleague of the writer's in the St. Lawrence School of Medicine, and one of the Staff of the Montreal General Hospital.

It was Dr. Jones who taught the writer when he was appointed dresser to the Hospital to bleed, pull teeth, open abscesses, etc., etc. Dr. Jones died in 1864.

In 1835 Dr. Archibald Hall returned from Edinburgh and settled, as did all the other Montreal boys, in Montreal, and soon acquired a good practice. A few years afterwards he was elected one of the attending physicians of the Montreal General Hospital. He was very fond of writing, and in April, 1845, started the *British*

American Medical and Physical Journal, which he published and edited for eight or nine years. He was a very able writer and wielded a trenchant pen. In 1836, when Dr. Racey returned to Quebec, Drs. G. W. Campbell and A. Hall were appointed lecturers in the Medical Faculty of McGill College—the former taking Surgery and the latter *Materia Medica*; but upon the death of Dr. McCulloch he became lecturer on Midwifery, which position he held until his death, on the 14th Feb., 1868.

In 1835 Drs. Edward Quincy Sewell and Stephen Charles Sewell and the writer of this all returned from Edinburgh and established themselves in Montreal. Edward did not remain long here, and Charles became lecturer on *Materia Medica* in McGill; he left some years after for Toronto, completely broken down in spirit at the loss in one week of his whole family by that dreadful disease, malignant scarlet fever.

Dr. William MacNider returned in 1837. He acquired a good practice. He joined the French School on its formation, and he established the first Lying-in Hospital in Montreal; this institution became afterwards what is now the University Lying-in Hospital.

I believe there was a French Medical School established in Montreal some years previously, but it did not last long. The present French School was established in 1843 by Drs. Badgley, Tom Arnoldi, Sutherland, Munroe and Bibaud—the writer declining to accept a chair in it. This School is now known as the Medical Faculty of Victoria College for the Province of Quebec. Two of its founders, Drs. Munroe and Bibaud, have died within the last year.

Francis Badgley obtained his license to practice in 1826, and went to England and purchased a practice in Kensington, a suburb of London, and when the writer went to England in 1833 Dr. B. was in the enjoyment of a very large and lucrative practice, but about the year 1842 he had to sell it, and he returned to Montreal, where he soon obtained a name and reputation. After being here a few years he went to Toronto, but did not remain there long, but returned to England, and became a partner in the Malvern Water Establishment, but, notwithstanding the boasted virtues of this celebrated water cure, he did not prolong his life, for he died soon after going there.

William Sutherland must be remembered by the great majority of those present here to-night as he only died a few years ago. He was charac-

terized by his eloquence and flowery language. He was modest, benevolent and unselfish. He was of unswerving integrity in every sense, of an amiable, generous disposition. His knowledge was diversified and extensive, and he was regarded by all with affectionate respect. He was the most eloquent lecturer we have ever had in Montreal, and his death, which occurred on the 9th February, 1875, created a vacuum that cannot and will not soon be filled up.

Dr. William Fraser obtained his license in 1836, and after a few years had an excellent practice. He was appointed lecturer on Medical Jurisprudence, and subsequently Professor of Institutes of Medicine in McGill, which chair he held till his death, which occurred 24th of July, 1872.

Dr. Robert L. MacDonnell left Dublin and came to Montreal in 1845. He was appointed lecturer on Institutes of Medicine in McGill and one of the Attending Physicians of the General Hospital. He was an able man and an accomplished physician. His death, which occurred the end of January, 1878, was a melancholy one. He was attending the funeral of an esteemed confrère, Dr. Hector Peltier, when he was struck by the shaft of a sleigh, and died two days afterwards of fracture at the base of the brain. He was a colleague of the writer's in the St. Lawrence School of Medicine.

Dr. Charles Smallwood had been practicing for many years in St. Martin and came to Montreal about 1860; he was a great meteorologist, and well known and liked. He died 22nd December, 1873. He was a D.C.L. of Bishop's College, and an LL.D. of McGill, and for a short time was Dean of Bishop's College Faculty of Medicine.

Dr. Wolfred Nelson resided for some years at St. Denis. He was one of the leaders in the troubles of 1837-38, and was after his capture exiled to Bermuda. When liberated he established himself in Montreal, and very soon obtained a large practice. He was mayor of the city and a member of Parliament. He was a talented man, very popular and very much esteemed. He obtained his license in 1811. In those days candidates were examined before the Chief Justice, and he has often related to the writer the following anecdote connected with his examination. Among other questions he was asked how he would treat a case of ague. He replied, "By giving arsenic." "What!" exclaimed Chief Justice Monk, "give arsenic, sir, arsenic? Arsenic is a poison, I use it to poison my rats."

Nevertheless Dr. Nelson received his license. Dr. Nelson was an honorary M.D. of McGill College. He died in 1863.

There are many others whose names I might bring before you, but as I have merely alluded to the leading ones, and this paper is already so long, I have to refrain.

In 1843, the Montreal Dispensary was established, but it had to close for a couple of years owing to want of funds, but re-opened with renewed vigor, and still continues to do much good.

In the year 1845 the Medico-Chirurgical Society of this city took the initiative in trying to form a convention of the different societies of other places in Canada, and issued circulars to them, asking them to send delegates to a meeting to be held in Montreal, to which they cordially responded, and named delegates accordingly; but some gentlemen thought such action ought to originate with the profession at large, and called a public meeting in accordance with these views, and at that meeting, which was a very stormy one, a motion was carried to the effect "that the delegates from the Montreal Medical Society be not permitted to vote," consequently these delegates, with Dr. Hodder of Toronto and Dr. Marsden of Three Rivers, who had been sent to attend the meeting, retired under protest, and thus ended what might have been a useful union of all the medical societies then in existence.

In 1847 what was termed "ship fever"—maculated typhus fever—was brought in ships by the emigrants, about 33,000 having arrived that year. Sheds were opened at Point St. Charles, and thousands upon thousands were carried off by that disease, and were buried near where they died. The ground is now marked by a high rough stone monument, erected by the builders of the Victoria Bridge and the Grand Trunk Railroad.

In 1849 the Asiatic cholera again visited this country, and the Government established a "Central Board of Health," of which Dr. Wolfred Nelson was appointed president and the writer secretary.

In 1851 the "St. Lawrence School of Medicine" was opened, but it only lasted one year, although it was attended by seventeen students. It was killed by medical politics, which at that time ran very high. In the same year "The St. Patrick's Hospital" was established in connection with this school, but, after a useful existence of over twelve years, it was swallowed up by the Hotel-Dieu. In 1844 Drs. Badgley and Sutherland started a medical journal,

the *Montreal Medical Gazette*. The first number was published in English and French, but the other numbers were printed all in English, this being the first entirely English Medical Journal ever published in this country. Some twenty years before this, a medical journal was published in Quebec, but it was half French and half English. In 1851 the writer, with the late Dr. Robert L. Macdonnell, published the *Canada Medical Journal*, and in 1854 Drs. Wright and McCallum published the *Medical Chronicle*. All these journals had but an ephemeral existence, actually dying from inanition, from want of proper support by the members of the profession. In 1865 Dr. G. E. Fenwick and Dr. F. W. Campbell started a new journal, giving it, by permission, the name of the journal published by the writer in 1851. This very able journal existed for ten or twelve years, when the connection of these two gentlemen with it was dissolved, owing to medical politics, and it was merged into two separate journals, which still exist, the *Canada Medical Record*, edited by Dr. F. W. Campbell, and the *Canada Medical and Surgical Journal*, edited by Drs. Geo. Ross and W. A. Molson.

I have now, gentlemen, given some of my reminiscences of many of your predecessors in the profession in this city. As a matter of course I have not attempted to mention any who are still with us—I leave that for other and abler pens.

During the fifty-two years that have passed since I entered upon the study of medicine I have seen many changes, changes of various kinds, changes in books and journals, and in the practice of medicine and surgery. Anæsthetics, antiseptics, and bloodless operations have all had their rise and are certainly surgical triumphs. The introduction of the use of the microscope is of wonderful utility. By the operation of ovariectomy alone it is said 40,000 years of life have been gained for women. The cure of reflex epilepsy by nerve-stretching is a great advance in therapeutics. Excision of the kidney or spleen, of part of a cancerous bladder or prostate, of the rectum and of the pylorus are now common, and attended with improving results; and, lastly, the introduction of the hypodermic syringe has perhaps on the whole been the greatest of all the improvements that have been introduced.

The world has always been full of, and is still full of *hypotheses* and *speculation*, full of new remedies, new instruments, and new appliances, but whether these are all really and truly improve-

ments and advancements is, in my mind, doubtful. That there are some that are unquestionable, but the majority soon find their way to the "tomb of all the Capulets." Once in about every decade of years old things pass away: the teaching of books, of professors, of journals, are laid aside, theories and speculations ignored, doctrines taught, and claims on behalf of old remedies of the *Materia Medica* abandoned, giving way to advancing science and perhaps a better philosophy; but amid all the revolutions going on in the intellectual, moral, and scientific world there is great comfort in the reflection that principles never change—they are immutable and eternal.

(Owing to the serious illness of Dr. David, the above paper was read by Dr. F. W. Campbell.)

Correspondence.

A NATIONAL VACCINE INSTITUTION.

Editor MEDICAL RECORD.

DEAR SIR,—After several years' experience as Public Vaccinator, and familiarity thus gained of the requirements of the public vaccination service to make the practice popular or general, I am satisfied that the great essentials in the lymph made use of are *purity* and *reliability*. These can, I am also convinced, be *best*, and, I might add, *only* secured by a regular service of young healthy heifers, by means of which the stock can be kept up in perpetual succession, and a vaccine famine prevented. I have found the most prejudiced were willing to allow their infants to be vaccinated when they were informed that the lymph was from heifers.

We are fortunate in possessing one of the best stocks of vaccine ever propagated anywhere, which is from a purely Canadian source.

