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# THE CANADA MEDICAL RECORD.

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## Original Communications.

### HINDRANCE TO THE RESPIRATION BY DISEASE IN THE NOSE.

BY D. H. GOODWILLIE, M.D., D.D.S.,  
NEW YORK CITY.

Presented at the meeting of the Canada Medical Association, September 11th, 1879.

The anatomical structure and physiological condition of the nasal fossæ are most efficiently arranged to carry on respiration.

As the gateway to the respiratory organs the nose has a most important office to perform in tempering and cleansing the air that passes to the lungs. Hence the greatest amount of mucus surface in the smallest space, with the numerous mucus glands to lubricate the surface and purify the tidal air. The erectile tissue on the turbinated bones and the hairs in the vestibule as sentinels for protection.

*In much the same proportion that respiration is prevented through the nose will there be catarrhal trouble.*

The air not passing through the nostrils the mucus with the cast-off epithelium are not so readily carried away by the tidal air, undergo decomposition, and thus aid in setting up inflammatory action, resulting in thickening of the soft parts and hypertrophy and distortion of the bones and cartilages.

This condition undoubtedly commences by rhinitis in childhood from various causes. And so in its chronic condition in adult life, respir-

ation is interfered with, and the catarrhal trouble increases. This is suggestive of proper treatment in early life.

Among the numerous obstructions to respiration within the nostrils I will only call attention to two found just within the vestibule.

(I.) *A deviation of the cartilaginous septum.*

(II.) *Hypertrophy of the soft parts covering the inferior turbinated bones.*

The deviations of the cartilaginous septum for the most part commence at or near the union of the cartilage with the bony septum, and describe various curves more or less acute to the columna.

Occasionally the septum may seem to have displaced the nasal spine and to protrude from the nostril. (See case No. II.)

Among the methods for correcting this deformity I have found none so successful as making a section through the cartilage at the greatest curve. This is done by means of the *excising nasal forceps* that the writer devised some years since. This is so constructed that one blade contains the circular or oval knife and the other blade is flat, against which the knife comes when it has cut its way through the septum (Fig. I).

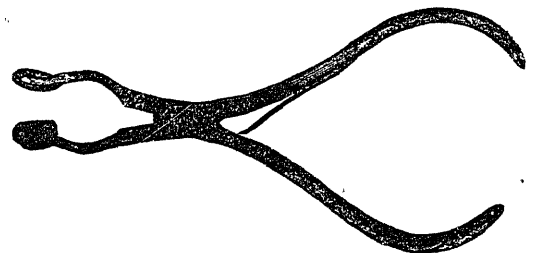


Fig. I.

It requires about six forceps of different shapes and sizes to meet the requirements of all cases.

The operation on the nasal septum is performed as follows :

The head of the patient is firmly held by means of a head rest, so that there is no motion. Nitrous oxide is usually administered, and a section made through the septum at the most prominent part of the bend with the nasal forceps. The flat blade is passed up the constricted nostril, while the other, carrying the knife, goes up the other nostril, and when opposite the most constricted portion the hand is firmly closed on the instrument, and the section is made, removing entirely the bent portion of the septum.

Hemorrhage is controlled by means of the nasal clamp that produces pressure on the cut blood-vessels. If it is necessary to remove any farther thickening the knife cannot remove, it may be done by means of the galvano or thermo cautery, at the same time this may be made use of to arrest hemorrhage.

The wound heals slowly, but in doing so there is contraction, and this still further improves the breathing capacity. The scabs that form must not be forcibly removed, but the parts cleansed and bathed with thymolized spray. Careful dressing ought not to be neglected by the surgeon.

The second hindrance to respiration is the hypertrophy of the soft tissue covering the inferior turbinated bones, and are removed by means of the galvano cautery. A shield to protect the vestibule is passed into the nostril, the lower end of which is flanged, so as to be easily held, and so remove the fingers from the heated cautery. The top part of the shield is so made as to embrace the part to be removed by the cautery. The electrode is small, so as to readily pass through the shield, and, when heated to a white heat, is passed quickly on to the parts to be removed. If this heat is kept up while the electrode is on the tissue there will be little or no pain. But in nearly all cases administer nitrous oxide as the anæsthetic. In all these operations the parts should be kept well cleansed.

