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Original Communications.

CASES OF FEVER RANGING BETWEEN BILIOUS AND TYPHOID FEVER.*

BY ALEX. BETHUNE, M.D., WINGHAM, ONT.

GENTLEMEN :—At the meeting of this Association, which was held in Clinton, in July last, I was appointed to read a paper at the next meeting, but business prevented me from attending, and therefore I have now to read the paper which I should have then read. Those who attended that meeting will no doubt remember that one of our members, Dr. Holmes, introduced the matter, to which this paper more immediately refers, and a discussion arose as to the nature and type of several cases, of which he gave a short history, as to whether they came strictly under the head of Typhoid Fever, or not, and as the time at our disposal was too short, to discuss these cases thoroughly, it was thought better to postpone it until our next meeting, and this, gentlemen is the origin of the present paper.

From these few preliminary remarks you may infer that I do not intend to enter fully into the history of Typhoid fever, or to dilate on it, in all its various forms, for that would take up too much time, and instead of furnishing matter for one paper it would form the contents of many papers; therefore I only propose to consider a few such cases as my friend Dr. Holmes referred to, and in doing so I proceed to give a very brief synopsis of these cases which I attended during the past year, as I think they were almost similar to those spoken of by Dr. Holmes.

Case 1. On the 24th of July 1877, I was called to visit D. S. æt. 26. On enquiring into the history of the case I was told that he had been ill about ten days, that he had received a severe wet-

ting while working in the hay-field, and shortly after was taken with chills, pain in the head, back and legs. When I saw him he had a high fever, tongue swollen, red, dry and crusted, bowels constipated, pulse 90, and temperature $102\frac{1}{2}$; there was also pain in the right iliac region, with slight tympanites. I gave him a purgative of pul. Jalapa hydrg. submur. and podophylli, and left him a solution of potass. bromid. grs. xi. to the dose, to be taken every four hours, and sulph. quinine in good doses, to be taken at any time if there should be any remission of the fever. Next day I found that the purgative had acted twice, but not as well as I would have expected; the stools were of a brownish green color, and very offensive, pulse 90, temperature 102, and all the other symptoms nearly the same as on the previous day. He complained greatly of a severe pain in the head, and sleeplessness. I ordered the mixture to be continued, and gave sulphite of magnesia in 15 grain doses alternately with the solution. As the fever did not remit, no quinine was given. After that I saw him daily, and observed very little change in the symptoms until the 3rd of August, when the pain in the bowels increased and there was also difficulty in passing urine. I then administered a dose of castor oil and laudanum which acted freely and brought away a large quantity of fecal matter mixed with blood; after that he began to improve slowly, and on the 12th of August he was able to sit up a little, but still continued weak for a length of time. During the whole course of the fever the pulse never exceeded 100, nor the temperature $102\frac{1}{2}$, and there was really nothing to be alarmed at, although there was great weakness and prostration.

Case 2. E. R., æt. 10. Lived in the next house to the preceding case. Was called to see him on the 3rd of August, he had been complaining for two or three days; was taken with chills, vomiting, pain in the head and back, etc. When I saw him he had a high fever, tongue soft, red at the edges and white in the centre, pain in the bowels, constipation, with slight tympanitis, pulse 110, and temperature 102. This case continued to exhibit the same symptoms, with very little variation, until the 14th, when an eruption of small reddish spots broke out over the bowels and chest, there was also slight delirium, worse at night, with diarrhoea and bloody discharges, which continued for two or three days and then gradually subsided, under treatment.

* A paper read before the County of Huron Medical Association at Wingham, January 1878.

As the remissions of the fever, in this case were more distinct, I gave him quinine in large doses while the fever was off, so that he generally took about ten grains during the remissions, which lasted about four hours; otherwise the treatment consisted of salicylic acid in a solution of liq. ammon. acetatis alternately with sulphite of magnesia, every four hours. For a week, or so, after the appearance of the petechie there was very little change in the symptoms, and then the remissions became longer and the fever left entirely about the 6th of September, about five weeks from the inception of the disease.

Case 3. Mrs. K., *æt* 36, was attacked on the 4th of August with nausea, headache, pain in the back and limbs, etc., but thought that it was only a chill and would wear off; however as she continued to get worse I was sent for on the 13th, and found her in a high fever, pulse 95, temperature 101, tongue dry brown and crusted, great pain in the stomach and bowels, there was also severe pain in the head above the eyes, and great prostration. She had taken two or three doses of pills, but they had not operated, and the bowels had not been moved for five or six days. I immediately administered a purgative of pulv. jalap hydr-gum creta and podophyllin, which acted freely, although vomiting took place in an hour or so after taking the powder, and a great deal of brown scybalous matter came away. In this case the stomach was very irritable and there was a good deal of pain in the bowels, although there was very little tympanitis. I ordered sinapisms to the pit of the stomach, and bowels, and prescribed bismuth every four hours, with salicylic acid and liquid amm. acetatis between times. There was little or no change in the symptoms until the 30th when she had a severe choking paroxysm, and vomited a worm about nine inches long, which was followed by a great deal of irritation of the throat and pain in the stomach: next day she had a severe attack of diarrhoea, the motions being very frequent and bloody; at this time there was also wandering delirium and great prostration. The diarrhoea was soon checked with pulv. opii. and plumbi acetatis; about this time also a small miliary eruption appeared and continued for nearly a week, after which the patient began slowly to recover, and the convalescence was very tedious, with slight relapses, which seemed to be caused by certain changes of diet, such as eating a little boiled cabbage, or part of an

apple, &c. However she eventually made a good recovery, although not entirely well until the 20th of October, nine weeks after the commencement of the disease. Since then she informed me that she had no recollection of anything that passed during two or three weeks of the fever, and that her hair has nearly all fallen out. This case was the most severe of the three, chiefly because the patient was worn out with bodily fatigue, and very weak before the disease came on. After this very brief synopsis which I have made, as our time is short, and there are other cases to come before our Association, I now proceed to consider the nature, cause, and treatment of these cases. Strictly speaking they might be called typhoid fever, as most of the symptoms were such as are usually present in that disease, although not in its severest form. Such fevers often assume various forms, and are called by different names, which after all have nearly the same meaning, such as enteric fever, gastric fever, gastro-enteric, typhus and continued fever. Some writers prefer one name and some another, but I am inclined to agree with Watson, when he says, "There is no line of genuine distinction between continued fevers that can be relied on. They run insensibly into each other, even the most dissimilar of them; and are often traceable to the same contagion." You, no doubt, have frequently met with cases which began as intermittent, or bilious fever and ultimately terminated in typhoid fever, so that the one "insensibly" ran into the other, and therefore, I think, continued fever is the most appropriate term for such disease. As to the cause of such fevers, and more particularly of the preceding cases. The houses in which the first two cases occurred were situated near the river, close by the flats where there was a great deal of rotten wild grass, which previously had been covered with water, and as the water subsided there naturally arose an exhalation of decaying vegetable matter, caused by the heat and moisture, which according to the doctrine of contagium vivum views, now generally accepted by the profession, had no doubt much to do with producing the disease in these cases. Most writers on fever, agree in attributing the exciting cause of fevers to noxious exhalations arising from certain soils, and that a combination of heat and moisture is also necessary for their production.

Lancisi gives the history of an epidemic fever,

which for several summers infested and almost depopulated a town situated in an elevated and salubrious part of Etruria. This fever arose from the emanations from ponds of stagnant waters, in which hemp and flax were macerated: On this process being afterwards prohibited there was no recurrence of fever. Dr. Bancroft states he was informed at Naples that in several places near the city, and particularly in some beyond the Grotto of Posiippo, sleeping in houses contiguous to ditches in which hemp or flax were macerating had been almost constantly followed by fever. Similar effects have been observed from the fermentation which the indigo plant undergoes in the process of extracting the colouring matter. It appears that after the extraction of the dye, large heaps of the plant are formed near the manufactories and houses of the workmen for the purpose of undergoing decomposition so as to form manure. After being frequently moistened by the heavy rains, and heated by the rays of a scorching sun, copious exhalations take place from the beds of putrifying vegetable matter in consequence of which the workmen, and persons who live near were constantly attacked with dangerous fevers. This circumstance having of late years attracted the notice of the planters, the plant after the extraction of the dye, is not permitted to be formed in heaps near the works, or dwellings of the labourers. Fevers consequently are now comparatively rare among the workmen. Therefore in the two first cases I think the chief cause was the miasmata arising from the decayed grass, which, as the water dried up, began to putrify, permeating all the dwellings in the neighbourhood, and although all were not affected alike, yet I had several cases in the same neighbourhood which shewed all the premonitory symptoms of the fever. In the first case there was also a want of cleanliness and ventilation which would tend to accelerate the disease. In the second case five of a family lived and slept in one apartment about 20 by 16 and although it was kept as clean as possible, under the circumstances, yet the ventilation was necessarily very imperfect. With regard to the third case; the patient was previously in a weak state of health for some time, and there was a certain amount of dampness and want of proper ventilation in the apartment in which she was constantly employed during the day, and also on account of the bowels not acting properly for a length of time, the system was more liable to be attacked

with the fever which ensued. The treatment I pursued in all these cases was chiefly expectant and consisted in keeping up the strength by proper nourishment, watching the complications which usually accompany or follow such diseases. I generally gave bismuth when the stomach was irritable. Bromide of potass or sulphite of magnesia alternately with salicylic acid in a solution of liq. ammonia acetatis, and when diarrhoea supervened, I gave pulv. opii and plumbi acetatis. When the fever began to abate I stopped the bromide of potass, or sulphite of magnesia and gave nitromuriatic acid and quin. with nutritious diet and a little wine or brandy according to the taste of the patient. There is no doubt that the state of the bowels requires to be carefully watched in these cases, and as those I have recorded were all troubled with constipation at the first, and during a great part of the disease, I began the treatment by administering a purgative consisting of jalap and rhubarb with a little hydrg. sab. mur. or hydrarg. c. creta. Afterwards during the course of the fever I generally gave castor oil with a few drops of laudanum, which I found to act very satisfactorily. There is considerable difference of opinion, among medical men, with regard to the use of purgatives in typhoid fever, some advocating the free use of purgatives, and others the administering of astringents. Most of you, no doubt, have read the interesting paper "On the management of the Bowels in Enteric Fever" by Dr. Grisham of Dublin, which has been copied into several of our Canadian medical journals, and I cannot refrain from quoting the closing paragraph, in which he says "I believe the main point to be attended to in the management of the bowels in enteric fever is to keep them free, but not too free, and to avoid as much as possible purgatives or astringents.

There is one point which has created a good deal of discussion, and which I shall refer to very briefly, that is the question of contagion. Dr. Budd holds that it is strictly contagious, and gives this as one of the proofs of its being a specific fever. Dr. Murchison believes that it is not contagious in the strict sense of the term, and that it is never propagated by a third person. Some again adduce the appearance of an eruption as an evidence of its contagion, but we all know that petechiæ do not appear in every case. In the cases mentioned here there was only one in which the spots were distinct, and although an eruption showed itself in the third case

about the crisis of the fever, still such an eruption might be caused by the opium that was given to check the diarrhoea. I do not think that you will find petechiæ in more than one-half, or two-thirds at the farthest, in all the cases of typhoid fever that occur in this country. Therefore the opinion I have formed, from my own experience is, that typhoid fever to a certain extent is contagious, yet the contagion is not of that virulent type which is observed in many specific fevers. Yet it is certainly advisable to treat it as if it were strictly contagious, by paying great attention to cleanliness and ventilation, as well as the free use of disinfectants.

CASE OF TALIPES IN A BOY OF 16 YEARS OF AGE, WITH SUCCESSFUL OPERATION AND TREATMENT BY PLASTER CASTS.

BY DR. BURROWS OF LINDSAY.

John King, having Talipes Varus of left foot with all its well marked characteristics, applied to me some months ago for the relief of his deformity. He had only been able sadly to hobble about by the use of a crutch and cane, the foot was greatly misshaped, malleoli enlarged, with skin and flesh covering much thickened and callosed, from walking on that part of the foot. By advice of medical men of more or less celebrity, a number of whom he had previously consulted, almost every conceivable appliance and apparatus had been used but without any appreciable good result.