I have used lymph from other sources, and in each case there were objectionable features in the results, with one exception, namely, that propagated by Dr. E. J. Griffin, of Fond du Lac, which gave results in every way seasonable and satisfactory, but in no respect superior, if equal, to that propagated from the Canadian source. After several years' experience in the propagation of heifer lymph, acquainted with the expense, and painstaking necessary, I am satisfied that a well equipped institution or stable is requisite for success.

I have therefore, by every means at my disposal, advocated and urged upon the Corporation of Montreal, the Local and Dominion Governments,

this view, and the desirability of establishing a national vaccine institution. I have so far succeeded as to have had a sum of three hundred dollars placed in the estimates of the Treasurer of the Province of Quebec during last session for the encouragement of this enterprise.

I also succeeded in obtaining from the then Premier, Mr. Chapleau, a letter to the Hon. Minister of Agriculture for the Dominion of Canada, J. H. Pope, M.P., offering the use of ten acres of the Government farm at the Tanneries in perpetuity for the purposes of such an institution, provided the Dominion Government would build or aid in building thereon suitable buildings in which to carry on the work of animal vaccination.

In the full hope of realising the hoped-for Government aid to establish an institution for the propagation of pure animal vaccine lymph on a sound and substantial foundation, I was induced to change the name of my enterprise to that of the Canadian Vaccine Institute, and to offer lymph to municipalities, etc., within the Province of Quebec at reduced rates.

Should the profession, or any number of them, club together, in the absence of Government action, to erect suitable buildings required to conduct the business upon the Government site offered by the Provincial Government of Quebec; or should, in the near future, the hoped-for Government aid be given, I would suggest that, on the erection of the enterprise into an institute of a national character, a Board of Directors or Visitors be appointed from among the profession to exercise a general supervision of the character and working of the institution, and to give confidence to the public that the money subsidy was being wisely expended for the furtherance of the enterprise as intended—such Committee to number *seven*, and to include a representative from each of the local medical schools, McGill, Victoria, Bishop's and Laval; also one from the Montreal Veterinary College, Professor McEachran, and one from the general profession resident in Montreal, and one resident in Quebec. Eventually each teaching body in the Dominion might be represented on the Supervisory Committee, thus giving a truly cosmopolitan and national character to the institute.

It is too late in the day, notwithstanding the proportion of failures, to enter upon an advocacy of the desirability of animal vaccination as a source of supply for general vaccination purposes—that is admitted, more especially since the spread of

syphilis among domestic circles has become so alarming; and the numerous expressions of personal satisfaction in the use of the lymph propagated and sent out to members of the profession in the past encourage me to hope that the efforts made to secure satisfactory results and establish the confidence of the profession in the vaccine produced in the past has not been in vain; and let us hope that, with the accumulation of experience and skill, the success of the future will be even greater in every way.

W. E. BESSEY, M.D.

P.S.—I have fought this battle single-handed so far, while in the United States and elsewhere the profession are a unit on the subject, and strong combinations have engaged in the production of vaccine lymph as a commercial enterprise. Why not combine here—"Union is strength!"

Progress of Medical Science.

NOTES OF ONE HUNDRED AND THIRTEEN CASES OF OPERATION FOR LACERATION OF THE CERVIX.

By WILLIAM GOODELL, M.D., Philadelphia, Pa.

I have had one hundred and thirteen cases of operation for laceration of the cervix, and without a death. Of these ninety-nine were bilateral lacerations. Three were on the right side alone; eight were on the left, and three were markedly stellate, involving three sides or more. The reason why these operations show such a preponderance of bilateral laceration is simply this: In my experience, when one side alone is torn, the sound side acts so like a splint that the lips of the fissure are not liable to spread apart and cause ectropion to a pathological degree. They, therefore, as a rule, do not need an operation. Of these cases union wholly failed in two. In four the union was partial; but in two of these, a suspicious-looking cervical growth had been previously removed. It, however, was not malignant, for in each a subsequent operation proved perfectly successful.

The number of cases in which the forceps were used I have not noted; but I have generally found that when the tear was an unusually bad one, the perineum was also torn, and that the labors had been instrumental. In six of these cases both perineum and cervix had to be operated on. In three of these both lesions were operated on at one sitting. All were successful.

Of my one hundred and thirteen cases, thirty-five were performed in the amphitheatre or the private operating rooms of the Hospital of the

University of Pennsylvania—which is a general hospital. Of these, two had serious attacks of perimetritis and of parametritis, and two had lighter attacks, all due to hospitalism. They recovered, but in one the convalescence was delayed by the formation of two abscesses in the leg. In this case, the patient next to her broke out with erysipelas on the day of the operation. In the other bad case, an explosion of erysipelas took place on her face and trunk. Strange as it may seem, the union in all these cases was perfect. I attribute this success to the fact that the stitches were not removed on the outbreak of the pelvic inflammation, but were allowed to remain a much longer time than usual. As the carbolated spray obscures vision in such operations, it was not resorted to in any of these cases. The only antiseptic means employed being a 2.5 per cent. solution of carbolic acid for the sponges, and vaginal injections of the same solution repeated twice a day until the stitches were removed. The same means were used in my seventy-eight private cases, and of those I had but two with any symptoms of inflammation. The attack was in each case mild and manageable, giving me no anxiety whatever.

Of all my cases I had but one of secondary hemorrhage—my forty-first case. It was checked by a vaginal injection of a saturated solution of alum. This immunity I attribute to my rule of passing in the stitches very deeply. Hemorrhage, during the operation, has often been free and troublesome, but I have never ventured to check it by astringents. The plan which I have long adopted is to pass a wire under the bleeding vessels, and make traction on the ends while the denudation is carried on. This wire is afterwards utilized as a suture.

Many of my cases of bilateral laceration, but not all, had become sterile after the receipt of the injury; but the exact number has not been accurately recorded in my notes. Of those whose track I could keep after the restoration of the cervix, four very shortly afterwards became pregnant. In three of these the laceration was not reproduced: in one a tear occurred on the left side, but not of sufficient extent to warrant an operation.

In my opinion the cervix should always be restored whenever ectropion of the mucosa takes place, and whenever the glands of Naboth become enlarged. Indeed, the visible presence of those glands around the os externum is a very good proof of cervical laceration. But it is not an infallible one, for I have met with them in virgins and in multiparæ with hemorrhagic tendencies from fungous vegetations. These glands often honeycomb the line of denudation, and I make it a rule, whenever it is feasible, to dissect them out. In one of my patients, whose mind hovered over that ill-defined border-land between hysteria and insanity, the cervix was literally riddled with these glands. They lay so close together and were so

much enlarged as to look like the seeds in a pomegranate. I could not dissect them all out, because too much tissue would have been removed, and yet the union of the parts was excellent. The operation cured her of an obstinate irritability of the bladder, but her brain was not much improved.

Another indication for the operation is a hereditary tendency to malignant disease. There is no question in my mind that a cancer of this cervix starts from the constantly fretted and chafed raw surface of a laceration. One would infer this from an *a priori* reasoning; but it is further substantiated by the fact that this disease very rarely indeed attacks a virgin or a sterile woman. On the other hand, the more children a woman has given birth to the greater her liability to cancer. Then again the fissure of an old rent is very often found in a cervix attacked by malignant disease. Acting upon this belief I have operated upon torn cervices without local or constitutional symptoms, for no other reason than that there was a history of cancer in the family.

A third indication for the repair of the cervix is the existence of stubborn and sub-acute peritoneal inflammations. I make this statement with some degree of diffidence, for it is contrary to the teachings of our very best gynecologists, and especially so to those of Dr. Emmet, to whom we owe the largest measure of thanks for devising this ingenious and most valuable operation. Every one of us has seen cases of bad cervical laceration, complicated with tender and thickened broad-ligaments, or with more or less fixation of the womb—cases which refuse to yield to treatment. Usually each menstrual period rekindles the dying embers of the inflammation, and these monthly exacerbations undo the good gained by the intermenstrual treatment. In these cases there is plainly a relation of cause and effect between the lower lesion of the cervix and the upper pelvic lesions. The cervical wound produced in the first place the phlegmon of the broad-ligament, and the monthly over-engorgement of the wound, caused by the afflux of blood to the cervical sore, brings about a pathological turgescence of the vascular appendages of the womb. Hence the persistence of the ovaritis or of the peri-uterine inflammations. Cure now the chafed and angry cervical sore—the *fons et origo mali*—and you lessen the monthly afflux of blood, and consequently the monthly exacerbations of the upper pelvic lesions. Acting upon this idea, I have, on several occasions and under such circumstances, performed the operation, and thus far I have had every reason to congratulate myself for taking this responsible step. Another occasional indication for the operation is the presence of dense cicatricial tissue in the angles of the fissure, always provided that various pelvic neuralgic and distant nerve perturbations can be satisfactorily traced to the cervical injury. Sometimes this can be proved by the tenderness of the cicatrix—coitus or the pressure of the sound on some point eliciting radiating pains. Oftener

the relation must be inferred, either from the monthly exacerbations or from the exclusion of other causes. The diagnosis is not always easy, and I am sure that I have here made mistakes—that is I have removed wedges of cicatricial tissue without restoring by that means my patient to health. From my observations I am disposed, indeed, to believe that the painful influence on the system of hard and gristly cicatricial tissue left after some cervical tears, has been overrated. I am willing to concede that sterility is sometimes owing to it, as it clearly was in one of my patients who became pregnant immediately after the operation. I am also ready to grant that reflex pains and visceral disorders may come from it. But I am inclined to look upon these results as exceptional, and that a tear of the cervix is too often made the scape-goat of headaches, and nape aches, of spine aches and back aches, and of various other nervous explosions which are due to nervous exhaustion or to nutritive changes in nerve-centres, rather than to traumatic injury of their extremities. In other words the constitutional phenomena are dependent usually on fine central lesions, and not on the reflex influence of coarse peripheral injuries. My experience would lead me to say further, that while a woman suckling her infant, and menstruation is thus kept away, she may not appreciate the evil effects of even a bad laceration. But as soon as she gives up suckling and the monthly congestions begin, new exacting local and constitutional symptoms soon set in.