The following cases will serve to illustrate the method of treatment :

CASE I.—J. F., aged 24 years, predisposed to catarrhal conditions, and probably was never

entirely free from it since his early childhood. There being now very little respiration through the nose, the soft palate is quite relaxed, and the uvula so much elongated that during sleep it drops down with the nasal mucus, and excites the laryngeal spasm, and he wakes up suddenly with a feeling of suffocation.

This has been a great annoyance to him. The nose is turned a little to the right. The internal examination reveals a short double bend in the cartilaginous septum that prevents respiration from both nostrils. A section was made through the cartilaginous septum with the excising nasal forceps, and the uvula was amputated. Some considerable thickening was found in the soft parts in the nasal passages, which yielded to treatment.

It is now several years since he received the operation, and he reports himself relieved of all his catarrhal difficulty. Has no more laryngeal spasm during sleep, and respiration through the nose quite free.

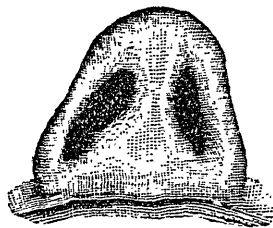


Fig. II.

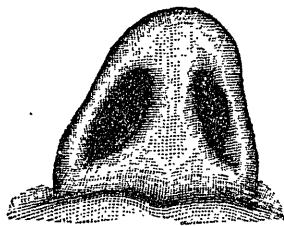


Fig. III.

Fig. II. represents the deviated septum with a slight displacement of the nasal spine. Fig. III. the same after the operation.

CASE II.—E. G., of Brooklyn, was referred to me by Dr. C. R. Agnew. Has been suffering for some years with naso-pharyngeal catarrh, and in consequence has deafness of the left ear.

The cartilaginous nasal septum is considerably longer than normal, and it takes an acute bend just at the vestibule to the left, entirely closing up the left nostril. The nasal spine is also carried to the left. Both the septum and spine protrude from the vestibule, pushing to the right the columna nasi.

Treatment consisted in making an incision over the protruding end of the septum and spine, denuding the soft parts, pushing them back, and amputating a half inch of the septum with one of the excising nasal forceps. The soft parts were brought together again and united by sutures.

This restored respiration, the good effect of which was seen by great improvement in the catarrh and also in the hearing.

CASE III.—W. H., of N.Y., aged 35 years, for whom I extirpated the bones of the nose, has considerable difficulty of respiration from extensive hypertrophy of soft tissue covering the inferior turbinated bones. The protecting nasal shield was put into the nostrils, and the hypertrophy removed by means of the galvano-cautery. Respiration began to improve immediately after the operation.

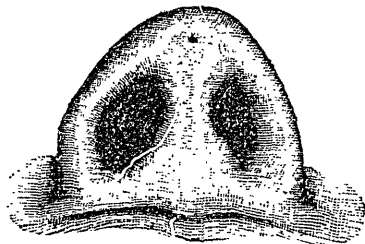


Fig. IV. At *a*. is seen the occluded nostril before the operation, and at *b*. the other nostril after the operation.

CASE IV.—Dr. L. de B. brings to me his wife, who is a fine singer. She is of that class predisposed to catarrhal troubles from all the mucus surfaces. Has not been able to use her voice in making clear nasal tones for some time.

Has a small pleuritic adhesion of the left lung behind, but, from the full distension of the lung in singing, the adhesion is so extended as to give very little trouble. There is hypertrophy of the soft tissue covering both the inferior turbinated bones, and breathing through the nose very much interfered with; considerable naso-pharyngeal catarrh, with slight ecchymosis of the left vocal cord. The hypertrophy was removed under an anæsthetic by means of the thermo-cautery.

After remaining under treatment for some time to remove the thickening produced by the stenoses she recovered her voice.

## IDIOCY AND IMBECILITY NOT INSANITY.

A DEFINITION ON IDIOCY AND IMBECILITY.

By HENRY HOWARD, M.D., M.R.C.S. Eng.