The boy, anxious for prospective relief was easily persuaded to an operation, which I performed on the 23rd of May last, assisted by Dr. T. W. Poole, who kindly administered the anæsthetic, using a fine Tenotomy knife, the contracted tendons were divided also the plantar fascia and muscles which were carefully divided, cautiously avoiding the nerves and arteries in the neighborhood, the operation progressed without serious hemorrhage or any troublesome complication, and having been satisfactorily completed the limb was fairly straightened and set in an improvised splint of leather, and perfect rest insisted upon.

On visiting him the following day, found that he had rested nicely, very little soreness or pain being complained of, the foot keeping its position. I now reapplied strips of adhesive plaster with tension

of foot inwards, and to the outside applied a moulded splint of stout leather, allowing all to remain in situ a few days. I now procured a stout pasteboard box and having satisfied myself as to the position of the foot and exerting increased traction by the adhesive strips, I placed against the sole of the foot a moulded splint well wadded with cotton wool with a view to prevent undue pressure from the contraction of the plaster in setting, and to secure greater comfort to the limb in its lengthy incarceration. The foot being placed on its inner side with box, the plaster of Paris in water, to which a small quantity of common salt had been added to accelerate its setting, and make it more firm, giving a complete casing of about an inch thickness, and which trimmed a little, left a close fitting comely covering of solid plaster, securely fixing the foot and thoroughly insuring its remaining in the desired position. On my following visit I found him to have slept well, eaten well, and the foot feeling quite comfortable. Everything appearing so favorably, I left the foot again in the same position for some eight or ten days, at the end of this time, a portion of the plaster cast being removed from the outer side to below the ankle joint, I pressed the foot still further outwards, even beyond its natural position, and having poured fresh plaster around it secured it in its new position, and left my patient again fairly comfortable. In this position I left my patient until the 22nd of June, when I entirely removed the plaster casing, finding the limb perfectly straight and of natural shape, almost as its fellow, the previously enlarged malleoli and callosities less noticeably prominent. I had him now put on a laced boot specially stiffened on the inner side with a double thickness of stove pipe iron, moulded to the last on which the boot was made, and concealed between the side leathers. He at once endeavoured to walk and could do so, resting part of his weight on the previously affected foot. He complained however, of a stiffness in the joint, and a feeling of weakness, but with a walking stick alone could make fair locomotion. He has, at the time of my writing, donated that last relic of his deformity, and is able to walk nearly as well as anybody; the foot has assumed an almost natural shape and position, and the joint is gradually becoming of normal size and greatly strengthening.

I have thought this worthy of insertion.

ON PARESIS.

Read before the Toronto Medical Association

BY J. WORKMAN, M.D., PRESIDENT.

MR. VICE-PRESIDENT AND GENTLEMEN,—You will not have forgotten that at the close of our last meeting, when no response was made to the question from the chair, as to notice of papers for next meeting, I ventured to intimate, that as no other member seemed disposed to favour us with a contribution, I would myself endeavour to meet the requirement, by submitting a few observations on a peculiar form of cerebral disease, which I have long regarded as deserving of the serious consideration of our entire profession; for, unquestionably, whether regarded in relation to its *now* universally acknowledged fatality, to its morbid physical and mental accompaniments, or to the previous social status, and intellectual energy of no small proportion of its victims, it may well command, not only the studious observance of every intelligent medical practitioner, but also the humble reflection of every member of society.

Before, however, entering further on my subject, permit me to crave your kind indulgence towards those defects which I am convinced will be but too manifest to those of your numbers who have devoted much attention to the general subject of morbid psychology and its associate pathological conditions. My timidity in this relation is certainly not moderated by the gratification derived by me from the hearing of the excellent papers which have already been submitted to our society, characterised as they were by careful reflection and close reasoning. I assure you, gentlemen, that these contributions, supplemented as they have been, by the exhibition of instructive pathological specimens, placed before us by zealous workers, and by the free and valuable discussions which ensued, have been regarded by me, as I doubt not they have been by all, as favourable auguries of the future progress of our organization; and I would fondly trust that the good example given by our early benefactors, will not fail to act as a cogent stimulus on our entire membership. Let us hope that the little leaven will work its way through the whole lump, and that before our first year shall have passed, we shall be able to congratulate ourselves on a "*good rising*," rather than be constrained to

weep over sodden dough. The peculiar disease to which I now venture to invite your consideration, may truly be said to be one of only modern recognition, though it might be erroneous to suppose that its existence dates not far anterior to the period at which its characteristic mental and somatic phenomena first attracted discriminate observance. I believe the first French writer on insanity who distinctively treated of it, not yet half a century ago, was Esquirol; and the first English author who, reproducing Esquirol's description, introduced it to the notice of our countrymen, was Dr. Pritchard, whose excellent treatise on insanity was published about 42 years ago. The designation first given to the disease was that of "General Paralysis," a name which to my certain knowledge, has, in this country, and I doubt not, elsewhere, led to very numerous mistakes, or misapprehensions. The term *Paralysis* as generally understood in medicine, signifies either a total deprivation of muscular power, or of sensory function, or of both; or at least a very great diminution of these vital conditions. Now, unfortunately for accurate easy diagnosis of the disease in question, it so happens, that in the formative stage, when alone, exactitude might be of practical value, so far from any palpable deterioration of muscular energy, or of sensory integrity, being *palpable* to the inexperienced observer, the very contrary is almost invariably the fact. The budding subject of our so called *general Paralysis* is the very antithesis of a paralytic. He is all life, all energy, all self-assurance, all speculativeness, all fearlessness, and all hopefulness. He feels stronger, more healthful, more youthful, than he ever before felt. Day by day he asserts all this, and, (not strange to say), his family and friends, and not seldom his medical adviser, share in the delusion. Dozens^s of such athletes have been sent to me, ticketed as most promising cases, and I doubt not such still continue to be sent to my successor, and to all his confreres.

Now, the disease under consideration is not one of obscure diagnosis, even in its earliest stage. It therefore appears to me very undesirable, that it should be designated by a name which is so well calculated to lead those who are unfamiliar with its conventional acceptation in the specialty of insanity, into error. This difficulty has, to a certain extent, been obviated by adoption of the enlarged term, "general Paralysis of the Insane," but for

the following reasons this designation is still objectionable—1st, because often up to almost the close of life, the patient is not paralytic—2nd, his so called Paralysis is not *general*, unless by this term we understand indefinite, not special, not topical, not constant, or unvarying. Some walk about briskly, work well and willingly, up to a few hours before their final exit, which occasionally is precipitated by an apoplectic form seizure, with copious sanguineous, or perhaps only serous, effusion on the surface or into the ventricles of the brain.

In Germany and America the term *Paresis* has now been preferentially substituted. Some writers still retain the adjunct "*general*," but I can see no good reason for this qualification—the word *Paresis*—implying as it does, not an absolute, or total, deprivation of motor power, nor even a great diminution of it, but a gradual weakening and impairment, seems to me to come as near to the requirement as we could wish. I have, therefore, for many years, used this designation; and if it had no other recommendation than that of arbitrary removal of the disease from general medical nosology, into the domain of alienism, I think it is entitled to the approval of the entire medical profession.

I have said that the disease "is not one of obscure diagnosis, even in its earliest stages," but perhaps I have here spoken rashly; for who can say *when* insanity of any form, *begins*? Do we not every day meet with men and women, who, though not palpably insane, and duly qualified for asylum lodgment, are, nevertheless very *over*, or *under* active members of society, or very perplexing members of their domestic circles? A large majority of these may float on through life without the stigma of lunacy having disfigured their fair repute, yet I have lived long enough to realize, inside the walls of an insane asylum, adequate explanation of many a moral paradox which I had witnessed long before, outside.

And just so is it with, as I believe, the majority of all paretics—not, first, is it, when a man breaks out into a sudden outburst of insane passion, or violence, or exhibits some gross moral impropriety, which astounds his relatives and friends, that his mind has *begun* to be unsound—enquiry will hardly ever fail to elicit from those who have long and intimately known him, that for many months, or

years, before the formidable outbreak,—if not indeed for all his past life,—they had noted in his demeanour, or conversation, unaccountable peculiarities, but until now, they had never suspected the presence of mental unsoundness.

Who would venture to say how large, or how small, may be the proportion of all bold projectors and daring speculators,—successful or unsuccessful—who have been exempt from morbid cerebral taint? Neither the abundance, nor the fineness, of our treasure, renders infrangible the "earthen vessels" in which we hold it; too often, indeed, the very opposite is the fact. But nothing in this world is so successful, as success; and no wisdom is in the eyes of the multitude so wise as that which has enthroned itself on the gold-sack.

It may not be the invariable fact, but it will be found of frequent obtainance, that paretics have been men of unusual mental force and grasp. Some of them may have made achievements that have astonished their quiet, cautious, neighbours; but this astonishment has finally been eclipsed by one far stranger, and far sadder. I feel sure that there is not one who now hears me, (but more especially not one of maturer years), who has not witnessed mental dethronements of the sad character here alluded to.

Paresis has either immensely increased during the last half century, or before this period it must have been very defectively noted—both facts may be terrible. Before the time of Pritchard, it was virtually unknown, or it was unwittingly ignored, in England. To day its existence there and though to a less extent, in Scotland and Ireland, is fearful.

When I entered the Toronto Asylum in 1853, there was not a single case, as far as I could judge, in the institution, but it was not long before it began to make appearance. I have not at present at my command, the figures showing the mortality during my whole period of service; but I can state that in my last 10½ years from 1st Jan. 1865 to 19th July 1875, the deaths from *Paresis* amounted to 72, of those 65 were of men, and only 7 of women. I believe this is very near the proportion as to sex, which obtains in those asylums of the United States with one exception in which *Paresis* is most largely found, or is most accurately diagnosed. In the 2½ years from 19th July, 1875, to 1st Jan. 1878, the deaths from *Paresis* in the Toronto

Asylum have been 23, including that of only one woman.

It is a melancholy confession, but it is the truth, that the asylum death records of Paresis, have been a pretty nearly correct statement of the number of cases of this disease admitted—a few, indeed, of these patients were taken out by their friends, before death; but not a single one escaped the destroyer—I believe the total deaths from Paresis in my time, was about 120.

The two latest English reports which I have received, (from Sheffield and Exeter,) show the following figures for deaths of Paretics in 1877.

Sheffield—28 men, 6 women, total, 34, in a total of 105 deaths, or nearly one-third. Devon, (Exeter), 10 men, 2 women, total 12, in a total of 50 deaths, nearly $\frac{1}{4}$.

The total numbers resident in the year in the Sheffield Asylum were 361 men and 463 women, therefore the actual paretic death proportion of the sexes was not as 23 : 6, but as 28 to 4 $\frac{1}{10}$, or about 6 to 1.

In the Devon Asylum, the total resident were 285 men, and 462 women, therefore the actual paretic death proportion was not as 10 : 2, but nearly as 10 to 1 $\frac{1}{4}$, or 8 to 1.

The figures of the Sheffield Asylum representing as they do, the incidence of Paresis in a large manufacturing town, may be taken as an approximate representation of the frequency of the disease in other large English towns; whilst those of the Devon Asylum are perhaps, fair exponents of its prevalence in mixed town and country populations.

In Scotland, with the exception of the city of Glasgow, the proportion of Paretics is not much greater than it is in this country; and in Ireland it is apparently less.

(To be Continued.)

TRANSLATIONS FROM FOREIGN JOURNALS.

Editorial of *Le Progress Medical*, 8th of June.

DR. BOURNEVILLE, PARIS.

There are yet to be found men who in spite of the march of ideas, cannot accustom themselves to the thought, that the elected representatives of the

population of a great city should have the power to bring about reform. Elected in a manner, more or less singular, and after a system which falls into desuetude, because it rests on oligarchy, these worthy people who have no influence on public opinion, take it into their heads that they have an aptitude for dealing with questions beyond their ability, and which they have only examined cursorily by the sole light of their prejudices, accomplices of their ignorant self-sufficiency. However hard, however severe may appear at first sight this judgment, it will be perceived by the following quotations that it is fully warranted. In the second page of this report, M. Pran de Saint Gilles, Notary, gives involuntary reason to these Municipal Councillors, sufficiently revolutionary, to demand a partial application of the lay element in nursing. The following are his own words: "*That special hospitals, founded and sustained by free associations, hold to the preserving the Catholic, Protestant, or Jewish character of their foundation, nothing can be more just, the public nursing is and ought to remain lay, open to all without distinction of creed, its mission is to cure, and not to convert.*"

Such premises would naturally lead a logical mind to recognize that the desire expressed by the Municipal Council, a very natural desire, since it limited itself to requesting the Board of Guardians to place lay trained nurses and novitiates in a new hospital, and ought to have been taken into consideration. Well, the author of the preceding extract has arrived at a conclusion in a radically opposite sense. This seems all the more strange that he confesses that certain criticisms pointing to nuns, are, alas! but too true.