Of the beneficial results of the operation of trachelorrhaphy, I must candidly admit that I am not now so sanguine as at first. Cases have disappointed me, but then, on the other hand, I have undoubtedly operated on some cases unnecessarily. The broad rule may be laid down that, where marked ectropion exists, associated with enlarged Nabothian glands with leucorrhoea and menorrhagia, the issue of the operation will be a happy one. In such cases I have had capital results. The most costly present ever received by me from a patient came from a lady who had been an invalid for eleven years, but who was restored by this operation to health and to society. Dr. E. L. Duer aided me on the occasion, and will be able to corroborate my statement. When, however, I have operated on a tear without ectropion, or merely on account of cicatricial tissue in the angles of the fissure, I have met with some bitter disappointments. But I now know better when to operate, and this fact I have learned, that nervous exhaustion and spinal irritation will evoke symptoms which others as well as myself have referred to slight cervical tears, but which were in no wise dependent on these lesions.

My mode of operating is first to coaptate the parts by tenacula, and to determine with the sound the proper site for the new os externum. At the very centre of this site the two lips of the fissure are transfixed by a powerful needle armed with a stout silver wire about two feet long. The ends of this wire being twisted

together form a long loop which puts the womb under perfect control. By it the womb is gently drawn down and put within operative reach. By hooking up with a tenaculum that portion of the wire running across the fissure, viz., its middle, the loop is doubled at the expense of its length, and by separating the two loops the lips of the fissure are drawn apart. The denudation I now prefer to make with a knife, trying always to remove all the cicatricial tissue, and in one piece if possible. After the denudation, the wire is again converted into a single loop, by releasing its middle portion and drawing it back. This brings the lips together with mathematical precision, and shows whether any further trimming is needed. I always shot my sutures, and very generally shot also the guiding or piloting suture. To facilitate the drawing down of the cervix and the removal of the stitches, I leave uncut the ends of this wire and those of the highest suture on either side. I try, of course, to operate at a time when the catamenia will not be reproduced or be accelerated. But in spite of this caution I have often had the menstrual flow to occur a very few days after the operation; yet in not a single instance has such a misadventure interfered with the prompt and perfect union of the parts. On several occasions I have, at the same operation, curetted the womb for those vegetations which are so likely to be found on the endometrium in cases of old cervical tears. But while this is a great saving of pain and of time to the woman, and has thus far not been followed by bad results, I deem it too unsafe a practice to be generally resorted to.—*Medical Gazette.*

THE TREATMENT OF DIABETES.

Whether diabetes be itself a disease, or a disturbance arising in the course of various diseases, whether prominent in acute illness, or one among the obscure symptoms of chronic ailments, and whatever its origin may be, the conditions to be observed in its management are invariably the same;—the first essential of successful treatment is a carefully restricted diet.

During the temporary glycosuria of some febrile states, the use of starchy and saccharine foods and diluents, such as arrowroot, corn-flour, cocoa, barley-water and gruel, is to be avoided; milk is only to be used sparingly, cream is better; glycerine should replace sugar in cookery and in sweetening tea and coffee. Lemonade is best made with lemon-juice, glycerine and cold water; in this white of egg may well be diffused. A little toast may be allowed, with plenty of butter, eggs, and beef-tea. The conscious subject of diabetes mostly adopts this method of nursing the more trifling ailments resulting from cold or fatigue; beef-tea is habitually substituted for gruel; limes and lemons are known as almost the only fruits free from sugar. Alcoholic stimulants would generally afford grateful help, but no wine can be

quite palatable without sugar; no brandy is good without liqueur. Holland's unsweetened gin, and some, but not all, kinds of whisky are fit adjuncts to the diabetic dietary. When glycosuria is first detected during an attack of severe illness, it may be difficult to say how far diabetes is an accidental complication or an underlying condition, and impossible to estimate the originating causes at work; hence may arise a caution as to prognosis, but there is no place for hesitation as to treatment. Mostly in grave disease, as of lung or kidney, the diabetic condition has been foreknown, perhaps guarded against by a partial avoidance of starchy and saccharine food; in these cases, restrictions, which had been gradually relaxed as one or another slight departure from a rigid dietary had been found possible, have now to be reinforced. Where there condition has not been suspected, the patient will depend upon its early recognition and prompt treatment. The good effects of a rigid dietary have to be waited for with more patience in presence of a confirmed diathesis than where glycosuria may be dependant on a less persistent cause; but in either case steady perseverance in the same line of treatment is required, however different may be the primary causes.

Very variable is the power recovered by diabetic patients, of assimilating some articles of diet at certain times which at others would surely lead to a marked increase of their infirmity. Some can indulge in forbidden fruits with impunity, or occasionally a doubtful vegetable. Many can take milk fairly well, or need not entirely abstain from it. Sugar must always be excluded from stewed fruits and from every kind of drink. A lump of sugar weighing two drachms, taken inadvertently in a cup of tea, has determined a secretion of six times that weight of glucose in the next twenty-four hours, and made rigorous care for some days needful to overcome the wrong tendency. There are times when all soluble ingesta should be tried for sugar by Fehling's test, and the bread and sauces with iodine. Starch will be found in some of the prepared flours said to be freed from it, or partly converted into dextrin. Gluten bread should habitually form part of the dietary; the rusks made by Bonthron are agreeable, either dry or toasted with butter. Under careless diet a feeling of weakness, loss of flesh, irritability of manner, or some neuralgic pain, indicate an increase of sugar in the urine, which chemical examination confirms. Here a restricted diet has restored within one week, 5 lbs. of weight to the body, or removed neuralgic pains in two days. A patient under slightly modified diet, had severe neuralgic pains across both thighs after the fatigue of a journey to London; this ceased shortly after all starch, milk and sugar had been avoided.

Among the remedial agents recommended in diabetes, salicylate of soda has been used with success in the symmetrical neuralgia of this state; the remedy had no effect on the diabetes itself in several cases under my own observation. In one

of these cases, the utter uselessness of the Bethesda water was fully demonstrated three years ago; this proof of its inefficiency did not deter my patient from undertaking a journey to America to try its worth at the source, but with no favorable result. The water itself is not much more than a common table-water, a little too hard for ordinary use, but harmless and inert in moderate amount. In large quantities it is injurious, in the same way that a large quantity of any fluid is injurious in diabetes; with the further danger, not imaginary, but confirmed by distressing experience, that misplaced confidence in a futile resort leads to neglect of ordinary precautions, and so to danger and to death.

Of the good to be obtained from codeia and from extract of opium, in certain conditions attendant upon diabetes, my experience is amply confirmatory. Half a grain of either is given with advantage in a pill, or a solution of codeia with dilute hydrochloric acid after meals. The improvement secured by their aid is not merely temporary, nor is it obtained at the cost of any decline of vital power, rather by a conservation of the nervous energy most readily exhausted in diabetes. Once where complete recovery resulted, after three and a half ounces of sugar were excreted daily, codeia in full doses was one of the means employed.

The author of an able article on diabetes, in the last number of the *Practitioner*, is biased by a supposed analogy between the therapeutics of diabetes and of phthisis; the analogy is slight, so that the small dose of pilocarpin recommended for moistening the mouth in diabetes seems well worthy of trial in the manner directed. Moisture is restored to the skin by giving two or three grains of carbolic acid in an ounce of water three or four times a day for short periods; a solution of this strength, sprayed into the mouth and swallowed, relieves dryness of the tongue and throat; this solution of carbolic acid should always be administered during an intercurrent abscess or boil for two days before any incision is practiced in diabetic subjects.

Our ability to excite the secreting glands, except by the simplest aperients, is very limited; nor in the treatment of diabetes is this to be regretted, for the kidneys act too much, and there is no marked diminution in the activity of the other secreting organs of the body; the skin may be dry, but perspiration is not uncommon; the peptic glands act freely, for the appetite is large; the liver may be at fault, but is not inactive; many men diabetic for years are not therefore childless. The activity of the kidneys is directly excited by the presence of sugar; these organs, healthy at first, by degrees suffer from the overwork forced on them.

The two forms of albuminuria met with in diabetes are, perhaps, more readily distinguishable than when uncomplicated in this way. In contracting kidney, associated with gouty glycosuria, the quantity both of albumen and of sugar is small, and the urine is of comparatively low specific

gravity; the conditions have gone on together, the diabetes being the less prominent, and not the primary one. The other form of albuminuria, with parenchymatous nephritis, appears in the course of typical diabetes; it comes on when the urine has been for some time in large quantity and of high specific gravity, and may co-exist with an excess of urea and uric acid. The first of these two conditions only is that in which a milk is to be recommended, or is even allowable; in the second the use of milk must sometimes be at once prohibited. Grave anxiety, caused by the persistence of both sugar and albumen in the urine after many of the restrictions in diet known to be requisite have been put in force, has been relieved shortly after the use of milk has been entirely stopped and cream exclusively used as a substitute. As the sugar diminishes, the albumen disappears and the quantity of urea increases.

In the course of diabetes sugar may completely disappear from the urine in some unfavorable contingencies. It is not rarely absent for considerable periods during convalescence; at these times the diet may be varied to almost any extent, and milk need not be excluded. Such disappearance of the sugar must not be considered as cure of the diabetes; let any shock or fatigue shake the precarious balance of health, and return to the more strict rules of dietary becomes again necessary. Milk must be again prohibited for a time because of the large quantity of sugar contained in the whey; very little of this remains in the cream, and least in Devonshire cream; cheese and curd are nearly free from it: butter is entirely unobjectionable. If skim milk is to be recommended in diabetes, why not whey? It is free from curd as well as from cream, while both contain all the sugar of milk. Indeed, it is not surprising that sugar has been recommended in diabetes:—could it be given not only on homœopathic principles but strictly in homœopathic doses, so that all the sugar ingested could be reduced to some minute fraction of a grain a day, improvement would soon be evident.