Visiting Physician to the Longue Point Lunatic Asylum,

(Read before the Montreal Medico-Chirurgical Society, November 28th, 1879.)

MR. PRESIDENT AND GENTLEMEN,—The subject which I propose for your consideration, this evening is one which I trust you will find to be of great practical importance to every medical man. It is a medico-psychological definition and classification of Idiocy and Imbecility. I presume that you are aware that authors have classified these two states of the animal man under forms of insanity. Thus under the head of "AMENTIA" we find Idiocy, Imbecility and Dementia. Such a classification has led to very many unpleasant misunderstandings between medical men, between medical men and the bar and judiciary, and between medical men and the public. But this definition is not scientifically correct, for an idiot is not a weak-minded person, all imbeciles are not weak-minded, and, correctly speaking, not necessarily insane. Again although all demented are insane, yet all demented are not necessarily weak-minded. Then, whatever the state of the demented may be, he differs altogether from the imbecile, inasmuch as he has lost something from disease or accident that the imbecile never had. To comprehend me, it is necessary that you should recognise the established medico-psychological truth, that mind and body is one, because it is upon this fact that I base my classification. I do not think it necessary for me to use any argument, at this time, to prove to you this truth, suffice it to say, that we all, by our treatment of mental diseases, recognise that fact, for, as physicians, we don't pretend to treat anything more than matter, things relating to the natural order.

Upon these premises I would define all idiots to be congenital, and to be the very lowest order of the animal man, a thing void of a mental organization, having neither intelligence nor morality, and even possessing a very low animal instinct. Fortunately there are very few of such creatures born into the world, and those that are, generally die in childhood. We never

see such a creature live to maturity, or at least very seldom. In the order of mind, then, we will take such a creature as a cypher to make our classification from, and say we take the man with an ordinary mental organization at 5, this would leave us imbeciles varying in degree of mental organizations to be classified as 1, 2, 3, 4; then, again, we must remember that all of those in these different grades of imbecility are not necessarily mental imbeciles, for such a name would signify that all were both intellectually and morally imbecile, which, as experience shows, would be taking a very false view of this class of persons, inasmuch as some of them are weak or imperfect in intellectual faculties, some in their moral faculties only, and others again who would properly come under the heading of amentia, being weak in their whole mental organization. Class No. 1, these, are to be found in all insane and imbecile asylums; they are morally and intellectually imbecile, so low in their whole mental organization as to incapacitate them from ever being taught even to keep themselves clean, or to eat, except in the most filthy manner. Nothing can develop their mental organization, they always remain dirty, filthy, vicious creatures; you rarely find this class live to the age of puberty. This is the class that persons generally designate as idiots, but they are not idiots, for they have some intelligence, although of a very low order. Class No. 2 are both intellectually and morally low, that is, they are mental imbeciles, but their intellectual faculties are lower than their moral. The best specimens of this class are to be found in asylums. By age and favorable circumstances their mental organization develops to a more or less degree, so they can be taught to be useful in the asylum, running of messages, &c., even some of them are taught to read and sometimes write, but, as far as my experience goes, they don't understand much of what they read about. Sometimes they become insane, and amongst them we find a number of epileptics, hæmiplegiacs and aphesiacs, and medical treatment in such cases I have found worse than useless. I have not been able to find that there was any very strong sexual desire in this class, but, when not brought up under favorable circumstances, they frequently sink into a state of brutality. It is from amongst the males of this class when there is strong sexual desire that