"It is objected that nuns are on certain days absorbed by exercises of religion at the expense of their hospital duties, of neglecting the wards of the patients, for the chapel of their community. It is true that their rules exact the accomplishment of religious duties, which necessitate at times their absence from the wards. It is true also, that some medical officers have been able to establish these absences, and to regret them under circumstances when it would have been preferable that they should have sacrificed religious duties to the exigencies of an acute disease, or to an urgent dressing."

Precious acknowledgments, that the journals which have undertaken the defence of the nuns

have taken care not to record. The division of time of the sisters of charity in one of the hospitals of Paris, and in one of the insane asylums of the Seine, published in the *Progress Medical*, and which nobody can deny, shows how great is the time allotted to religious exercises prescribed by the rules of the community. The reasons invoked by M. Pean de Saint Gilles, to prevent the Board from acceding to the prayer of the Municipal Council, deserve to be made known, not because they are of an incontestable accuracy but because they are altogether original.

"It is certain that you never see sisters of charity betray their vows of chastity, of renouncing the world and of self sacrifice. With them you have no occasion to fear the dangers of human frailty, which it is unnecessary to particularize."

M. Pean de Saint Gilles, in his position of member of the Council of Superintendence, should have informed himself from the records of the Board, before committing himself so imprudently.

What would he have learned? That a year does not pass without some lost sheep escaping from the fold. More, he would have learned, that occasionally unheard of acts of scandal occur, that last year for instance, a sister was surprised sacrificing with her friend to the Lesbian Venus, and driven from the hospital. What then can we think of M. Pean de Saint Gilles, if having carefully obtained information, he has nevertheless persisted in writing the passages we have extracted. M. de St. Gilles, moreover, endeavors to prove that the Sisters have been calumniated in attributing to them an excessive ardor for proselytising. Perverse are those who doubt that the Sisters beset and worry the patients, to attract or draw them back to forms and practises that they believe necessary to their salvation. How many facts could we cite here, showing the procedures of the Sisters in order to force the patients to mass, to the confessionals, and to all that follows. There are but few of our readers who are not in possession of similar facts. M. P. de St. Gilles, for combatting the idea of admitting the lay element into hospitals, relies upon a fact, which, according to him has recently happened in Switzerland.

"A member of our commission remarks upon a very characteristic fact, Berne, a Protestant City, has recently asked the Board of administration of

the Hospital of Lyons, to procure for them Sisters of Charity, for the service of its chief hospital. Unfortunately M. de St. Gilles, does not give us the name of his so well informed colleague. M. de St. Gilles, has been deceived, we have enquired, and by a letter from a most distinguished physician we learn, that nothing of the kind has ever taken place as deposed by the Secretary of the hospital in question, moreover that none of the hospitals in Berne neither large nor small are served by the Sisters. The Catholic population of the Jura, has different hospitals served by the Sisters, but in one of them after a conflict between the Board and the Sisters, a proportion of the latter were replaced by Protestants."

CURE OF A CASE OF POISONING FROM 36 GRS. OF STRYCHNINE, AFTER FIVE HOURS DETENTION IN THE STOMACH.

Translated from the "*Revista Medica-Quirurgica*," Buenos Aires, 8th May, 1878.

"A young man, of 19 years, of excellent constitution, voluntarily swallowed two grammes (36 grains) of crystalised strychnine, at midnight, after a copious meal, well aware, as he was a student in chemistry, of the properties of the substance.

Having previously secluded himself, his condition was undiscovered until five in the morning, when he was found in a violent accession of tetanic convulsions.

We saw him in fifteen minutes after, in a brief period of calm, which permitted him to utter the word *strychnia*, but was instantly succeeded by a tonic attack, in which every muscle was engaged, and imminent asphyxia was threatened. Whilst we caused to be prepared the solution mentioned below, advantage was taken of the absence of the canine and first molar teeth, for the introduction of a pint of olive oil. The trismus was strong, and no vomiting had yet taken place.

In the second place an enema of 500 grammes of brandy, with a like quantity of water, and two grammes of laudanum, was administered, to secure retention of which a tampon was inserted in the anus.

At half-past five o'clock the following solution was introduced into the stomach :

Iodurat. Potass. 4 grammes.
Iodini pulvi. r "

Dissolved, after trituration, in one litre of water. The tonic convulsions lasted about half an hour, succeeding to a complete calm, in a body completely rigid. The pulse was thready, respiration short and frequent, and a cyanotic tint covered the integuments, particularly those of the face and neck. Stimulant frictions were made over all the thorax for half an hour, and were succeeded by an easing of the breathing."

The writer proceeds with rather prolix details of the course of the symptoms, closing with the gratifying announcement of the complete restoration of the patient at the end of four days from the ingestion of the poison. In conclusion of the case, he submits some instructive observations on the therapeutic merits of the remedies employed by him, in which he seems to have regarded the antagonistic action of the brandy and laudanum as the chief curative agency, whilst the antidotal virtue of the iodinic solution was of secondary, if not equivocal, value. On this head he remarks as follows :

"Alcohol and opium are stimulants of the nerve centres, and the first is specialised in the medulla spinalis, an action contrary to the toxic here treated, proof of which, in this case, was quite manifest in the fact of the cessation of the convulsions, as soon as absorption of the injection had commenced. We believe that to the antagonistic (i. e. alcohol and opium) must be ascribed the merit of the chief *role* of our morning's work."

This case is of rare instructive value. Poisoning, whether accidental or intentional, by strychnine, is an occurrence of lamentable frequency; and it is most desirable that the medical practitioner who may be suddenly called to such cases, should be able to deal with them promptly and efficiently. Whiskey and laudanum are two fluids, which, despite of the Duncan Act, are likely to continue within easy reach, even in our remote back settlements, and this exhibition in form of enema, when trismus precludes introduction by the mouth, cannot be a difficult process. The precaution of plugging the anus, to secure retention, should not be overlooked.

It is well known that in the Western States, the bite of the rattlesnake is now almost universally treated by copious exhibitions of whiskey, with or without the addition of ammonia.

Quary?—If alcohol be the best counter-agent of strychnine, and of rattlesnake poison, may not

the converse hold good? and if so, why not treat alcoholic poisoning by liberal doses of strychnine, or by an adequate number of rattlesnake punctures? One thing in favour of this practice would be, that the remedy would not be worse than the disease,—which is perhaps more than may be truthfully said over the entire surface of our therapeutics.

Selected Articles.

CLINIC ON HEPATIC CYST.

BY T. GAILLARD THOMAS, M.D., NEW YORK.

I have the pleasure of bringing before you to-day one of the most interesting cases that we have seen during our whole course this winter.

The patient's name is Laura F., a native of Germany, and thirty-one years of age. She has been married six years, and has three children, but no miscarriages. Her last child was born thirteen months ago, and the duration of her present trouble is nine months. About nine months ago, her physician informs me, she first noticed a swelling in the right hypochondriac region. From the situation and character of the tumor, which was, perhaps, of the size of a goose-egg, he concluded, very naturally, that it was the distended gall-bladder. She had some trouble in her digestion, being obliged to take food frequently, as she was able to eat only a small quantity at a time, and complained of great pain at the time of her menstrual periods.

Previously she had been perfectly healthy in every respect. After that the doctor did not see her until a comparatively short time ago, and he then found that the tumor had enormously increased in size, and that the woman was not as strong as formerly.

To-day we find the enlargement, whatever its character, to be of the size of a pregnant uterus at the end of seven and a half or eight months, as I can show you through the patient's clothing. The chief point in connection with the case is, of course to decide what this tumor is, and on that another depends: When we have ascertained its true character, what treatment shall we adopt for it? Its general appearance is that of an ovarian cyst, but we will not jump at any conclusion. I shall make the diagnosis very carefully here, for the reason that I believe this to be a form of cyst which is very rare, and which is very different from an ovarian cyst, and therefore it is important that you should get the characteristics of the case strongly fixed in your minds.

When you see such an abdominal enlargement as this, a number of ideas as to what it may possibly be at once present themselves. Let us now take up briefly some of the forms of enlargement which

it might be, and in doing so we will omit certain extremely rare kinds of abdominal tumor.

First of all, I have no doubt the idea of pregnancy occurs to you. It is thirteen months since the patient's last child was born, and so it is altogether possible that another fetus may now be at full term.

Again, it might be an ovarian cyst, and, as I have said, it presents very much, indeed, the appearance of one.

Then, again, it might be a uterine fibroid.

Next, it might be due to abdominal dropsy.

In the next place, it might not be a tumor at all, but simply an accumulation of fat in the abdominal walls.

Still further, it might be due to tympanites.

In examining whether the enlargement may not be dependent on some one of the several conditions suggested, let us begin with the last—tympanites. The question of tympanites is at once definitely settled by resorting to percussion over the surface of the tumor. When this is done, we find that there is everywhere the most complete dulness, amounting to absolute flatness; and we can therefore safely conclude that we have to deal with some body which is certainly not aëriform in character.

An immense mass of fat has been mentioned as a possible explanation of the tumor here present. I once performed ovariectomy in a case in which the diagnosis was somewhat obscure in certain respects, and when the incision was made into the abdomen I found a deposit of fat at least four inches in thickness in its walls. But if there were a mass of fat, it would be superficial, so that by grasping the abdominal walls deeply with the fingers, we would get under it, which is found to be impossible here. Then, again, great obesity would scarcely be suspected from such a history as has been given of this patient.

Now, let us see whether the diagnosis of pregnancy will stand the test of physical exploration. I examined the uterus thoroughly by conjoined manipulation, and finding it entirely undeveloped, apparently, ventured to introduce the probe, when I ascertained that it passed easily to the fundus, and that the canal of the organ was only of normal length. In addition, the woman has continued to menstruate regularly every month.

Might it not be a uterine tumor? Probably not, because we have been able to map out the size and shape of the uterus, and are able to move the organ freely about by means of the uterine sound without producing any effect upon the tumor. Then, uterine tumors are almost always solid in character, and here we get a distinct sense of fluctuation.

Is it ascites? Suppose you place some intestines in a tub of water. They will at once rise to the top. So here, if we had ascites, and the woman were lying on her back, the intestines would float on top. But listen to the percussion-note on the

site of the tumor. There is perfect flatness everywhere, while upon the left side, on the contrary, there is well-marked tympanitic resonance. We must, therefore, exclude ascites. It is true that localized peritonitis will occasionally shut up fluid in some particular part of the abdomen, surrounding it with a wall of lymph. In such cases a differential diagnosis between this condition and ovarian cyst is often exceedingly difficult, and one might almost be considered excusable for opening the abdomen with a view to performing ovariectomy; but still, such a mistake will seldom be made if all the means at our disposal for making the diagnosis of ovarian disease are employed.

From the physical characteristics of this tumor we can decide with considerable certainty that it is a fluid cyst of some sort. We have ascertained by means of the sound that it is entirely distinct from the uterus. Is it then an ovarian cyst? Such was my impression when I first saw the tumor; but, on making a careful examination, I found two points in connection with it which militated very strongly indeed against such an hypothesis. The first was, that I was utterly unable to feel the tumor with the finger in the vagina. The force of gravitation usually keeps the inferior part of these ovarian growths low down in the pelvis, where, of course, they originate. The second point was that, on making percussion carefully up and down the abdomen, on the side of the tumor, I was able to make out a distinct area of resonance between the latter and the position of the ovary. Then, besides, it is a very rare thing to find an ovarian cyst localized like this. They are forced by the muscles wherever there is the most room for them, and so they are almost universally found in the middle of the abdomen, though always commencing in the side.

When I found that it was not an ovarian cyst, my next thought was that it was one of those localized peritoneal dropsies of which I have spoken. But I soon found that it was movable to a certain extent (though not very freely), which would not have been the case with such a collection of fluid surrounded by walls of inflammatory lymph; and then there has been no history whatever of any attack of peritonitis, either general or circumscribed.