Curd should be more utilized in the diabetic diet. Cheese cakes made with it vary the fare that so much needs variation. The variety of supply for the more substantial dishes is ample; but for the lighter additions to a meal, that make eating less a duty than a pleasure, there is always room for some new combination. An agreeable cheese-cake, baked in remakin papers instead of in pastry, can be made, with or without gluten bread and curd, in the following way:—Grate one ounce of bread with the rind of two lemons, and mix with half an ounce of glycerine; with this whisk up the whites of three eggs, two ounces of cream, and one ounce of fresh butter melted by heat; add also the juice of the two lemons, and the yoke of the three eggs, well beaten; mix altogether, and bake in remakin cups for about twenty minutes, in a rather quick oven. A little more glycerine, or a little less lemon juice, will modify the flavor and consis-

tence of this confection; it is to be eaten when cold.

The management of diabetes, besides attention to diet, requires moderation in exercise, very complete intervals of repose, plenty of fresh air and avoidance of any excess in mental or bodily exertion. To control the exacerbations of the disease, absolute rest as well as rigid diet must be enjoined. At these time, for days together, the quantity of sugar excreted exceeds the amount to be derived from the starchy and saccharine food taken; a considerable amount of it must, therefore, come from amyloid material, and from waste products within the body. The protean compounds may be represented by sugar and ammonia, and their rapid disintegration may give rise to both products; with a less degree of disturbance this change would be less, some of the ammonia would be converted into urea and excreted as such, while less sugar would be formed. Rest and diet without medicine, in the course of diabetes mellitus, has gradually brought about a great diminution in the quantity of urine, a complete absence from it of sugar, with great proportional increase in the urea; and this favorable change has continued for weeks and months with but rare re-appearance of the sugar though fruit, wine, milk, and ordinary bread, the greatest luxury to a diabetic convalescent, have been allowed.—William Squire, M.D., F.R.C.P., in the *Practitioner*.

PERICARDITIS.

By AUSTIN FLINT, M.D.

Professor of Principles and Practice of Medicine in the Bellevue Hospital Medical College, New York.

Here we have a case of rheumatic peri and endocarditis, occurring a few days after the commencement of a rheumatic affection. The rheumatic affection not presenting symptoms of sufficient intensity to be called acute, affecting only one or at most two joints, and apparently readily, and directly controlled by salicylate of soda. It occurs here to still more strongly impress upon your minds the importance of giving alkalies. Had this patient taken at the outset alkalies in sufficient quantity to render the urine alkaline, I think it is fair to say that the probability is he would not have these murmurs. I will not say positively that he would not have had them, for the opinion of Mr. Fuller (who wrote many years ago) that rheumatic pericarditis never occurred as long as the urine was kept alkaline, was too strongly stated; we may say, however, that the liability to pericarditis is much diminished as long as the urine is kept alkaline. And here is another point which renders this case very instructive, namely, that while the salicylate of soda controlled the rheumatic affection, it did not prevent the affection of the heart, and since that remedy, salicylate of soda, has come into use, and has led, as it often has done, to the disuse of alkalies, cardiac affections have become

much more common than before. I know, from personal observation, that we meet now with cardiac affections in rheumatism more frequently than we did when the alkaline treatment was relied upon, and the object of chief importance in the treatment of rheumatism is prevention of the cardiac affection, although it is, of course, desirable, if possible, to cut short the affection of the joints. But there is no such important consideration pertaining to the joint affection as there is to cardiac complications. Therefore, while it is perfectly proper, and indeed very important, to control the rheumatic affection by these remedies, we should not discontinue the use of the alkalies which reduce the liability to an affection of the heart. These points are so well illustrated in this case that I hope they will be borne in mind.

The pericarditis in this case is devoid of any apparent symptoms of gravity. It is one of those diseases which vary very much in different cases, as regards pain and other distressing symptoms and symptoms of gravity. This patient is in bed, but had he been allowed his own will he would have walked up to the amphitheatre. It is not proper for a patient with some pericardial effusion to take considerable exercise. That is an important practical point. He should take rest. I have known of at least two instances of sudden death, arising, apparently, from imprudent exercise during the presence of pericardial effusion.

Pain is sometimes exceedingly severe, having all the characteristics of pleuritic pains, and hence, when physicians relied wholly upon symptoms in diagnosis, cases of pericarditis were sometimes confounded with pleurisy. The pain is lancinating, sharp, of course, situated within the præcordium, and is increased on inspiration. In other cases there is little, if any, pain at all; not sufficient to call attention to the existence of any inflammatory symptoms at the pericardium. That is true, also, of other serious inflammations, as, for instance, acute pleurisy. Cases differ also with respect to the amount of the effusion; sometimes it is slight and inappreciable, in which event we distinguish the case as one of dry pericarditis. In other cases the effusion is moderate in quantity, in others considerable. In proportion to the amount of the effusion we have other symptoms dependent upon the effects of this, first upon the heart, and then upon adjacent organs. Of course, in proportion to the amount of the effusion the heart is compressed. It labors under mechanical disadvantages, hence, frequency or smallness of the pulse; hence, disturbance of respiration. Then, pressure by the enlarged pericardial sac upon adjacent organs sometimes occasions inconvenience. It presses upon the lung, and diminishes somewhat the lung capacity; it may press upon the œsophagus, and thus interfere with deglutition.

In the vast majority of instances in which we meet with pericarditis, it occurs in connection with one of three affections, namely: first, and most frequently, rheumatism—rheumatic pericar-

ditis; next, perhaps, chronic Bright's disease; next, in connection with either pleurisy or pneumonia, affecting the left side. It is in these three pathological connections that we most frequently meet with pericarditis. The instances in which it occurs otherwise, including, of course, traumatic cases, are very few. It is very apt to be overlooked in connection with pleurisy and pneumonia, because we diagnose the presence of those diseases and think we have enough to account for the symptoms, and perhaps, omit to examine with reference to pericarditis.

As to the physical signs, I need not, I suppose, dwell upon the friction murmur. That is evidence of pericarditis, and also of pleurisy in the first stage. It is not, however, always found, even in the first stages of pleurisy, whereas in pericarditis I think I am safe in saying it is always present before much effusion has taken place. The movements of the two serous surfaces upon each other are such as to give rise to a murmur if the conditions for it be present, namely, a fibrinous exudation.

In order to be able at once to recognize the murmur, we must bear its characters in mind. Let us repeat them. In the first place, the friction murmur is almost invariably double; this is, it accompanies the two sounds of the heart, although it has not a fixed and uniform relation to them. They are, so to speak, in discord with the sounds of the heart, but there are two for each revolution. They convey to the mind the idea of friction. This in itself should not be relied upon in the diagnosis, for endocardial murmurs sometimes have that character. They seem to come from a superficial situation, right under the ear, or under the surface. They are increased in intensity when pressure is made over the præcordia with the ear or stethoscope. They are not conducted beyond the præcordia much, if at all, and are frequently heard only within a certain portion of the præcordia. These are characteristics of the pericardial friction murmur, as contrasted with an endocardial murmur. Endocardial murmurs, in order to be confounded with a pericardial friction murmur must be double, since the pericardial murmur is double, and the only instance in which this error can be committed holds with relation to the aortic direct and the aortic regurgitant murmurs. The diagnosis can be made in that case by paying attention to the qualities of the endocardial murmurs, the conduction of the aortic direct up into the great vessels, etc.

After the effusion has been poured out into the pericardial sac, as in this case at present, the murmur disappears, and if we see the case for the first time at this stage, we have to depend upon other signs for diagnosis. Removal of the heart from contact with the thoracic wall, by the presence of fluid in its investing membrane, alters the first sound, diminishes its intensity, and divests it of its booming quality. It becomes valvular, in that respect being like the second sound, and fre-

quently being more feeble. This change is a very striking one, and was illustrated in the following case. Some years ago, when again about to commence my visiting service in the wards of the hospital, and while passing through, one of the assistants said, regarding a certain patient, that it was a case of rheumatism, a light attack; but, as a matter of curiosity, more than anything else, I put the stethoscope over his heart, and at once recognized the fact that the first sound was like the second, being valvular in quality. A further examination proved the presence of pericarditis with effusion, which had entirely escaped attention, because there was no pain or other symptoms pointing to it.

If the apex beat be above the normal position it is a diagnostic point in favor of pericarditis with effusion. Sometimes it can only be felt by requiring the patient to lean forward, so that the apex may come in contact with the thoracic parietes. In this patient, the apex beat is in the fourth intercostal space, instead of in the fifth, which is indicative of some of the effusion still remaining within the pericardium. The presence of the effusion is further determined by percussion and auscultation, the former showing an increased area of dulness, and the latter an increased area over which there is absence of respiratory murmur. Increased area of dulness in the præcordial region, caused by pericardial effusion, is diagnosed from that caused by enlargement of the heart in this manner. In the latter the increased area of dulness extends more downward and to the left, while in the former the area of dulness is increased laterally, nearly equally on the two sides, and upward, and the triangular form of the area of dulness, corresponding with the form of the pericardium, is evident on percussion and auscultation. The apex beat, instead of being lowered, as in enlargement of the heart, is higher up than normal, in effusion into the pericardium.

The treatment of pericarditis varies considerably according to the amount of the effusion and the intensity of the inflammation, as denoted by the general and local symptoms. I have already spoken of the importance of quiet, which is an essential point in the treatment. If the patient suffer from a considerable amount of effusion, it is proper to treat it as we would effusion into the pleura, viz: we may give hydragogues; but always remember that this must not be carried to the extent of producing any considerable general debility. We may give diuretics. Sometimes blisters over the præcordia have a beneficial effect. I do not know that we can explain how it is done, but facts show the vesication of the skin lying over serous membranes aids in producing absorption of the contained effusion. I suppose a certain amount of benefit pertains to the application of the tincture of iodine externally. The patient, of course, is to be sustained by measures which do not excite the action of the heart, but which improve the constitutional power. If pain be a.

prominent symptom, of course that is to be relieved by the judicious use of opium in some form. We should continue the use of alkalies, and in that way, perhaps, keep the inflammation from increasing. A less quantity of the alkalies will be required to continue the urine alkaline than was required to produce alkalinity in the first place. These are the more salient points in the treatment of this affection.