we find those erotic imbeciles so dangerous to be permitted to be free from restraint, who are in reality a dangerous class in society. You see, then, that the first or lowest class of imbeciles are mental imbeciles; the second class are also mental imbeciles, but that they vary very much. Some have their intellect more weak than their moral faculties, others have their moral more weak than their intellectual faculties, but, like class No. 1, they must always be under control. There are two peculiar characteristics, as a rule, in this class of imbeciles, and these are, that they are the most inveterate thieves and liars. I don't believe that they see any wrong in lying and pilfering. We sometimes find persons of this class dangerously maniacal, but I never saw amongst them a case of hysterical mania. No. 3. This is the really interesting class of imbeciles; they are a perfect study, and the more we study them, the more interesting the study becomes. They vary so much in intelligence and in morality. If you want to find a high moral faculty you may, as a rule, look for it in this class, although with it you will find a low intellectual faculty. They are generally clean in their habits, well conducted, honest and truthful, the women making good wives and the men good husbands, and both loving parents, hard working and industrious, very thrifty and fond of saving up money. They are, however, very sensitive and impulsive and easily roused to anger, when they immediately lose all self-control, and will commit a murder without knowing the consequence of their act, or perfectly realizing what crime they have committed. You will meet this class amongst the high and low, the rich and the poor. I have spoken generally of this class, but I must add that there are some of them morally as well as intellectually imbecile, and when they are, they are not much removed from brutes, and if their surroundings are bad, they become the most low, degraded, brutalized creatures, that nothing can improve; the only thing that can be done then with them is to lock them up for life. Every where we turn in our daily walks of life we meet this, the third class of imbecile, where the intellectual faculties are much below the average, and the moral faculties on the average good. Perhaps the best public sample of such a one is a man whose name you have all seen lately in the

daily press, the husband of the unfortunate woman Susan Kennedy, who, after killing the woman in Griffintown, cut off her head and hand,—I mean JACOB MEYERS. We now come to the fourth class of imbeciles, that class where, intellectually speaking, we find so much difficulty in drawing the distinction between them and class five, which we call the class of ordinary mental organization. I say it is so difficult to define, because it is like daylight fading into twilight, it is hard to draw the distinct line, yet are they intellectually inferior to class No. 5, but to see this distinction requires time and great observation. However, this class No. 4 are those that are the purely moral imbeciles, the habitual criminals, the criminal class of society, who begin their life of crime in childhood and continue throughout their life to old age. In youth they are found in reformatory prisons, where they are not reformed. After the reformatory comes the common prison and penitentiary, from whence they frequently find their way to the lunatic asylum to finish their lives. Poor moral imbeciles, criminals because of their organization, a curse to themselves and society. I know nothing of the woman Susan Kennedy but what I have read of her, and I have read all that has been written of her, and consider her to be one of the best public samples of this class of moral imbeciles that I know of. I don't consider that she was at all insane, but simply a moral imbecile, brutalized by drink and debauchery. I have endeavored to make clear to you that there are four distinct degrees of intellectual imbecility, that classes Nos. 1 and 2 are combined to a more or less degree with moral imbecility, that No. 3 may or may not be combined with moral imbecility, that in No. 4 there is more of the moral than of the intellectual form of imbecility. I must now add that, as a matter of course, such intellectual imbeciles must not necessarily be moral imbeciles, and again, that moral imbecility is not confined to those of weak intellect. On the contrary, we find men and women whose high order of intellect draws to them thousands of admirers, who are of the wicked the most wicked, and who are so in virtue of their being moral imbeciles. They have their peculiar characteristics by which they are well known, and these are egotism, intellectual pride and selfishness, which makes them unjust and ty-

rannical. Yes, mark the man, or woman, puffed up with egotism, selfishness and intellectual pride, and you may be sure that there you will find the true moral imbecile. These are the SPIDERS, the weavers of society, who are always weaving the web into which they may envelop the innocent and unwary, and these weavers weave their web so fine and delicate that we cannot see it, and only discover its strength when enveloped in its folds. Then in vain the innocent may struggle, nothing but death can deliver him from the net.

You will naturally say, are not all men good or bad, to a greater or lesser degree? I answer most surely; and, in answering the question as a psychologist, I maintain that the state of man we call good, and that state we call bad, is dependent upon our mental organization. Remember I don't deny the influence of education, religion, moral training, &c., to aid in the developing of man's mental organization, and how, for the want of these surroundings, some organizations are never developed; but what I do maintain is, that whatever a man is, that he is in virtue of his mental organization, and that, as there are some intellectual faculties so malformed that nothing will develop them, so also is it with some moral faculties.