The next thing that will probably occur to you is that it is a renal cyst. Several cases of tumor of this description have been cut down upon, under the idea that they were ovarian, even by men of the most distinguished reputation. It is certainly possible that this may be the diagnosis here, though I think it is not probable.

The question still comes up, therefore, what then is it? There is still another kind of cyst of which I have not yet spoken, and that is the *hepatic cyst*, the growth being connected directly with the liver itself. It is so exceedingly rare, however, that it is scarcely mentioned in medical literature

at all. A professional friend of mine, who is admirably qualified to do so, has looked up the subject very carefully in the books and journals, and has been able to find almost nothing in regard to it. I do not, of course, now refer to the hydatid cyst of the liver, which is well known, but am speaking of the pure hepatic cyst. That it is a condition which we may be liable to meet with occasionally, however, is certain. Not long since a young surgeon in a neighboring place told me that he was about to perform his first ovariectomy, and a short time afterwards I learned from him that when he had opened the abdomen he found both the ovaries perfectly healthy, but that there was an enormous cyst of the liver, in which there was nothing whatever like hydatids.

I think I am therefore justified in suspecting the presence of an hepatic cyst in the present instance, and in order to derive what assistance we may from an examination of its contents, I have drawn off a small quantity of the fluid by means of the hypodermic syringe. You observe that it is opaque, and of a strongly marked yellowish color; and Prof. Dalton has pronounced it to contain the coloring matter of the bile (not bile itself, you understand, but its coloring matter, at all events). You see the reaction with nitric acid upon this plate. I do not think it can be a hydatid cyst, as there have been none of the features of this condition present. I take it to be an hepatic cyst which is very close to the gall-bladder, and whose contents have, therefore, become tinged with its coloring matter. It seems probable that a process of exosmosis has taken place. It could not be the enlarged gall-bladder itself, for it is impossible that that should become so enormously distended. One other point corroborative of the supposition of the cyst's being connected with the liver is the fact that, on percussion, there is no line of resonance whatever between the liver and the tumor, there being one continued area of dulness from the upper border of the liver to the lowest point of the growth; while, as you remember, there is a line of resonance between the latter and the pelvis. In addition, I find that the left lobe of the liver is very large and prominent, so that it can be mapped out with great distinctness, and the hand slipped under it, as is usually the case when there is a large fatty liver. It would, at all events, indicate some diseased condition of the organ.

Having at length arrived at a probable diagnosis, we come now to the subject of treatment. Is anything to be done for this patient, and, if so, what? It seems to me that some interference will have to be practised in the case, from the fact that the cyst is increasing in size so rapidly. But, at the same time, any operation like that for ovarian tumor is out of the question. If this growth is an hepatic cyst, it is not at all likely that it can be removed with safety to the patient. In ovarian cyst, draw-

ing off the fluid is no longer resorted to by any one as a sanative procedure. *Paracentesis ovarii* is only of service as an aid to diagnosis and as a palliative measure for the relief of certain urgent symptoms. But here I think we might perhaps draw off the fluid with advantage. Is there no danger in such an operation? you ask. Yes, there is great danger from the escape of fluid into the peritoneal cavity, for fatal peritonitis might easily result from this cause. You know that of late years gastrotomy has been several times performed; and you have probably all heard of the celebrated case of M. Labé, of Paris, in which a silver fork was extracted from the patient's stomach by this means. Before drawing off the contents of this cyst, I should advise that an inflammatory adhesion should be effected between the parietal and visceral layers of the peritoneum, in the same manner as was done in these cases, in order to prevent the fluid from escaping into the peritoneal cavity. This might be accomplished by means of a slough of the abdominal walls caused by the application of nitric acid; or, in other words, a nitric acid issue. Through the centre of this the needle of the aspirator could be passed, and it is possible that a single evacuation of its contents might result in the cure of the cyst. If it did not, the operation could be repeated whenever it should become necessary. Of course, no internal remedies will have any effect whatever upon the growth. For me this is an exceedingly interesting case, and I trust it has proved so to you also.—*Medical Record*.

ABSTRACT OF SIX LECTURES

ON THE

DIAGNOSIS AND SURGICAL TREATMENT OF ABDOMINAL TUMOURS.

Delivered at the Royal College of Surgeons,

BY T. SPENCER WELL, F.R.C.S.,

Hunterian Professor of Surgery and Pathology.

The first lecture was delivered on Monday, June 10th, at 4 p.m. The lecturer entered at considerable length into the mode of examining patients with abdominal tumours, describing in detail the methods of external, internal, and combined examination, and showed his form of note-book for recording cases. He described the mode of distinguishing collections of fluid in the abdominal cavity from collections in cysts, and illustrated, from preparations in the museum, ovarian, renal, and hydatid cysts.

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

“With the thumb in the rectum and the fore-

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

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

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

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

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

"Hegar deserves the credit of introducing a method of examination which, in some cases, is

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

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

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

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

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

In the second lecture, delivered on Wednesday, June 12th, Mr. Wells described the microscopical

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

THE PARIS EXHIBITION.

THE CITY OF PARIS.

In my first article I gave a general description of the Exhibition, its architectural features, topographical arrangements, and sanitary aspects. I now propose to give an account of the collective exhibition of each country before proceeding to the comparative notice of the same group of objects displayed by the various nations represented at the Exhibition.

And to begin with, I cannot do better, both as a matter of duty and of pleasure, than to devote this article to the City of Paris. Situate in the very centre of the Champs de Mars Palace, between the French section on the one side and the foreign section on the other, stretching out as it were a friendly hand to each, La Ville de Paris has a special pavilion of her own, in which she has gathered all the various features and manifestations of the five great branches which constitute her rather complex administration, and the active working of which combines to render her a city of extraordinary interest and elegance.

The five great branches or "Directions" to which I have referred comprise (1) the Direction of Fine Arts and Historical Works; (2) the Direction of Architecture and Municipal Buildings; (3) the Waters and Sewers of Paris; (4) the General Administration, including the Préfecture de Police and the Assistance Publique; and (5) the Direction of Primary Education. The first of these Directions is under the able presidency of M. Michaux. Since the death of the regretted M. Belgrand, the two Directions of Architecture and Waters have been entrusted to M. Alphand, who enjoys an unequalled

reputation in Paris for taste, ingenuity, and competence in plastic arrangements. M. Albert Gigot directs the Préfecture de Police, whilst the Assistance Publique is now under the liberal and skilful management of M. Michel Moring. The important department of Primary Education is headed by M. Gruyer, member of the French Institute. Each of the Directions has a special display in the pavilion of La Ville de Paris.

Both ends of the pavilion are occupied by the Fine Arts department. This includes the works of departed masters as well as of renowned living artists, and the walls are hung with pictures of Bonnot, Boulanger, Cormon, Delaunay, Flandrin, Fleury, and others. All these works of art, as well as the statues scattered in the neighbouring grounds, are the property of the city of Paris, which buys them from the artists and lends them or gives them in keeping to the churches, the municipal buildings, the theatres, or squares of the city for the purpose of decorating them, but can withdraw them whenever it likes for exhibitions or other occasions. Though many of these artistic productions might, on account of the subjects which they represent, well deserve a passing notice from a medical pen, I shall content myself with admiring them, and pass on to the section of Architecture, where we find plans, drawings, and models of much special interest to us as a great many of them represent the new Hôtel Dieu, the future School of Medicine of Paris, the contemplated Clinique d'Accouchements, the model prison or house of repression at Nanteue, the recently constructed slaughter-houses of La Villette, the ventilation of new schools, mairies, and theatres, the Hospital of Méilmontant, in which the director of the Assistance Publique takes great pride, &c. But even here we need not be detained, as the future excursions of the Congress of Hygiene, which is to meet in August, will allow me to give practical and much more interesting descriptions of all these buildings. I may just say that the architectural exhibition is very complete, and does credit to the organisers of this department of the pavilion.

With the departments of the General Administration we come to subjects of intense interest to the profession. M. Albert Gigot has had the most praiseworthy and happy idea of exhibiting in its real and practical shape a complete specimen of the huts for the drowned, established about five years ago on the banks of the Seine, and of which I gave an account in this journal at the time of their initiation. Nothing is wanting to realise the complete picture of these invaluable huts, the usefulness of which has been proved by the lives of hundreds of people saved since their establishment. The room is exactly similar. There are the bed and mattress; here are the tub and the hot water apparatus; on the table the box of medicaments and the *appareil à fumigation*; nay, there is the

sergent de ville himself, such as he is to be seen in the huts along the Seine, only instead of resuscitating the drowned man, he is giving a picturesque description to a large number of people, who are listening attentively, and imbibing, it is to be hoped, valuable rules, which will not be forgotten in moments of emergency. He is showing them how the bed consists of a large hollow metal mattress filled with water, kept very hot by gaslights underneath; whilst another, a woollen, mattress is placed on the top of this, and how the drowned man is to be warmed. He points to the tub with the spouts of hot and cold water, and says how and when the douches are to be used. He winds up with a description of the rules and means which one can always apply for resuscitating the drowned, even in the absence of this improved apparatus, and directs them to read the code of precepts hung up on the wall, which they do when they can understand the language.

Another most interesting part of M. Albert Gigot's department consists of the fire-engines and pumps, and altogether the various apparatus employed by the famous firemen or *sapeurs-pompiers* of Paris. The Parisian population take especial interest in the visit to this section. They are extremely proud of this corps of *sapeurs-pompiers*, who render invaluable services in more than one way.

In this Exhibition of the City of Paris, so full of sanitary aspects, and which attracts a large crowd anxious to study its various features, the Assistance Publique, or general administration of the Paris hospitals, occupies a very prominent part. The Assistance Publique has two pavilions, in which it has collected the most interesting specimens of its various economical arrangements or historic records. In one of these pavilions is a glass press, the contents of which would delight and absorb the attention of an antiquarian for more than a week. It contains the most venerable documents of the Hôtel Dieu, going back to the twelfth century, with the coloured parchment account books of the pilgrims of St. Jacques, and other manuscripts of the highest historical value. Here are also to be found the uninterrupted annual series of account and budget books of the Hôtel Dieu, and other hospitals through ages down to our time. Near this press is a case containing the surgical instruments which belonged to the great Dupuytren, the surgeon to the Hôtel Dieu. Indeed, almost the whole of this pavilion, with the exception of a few things, is consecrated to the history and glory of the Hôtel Dieu. The walls are hung with pictures of its various appearances and changes since its earliest foundation, and with plans of the new building which has replaced it.

The other pavilion is a typical reproduction of the wards of a Paris hospital, or at all events of

the arrangements concerning each patient in a ward. Here is the bed with the curtains, which are now given up entirely in England and in other countries, but are still in favour here. However, if I understand aright M. Michel Moring (the Director of the Assistance Publique), a plan of movable *paravents* will be tried, as a substitute for curtains, in the new and model Hôpital de Ménilmontant. Here is the *pancarte*, or bill, stuck up at the foot of the bedstead—the horrible *pancarte*, for which there is no excuse, and on which are related in full detail the name, religion, age, and disease of the patient. Here also are to be seen the typical specimens of mattress, bedding, chair, table, utensils, and, in fact, everything employed for each particular patient in the Paris hospitals; not to mention the surgeons' cases of instruments, the table, stretchers, &c. In a word, the object of the Assistance Publique is to give the visitor a correct idea of what is to be seen in hospital ward.

Between the two pavilions is a very perfect model of the lying-in pavilion, which has been built up at the lying-in hospital according to Dr. Tarnier's plans, and which is commonly known as Dr. Tarnier's "Model Pavilion." It consists of a ground-floor and first storey, each containing four bedrooms, which have no communication between themselves, and all open from the outside. In the centre of the rooms is an office looking upon the four apartments by means of a glass pane, so that a single person can exert supervision over the four rooms.

Between the two pavilions are likewise to be found extensive views and plans of the new Hôpital de Ménilmontant and the Maritime Hospital of Berck-sur-Mer. These are worthy of particular attention. The Hôpital Ménilmontant is intended to be a model hospital, with all the most recent improvements in hospital hygiene, whilst Berck-sur-Mer is a realisation, and a most successful one, in France of the maritime hospitals which are extensively used in Italy for scrofulous children, and constitute the treatment *par excellence* of scrofula and rickets.