Rheumatic pericarditis gives us a good ratio of recoveries. The prognosis, if there be no untoward circumstances, is favorable. Renal pericarditis, if we may so distinguish it, is quite otherwise. A very large majority of these cases prove fatal. Pericarditis occurring in connection with pleurisy and pneumonia, increases very much the gravity of those affections, and proves fatal in a considerable proportion of cases, although its presence does not warrant us in forming a fatal prognosis.

In the present case it is only important to keep the urine alkaline, and to prevent the patient from making those exertions which he seems inclined to do, because he feels pretty well and has no local symptoms. — *Phil. Medical and Surgical Reporter.*

RECTAL ALIMENTATION.

Dr. W. Joseph Tyson, F.R.C.S., Folkestone, in a paper on this subject in British *Medical Journal* says :

Before going on to speak of these cases which require rectal feeding, the preparations of food which have been, and those which are used at present, it will be well to say something about the anatomy of the rectum, the theory of absorption, as well as the best mode of administering an enema.

1. *Anatomically*, the rectum is not ill-suited for the purpose of feeding. It is extremely well supplied with blood-vessels, which have a most free anastomosis; in fact, its mucous membrane is thicker, and more vascular than that of any other part of the large intestine. Lymphatics of a large size are found here; and Mr. Wadham, late physiological assistant at St. George's Hospital, tells me that he has found several small solitary glands in this part of the bowel. Toward the anus, the secretory apparatus gradually disappears. At the lower part of the rectum, about an inch from the anus, there is a dilatation of the bowel—this dilatation being of considerable use for the lodgment of food; and, lastly, the anus itself, although it fails in its duty in some cases, yet in very many other acts effectually as a sphincter, much in the same way as the sphincter at the cardiac or the pyloric end of the stomach.

2. With respect to *absorption*, it has been said that substances known as colloids, such as albumen, gelatin, starch, etc., can not pass into the system until they are converted into crystalloids; and as this change has been supposed not to take place in the rectum, the giving of enemata containing

colloids, such as beef tea, eggs, etc., has little or no nourishing effect upon the body; and the brandy which is frequently added, only tends more to increase the colloid properties of the aforementioned foods, and therefore to render still more nugatory the use of these enemata. Graham supposes the coats of the stomach to dialyze the food during digestion, absorbing the crystalloids and rejecting the colloids—an action favored by the thick coating of mucus which generally lines the stomach; but Miller, after having quoted the above paragraph, goes on to say that "this suggestion probably requires some limitation—otherwise starch, gelatine and other colloids, unless previously converted into crystalloids, would be wholly unabsorbed after they had been swallowed." The starch, as far as the stomach is concerned, is converted into crystalloid by the saliva; and the starch which escapes being made dialyzable in the mouth is made so in the duodenum by the action of the pancreatic juice. This is the reason, probably, why sugar has been recommended to be added to nutrient enemata. Whether the rectum has the power of changing colloids into crystalloids, is perhaps doubtful; but results which have and do now follow the use of alimentation by the bowel, are too evident to leave any doubt that the rectum possesses properties by which nutrient injections, if not wholly absorbed, are certainly partially so.

It has been suggested that the secreted intestinal juices which descend from above may dissolve a considerable amount of starch and animal fiber; and lately a theory has been put forward, that the contents of an enema are carried from the rectum to the upper intestinal tract, where digestion and absorption actively takes place; but as digested meals can now be given to the rectum to a great extent, there will be little need for the rectum, as well as perhaps other portions of the bowel, to act the part of a stomach.

3. *The operation of administering an enema* requires to be carefully and skilfully done. Any one who has given these injections by means of the ordinary ball-syringe, must have felt the inconvenience of this, the usual mode of procedure. If the ball be not quite full, air will probably be injected into the rectum, to the annoyance of the patient; and, even when the ball is full, great care must be exercised not to spill any of its contents on the bed. The best mode is to take a piece of india-rubber tubing, two or three foot long. At one extremity fix a small piece of bone, resembling that which is attached to an ordinary Higginson's syringe; to the other end of the tubing attach a funnel. When the injection is to be used, the patient is placed on his side, the bone extremity of the apparatus oiled, and placed into the bowel, the other end raised, and the prepared enema is now poured into the funnel, and runs easily and comfortably into the rectum; the rate of progress can be increased or diminished according as the funnel is raised or lowered, or the food can be arrested at any time altogether by just nipping the tube

below the funnel by the fingers of the hand holding it.* If this apparatus be not at hand, a Higginson's syringe is the next best thing. I need hardly say that the rectum should be empty when a nutrient injection is to be given.

4. *In what cases should recourse be had to rectal feeding?* I would recommend it in all cases where obstinate and constant vomiting has existed for four days, or even before; of course, if the cause be a removable one this should be attended to at once. Then there are a large number of cases in which rectal alimentation might be used beneficially as a means of treatment or even cure; such as painful diseases of the stomach, including gastric ulcer, cancer, dilatation, or, again, in some affections of the bowels.

Composition of Nutrient Enemata. Hot water can scarcely be regarded as a food; yet in some cases of collapse, the injection of it, about the temperature of the blood, might very reasonably be given. In many conditions of partial stoppage of the circulation, an addition to the volume of the blood has been successful, at least temporarily, in re-establishing the action of the heart.

Nutrient enemata have been in the past, and are often now, made with beef tea, milk, the yoke of an egge and a little brandy, either separately or combined; in bulk not exceeding three ounces, and given every two, four, or six hours, according to the exigencies of the case. Although the above have done good, their value has been enhanced since the introduction of artificial digestives. Pepsin, in its various forms and hydrochloric acid were long used in stomach digestion, before their value was recognized in rectal alimentation. Pepsin is now very much replaced by the preparations of pancreatine, the latter possessing the double power of acting on proteids as well as on starch. The two ferments which have the property of changing the proteids into peptones, and the starch into sugar, are called respectively proteolytic and diastatic; and, on account of this double property of pancreas, the preparations of the latter have come very much into vogue.

Two preparations of pancreas for rectal use have been made—one by Dr. Leube, and the other by Dr. Horace Dobell. In the former one part of finely minced pancreas is mixed with three parts of scraped meat, adding warm water sufficient to make a small injection, and sometimes a slight proportion of fat. Dr. Leube found by experiments on dogs that a considerable amount of nitrogen was thus consumed by the body. In the second preparation, a fourth of a pound of cooked beef or mutton is finely grated, to which are added twenty grains of pancreatic powder, and twenty pepsin (pig's); the whole is mixed in a warm mortar quickly, and one tablespoonful of brandy,

and enough warm water to bring the mixture to the consistency of treacle, are added; this is injected as quickly as possible after the mixture has been made.

I think that the best pancreatic preparation, and certainly the one most easily tried, is that known as liquor pancreaticus (Benger), strongly recommended by Dr. W. Roberts, of Manchester, in his Lumlean Lectures of 1880, "On the Digestive Ferments and the Preparations and Use of Artificially Digested Food." Speaking of the giving of food by the rectum, Dr. Roberts says, "The enema may be prepared, in the usual way with milk gruel and beef tea, and a dessert spoonful of liquor pancreaticus should be added just before administration. In the warm temperature of the bowel, the ferments find a favorable medium for their action on the nutritive materials with which they are mixed, and there is no acid secretion to interfere with the completion of the digestive process." Thus, in one thing the rectum possesses an advantage in the use of this preparation over the stomach, in the absence of any acid to interfere with the full action of the pancreatic ferments. In giving these enemata they should be made of milk, or milk with beef tea or of milk gruel. To a half pint of the warm enema, a tablespoonful of liquor pancreaticus and half a teaspoonful of bicarbonate of soda should be added. About three ounces of this mixture should be injected every two, four or six hours, as the case requires.

Enemata of blood have been recommended, and in some cases successfully tried. They were first suggested by Dr. Andrew H. Smith, of New York; he found that, when blood was administered *per rectum*, both corpuscles and serum were absorbed. Three or four ounces of defibrinated blood having been injected into the rectum at night, no trace was found in the evacuations the next morning. Ox's blood has generally been employed. It must be fresh and defibrinated before use, and two or three ounces may be injected every two or three hours; but if there be any stomach-digestion going on, it may less frequently used. In order that there may be no delay in its use, it can be obtained already prepared, concentrated and preserved in tins. To prepare the injection the concentrated blood is dropped into the warm fluid to make the enema, a fluid dram representing the fluid ounce of ordinary blood. The cases treated have been recorded by Dr. Smith, Dr. Hanks, and Dr. F. W. Brown in America, and Dr. A. Ernest Sansom in this country; they have been those of gastric ulcer, severe uterine hemorrhage, diphtheritic paralysis in a child, pulmonary phthisis, anemia, and a few others. The success so far attending this novel mode of treatment is certainly sufficient to encourage an extended trial.

*To prevent air from entering the rectum, the tubing can be "clipped," either by a spring of the fingers, close to the bone extremity, while the food is being poured into the funnel.

TREATMENT OF VOMITING BY ABSTINENCE FROM FOOD AND MEDICINE.

Sometimes vomiting is a very troublesome complication in disease of other organs than the stomach. In Bright's disease, in various functional as well as organic nervous disorders, in uterine affections, in cardiac and lung diseases, the physician is at times annoyed or becomes anxious as to the result on account of the obstinate vomiting; the derangement of the stomach becomes more important than the original disease. Effervescent drinks, oxalate of cerium, creosote, small doses of ipecac, hydrocyanic acid or tincture of nuxvomica, bismuth, and various other remedies do not give relief, but seem rather to aggravate the symptom by exciting the vomiting afresh.

It is not necessary to inquire now why vomiting is thus persistent; there seems from some cause to be an irritability of the nerve centres, such that the presence of anything, even water, in the stomach serves to excite the reflex act of vomiting, and the more frequently this happens the more is the irritability of these centres increased. This condition may be due to disease, primarily or secondarily, or it may be produced by unwise medication.