What practical benefit is to be derived from my definition and classification of imbecility. In a former paper I read before you I defined insanity to be the losing of mental sanity, from any cause whatever, in a greater or lesser degree; now, if this be a true definition of insanity, it follows from what I have said of imbecility, it being due to congenital malformation, that it cannot be classified under the head of insanity; but that an imbecile can, like any other person, become insane, by losing, in part or whole, what amount of mental sanity he may possess. You see at once, gentlemen, how important these facts are to you as medical jurists. Then, with regard to responsibility, you see how important it is that we should recognize different degrees of imbecility if we recognize different degrees of responsibility. Then, when we come to examine into the question of reformatory prisons, the cause of failure in the majority of cases, see what an assistance such a classification will be. Then the great and important question of education, when you are called upon to give your opinion of the over-

worked school-boy, or school-girl. Will not this classification be an aid to you in the advice you will give to the parent or teacher. With this classification you won't call the over-worked *demented* school boy, an imbecile; on the contrary, you will know you have a purely medical case to treat, a case of acute dementia, and this case you would not send, as an incurable, to an asylum, but you would have tenderly nurtured and cared for at home—hoping that time and rest would enable the poor over-worked brain to recuperate itself. Again, you receive papers from the Provincial Secretary to fill up, to have a person admitted as a government patient into one of the Provincial lunatic asylums. Will not this classification prevent you from calling a harmless imbecile, or an idiot, an insane person, placing the visiting physician, your confrère, in a false position with yourself with the friends of the patients, with the proprietors of the asylum, and with the public, so that when he, as in duty bound, and in accordance to law, rejects such an application, you are angry, and all the friends of the rejected, harmless imbecile, become his mortal enemies. Or, what would be still worse, the visiting physician admits the harmless imbecile, because he had been represented as a very dangerous person; afterwards, in his visiting the asylum, and seeing the patient, he finds that he has been deceived, and, as in duty bound, he reports the fact to the Honorable Provincial Secretary, recommending the discharge of this harmless imbecile; then comes the trouble; in a day or two, the newspapers announce to the community the astounding intelligence that the visiting physician is letting loose upon the community dangerous lunatics. Now I am sure none of you would wish to place a confrère in such a false position, yet it is exactly what has been done, and what any one of you might very innocently do if you consider imbecility to be a form of insanity. I might quote for you such physiologists and pathologists as Crichton Brown and Professor Benedict to prove to you the deformed and distorted brains which are found in the imbecile class, and how these malformations differ, some of the brains resembling more the brains of the lower brutes than man, but it will be sufficient that I give you a synopsis of one of the best reports that I have met with on this subject, taken from the *Journal of Mental*

*Science* for October, 1879. The report is headed "A detached left occipital lobe and other abnormalities, in the brain of a Hydrocephalic Imbecile. By A. Campbell Clark, M.B., Assistant Physician Royal Edinburgh Asylum." After a most exhaustive report, he says: "The leading features, then, of this case briefly are:

#### I. CLINICAL.

1. Mental defect coming under the definition of imbecility.
2. The faculty of memory not impaired, and that of speech child-like.
3. Paralysis of right arm and leg with defective sensation of same side.
4. Convergent strabismus of right eye during life, and double convergent strabismus a few hours before death.

#### II. PATHOLOGICAL, A MACROSCOPIC.

1. A symmetrical condition of cranium as regards general contour, thickness of bone, size and form of fossa and vascular grooves.
2. The existence of three cysts—two containing clear serum, the other (smallest) bloody serum and fibrous clot, the cyst walls formed by thickened arachnoid, and with an external covering of dura mater, but more or less free from these membranes in the floor of the two large cysts. The absence of arachnoid at base of brain, and the presence of a bony growth in anterior part of falx cerebri.
3. Destruction of brain substance, chiefly affecting, to a greater or less extent, the following convolutions: transverse frontals, gyrus fornicatus, and marginal convolutions of right side, middle and inferior temporo-sphenoidals, gyrus fornicatus and quadrate lobule of the left side, corpus callosum.
4. Arrested development of the following convolutions:—of the left occipital lobe, left ascending parietal and frontal, left Island of Reil.
5. Complete dissociation of left occipital lobe from rest of hemisphere as regards continuity of nerve structure.
6. A symmetrical development of frontal convolutions, parietals.
7. Arrested development of the following fissures: left Sylvian, left Rolando.
8. Feeble development of posterior and middle commissure of third ventricle and of corpora quadrigemina.
9. Absence of Sylvian aqueduct.