The Direction of the Sewers and Waters of Paris has also been very successful in getting up a most valuable exhibition in this pavilion of the city. Models of everything relating to the sewers of Paris, which are accounted so perfect in their architectural arrangements, and are visited with intense curiosity by all who come to Paris, have been carefully gathered and exhibited here. The little models of the large and small collectors and pipes built with railways, and intended to be swept and kept clean by sweeping-vans, are exceedingly perfect. So also are the models of all the trucks, the vans, the railway cars, and boats which are used for floating on the sewer waters or gliding on the rails, and are elaborately and ingeniously contrived for the purpose of visiting, repairing, or cleansing the pipes.

Another important part of this exhibition is the one tended to show the utilisation of sewage. This occupies one half of the gallery running round the pavilion, and facing the Foreign Section. Here are brought every day the huge cabbages, potatoes, and artichokes grown in the *plains* of Gennevilliers. Specimens of flourishing thyme, sage, aniseed, and angelica are also exhibited fresh, and a one-year poplar of surprising growth dominates all this vegetable kingdom. These various productions of a soil of exuberant fertility come from a place where formerly all cultivation was unknown on account of the barren sandiness of the soil. Everything that can illustrate this system of utilisation is shown in maps, models, or original specimens. The works established for the construction of the pipes are represented. So also the forcing-pumps. The fields of Gennevilliers are represented in a large model, with the trenches, the pipe orifices, the irrigating tubes, &c. Conspicuous on a shelf are three bottles—one containing the thick, greasy stuff called *eau d'égouts*, or sewer-water, such as it is brought to Gennevilliers; the second, clear transparent water which collects at a certain distance below the surface of the soil after having filtered through the sand, and then returns to the Seine; and the third, the residue of this filtration, which subsides in the trenches in the form of a peculiar sand.

This Direction has had the felicitous idea of exhibiting elsewhere a complete and graphic description of all the great works which have been undertaken for the purpose of bringing the pure water of the Dhuis and the Vannes from hundreds of miles into the capital, so as to supply its inhabitants with a perfect and reliable type of potable water. About one-half of Paris is already provided with this inestimable boon, which will soon be conferred on the other half; and it is really quite a relief to the visitor of this pavilion, after he has examined the admirable sewer arrangements of Paris, and the wonderful results of sewage at Gennevilliers, to go and dream of pure air and water before the views of the green valleys of Dhuis and Vannes, the aqueducts through the forest of Fontainebleau, and other pleasant aspects of water collection and distribution.

Before leaving this pavilion, so full of interest to a visitor concerned in hygiene, I must at least make a passing reference to a very complete model, exhibited, I think, by M. Alphand, and showing all the arrangements of a portion of the Boulevards. Everything relating to a house and street, the sanitary arrangements, the getting and distribution of air, light, and water, are shown with wonderful precision and correctness. This corner is invariably crammed with an eager crowd, and I do not remember ever having seen a more perfect, and, I think, useful description of the arrangements of a house and the part played by air, light, and water in human existence.—*Lancet*.

THE TREATMENT OF POST-PARTUM HÆMORRHAGE BY HOT WATER.

To the Editor of THE LANCET.

SIR,—In the paper which I read before the Dublin Obstetrical Society in December last, on the use of hot water in post-partum hæmorrhage, and abstract of which subsequently appeared in *The Lancet*, I stated that I was induced to adopt the practice in consequence of the representations of Dr. Whitwell, of San Francisco. I have since received the accompanying letter from him, which you may think worthy of publication. Its perusal may perhaps induce others to give the treatment a trial. For myself, I can say that I consider hot water injected into the vagina at a temperature of 110° to be a most efficient method of checking post-partum hæmorrhage, and that it is now carried out as a routine treatment in all suitable cases in this hospital.

I am, Sir, your obedient servant.

LOMBE ATTHILL, M.D.,

Rotunda Hospital, Dublin, June 3rd. Master of the Hospital.

San Francisco, California, March 6th, 1878.

MY DEAR DOCTOR,—You ask for some information concerning the use of hot water in post-partum hæmorrhage.

While in the Woman's Hospital of the State of New York during the winter of 1874-75, in the position of house-physician, I saw in the service of Dr. Emmet the hot water vaginal injections used to great advantage in all pelvic inflammations. It was also customary to order these injections for patients who were to undergo any operation about the vagina, that the tissues might become blanched and contracted, and thereby firmer. But on one occasion I had the good fortune to see the almost instantaneous effect of hot water in controlling hæmorrhage in a case calculated to try its powers to their utmost. The patient, a weak and very anæmic woman, had a tumour at the fundus of the uterus, which caused almost continual loss of blood. This, which afterwards proved to be a sarcoma, was partially removed by the scissors, the operation being then suspended on account of severe hæmorrhage. The patient was immediately turned on her back, and water at about 110° was injected to the fundus by means of a Davidson's syringe. After the first few syringefuls, the water came away clear, and there was no subsequent loss of blood. One drachm of Churchill's tincture of iodine was then thrown to the fundus, and the vagina carefully tamponed with cotton, which when removed showed merely a staining with iodine. I believe that Dr. Emmet's idea in using the hot water was to cause contraction of the womb, and so partially control the hæmorrhage, but that his main reliance was placed upon the iodine.

A short time before this I had heard Dr. Trask read an able paper on the dangers of perchloride of iron, and the use of iodine as a substitute, in cases of post-partum hæmorrhage. The case above cited and this paper fresh in my mind suggested to me the use of hot water in similar cases.

I had no knowledge of hot water having been used by anyone up to this time in cases of post-partum hæmorrhage; cold, on the contrary, being advised by all teachers and textbooks on the subject.

My first opportunity to test its efficacy was at Breslau in August, 1875, when, through the kindness of Dr. Landau, the assistant at Professor Spiegelberg's clinic, I was allowed to accompany him to a case to which he had been called. He found that the hæmorrhage was internal, and that the fundus was high above the umbilicus. The uterus was cleared of clots, and hot water injected as best we could with the imperfect means, an immense German syringe, that we had at hand. However, contraction took place so rapidly after the first injection that the midwife spoke of it, although she did not know why the *hot* water was being used. The womb remained firm and contracted. Two other cases proved to Dr. Landau its applicability, and at the annual meeting at Gratz in September he spoke enthusiastically of this line of treatment. He was told that it had been discarded long ago.

My next opportunity occurred in the service of Professor Brisk, in the Lying-in Hospital at Prag, where my statements were received with considerable incredulity by the assistant, and it was with some difficulty that I could induce him to use the water hot enough, he being fearful of burning the patient. The first case was a success, and since that time it has been thoroughly tried and accepted as the best treatment, and a large number of cases have been reported. Favourable reports also come from Berlin, and trials are being made in Strasburg, so that I was a little surprised to see that the use of that dangerous agent perchloride of iron is still advocated, and that hot water is not even spoken of.

In only one case have I found the uterus failing to contract almost instantaneously. After performing craniotomy, wishing to wash out thoroughly, and also to cause rapid and fair contraction, I passed my hand with the syringe into the uterus. I was a little startled, after injecting a moderate amount of water, to find that I could not touch the sides of the uterus. Fearing that I had failed, I was withdrawing my hand, when the water gushed out, and the womb had contracted firmly. It was then apparent that my wrist had prevented the return of the water by obstructing the cervix, and that the uterus had in consequence become dilated.

Would it be possible in a case of transverse presentation, the liquor annii having come away,

to render the turning easy by the replacing of the amniotic fluid by warm water?

I shall be much pleased and deem it a favour if I hear from you with what success you meet, for it is an important subject, and I feel sure that hot water must soon supersede all drugs and medicated injections, being superior to them all in many important particulars.

1. It is easily attainable at all times.
2. It is absolutely safe, if care be taken to exclude air from the syringe.
3. It stops hæmorrhage, not by artificial plugging, but by causing a natural contraction of the uterus.
4. It is cleanly, and a disinfectant, such as carbolic acid, can be easily added.
5. By imparting heat, it rallies the exhausted patient, and gives power to the muscles for contracting, instead of, as is the case with ice, abstracting what little heat remains, and so benumbing and paralysing them.

Can more be required of an agent? It is my practice to have a syringe and hot water always on hand. In case of hæmorrhage the water is used as hot as can be borne by the hand. If, however, all goes well, a vaginal bath is given at 100°F., and continued for several days night and morning. A few drops of the strong impure carbolic is added to the water as a disinfectant. This bath always soothes and allays in a marked manner any inflammation and swelling of the external parts. It is a question how high a temperature can be borne, but I have known of a patient using water as hot as 125°.

Let me suggest the use of the hot injection into the uterus for the hastening the removal of the placenta; and, again, if in any case of hæmorrhage you should fail to bring on contraction, allow me to suggest the strong tincture of iodine injected well into the fundus to prevent the too early contraction of the cervix, whereby there is risk of some fluid being retained.

Yours very truly,

WM. S. WHITWELL.

To Dr. Lombe Atthill.—*Lancet*.

ON THE ADMINISTRATION OF IRON AND COD-LIVER OIL.

The desirability, and, at the same time, the difficulty, of giving the above remedies simultaneously must, no doubt, frequently have been experienced by every member of the profession. The difficulty consists in this:—If any of the commonly-used preparations of iron, such as the syrup of the iodide, or the tinctures, be in any way mixed with the cod-liver oil, the well-known and horribly nauseous flavour produced by the

contact of steel and fish is strongly developed; and on the other hand, if the oil be given at certain periods of the day, and a mixture, or even pills containing steel, at other times, the patient will, in all probability, make the complaint—"I seem to be always taking medicine," and his or her perseverance finally proves unequal to the task. I find that we have in the new preparation, solution of dialysed iron, a very satisfactory means, if the following plan be adopted, of overcoming such difficulties. When the oil has been poured on the vehicle in which it is usually taken, the requisite dose of the iron solution should then be carefully dropped upon the surface of the oil, and it will be found to remain suspended in the latter, neither sinking through into the liquid below nor becoming decomposed in any way. The iron solution being as nearly as possible tasteless, its addition is in no way objectionable to any patient who can tolerate the oil, and the relief from frequently repeated dosing is of course great. I have not yet had sufficient experience of the solution of dialysed iron to say whether its hæmatinic properties are equal to those of some other preparations of iron, but should they be found to be so, its adaptability for administration in the way referred to cannot fail to make it one of the most valuable chalybeate preparations.—*Lancet*.

CASE OF SCROTAL HERNIA OF TEN YEARS' STANDING; SYMPTOMS OF STRANGULATION; AUTO REDUCTION EN MASSE; OPERATION; RECOVERY.

BY GEO. JACKSON, F.R.C.S. ENG. (EXAM.),

(Notes by M. J. MACCARTHY, M.D.)

T. R.—, aged fifty-one years, a fisherman, engaged principally in trawling, which involves very heavy work, working at the winch, &c. Is a strong healthy man, and of sober habits. Has suffered for the last ten years from hernia, for which he has always worn a truss. If the truss was removed the hernia would always descend, even when lying down. In fact, according to his own statement, he could not stir without a truss. He could always return the hernia himself.

When first seen on July 14th, 1875, the patient had been suffering for three days with constant vomiting; the bowels had been constipated, some purgatives he had taken having had no effect; the vomit appears to have consisted mainly of bile. The hernia when first seen was in the scrotum, and was not reducible by the taxis. Injections of soapy water were ordered, which had the effect of bringing away hardened fæces from below the point of strangulation, but the hernia remained as it was. At a subsequent visit it was found that the vomit-

ing had not ceased at the least, and the matter thrown up was described by his wife as of a most offensive character, and greatly resembling that passed in the stool. On examining the hernia it was found that the patient himself had entirely reduced the old hernia, I could follow the hernia through the external abdominal ring, and partly through the inguinal canal. Here, however, no impulse could be felt on the patients coughing. In addition to the old hernia, a tense swelling could be felt and perceived, further from the central line than the original one, and in the situation of the internal ring. Here an impulse could be felt on coughing. This was evidently a new feature in the case (and as the patient himself described it, on our remarking, it was a "new comer"). As the symptoms had not abated up to this after the auto-reduction, the opinion to which I then came, and which was coincided in by the other surgeons in the subsequent consultation, was that the patient in reducing the hernia *en masse* had in some way caused a part of the intestine to be further strangulated, so as to account for the secondary protrusion already described.