Often the best method of treating this complication is to give the stomach rest. Sometimes only a large amount of food taken at one time excites vomiting; then it is sufficient to resort to frequent feeding, giving a very small quantity each time, a mouthful, or a spoonful every fifteen to thirty minutes; thus the stomach never contains a large mass of food requiring considerable muscular exertion to roll it about and by its weight or bulk exciting the reflex irritability of the nerve centres. Many times, however, this is not enough, the stomach requires more complete rest, and the best treatment is to withhold all food and medicine; sometimes a few hours rest is enough, again it requires two or three days, as in one of the following cases: then it will be necessary to use nutrient enemata.

When there has been much vomiting thirst may be very annoying to the patient; small lumps of ice held in the mouth will relieve this, and generally do not cause vomiting. After the stomach has had sufficient rest it is best to commence feeding by the mouth with caution, giving a little frequently. Milk and lime water, equal parts, a teaspoonful every half hour, should be first tried; if well borne the amount can be increased gradually. It is a mistake to increase the quantity too rapidly. Some patients do better on soup, or Mellen's or Ridge's food, or on scraped raw beef. The following cases are a few from many which might be reported:

Bella L., aged twenty-two, transferred to nervous and renal service from medical service Aug. 25th. About one year previous was out in hot sun for a long time, and next day did the week's washing;

during these two days had headache, nausea, vomiting, and vomiting with dizziness; was confined to bed one day. Soon after had pain and weakness in both iliac regions, which increased in severity till Christmas. She seemed to be suffering from general nervous weakness, there being no organic lesion. She had slight nausea at times, with dyspeptic symptoms till September 12th; there was so much nausea and vomiting that she was given only milk and lime water; on the 15th all medicine and the milk were omitted, and later in the day she was given scraped beef. The vomiting still continued, and on the 17th she was to have nothing by mouth, and to receive an enema of one egg beaten up with ten grains of pepsin every four hours. Four days later she was given every two hours a tablespoonful of chicken soup, and the alternate hours the same amount of Mellen's food. This diet was continued, the amounts given being increased till October 8th, when other articles were added to the diet. November 1st, it is recorded: "Not much nausea for some time; pain sometimes worse than at others. Can walk well for a few minutes, then is tired and has more pain. Has consciously been gaining strength. Feels much less nervous.

The treatment was at first directed to the condition of the nervous system; she received first ext. nuc. vomic., one-third grain, ext. belladonna, one-sixth grain, zinci. oxid., two grains, in pill, three times a day. When the stomach becomes irritable, bismuth and the hydrocyanic acid were used. Dry cups and iodine were applied to the back, but after the stomach showed so much irritability the measures were directed to that.

Jane L. D., aged twenty-nine, entered December 15th. Had had about a year previously rheumatic pains in knees and calves of legs, which lasted all winter. Three weeks before entrance she began to have nausea and vomiting; the vomiting recurred daily; the vomitus was greenish and slimy; the vomiting occurred immediately after eating or drinking. There was great tenderness over the epigastrium. She had been working very hard, making long days at sewing. There was very slight oedema of feet; urine acid, 1020; trace of albumen; a few pus and a few blood globules; no casts.

All food was omitted for several hours, then milk and lime water was given in ounce doses every hour. She had no more nausea, and shortly after was able to take a reasonable amount of nourishment.

Delia L., aged thirty-four, married; has a history of syphilis; entered the hospital for a chronic ulcer of the leg. She had headache and vomiting, the latter being very obstinate. There was no albumen; no casts in urine. All medicine and food was stopped, and after some hours she was fed on a mixture of milk and lime water, equal parts, one teaspoonful every hour. The amount given was increased gradually and the proportion of lime water was diminished. After three days

she took three ounces of mixture, milk six parts, lime water one part, every hour, with a little bread; the next day she had half a pint of milk every two hours, and soon was able to take ordinary diet.—S. G. Webber, M.D., *Boston Medical and Surgical Journal*.

QUININE IN CHOLERA INFANTUM.

Called to see a patient *at night*, along with the means already advised, you will now make an important addition to your treatment. We usually, unless the case is very urgent, postpone the administration of the grand remedy, quinine, until the late hours of night. Then the violent excitement and commotion of the exacerbations have passed. The stomach is then not so irritable. Quinine, a *sedative and narcotic*, is assisted in its action by the *physiological tendency of the nervous system to repose in the night season*, and you have ample time to exhibit enough of it in order to prevent the threatened exacerbations of the next day. I am sure that the remedy is better borne, and produces its salutary effects in the most perfect manner, when exhibited in the late hours of the night. At midnight, then, we can commence its use. To an infant of six months of age and under, we give a grain of sulphate of quinine with a few grains of white sugar, diffused in a teaspoonful of cold water. To a child of twelve months, we give two grains of quinine, and to one of eighteen months, three grains. If the dose is immediately *rejected*, we repeat it over and over again every half hour. After a few repetitions enough will be absorbed by the mucous membrane of the mouth and stomach, or by the former alone, if it is not even swallowed, to bring the little patient fully under its influence. If the first dose is, however, *entirely retained*, we allow the patient to rest three or four hours. We then repeat the dose, and continue to repeat it until the thermometer in the axilla and the finger on the pulse indicate that rapid sedation is ensuing. In the large majority of cases, these effects will follow from the administration of the sulphate. The pulse will become slower and less active and bounding: the head will become cooler; and the extremities, if previously below the normal temperature, will become warmer. Not only this but the vomiting will become less frequent, or will often *entirely cease*. *After the first dose of quinine has been absorbed*, the bowels will become more quiet, and the renal secretion copious. The little sufferer will become tranquil, and fall asleep, sometimes for hours without awaking; but it can be easily aroused if necessary. The *narcotism* produced by quinine, in this respect, is *unlike* the stupor produced by *opium*; and besides this, instead of having a tendency to produce congestion of the brain like opium, it has *beyond all other remedies* the power of *removing an excess* of blood from the cerebral vessels. In five or six hours the administration of quinine has be-

gun, in the large proportion of cases, seen early in their course, the fever will have *disappeared*. When this occurs, cease medication for the day. On the next afternoon or night, a slighter exacerbation will often make its appearance, and this may recur for two or three nights thereafter. In this same case, repeat the quinine in similar or diminished doses, *giving it more freely in direct proportion to the violence of the fever*. At the same time, we continue the calomel, or employ blue mass, until the presence of pure healthy bile in the dejections is perfectly evident. Now that the fever has vanished, you may associate opium in minute doses with the mercurials. If blue mass is given, have it triturated in a teaspoonful of simple syrup, and add the laudanum to it.—Otis F. Manson, M.D., in *Trans. Virginia Med. Society*.

THE TREATMENT OF HÆMORRHOIDS BY INJECTIONS OF CARBOLIC ACID.

Dr. Charles B. Kelsey, surgeon to St. Paul's Infirmary for diseases of the rectum, New York, recently opened a discussion on the treatment of hæmorrhoids, at a meeting of the New York Clinical Society, by reading a paper on the treatment by injections of carbolic acid. The paper, which appears in the August number of the *New York Medical Journal and Obstetrical Review*, opens with condensed histories of a number of cases, after which he remarks that, beginning this plan of treatment without very much confidence in it, and with the fear of causing great pain, and, perhaps, dangerous sloughing, constantly before him, the method is constantly growing in favor with him, and the more he practices it the more confidence he gains in it. With solutions of proper strength the danger of causing sloughing of tumors is very slight. There are no objections to this method which do not apply equally to others. He has once seen considerable ulceration result from it in the hands of another; but he has seen an equal amount follow the application of the ligature; and he does not consider this as a danger greatly to be feared when injections of proper strength are introduced in the proper way. It is applicable to all cases; is especially adapted to bad cases; and may be used where a cutting operation is inadmissible. It acts by setting up an amount of irritation within the tumor which results in an increase of connective tissue, a closure of the vascular loops, and a consequent hardening and decrease in the size of the hæmorrhoid. Except when sloughing occurs, the tumors are not, therefore, removed, but are rendered inert, so that they no longer either bleed or come down outside of the body. In cases in which the sphincter has become weakened by distension, the injections will also have a decided effect in contracting the anal orifice, as injections of ergot or strychnine do in cases of prolapsus. He has used this method of treatment now many times, and has

never, except in one case, had reason to regret using it, or to be dissatisfied with its results, so far as he has been able to follow them. Although slow to advocate any one treatment of this affection to the exclusion of all others, he now generally adopts this from the outset in each case, reserving Allingham's operation for any in which the injections may fail. As yet he has met with no such case. Its advantages over all other methods, provided its results prove equally satisfactory, are manifest. The patient is not terrified at the outset by the prospect of a surgical operation, is not confined to his bed, and is not subjected to any suffering. The cure goes on painlessly, and almost without his consciousness. The method requires some practice and some skill in manipulation, in getting a good view of the point to be injected, and in making the injection properly; but this is soon acquired; and he is more and more convinced that the fear of producing ulceration is an exaggerated one, and that when ulceration is produced, it is a result either of a solution of too great strength, or of one improperly administered.

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CELEBRATION OF THE OPENING OF THE FIFTIETH SESSION OF THE FACULTY OF MEDICINE OF MCGILL UNIVERSITY.

The occasion of the opening of the 50th Session of the Medical Faculty of McGill University, which took place on the 3rd of October, was made the occasion of celebrations which must have been very gratifying to all who took part in them. On the 4th of October Dr. R. P. Howard, who was that morning elected Dean, in place of Dr. Campbell deceased, delivered an introductory lecture in the Lecture Hall of the Redpath Museum, before a large number of ladies, gentlemen and students. The first portion of the lecture embraced the history of the Faculty from its organisation, but, as the main facts are included

in the paper by Dr. David, which will be found in this issue, we do not publish an abstract of it. The latter half was a history of Dr. Campbell's life and connection with the school. At the conclusion of the lecture a conversazione was held in the Peter Redpath Museum. The guests were received by the wives of the Professors, and promenaded to the delightful music of the Band of the 65th Batt. Canadian Volunteers. Light refreshments were served during the evening.