## B. MICROSCOPIC.

1. The comparatively healthy state and fair development of the nerve elements in left occipital lobe.
2. The intra-gyral association system demonstrated in the latter.
3. The right occipital lobe more extensively degenerated in its white substance than the left.
4. The deficiency of nerve fibres in left ascending convolutions, and their pyramidal cells relatively smaller and fewer than on the right side.
5. Degeneration of cells in ascending frontal (right) and corpus dentation and floor of ventricle in medulla oblongata.

This, gentlemen, is a very extreme case of imbecility, and you would not expect to find in every low form of imbecility such a brain, but you would find in the brain of every imbecile, differing in degree, that it was malformed or malproportioned, that there was a diminished number of convolutions, that the sulci were shallow, and that there were but, comparatively speaking, few cells in the cortical substance; in fact in the very highest order of the imbecile brain, that there was a want of development in these different parts.

I am not going to point out to you the different pathological changes produced in the brain of the dement, by what Crichton Brown very expressively calls the "brutal" experiments of disease, but simply to say that such a brain in no respect resembles the brain of the imbecile.

I have based my classification of imbecility upon the science of medico-psychology, and I hope I have said sufficient to convince you that my classification is not arbitrary but scientific and of practical importance. Non professionals would say, why, according to this man's views, every man living is more or less of a moral imbecile, for he admits, or must admit, that every man is more or less wicked. Precisely so, it is not at all times that outsiders unintentionally would speak such a solemn truth; that is exactly what I do hold, that there is no such thing as yet, to be found in man as a perfect mental organization, and that whatever a man is, that he is in virtue of his mental organization. Two men are born on the same day; they are brought up and educated intellectually and morally under the self-same circumstances, and with the same surroundings; they are both equal in in-

telligence, but they differ as far as it is possible for men to differ in their moral qualities. One is an upright, honorable, straightforward, honest man in all his dealings with his fellowmen, and withal just and benevolent; and when he does wrong repents of his wrong and makes the *amende honorable*. The other is a cheat, a liar, a thief, an oppressor of the poor, a tyrant, in one sentence a dishonorable man, a man who never regrets the wrong he does, in fact the only evil he believes in is that he should be found out, and made to suffer for his crimes. Now, what makes these men to differ? Simply that one has a good moral faculty, the other a bad, so bad, that nothing could develop. "Can the Ethiopian change his skin, or the leopard his spots." How far such men are morally responsible I leave it to others to decide, but, whether or not, good men should be on their guard of them.

I would have you to bear in mind that imbecility, whether it be intellectual or moral or mental, that it differs from intellectual or moral or mental insanity, in so far as that imbecility is due to malformation of one or more of the mental faculties, leaving them in that state that they only become developed to a small degree, whereas insanity is due to some disease, whether functional or organic, of the mental organization. I am particular in recurring to this fact, for in many cases of insanity there is a great resemblance to imbecility. I have already alluded to a form of acute dementia, which so very much resembles intellectual and in many cases mental imbecility; but remember in one case there is hope of recovery, whereas in the other case there is nothing lost, consequently nothing to recover. Then there is chronic dementia, which so resembles mental imbecility. Grant that few chronic dementals ever recover, yet some do. I have had cases myself where in one case recovery took place after four years and another after seven, after that I had given up all hope of recovery, and I find reported in the *Journal of Mental Science* of a case of recovery after twenty years. Then again there is some very striking resemblance between the morally insane and the moral imbecile. Where there is good intellectual faculties they both generally suffer from the same delusions. Both of them believe themselves to be something very great and something very impor-