The symptoms—namely, stercoraceous vomiting, which was also pump-like in its character—continuing, I called into consultation Mr. Fox (surgeon to the South Devon and East Cornwall Hospital), Messrs. Stephens, and Edlin. It was the unanimous opinion of all that operation for strangulated hernia was the only chance of saving life, though all regarded recovery after the operation (even were it successful in finding out the exact point of strangulation) as improbable.

The usual rules for the operation were followed. The sac was opened, which lay in the inguinal canal, and the tense portion of the intestine protruded was examined. This did not yield to pressure from the finger, nor did it give rise to any gurgling sound on such pressure. After clearing it somewhat, I attempted to pass it through the canal, but found a decided resistance offered to its passage; and on passing up the finger I surmised that this obstruction occurred at the internal ring. After several attempts to return it, and after clearing the surface of the tube as far as possible, I was obliged to relinquish this attempt, though I had, with the object of doing so, cut through the major part of the external wall of the inguinal canal. With some slight delay a portion of the small intestine was brought down, which was greatly dilated, and evidently constricted at some point, as this portion of the tube was equal in diameter to that of the large intestine. After some difficulty and delay, and after the clearing away of cellular tissue, &c., I fortunately discovered a band stretching transversely across the intestine. On severing this, the inflated portion of the tube at once collapsed, and I was enabled to return the intestine without much difficulty through the internal ring. I

then carefully replaced the structures, and closed the incision by means of wire sutures, over which was placed cotton wool steeped in carbolic oil and bound down by plaster and covered by a pad, the whole being included by a spica bandage. I also at once ordered him an opium pill ($1\frac{1}{2}$ gr.) every four hours.

July 15th.—11 A.M.: Patient on the whole progressing favourably, although considerably exhausted. Slight tenderness over left inguinal region, intensified by pressure. The bowels have acted, vomiting having ceased. Pulse 80; temperature 100°F . Complains of thirst.—8.30 p.m.: Pulse 88; temperature 100.6° ; respiration 25. Is in a state of partial stupor, from the effects of opium probably, pupils being contracted. Ordered to take opium pills every six instead of every four hours. Is restless, and complains of tenderness in left inguinal region.

16th.—12 A.M.: Pulse 80; respiration 24; temperature 100° . Respiration short and somewhat difficult; evidence of hypostatic congestion of bases of lung was found; bowels rather relaxed. Ordered brandy, egg, and milk mixture in half-ounce doses, every hour, and half an ounce of the following mixture to be taken every four hours: Carbolic glycerine, two drachms; tincture of opium, one drachm; disulphate of quinine, fifteen grains; dilute sulphuric acid, one drachm; water to six ounces.—9 p.m.: Patient much exhausted; has taken but little nourishment. Pulse 100; respiration 30. Ordered turpentine fomentations to the back.

The subsequent progress of the case does not call for much comment; the recovery was somewhat tedious, but not complicated by any bowel mischief or peritonitis. Slight erysipelas took place about the wound and a small abscess formed. For some months after the healing of the wound there was no tendency to hernial protrusion, although the inguinal canal had been so freely laid open; subsequently, however, owing to the laborious character of the employment of the patient, a considerable protrusion took place in the site of the cicatrix.

Remarks.—I believe this to have been a case similar to that described by Birkett in his article on Hernia, in Holmes's System of Surgery, a rent having probably taken place in the posterior wall of the sac, through which the intestine escaped into the subserous areolar tissue, the sac itself being found lying in the inguinal canal, the constricting part being formed by the neck of the sac itself. That the intestine was in the subserous areolar tissue, and not pushed back into the abdomen, was quite clear, as it was impossible to return the intestine, without using undue force, previous to the drawing down of the intestine and the division of the constricting band.—*Lancet*, June 22nd.

IDIOPATHIC AMYLOID DISEASE OF THE LIVER, KIDNEY, AND SPLEEN.

(Under the care of Dr. JULIUS POLLOCK,) Charing Cross Hospital.

For the following interesting notes we are indebted to Mr. Robert Smith, M.A., M.B., medical registrar.

William D—, a labourer, aged twenty-six years, was admitted on Feb. 9th, complaining chiefly of weakness. He fixed the beginning of his illness three months before admission. About that time while waiting upon his father, who was seriously ill, he had several shivering fits. The sensations of cold were mostly confined to the back, and resembled the pouring of cold water on the spine. At night, after the shivering, he sweated freely. The shiverings continued on and off for a fortnight, but the patient continued to nurse his father until his death at Christmas. The father was said to have had enlargement of the liver. Cough now came on, and the patient began to spit tenacious phlegm of a dark colour. He lost flesh, and gradually grew weaker; but after the first week or two he was not feverish, and did not perspire unduly. About a fortnight before admission he once or twice felt severe pain at the pit of the stomach, relieved by taking hot gin-and-water and applying hot flannels to the abdomen. He had no other uneasiness, but gradually got weaker, and his appetite diminished. His previous history was good. He never had rheumatism or gout or any venereal affection. He married very young, and had had a family of four children, all quite healthy. He had not been in the habit of drinking spirits. His bowels were usually regular. His mother died of "inability to pass gall-stones," and used to be jaundiced now and then; and his father died, as just stated, of "enlargement of the liver"; his father's legs and feet swelled before death, but he had never been jaundiced, and was very pale when he died. Patient had four brothers and sisters alive and well.

On admission, he was a tall, sparely-built young man, with very pale features and anæmic mucous membranes; but he stated that he had always been pale. He was suffering no pain, and there was only a slight cough. The evening temperature was 101.5°F ., at which point it continued for three days thereafter. The pulse was about 100. His skin felt quite moist, but there was no marked perspiration at night. He slept very well, and said his appetite was improving. The skin over his whole body was exceedingly pale. Physical examination of the chest revealed nothing of importance in regard either to lungs or heart. The region of liver dulness was increased, so as to extend downwards half way between the costal cartilages and the level of the umbilicus. There was not any tenderness on pressure over the liver

region, or anywhere over the abdomen. The spleen was also found to be enlarged. He suffered sometimes from flatulence. On the two sides of the chest and abdomen there were a few small rounded papules, slightly raised above the level of the skin, and of a faintly reddish colour. There were also one or two similar papules on each arm. On the 12th he passed sixteen ounces of urine, sp. gr. 1020, acid, and containing one twentieth part of albumen, but no sugar or casts. Ordered milk and beef-tea diet. To take five grains of iodide of potassium in saline mixture three times a day.

On the 14th the patient's evening temperature fell to 100.5°. That day he passed only eight ounces of urine, which still contained a small quantity of albumen, but no casts. On the 16th he complained of some soreness of throat, the result of fresh cold. His appetite continued to improve. To take five grains of chlorate of potash in one ounce perchloride of iron mixture three times a day.

On the 26th the patient felt much better, and was not quite so anæmic. His temperature had gradually fallen from the 15th, and had been normal for two days. He now passed about sixty ounces of urine in the twenty-four hours. It still contained a small quantity of albumen. The liver and splenic dulness have diminished in area.

On March 12th the patient continued to improve, and went out to day.

Remarks by Dr. JULIUS POLLOCK.—This case is one of some interest, being apparently an instance of idiopathic amyloid disease of the liver, spleen, and kidneys. When first seen the great enlargement and "rounding" of the liver was most remarkable, and the existence of a somewhat enlarged spleen and of albumen in the urine makes it pretty clear that the spleen and kidneys were likewise affected. Contrary to expectation, the patient began to get better from the moment of his coming into the hospital, and before he left the liver was scarcely larger than normal, and there was but a trace of albumen in the urine. The cause of the amyloid change in this case is quite obscure.—*The Lancet.*

PUERPERAL ANTISEPTICS.

Three papers by Langenbach, Schülein and Richter, in the *Zeitschrift für Geburtsh. und Gyn.*, report the extensive adoption of antiseptic measures for the prevention of puerperal infection in their respective hospitals. Richter's observations were made in the Charité Hospital, at Berlin, where, especially after complicated labors injections into the uterus were made for prophylactic purposes, and were continued throughout the puerperium. In all, about three thousand injections were made. The carbolic solution most

frequently employed was a 2 per cent. solution. At first, a 3 per cent. solution was used; but, if repeated frequently, it was reduced to 2 per cent., as the former often caused carbolic acid to appear in the urine. Considering the numerous complications, the results were very favorable, being a mortality of 1.6 per cent. of all the women delivered, and 4.83 per cent. among the cases in which the injections were used. Schülein, in the University Obstetric Clinic of Berlin, in the winter semester of 1876-77, treated two hundred and six out of two hundred and eighty seven lying-in women immediately after delivery by prophylactic injections of the uterus with a 3 per cent. solution of carbolic acid. This injection was employed whenever in the lying-in bed frequent rises of the pulse and temperature occurred. A glass tube was at first used, and a double current catheter afterward. Under this treatment, with eighty-one cases of illness among the two hundred and six, or 28 per cent., the deaths amounted to only seven, or 2.4 per cent.; only one occurring from septic causes, one in a woman on whom Cæsarean section had been performed. Langenbuch has since 1878 employed drainage of the puerperal uterus in order to afford a free outflow of the secretions. His experience shows that this treatment is quite innocuous. In one case, the drain remained nineteen days *in utero*. He recommends this treatment where septic infection already exists, in order to prevent a new invasion of septic material; and also as a prophylactic measure when the cases seem to offer a doubtful prognosis.—*Med. and Surg. Reporter.*

THE LONDON MEDICAL SOCIETIES.

The most active medical societies of London are the Pathological, of which Dr. Murchison is president, the Clinical, with Mr. Callender as presiding officer, and the Royal Medical and Chirurgical Society, of which Dr. West is president. These, as well as some others, hold their meetings in a finely-adapted hall in Berners street. The meetings of the Pathological have been of great interest of late, because three successive meetings have been devoted to the discussion of diseases of the lymphatic system; the specimens had, therefore, a direct bearing on the elucidation of lymphadenoma and leukemia. The discussion was opened by Dr. Wilks, of Guy's Hospital, who showed the original specimens from which Hodgkin originally described the former affection. He was followed by Dr. Greenfield, who showed several specimens of the disease in question, and asserted that the typical Hodgkin's disease was at first essentially local, consisting in an irritative overgrowth of some normal lymphatic gland tissue, which became infective, and spread to the other lymphatic glands

and to the spleen; and that the growths, the peculiar anæmia and cachexia, and the rise in temperature, occurring at a certain period of the disease, were the essential factors. During the three evenings there were many cases of lymphadenoma, leukemia, and essential anæmia reported, and the subject viewed in many ways, by such men as Murchison, Sir William Gull and Mr. Hutchinson. The report of these discussions should make the next volume of the Pathological Society's Transactions of greater value than ever, for it is in this debatable region that thinking men are now anxiously working. I was especially struck with the elaborate preparation made for the meetings, which contrasted so strongly with our own Pathological meetings, where we so often see a mass of specimens which are accompanied by no ante-mortem history, and of which we know little until the Committee on Morbid Growths reports, two weeks later. Here it is very different. As soon as I entered the anteroom, I found a table on which were about two dozen microscopes exhibiting sections of the specimens to be presented during the evening. Again, while the papers were being read, we had microscopical drawings passed to us to examine, as the reader reported what he found by personal inspection of the growth. I, at once, thought to myself, "Here is the cause of the reputation of the London Pathological Society's Transactions; this is the reason the older men do not desert the meetings. If one is sure of hearing histories of the specimens, and, at the same time, is able to see the sections under the microscope, and make his own deductions, he feels that he will be repaid for an evening spent in the hall of the Society." The grouping together of cognate subjects for each meeting, as has been so widely done by our own committee, is also a most excellent provision.

The Clinical Society seems to cover a field rather different from any of our Philadelphia societies, and to me it was one of the most interesting and instructive. The papers which relate to clinical medicine and surgery are limited in length to ten minutes, which insures the discussion of a number of cases every evening, though it unfortunately requires many papers to be hurried over in a very unsatisfactory manner. The character of the papers will be better appreciated if I give you the titles of a few recently read: "Removal of a Chip of Iron from the Crystalline Lens by a Powerful Magnet;" "Cases of Retinitis Hæmorrhagica in Connection with Gout;" "Cases of Pleural Effusions;" "Electrolytic Treatment of Epulis;" "Bilateral Paralysis of Crycoarytenoidei Postici Muscles;" "Plantar Bunion." At a subsequent period the following were to be presented: Ovariectomy in a Child aged Twelve years;" "Wound of an Abnormal Obturator Artery, in an Operation for Femoral Hernia." The short practical paper

of this kind is what the busy practitioner desires. May we soon have in our own city a surgical society or a clinical society which will fill this position in the eyes of the profession.