On the following evening, October 5th, the Faculty entertained about 200 of their graduates and friends to a magnificent banquet, which took place in the large dining hall of the Windsor Hotel. Dr. R. P. Howard, Dean of the Faculty, occupied the chair, supported on either side by the Lieut.-Governor of Quebec, Dr. Robitaille, a graduate in Medicine of the University, and Principal Dawson. Representatives from every Medical School in the Dominion were present, and presented cordial greetings from them to the McGill Faculty of Medicine. The gathering was one long to be remembered by those who took part in it, and the members of the Faculty are to be congratulated upon the handsome manner in which everything was conducted.

THE POPULAR SCIENCE MONTHLY.

The October number of this excellent magazine is of special interest. First and foremost is a portrait and biographical sketch of Professor Virchow, the eminent German pathologist. Although best known in this country as an active scientific worker, he has been no less active in the political world. He has been an alderman of Berlin since 1859, and a member of the Prussian Chamber of Deputies since 1862. He has proved himself to be one of Bismark's most vigorous and formidable opponents, so much so that in 1865 Bismark purposed challenging him to fight a duel.

Dr. Douglas Graham contributes an article on *Massage*, its mode of application and effects. He groups the various massage procedures under four heads, friction, percussion, pressure and movement.

W. Matthew Williams writes on the *Utility of Drunkenness*, holding that drunkenness is not an unmixed evil, but from a Darwinian point of view is really an important factor in the development of the species. He argues that the survival of

the coarser, more brutal, and purely animal specimens of the human race is prejudicial to its present interests and future progress. They must consequently be removed so as to permit the survival and multiplication of the more intellectual and refined specimens. This happy result is accomplished by the spontaneous self-extinction of the coarser specimens in a manner presumably pleasant to themselves, by means of the immoderate use of intoxicating liquors.

The Annual Address of the retiring President, Professor Brush, delivered before the American Association for the Advancement of Science at Montreal, appears in this number. The subject is the progress of American Mineralogy.

ON THE TREATMENT OF PHTHISIS BY INHALATION.

Dr. S. Dowse, in the *British Medical Journal*, referring to the recent very valuable discovery of Dr. Koch, thought that the inflammatory theory of tubercle, and Dr. Sanderson's recent lectures at the College of Physicians on Inflammation, tended to support rather than detract from the results of Dr. Koch's original investigations. He said it was more than ten years ago when he first began to treat pulmonary consumption by inhalation; and he regretted that, until recently, he had not carried out his experiments with that care which so important a subject demanded. During the months of September, October, November and December, 1881, he had treated his patients in the North London Hospital for consumption by several forms of inhalation, and he almost invariably had good results. He thought, however, that the process of inhalation was far from perfect, and he hoped for better results in the future. Short histories and notes of several cases were brought forward as evidence in favor of this mode of treatment. He spoke particularly of the value of acetic ether as an inhalant; in fact, he went so far as to say that this drug was, in his opinion, capable of dissolving nascent tubercle. The mixture which he generally used had the following composition: ℞ Thymol, ʒ iij; etheris aceticæ, ʒ iij; etheris sulph., ʒ i; creasoti, ʒ iij; acidi carbolici, m. xv; terebinth. ad. ʒ iv. Ten drops to be used at a time for an inhalation; for instance, two hours in the morning, afternoon and evening, as well as during the whole night.

EXCISION OF THE PYLORUS.

The *Medical Times and Gazette* says that Dr. Van Kleeef, of the Hospital de Calvaire, Mæstricht, relates, in the *Pres. Méd. Belge*, July 23, the case of a woman, aged thirty-seven, upon whom he performed excision of the pylorus on account of stenosis, supervening on ulcer of the stomach attended with severe hæmatemesis. She had become greatly reduced in strength, and for some time past had been fed by the rectum. The indurated pylorus, when removed, measured $4\frac{1}{2}$ by 5 centimeters, and a quill could scarcely be introduced into its aperture. The stenosis was due to cicatricial tissue, no sign of carcinoma being present. The operation lasted two hours, and an hour or two elapsed before the patient began to awake from the anæsthetic condition. Her recovery from the state of anæmia was slow but progressive, and two months after the operation she was able to leave the hospital, weighing 39 kilograms. At the date of the report, about six months after the operation, she weighed 45 kilos.

INCONTINENCE OF URINE.

For incontinence of urine in children Dr. Janeway (*New York Med. Record*) recommends a combination of ergot, belladonna, and iodide of iron. He says that this prescription is more useful in this affection than any combination of drugs known.

To dry up the flow of milk Dr. Martin (*Med. Times and Gazette*) covers the breast with freshly picked parsley-leaves, which are renewed several times a day. They act speedily and effectually.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

SEMI-ANNUAL MEETING.

The semi-annual meeting of this College (the Provincial Medical Board) was held in the rooms of the Medical Faculty of Laval University, Québec, on the 27th September, Dr. Robert Palmer Howard, of Montreal, President, in the chair. The following governors were present:—Dr. C. E. Lemieux and E. H. Trudel, Vice-Presidents; Drs. A. G. Bel-leau and F. W. Campbell, Secretaries; Dr. E. P. Lachapelle, Treasurer; Dr. Leonidas LaRue, Re-

gistrar; Drs. Jas. Lanctot, L. D. Lafontaine, E. Gervais, J. B. Gibson, O. Bonin, Alf. Simard, Robert Craik, Thos. Larue, L. T. E. Rousseau, R. A. Kennedy, T. A. Rodger, Jos. Marmette, Chas. Gingras, E. A. De St. George, C. S. Parke, R. F. Rinfret, W. Marsden, Jules Prevost, F. X. Perreault, J. A. Sewell, N. H. Ladouceur, and the Hon. J. J. Ross. After the reading and the adoption of the May meeting minutes, the President, Dr. R. P. Howard, moved, seconded by Dr. C. E. Lemieux, Vice-President,—resolved unanimously:—That the Board of Governors of the College of Physicians and Surgeons of this Province have heard with much regret of the unexpected death of Dr. George W. Campbell, late Dean of the Medical Faculty of McGill University, and its Professor of Surgery for forty years, one of the original members of this College, for some time one of its Governors, and for about half a century a distinguished practitioner of the Medical Art; and desire to bear testimony to his talents as a teacher, his eminent abilities as a practitioner, his high character as a colleague, and his honorable career as a citizen. The reports of the Assessors of Laval University at Quebec and Montreal were read and adopted, providing that the latter will give the names of the graduates, to the Montreal Secretary. The following gentlemen were admitted to the study of medicine:—J. H. Darey, Montreal; Louis V. Benoit, St. Hyacinthe; Alex. Kinloch, Montreal; H. Hervieux, St. Jerome; J. D. Fontaine, Belœil; L. S. P. Normand, Three Rivers; P. Ulric Garneau, St. André de Kamouraska, Alfred Mallet, Montreal; J. Legault, St. Valentine; A. St. Amour, Acton Vale; A. Laval, Yamaska; D. McNamara, Mile End, Montreal; G. B. Tanguay, Quebec. Mr. Key's, of Georgeville, application for registration was refused on account of being an eclectic. The following graduates received the license of the College on being sworn on their respective diplomas:—Drs. Arthur Hébert, of Quebec; Elz. Laberge, of St. Roch's, Quebec; Jos. Valere Côté, of St. Raphael de Bellechasse; G. A. Casgrain, of St. Agapit; T. W. Mills, L.R.C.P., London; Walter de Moulped, Chas. O. Brown and Levi J. Lennox. Moved by Dr. J. B. Gibson, seconded by Dr. T. A. Rodger, resolved unanimously:—That whereas certain rumours have prevailed whereby it is stated that private examinations are given by Professors connected with a Medical School in this Province, and recognised by this College, and that on these examinations certificates are issued, purporting that the bearers are

entitled to a diploma, and are in fact medical practitioners; and whereas one Emile de Lorimier, a student of this College, has publicly stated that he was so examined, and paid a large sum therefor, and holds such a certificate; and whereas, in the interest of the profession, it is the duty of this Board to ascertain if such irregular examinations are held by any school in this Province, or if certificates or diplomas are granted upon examinations other than those which take place before the Assessors appointed by this College;—be it therefore resolved that a Committee be appointed to make investigation into these statements and report at the next meeting of this Board, and that the Committee be composed of Drs. Craik, Hingston, Lachapelle, Robillard and Rodger. This resolution was proposed at the instigation of the representatives of Bishops College, on the Board. The reports of the Treasurer and of the detective officer of the College and a new tariff were submitted.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

Mr. Lamirande, the active prosecuting officer of the above College, has succeeded lately in obtaining several convictions against those who have neglected to comply with the Medical Act. Among them, Mr. Francois Xavier Destremes, of St. Cuthbert, County of Berthier, confessed judgment on the 2nd September last, paying the fine and costs. This man has practised in Canada for about 20 years.

The Medico-Chirurgical Society of Montreal have elected the following officers for the ensuing year: President, Dr. R. A. Kennedy; 1st Vice-President, Dr. T. G. Roddick; 2nd Vice-President, Dr. T. A. Rodger; Secretary, Dr. A. Henderson, Treasurer, Dr. W. A. Molson; Librarian, Dr. D. F. Gurd; Council, Drs. Geo. Ross, F. W. Campbell and Wm. Osler.

The Sessions have opened at all the Medical Schools, and the attendance, so far as we have been able to ascertain is as follows: McGill, Montreal, 160; Bishop's, Montreal, 55; Victoria, Montreal, 150; Laval, Montreal, 40; Trinity College, Toronto, 180.

PERSONAL.

Among our old friends, who were in Montreal, during the McGill semi-centennial celebration was Dr. Brouse, Brockville; Dr. Lyon, Shawville; Dr. Battersby, Port Dover; Dr. A. D. Stevens, Dunham; Dr. McIntosh, Vankleek Hill; Dr. Pringle, Cornwall; Dr. Gibson, Cowansville; Dr. Cotton, Cowansville; Dr. H. P. Wright, Ottawa; Dr. R. A. D. King, Compton, and Dr. Walsh.

Dr. Henry Harkin (M.D. McGill, 1867) has been removed from Guelph, where he settled after leaving the Allan Mail Line, and located in Montreal. Before leaving Guelph, Dr. Harkin received a handsome testimonial and address from his patients and friends.