tant; they labor under the delusion, "after them the flood," that every one is conspiring against them, that every one is jealous of them; they see evil where there is no evil dreamt of, the unfortunates; they judge every one by their own malformed or diseased moral faculties. As many persons, even in our own profession, have very erroneous ideas of hallucinations and illusions, I will conclude this paper with a few remarks on this peculiar state of our mental organization, particularly with the view of showing that they are not necessarily symptoms of insanity, and rarely found in imbeciles even when they become insane. Persons feigning madness generally overdo it, particularly by pretending to hallucinations and illusions. When ignorant persons wish to impress a medical man with the idea that an imbecile is insane, they invariably make the same blunders; they find out these hallucinations and illusions, but you cannot, no matter how frequently you may see the patient. By some strange occurrence, they never take place when you are present, it is always during your absence. Now, the fact is that intellectual imbeciles, and those are they that are brought under our observation, rarely if ever suffer from illusions or hallucinations even should they become insane, nor is it by any means a necessary symptom of insanity. Insanity can exist without these symptoms, and certainly we would not be justified in placing a person under restraint because he suffered from either illusions or hallucinations. I know an old gentleman who is a monomaniac for the last twenty years, laboring under the delusion that his wife and children have conspired to poison him, and takes the greatest possible precaution, cooking his own food lest he should be poisoned; yet, this man attends closely to his business and provides well for his family. Eighteen years ago I refused to have that man detained in a lunatic asylum. We very frequently find aural delusions and sometimes optical hallucinations remain long after all the other symptoms of insanity have ceased to exist. Under such circumstances I do not think it justifiable to detain such a case in a lunatic asylum. There is a gentleman living here in Montreal, well known to some of the members of this Society, who has been no less than six times under my care, in the space of

fourteen years, for attacks of mania. I doubt very much if that man is ever without aural delusions, yet he is a man that attends most closely to his business. In the month of June, 1879, with many other patients, I discharged a man while still laboring under aural delusions, all other symptoms of insanity having disappeared for some months previous. The man went to his work the following day, there has been no return of insanity, and his delusions soon disappeared. A big drunk or some derangement of the liver will frequently produce hallucinations and illusions, which will disappear after the patient has had the benefit of a blue pill and a sedlitz. There is no one suffers such terrible hallucinations as the man with delirium tremens. I have mentioned these cases to you not as a proof that maniacs do not suffer from hallucinations and illusions, but that there can be either the one or the other existing without the person being insane. As soon as you find a man capable of reasoning sufficiently to recognize that his illusions are subjective, not objective, you may be sure of a speedy recovery. Dr. Prosper Despine, speaking of hallucinations in the mind of healthy persons, says: "Hallucinations produced by prolonged thought and pre-occupation in the mind in healthy persons. The stimulative (excitative) and congestion of the brain by prolonged exercise of thought, by exaltations from noble feelings, has been a cause of hallucinations in many illustrious persons."....."Hallucination is contagious amongst the exalted, passionate, or fanatic. A person in a state of exaltation affirms that he sees or hears the objects of the thoughts and aspirations of the assembled members, and this being vividly impressed on them they eventually come to believe that they can see and hear the same." With all due deference to such an authority, I would be far from considering a brain healthy when it became congested no matter what was the cause. Speaking of illusions the same author says: "Illusions is to hallucinations what slander is to calumny, illusions embellishes reality, hallucinations invents the whole appearance; psychic illusions take their origin in the domination, in the blindness of the mind by passion. Illusion is of two kinds, *external* or psycho-sensorial. The mind sees objects not as they are but as the predominating pas-

sion causes them to appear. Secondly, *internal* or *psychic*. The ideas which the imagination conceives under the influence of *passion* are taken for realities."

M. LÉVY of the Sal Pietre, in a lecture on cerebral duality, thus accounts for these phenomena: "Though the cerebral lobes under certain conditions act synergetically, there are circumstances under which this does not occur. In spoken and written language, the left hemisphere alone enters into action."....."In certain cases of insanity (*hallucienis lucides*) the co-existence of sanity and insanity gives a rational explanation of the integrity of one lobe, and the morbid hypertrophy of certain regions of its fellow of the opposite side."....."In a great number of psychopathic conditions ungovernable impulses, alienation with consciousness, and the morbid states can have no other rational and true physiological explanation than a transient discord between the hemispheres, one acting irregularly the other normally."