Speaking of the Clinical Society suggests a case which I saw at one of its meetings. It was an instance of psoriasis, which had existed, to a greater or less extent, for twelve years. The man had been treated by Mr. Hutchinson, experimentally with chrysophanic acid, in the following way: The disease affected the trunk and arms especially, it would seem, and the patient was accordingly ordered to use tar ointment on the back and left arm, while he was to apply a preparation of chrysophanic acid to the chest and right arm. When he was presented to the members of the Society, after three weeks' employment of the drugs in question, his left arm and back showed numerous red and scaly patches of typical psoriasis, while the opposite regions were exceedingly soft and smooth, though evidently not entirely freed from the affection. It was certainly a very good demonstration of the use and effect of this new remedy of the dermatologist.

The Royal Medical and Chirurgical Society is another well known society of London, and is well attended. The papers are read by the secretaries and not by the authors themselves, which, to my mind, is very objectionable. No author would care to have a well-prepared paper read in a bungling manner by one who, on account of bad eyes or poor light, comes to a dead halt at frequent intervals. I heard an interesting article, by Mr. Jonathan Hutchinson, on what he proposes to call Ophthalmoplegia Interna, because the symptoms of the disease are palsy of the iris and ciliary muscles, without involvement of any of the external ocular muscles. The constrictor and dilator fibres of the iris are both paralyzed, and the pupil consequently remains unaltered, the patient has no power of accommodation, and requires convex lenses to enable him to read, while the muscles which rotate the globe, and the elevator of the lid retain their functions intact. This group of symptoms, Mr. H. believes to depend on disease—probably, as a rule, syphilitic—of the ciliary ganglion, which, as you know, has a sensory root from the fifth nerve, and motor roots from the third cerebral and from the vaso motor nerves. He reported eight cases in which he believed this to be the cause of the palsy, though no post-mortem record was possible in the cases, as the disease is not fatal. The palsy of the iris usually preceded that of accommodation, and was greater than the latter. The treatment adopted was anti-syphilitic in character. It is necessary, before coming to a diagnosis of disease of the ciliary ganglion, to assert that the paralytic condition does not extend to the external ocular muscles, for then the cause must be behind the point mentioned. On the same evening the min-

ute anatomy of the kidney was warmly discussed by Dr. Southey and Dr. Johnson.

In addition to these three most prominent societies there are numerous others, such as the Obstetrical, Medical, Microscopical, Epidermiological, Harveian, and Hunterian societies, which do good work in their respective fields. The London medical men are hard workers, and by recording their cases, do much toward advancing medical knowledge. There seems to be plenty of material always ready for the meetings of these innumerable societies, and, indeed, not infrequently papers announced have to be postponed, on account of being crowded out by the discussion of previous papers, which have excited unexpected interest and debate. The President of the Clinical Society informed me that they had on the list far more papers than could possibly be read during the present season; and, from the subjects and authors of these articles, I know the material was of no mean character. Trusting that this short sketch of the London societies may interest your readers, I remain, (Dr. ROBERTS, in *Med. & Surg. Reporter*.)

TOLERANCE OF OPIUM BY AN INFANT.—Dr. J. L. Little reports (*American Jour. Obstet.*, April, 1878) a case where paregoric in small doses was administered to a child three weeks old for the relief of suffering caused by an inflammation of the knee-joint. The child gradually bore larger and larger doses; the paregoric was changed to tincture of opium, and this again to Magendie's solution. Soon the child obtained such a tolerance of this drug that, in a couple of months, from half a drachm to a drachm a day was necessary to quiet it. This state of things continued until the amount consumed by the child, then less than eight months old, was two ounces of Magendie's solution in twenty-four hours. The dose was gradually diminished at the rate of about three drops per day, and, at the time of making the report, but ten drops were given at bedtime. The child's appearance improved very much; it was intelligent, and weighed eighteen pounds.

THE SECRET RECEPTION OF FOUNDLINGS.—Dr. Marjolin has just communicated a paper to the Academy of Moral and Political Science, having in view the demonstration, from philanthropic considerations and arguments, medical observation, and statistical deductions, that the *tours* or reception-boxes for foundlings should be re-established. These *tours* existed during the ancient régime, and an Imperial decree regulated them in 1811. Infants were then received and brought up by the State without any inquiry being made concerning their parents; and their number by 1833 had risen from 68,000 to 134,000 per annum, causing an expense of 10,000,000 fr. Public opinion then became aroused against them; and by a change in the law the *conseils-généraux* were authorised to

refuse or diminish the payments for this purpose, while for the *tours* it was attempted to substitute relief given to mothers at home on condition that they suckled their infants, or these last being received into the hospitals after inquiry concerning the position of their mother. M. Marjolin adduces reasons and figures to show that since the abolition of the *tours* infanticide and abortion have been continually on the increase; while the imposition of the duty of suckling on abandoned women is evaded, or made the pretext for the commission of slow murders, which are most difficult of detection. The child saved from these dangers, and provided for by the public, will at twelve years hence cost but 2000 fr., or twice the price of a cavalry horse. It is an error to state that a large number of foundlings become inmates of prisons, for statistics show that natural children brought up at home are those to whom the accusation applies.—*Rev. Scientifique*, June 8. *Medical Times & Gazette*, June 15.

MR. AUGUSTUS SALA, the accomplished *littérature*, bears warm testimony, in the *Illustrated London News*, to the liberality of the medical profession. He says:—‘All the stingy people in London seem to have come to the front for the purpose of abusing the doctors because they do not always give dates and items in the accounts which they furnish to their patients, but make instead a certain charge for ‘medical attendance.’ I own myself that I am somewhat prejudiced in the matter. I have had in my day a great deal to do with doctors, and I have found them, as a rule, the noblest, the most humane, and the most charitable of mankindIt strikes me very forcibly that, so far from being ‘fleeced’ by the general practitioner, we are often apt (unconsciously, of course) to fleece him by cruelly deferring the payment of his bill. Why should we make him wait six months or a year for his due? He has his rent and taxes and his butcher and baker to pay, as we have, and very frequently his carriage to keep. Is he to eat lint and stethoscopes, or sustain nature by the hypodermic injection of morphia or the external exhibition of collodion? We should pay our doctors promptly, and then we should know what they are charging us for.’

THE HEART'S WORK.—Dr. Guyol, of Paris, after careful calculation, estimates that during sixty years of life the heart pulsates 2,269,800,000; during a life of eighty years, 3,007,040,000; in one hundred years, there are 3,792,550,000 pulsations.—*The Doctor*.

NO STIMULANTS.—The other day a physician, to a patient enquiring, “What ought I to take, or to do when my feelings of exhaustion come on?” replied, “Go and lie down like any other beast.”—*The Doctor*.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 305 Broadway, New York, and BALLIBRE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, AUG. 1, 1878.

MEDICAL BILL.

The profession in England are much exercised at present in discussing the above-mentioned Bill, which has passed the House of Lords without a division, but has its fate yet to be determined in the House of Commons. Before making a few remarks on the subject of Medical Corporations, we will lay before our readers an extract from the *London Lancet* of the 15th June, which will place them *au courant* of its general features :

"Let there be no mistake about one point—it is now a serious measure. There is no longer the weakly permissive character about it which it had when it first saw the light. It is the gravest bit of legislation in medical matters which has yet been attempted. It represents new powers in medical matters: it abolishes many old ones. It deals very seriously with the great traditional functions of the corporations—that of licensing men to practice; it sweeps it away. Universities and corporations will be untouched with regard to the power of granting degrees or diplomas, but the virtue of their degrees or diplomas to procure admission to the Register, and the corresponding right to practice will be gone. True, Universities and Corporations will still be regarded as the medical authorities on whom will be devolved in the first instance the duty of framing schemes for appointing persons to act as a board for examinations to be passed, in order to get the qualifying certificate which alone, as far as British subjects are concerned, is to entitle to registration. But although they are invited thus to frame schemes, the schemes will be framed without their consent if they fail to act, and from the present form of the bill it does not appear to be certain that the persons passing the conjoint Board will be brought into any essential relation or subjection to the existing corporations and other medical authorities. The Bill will make a grand difference to the several medical authorities, and over all of them, and over the Medical Council, will preside more decidedly than hitherto, the Privy Council, to which schemes have

to be referred and by which they have to be approved: and which has the power, according to clause 7, of ordering the Medical Council to recognize Foreign and Colonial diplomas, which after due consideration, it has refused to recognize."

We would in limine state that the fears entertained by our brethren in England, that the surrender by the Universities and various licensing bodies, of the right to practice, accompanying the degree, or license, would, in a large number of instances, lead to the students being satisfied with the license of the Medical Council, find no endorsement in the results of a similar surrender by Universities and Colleges in Ontario some ten years ago. Cases of students being satisfied with the legal right to practice conferred by the license of the Medical Council, and failing to take the degree of M. B. at one of our Universities are so rare, as to be quite the exception to the rule. On the contrary a large number are to be found who are not satisfied with the Baccalauréat of one University, but become graduates of both Trinity and Toronto University, many afterwards repairing to Great Britain, from whence they return with an affix of letters of the alphabet to their name that is certainly amusing, if not imposing. That a thorough change in the profession in England will take place is pretty generally admitted. The most influential of the medical journals are openly and manifestly supporting the cause of justice, and there is no question that sooner or later the sought for change will pass the House of Commons. The question principally agitating the members of the profession is, what is to be done with the Universities and Corporations? The editor of the *Medical Press and Circular* for the 3rd of July, says :

"Upon the two chief aspects of the subject there is among the profession and the public, an overwhelming concurrence of opinion. Every one, save those who profit by the diploma trade, feels that reform is urgently needed, and that conjoint examination is the only method of reform which is practicable under existing circumstances. Every one, save a very few ultra radicals, is of opinion that the licensing corporations are deserving of being protected and preserved, and that Lord Repon's clause must be abrogated or modified, so as to ensure that licensed practitioners shall also be diploma holders."

We grant that an abrogation of the privileges of the various corporations of Great Britain which have done so much in the cause of Medical Sci-

ence, is a measure to be very seriously considered, even supposing it necessary to Medical Reform, but fortunately it is not necessary. For Ontario we have had in operation for a number of years, a Medical Bill that has certainly not been found ruinous to the interests of the Universities and Medical Schools. They have a representation of eight members in the medical council, and the general profession represented by territorial members. If the English College Councils are not utterly infatuated they will adopt some such compromise, and we heartily wish they may, as we certainly have no sympathy with the cry "*Delenda est Carthago.*" We would have less scruple in joining the attack against the Apothecaries' Company, as we consider they have far less claims to the inviolability of corporate privileges. There can be no question that the spirit of the Apothecaries' Act of 1815 was most grossly perverted by the Company, and taking a dishonest advantage of an oversight in the Legislature, they have for years lorded it over the profession. It is true that in the time of Ridout, Wheeler, Randall and others, a very superior preliminary and medical curriculum was established, the examinations were thoroughly practical and comprehensive, surpassing even those of institutions of far greater pretensions, nevertheless the rights and existence of the Apothecaries, as a trading company, were quite incompatible with the profession. Barristers, Attorneys, and Law Stationers, might with equal propriety coalesce.

INJURIOUS EFFECT OF MERCURIAL AMALGAMS AS TEETH FILLINGS.

Our attention has been drawn to this subject by the many cases which are constantly occurring in practice illustrative of the evil effect of these fillings upon the system amounting to a slow process of poisoning. Amalgams of mercury with silver, gold, lead, tin and bismuth have been used for the purposes of fillings for teeth, the ill effect of which upon the health of persons so treated is, we fear, not appreciated as it should be.

The subject is one upon which much discussion has taken place during the past few years, among members of the dental profession, and although its use as a filling has been pretty generally deprecated on the ground of its injurious influence

upon the health, it is still in use by some. Neither the practitioner using it, nor the public can be at all alive to the health destroying influence which it is capable of exerting. A due acquaintance however, with the chemical nature of such fillings and the physiological effect of mercury upon the constitution should be all that is necessary to determine the attitude of any practitioner towards it.