Dr. R. Palmer Howard has been elected Dean of the McGill Faculty of Medicine, in place of the late Dr. George W. Campbell.

Dr. Bull (M.D. McGill, 1869) was in Montreal, for a few days the early part of this month. He returns to Colorado Springs where he locates for the present. Canadian Physicians sending patients to Colorado Springs, should direct them to Dr. Bull's care.

Dr. F. Wayland Campbell has been elected acting Dean of the Medical Faculty of Bishop's College.

Dr. Rottot, Dean of Laval University, has returned from Europe.

We take the following from *The China Mail* newspaper, published in Hong Kong, May 18th, 1882:

"By the steamship *Canopus* to-day (18th) we note the departure of Dr. William Young for San Francisco, *en route* for England. During the years that Dr. Young has been a resident in Hong Kong, he has been identified in a most unassuming manner with many useful and philanthropic works. We have only to mention the Native Hospital in Taipingshan, which, although nominally under the auspices of the London Missionary Society, was entirely due to Dr. Young's sacrifice of time and professional skill. In recognition of his efforts in this direction we believe that several members of the native community some time ago presented him with an address in silk. The Parsee community has also recognised Dr. Young's labors among the sick poor in a most substantial form, and to-day an influential deputation from that com-

munity went on board the *Canopus* to testify their appreciation and to wish him God-speed. Speaking from our own experience, we may state that not only to his personal friends will his departure be a serious loss, but that the sick poor, no matter of what color or creed, will have lost in him a disinterested friend."

Dr. Young (Bishop's, 1878) was formerly a resident of Montreal, and he has now returned to commence practice in this city. A prolonged residence in Hong Kong is very trying to the health of Europeans, and it is owing to this reason that he left China. We have seen the Chinese address, which is printed in the characters peculiar to the Celestial people, and which, with its oriental frame, presents a very handsome and unique appearance.

REVIEWS.

Rational Materialistic Definition of Insanity and Imbecility, with the Medical Jurisprudence of Legal Criminality, founded upon Physiological, Psychological and Clinical Observations. By HENRY HOWARD, M.R.C.S. Eng. Montreal: Dawson Brothers.

This little book is chiefly taken up with a consideration of the Hayvern murder case, which was tried in Montreal in the autumn of 1881, and was fully discussed in the October, November and December Numbers of the CANADA MEDICAL RECORD. Dr. Howard reviews the case in detail defending the hypothesis of Hayvern's insanity, and reprints from the *Canada Medical and Surgical Journal* Dr. Osler's paper on the Brains of Criminals, in which Hayvern's brain is figured and described; he also quotes criticisms of the case which have appeared in various psychological journals. We can not say that Dr. Howard has thrown much new light upon this case, or advanced anything further in support of his diagnosis which can be accepted as conclusive proof. The reviewers' opinions, which he quotes, must be accepted with considerable caution, for they have evidently been based chiefly upon Dr. Howard's own evidence, and the very imperfect newspaper reports of the case.

Although many of the author's opinions are rather *advanced*, and some of his theories a little startling, there is nevertheless much sound common-sense in his book, together with many valuable

hints and suggestions. The following extracts will serve to show the peculiarity of some of the views enunciated:—

“Now the Criminal Code of to-day is just where it was two thousand years ago, and yet we boast of our Christian civilization—we should rather call it our non-Christian civilization. All our laws are based upon the Roman law, yet our pagan forefathers never even dreamt of the crimes that have to be dealt with in the present day. But Society will say: we have been educating the people for the last fifty years, and education should diminish crime. So it should, to a degree, but not the sort of education the people are receiving: it is producing the very contrary effect, it is increasing crime; it is creating in the people a spirit of bigotry and fanaticism, a spirit of envy, hatred and malice, a spirit of rivalry, of competition, of the most gross extravagance; it is creating a spirit of oppression, and causing unjust and oppressive taxation upon the people, it is rendering the people more narrow-minded and more prejudiced. The man of sixty years ago who could not write his name was not half as ignorant as many of the so-called educated men of the present day, because the man of the past learned from nature and studied her laws, where the man of the present knows nothing, practically, of nature and her laws. Pride and extravagance is the order of the day, and our system of education is responsible for it; our educational institutions are built extravagantly, not for the comfort and health of the students, but for show, for competition, that they may be seen and spoken of by strangers. Then the yearly exhibitions in all our schools, they are simply a *show*, a public show of extravagance,—parents virtually plundered, that schools may have a good public show. If our present system of education was a preventative of crime—crime in its vilest forms—then money should be paid liberally for it. But all statistics show that it is not a preventative, that crime keeps pace with education, therefore the sooner our present system is broken down the better. There never will be a sound system of education that is not based upon natural laws. There never will be a remedy found for the prevention of crime till we recognize the scientific fact that every man is what he is in virtue of his physical organization.”

He still further elaborates his opinions as follows:—

“I call the intelligent man, the man with an even balanced mental organization, the man who

seeks truth for truth's sake, the man who does his best to do right because it is right, and who avoids, as far as he can, wrong because it is wrong, the man of benevolence, justice and charity, such would be the characteristics of the man that I would call an intelligent man, the man of an intellectual organization; and I deny that such a man *could* be an habitual criminal, *could* live in the breach of all natural and social laws, *could* prefer evil to good. When such a man commits crime, he does it in virtue of a pathological change in his physical mental organization.”

Speaking of free will, he says:—“I hold that every man has a free will, but I deny that every man under all and every circumstances can control his imbecile or insane desire by the force of his will, or his imbecile or insane impulses by the force of the will. Moreover I maintain that an imbecile or insane desire or impulse very frequently, indeed generally, is quite independent of the will. But what of the man of ordinary intelligence? The man of ordinary intelligence, as a rule, controls his desire by his will. I do not deny but that such men are sometimes, under extraordinary circumstances, at least extraordinary ones to him, led to be guilty of crime, and that they are responsible for their act. But I deny that such men ever can become habitual criminals. I maintain that the habitual criminal is such in virtue of his undeveloped organization, or in virtue of a pathological mental organization. In either case they are what they are in virtue of their mental organization, and, consequently, should not be held responsible (legally) for their criminal acts.”

With regard to the limits of legal responsibility, he says:

“A man is legally responsible to do what he *can* do, not that which he knows it is right to do. Therefore I maintain that the insane man is not legally responsible for his acts because he is insane in virtue of pathological defect in his mental organization. The imbecile and habitual criminals are not legally responsible for their acts, because of a teratological defect in their mental organization, but the man of ordinary intelligence is, at least under ordinary circumstances, responsible to the law for his acts, because in virtue of his normal mental organization he can control his desires and actions by his will.”

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, Consulting Physician to the Maternity Hospital, etc., etc., with numerous illustrations. New York: D. Appleton & Co. Montreal: Dawson Bros.

Of late years many excellent treatises upon obstetrics have been published, and, we may add, many that are not excellent. This work takes rank with the best, and is by far the most complete exposition of the science and art of midwifery yet written. The general arrangement is different from that usually followed, and gives an entirely original character to the work. Nothing has been omitted which can be of use to the obstetrician, as the author is thoroughly practical in his instruction, supplementing his own extensive observations with those of other modern authors, and more especially from the labors of German investigators. The first half of the work is chiefly devoted to the anatomy and histology of the subject, and here the author does not show himself so free in his observations as he does in the second part. In this latter we see the hand of one who is master of his work. In a few instances corrections are required: thus in the introduction of the blades of the forceps he directs the handle of the left blade to be held in the right hand while the left hand serves as a guide. With the patient in the dorsal position this would be found to be a very awkward procedure. Such errors have no doubt been overlooked in the revision of the text, and do not affect its value.

The practitioner will find this work to be a source of scientific and practical information, from which he may gather many new ideas of great value in practice, and the student may rely upon it as a text-book containing all that is essential to acquire a thorough knowledge of the obstetric art.

The Diseases of the Rectum, including Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, etc., with Diagnosis and Treatment. By WILLIAM ALLINGHAM, M.D., F.R.C.S., Surgeon to St. Mark's Hospital for Fistula, &c.

Fourth edition, illustrated, paper cover. Price 75 cents. Philadelphia: P. Blakiston & Son, 1882.

Competition among publishers has resulted in giving the reading public literature in a very cheap form—works which a few years ago sold at 75 cents now being obtainable at 20 or 25 cents. It would seem as if, to a certain degree, this was going to be the case with medical works, and due to the same cause. Some three years ago a house engaged in Medical publications began issuing monthly volumes at the rate of one dollar each—then a better class of works were issued at a slight advance. This year P. Blakiston & Son have entered as competitors, and are issuing very good works at \$1.25 a volume, and, with cloth covers, at 75 cents. If this volume is a good sample of what the series will consist we have no hesitation in saying that it is deserving of encouragement. Dr. Allingham's book may be styled practical, indeed such a work as the busiest man can scarcely glance at without gathering information.

The Treatment of Diseases by the Hypodermatic Method. By ROBERTS BARTHOLOW, M.A., M.D., LL.D. Fourth Edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co., 1882.

Dr. Bartholow's reputation as an accomplished physician and careful writer is sufficient guarantee for the excellence of any work from his pen. The fourth edition of this book has been brought well up to date, having been revised, enlarged and in many parts rewritten. Among others, the actions and uses subcutaneously of the following drugs are fully considered:—The Opium Alkaloids, Atropia, Duboisia, Hyoscyamia, Strychnia, Conia, Curara, Nicotia, Hydrocyanic Acid, Physostigma, Pilocarpine, Amyl Nitrite, Chloroform, Ether and Alcohol, Chloral, Caffein, Apomorphia, Ergotin, Quinia, Carbolic Acid, Mercury and Arsenic. Chapters are added upon Aquapuncture, Irritant Injections, Injection of Ammonia into the Veins, and an important chapter upon the Opium or Morphia Habit and its Treatment. Dr. Bartholow suggests the use of the word *hypodermatic* as being more correct than *hypodermic*.