A writer in the *Chicago Medical Journal* in 1874, charges "Amalgam plugs" with being capable of generating corrosive sublimate in the mouth through the action of the chlorine in the fluids of the mouth. He says, the symptoms are so numerous and varied in different cases, that it would be impossible to give them all, but I will say that a person poisoned in this way is liable to be treated for dyspepsia, neuralgia, paralysis, throat affection and consumption, the patient gradually wastes away as if going into a decline. In many cases the difficulty steals on so gently as not to excite the least alarm. There is a haggard expression, a metallic taste in the mouth, a foetid breath and excessive flow of saliva. I have not time to detail the manner in which the corrosive sublimate is formed in the mouth further than to say that the quicksilver in the plugs is driven off by the heat of the mouth, or any saline substance, such as our food, passes into the stomach and produces slow poisoning.

Instances of these effects have been met with in almost every physician's practice, and yet the real cause may have been overlooked. Many a delicate lady owes her ill health to this very source, and nothing will suffice as a remedy short of complete removal of the obnoxious material. The constitutional effects of mercury upon the system are not by any means confined to the mouth, and the dose necessary to their production is so very variable that their minuteness would be almost incredible if mentioned.

Piggot, in his work on the "chemistry and metallurgy," of dental surgery says of this mercurial, "to the chemist this question has but one side; it needs but to be stated to be immediately decided upon. The use of a mercurial amalgam is under all circumstances wrong for the simple reason that we have no guarantee that the most frightful results of mercurial poisoning will not take place."

Why incur so great a risk as is implied in this mercurial poisoning? The constitutional effects of mercury, are too well known to require mention,

and there can be no good reason for its use at all aside from its facility of introduction. The introduction of so virulent a poison into the system even in any form renders it possible for it to be absorbed in the slow way above indicated is radically wrong and should not be ventured upon if the patient's welfare is to be considered.

Our object in referring to this matter is in order that the profession generally may be aroused to the importance of using their influence against its use, and that many who are now the victims of slow poisoning from the presence of this drug in the mouth may be relieved by its prompt removal, and the substitution of something harmless if necessary.

HOSPITALS, GOVERNMENT ESTABLISHMENTS.

If we could have entertained a doubt that the views of medical advancement, that we have from time to time promulgated in our pages, were those of the profession at large, particularly as regards Hospitals as Practical Schools of Medicine, the subjoined resolution unanimously carried at the last meeting of the Medical Council, would have been sufficient to have assured our mind on the subject.

Moved by Dr. Ross, seconded by Dr. Clarke, "that in the opinion of this Council, the time has now arrived when the General Hospitals now in operation in Ontario, and such as shall hereafter be established, should be placed upon a government basis, similar to that provided for our Insane Asylums, so as to give an assurance to the sick poor in our midst that their wants and applications are duly respected, and also to equally distribute the onus of their support over the whole community, and that we do earnestly recommend our professional brethren throughout the whole country to urge upon the individual legislators, and through them upon the Legislature, the absolute necessity which does exist for such provision being made."

It should be remembered, that in them, all the accidents and diseases, which it is the glory of our profession to relieve, are accumulated for the purposes of the purest charity, for the enlarging of the domain of science by the most eminent practitioners of the day, and what is of equal importance to the public, for the instruction of the

numerous students, who are afterwards to dispense their skill and knowledge in a thousand different channels. It may be argued that the great Hospitals in England are not supported out of the general taxation of the Kingdom. True, they are not the gift of the state; but how widely different are the circumstances, without for the present taking the trouble of attempting minute enquiry into them, we conceive we are authorized in our statement, that a very large portion of the funds of every Hospital in the City of London, is derived from fixed and permanent funds, and that the free gifts alone of deceased benefactors would go a vast way in maintaining them in their present efficiency. Besides, as to their floating income, much, very much indeed, of that is derived from the public spirit and generosity;—to lay ostentation aside—of persons of eminent station, who consider they owe a duty to society, for the protection it affords their wealth and rank, to contribute to the maintenance of public charities. These persons are not likely to be influenced in the management of the Hospitals, or in the appointment of Medical officers. In this country we lack the element necessary for dispensing with state support, viz: the great hereditary wealth of the aristocracy and landed gentry, and the vast acquired wealth of mercantile millionaires, to be found in every city of the United Kingdom. Our Hospitals therefore, have in a great measure to be supported by the payments of the patients, payments, it is true, fixed at a very low rate, but in many instances we apprehend, met by suffering or great self-denial on the part of the family. The yearly grants from the Government and the very liberal, in some instances munificent donations of private individuals, proving insufficient for the exigencies of the charities, if they are to be in any way conducted on a scale commensurate with the needs of the various cities in which they are situated, both as regards the number of sick poor, and as schools and theatres of medical science. Viewed in the latter light, Hospitals as integrant parts of the great republic of medicine, should, we conceive, be considered as most important parts of medical policy, and subject to laws devised by the profession for their good government. Some of these laws we would in this article venture to suggest. With every disposition to concede to Hospital Governors, a fair meed of praise for their zeal and impartiality in the general management of

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Hospitals, we venture to think that in Medical and Surgical appointments, the election of officers, instead of, as in the past remaining in their hands, should be placed, as in the hospital at Hamilton, at the disposal of the profession, who, we conceive, would be better able than laymen, to form a correct opinion of the fitness of individuals nominated for vacancies as they may occur. Another point we would advert to, is this, at present medical officers are nominally appointed for a specific period, the vacation of their office, however, at the expiration of the time specified, has not we believe in the past been held as a necessary sequitor, neither have the Governors of the hospital always been mindful of the lapse of office by efflux of time, nor when they considered it desirable that the officer should continue his duties, that reappointment was necessary to make his position valid. We do not say that any abuse has from this laxity resulted, but it is a possible outcome, and should be guarded against. An officer may by more than ordinary skill as an operator, be looked upon as an indispensable retainer, and thus for years be continued on, until the tremor of the hand in operations, warns him, or should warn him, that his day is past. Sensible as men are in youth or manhood of the infirmities of age, they seldom discover these infirmities in themselves, and thus by tenacity of office, inflict a great evil upon young men who may be excluded from the advantage of hospital practice at a time when it is most likely to be serviceable to them. It is not to be concluded from our suggestion, of calling young men into active service, and employing them publicly that we desire to sever the connexion with our hospitals, of men whose services have been greatly appreciated. For them should be reserved the honorable situation of consulting physicians. Another point we would advert to is the desirability of having some system of rotation, similar to that existing in Continental hospitals. The election to rest with the profession. It would manifestly be to the interest of the public, which is deeply concerned in the available skill of the rising generation of physicians and surgeons, that these younger practitioners should have the benefit of the knowledge to be acquired by hospital practice. The competition it would produce in *regularity* and in study, by opening as far as possible, the road to eminence, by allowing unpatronized talent

to make its way before the public, would contribute to the cultivation of medicine, in a manner scarcely known, as a science above all others worthy of public patronage.

PAPERS on ununited fracture by Dr. A. McLay, and Gastric Vertigo by Dr. Kellock, received too late for insertion in present number.

WE desire to call the attention of our readers to the notice in our advertising columns of the time and place fixed for the eleventh meeting of the Canada Medical Association, of which Dr. Workman is this year President. Hamilton is a most central and accessible city, and we trust that a very large representation of the profession in Ontario will assemble.

DR. O'REILLY, Medical Superintendent of the General Hospital, left on Friday for the United States, to visit New York, Boston, Rochester, Hartford, and other large cities where there are training schools for nurses, in order to find out as much as possible about the management of these useful and popular institutions. The Training School to be organized in connection with the Toronto General Hospital here will, it is expected, be opened about the beginning of September. Dr. O'Reilly will also visit such lying-in hospitals as may come in his way during his tour.

PROBABLE DURATION OF THE LIVES OF MEDICAL MEN.—A Berlin Professor states that the ordinary duration of life in the human being is seventy years, but that a very few medical practitioners attain this age, and scarcely one out of fifteen advance so far as eighty; half the total number of practitioners perish before fifty. There is no profession, he states, in which there exists so much moral contention and fatigue, or which permits of less repose, the regularity of which is so essential for the interior as well as the exterior of life. None which exposes the body to such disastrous influences of the atmosphere, to such disturbances of nocturnal repose, to such watchings, to such irregularities of living, to such disorders of the digestive organs, and to such moral affections. To this I can add, he continues, the unknown number of medical men who perish from contagion. These statements of the Professor confirm the truth of the old adage. "*Medicè vivere, est miserè vivere.*"

DR. COVERNTON, late of Simcoe, a fortnight ago was made the recipient of a very flattering address from the inhabitants of the County of Norfolk, beautifully engrossed, with an accompanying costly gift.

WE would be much obliged to Drs. Canniff and McFarlane, if they would favour us with the manuscript of their excellent papers on Diphtheria and Puerperal Convulsions for publication in Sept. number.

APPOINTMENT.—Dr. Grasett has been appointed one of the attending physicians at the hospital, vice Dr. Temple, resigned.

MEETINGS OF THE TORONTO MEDICAL SOCIETY.

TORONTO, May 30th, 1878.

The Society met at the Canadian Institute, at the usual hour. Dr. Workman took the chair.

The minutes of the last meeting were read and adopted.

Drs. Daniel Clark and Charles Clark were then duly elected members of the Society.

Dr. Pyne proposed Dr. Laing as a candidate for membership. Dr. Fraser seconded the nomination.

Dr. Grasset then presented a specimen of cirrhosis of the liver and enlarged heart, accompanied by a short account of the case. A discussion ensued as to the causation of cirrhosis.

Dr. Zimmerman then presented a specimen of thrombosis of the longitudinal sinus, together with notes of the case. The longitudinal sinus was filled with coagulated fibrine.

Dr. Canniff then read the paper of the evening; the subject was diphtheria. A long and interesting discussion followed as to the cause of the disease, and as to the relationship which it bears to some other diseases.

Owing to the length of the discussion on Dr. Canniff's paper, Dr. Covernton postponed the reading of his until the next meeting.

It was moved by Dr. G. Wright and seconded by Dr. Pyne, that the discussion on diphtheria be resumed at the next meeting, after the reading of Dr. Covernton's paper.—Carried.

An informal conversation then took place as to the future place of meeting of the Society. Dr. Canniff expressed his willingness to aid the members in that matter, and report to the Executive Committee.

The Society then adjourned.

J. WORKMAN, M.D.,
President.

Thursday, 13th June, 1878.

At 8 o'clock, p.m., the President took the chair, and the meeting was called to order.

In the absence of the recording Secretary, the corresponding Secretary was directed to take the minutes, and the reading of those of last meeting was postponed.

No specimens were on exhibition, so Dr. Covernton proceeded to read his paper on Chorea. The paper was illustrated by two cases of hysterical rhythmical hemichorea, one from a clinical lecture of Charcot's, published in *Le Progrès Medical*, the other from Trousseau. A short discussion on the subject of the paper then ensued, and a vote of thanks to the reader was passed.

The discussion on Dr. Canniff's paper on Diphtheria, read at the last meeting, was then resumed, and Dr. Canniff briefly replied.

Dr. McFarlane announced that he would read a paper upon Puerperal Convulsions, at the next meeting, and Dr. Oldwright stated that he would at the same time bring forward the history of some such cases which had fallen under his observation. Dr. Burns gave notice of a motion to the effect that the interval between the meetings of the Society should be increased from two to three weeks, during the months of June, July, August and September. The notice was laid upon the table.

Dr. Canniff then reported upon his efforts to obtain a suitable room for meeting in, and the Society adjourned.

Books and Pamphlets.

INSANITY AND ITS PREVENTION, BY DANIEL H. TUKE. Willing & Williamson.

Want of space will prevent notice of this addition to our literature of insanity, in the present number, a review of it by a distinguished specialist will appear in our number for September.

BRAIN: A JOURNAL OF NEUROLOGY. Edited by Drs. Bucknell, J. Crichton, Browne, Ferrier and J. Hughlings Jackson. Part 1, to be published quarterly: Willing & Williamson.

Will be noticed in September number.

Births, Marriages, Deaths.

At Glencoe, July 15th, the wife of W. E. Quinley, M.D. of a daughter.

In Philadelphia, on the 19th of June, G. Hayward Coburn, M.D., of Fredericton, New Brunswick, to Miss Mary M. Gamble, of Philadelphia.

At 168 Jarvis Street, Toronto, R. Burrington Nevitt, Surgeon North West Mounted Police, to Elizabeth E., daughter of Robert Beatty.