What a wonderful knowledge of ourselves and others we obtain from the study of psychology, physiology and pathology. We see the physical suffering of the human race from a thousand different diseases; and we ask ourselves the question, why all this suffering? for what end? We know it is not necessary to procure death, for death can take place without any physical suffering. I think I hear some of you say, to give practice to medical men; well, although this would be a narrow view, it would be as intelligible an answer as the majority of men give to the question. I think, however, that we would answer the question more scientifically by saying it was due to our continual breaches of natural laws. Great, however, as the evil is, it is by this evil that we most successfully study the physiology of man; and look to what knowledge this study has lead, and is leading us to: look at how, bigotry, fanaticism, and superstition are falling down before the scientific knowledge attained by the study of psychology, physiology and pathology. There are occurrences which take place before our eyes every day that would be incomprehensible, only when we look upon the actors from a psychological standpoint. We see good men accused of crimes that they never even dreamed of committing, and the accusers will be those whose characters

stand so high before the public that the most just man won't know what to think, or what to believe. He knows the accused, and he cannot believe him guilty; he knows the accusers, and he shrinks from believing them guilty of such a premeditated crime as to try and destroy the character of an innocent person. The psychologist explains in the words of Dr. Prosper Despine: "The ideas which the imagination conceives under the influence of passion are taken for realities." No wonder that "SHAKESPEARE" should make the unhappy Hamlet say to "HORATIO," "Give me that man that is not passion's slave, and I will wear him in my heart's core, ay in my heart of heart, as I do thee?" And it is this psychological knowledge that made "MR. MAUDSLEY" pray, in the words of the Arabian philosopher: "O God be kind to the wicked; to the good thou hast already been sufficiently kind in making them good;" and when we hear of these crimes so difficult to comprehend let us just remember that moral imbecility is not confined to the intellectual imbecile, and that we very frequently find it existing where we least expect to find it, and, while we carefully guard ourselves against the intrigues of these moral imbeciles, remember that "we cannot gather grapes from thorns, nor figs from thistles."

## ON THE ANTAGONISTIC ACTION OF BELLADONNA AND OPIUM.

By CHARLES BLACK, B.A., M.D.

PITTSBURG PEN., U.S.

As cases of poisoning by opium and belladonna are becoming very frequent, the notes of the following cases may be of general interest. In most of the cases, the quantity of the drug taken was sufficient, under ordinary circumstances, to have caused death; and in all, the effect of one drug in nullifying the physiological action of the other was most marked. The results of the treatment of the cases of opium poisoning were such as to prove that we have in belladonna, or its alkaloid, atropia, a most valuable means of treating such cases; one upon which we can rely, and one which we need not fear to use heroically if necessary. I am aware that in some cases it will fail, as will the most perfect chemical antidotes in cases of poisoning by the mineral salts and acids.

CASE I.—G. R., æt. 8, a girl of highly nervous organization, was placed under my treatment for enuresis, which had resisted all ordinary tonic treatments: iron, nux vomica, cold baths, had all been tried without any benefit. I resolved to give belladonna a trial, and gave one-sixth of a grain of the solid extract three times a day in some bitter tincture. On the evening of the first day she had taken the drug, I was sent for in haste to see her, "as she was talking and acting so queer." I found her delirious, pupils widely dilated, extremities cold; and marked double vision. She had taken three doses of the medicine. I gave her an emetic of ipecac, which acted promptly, bringing up a quantity of popped corn which she had eaten in the morning. I then gave hydrate of chloral gr. iij and pot. bromide gr. v every hour. After taking three doses, there was no improvement in the symptoms. I then omitted the chloral and continued the bromide through the night. I called at 7 a.m., found her still awake, pupils dilated, great prostration. I left two powders containing half a grain of opium each, to be given one hour apart.

At 3 p.m. I returned, and found her sleeping quietly. I was informed that, after taking the second powder, she fell into a quiet sleep. The pupils were now contracted and extremities warm. She slept, in all, fourteen hours, and awoke quite rational, without any ill results from the various hypnotics she had taken. I need hardly say I discontinued the belladonna, and cured the enuresis with quinine and blister to spine. Here, the effect of the opium in modifying the action of the belladonna, after the failure of the chloral and bromide, was most marked.

CASE 2.—Mrs. W., æt. 34, was under my treatment. She was in the last stage of tubercular phthisis. I had great difficulty in controlling the night sweats. The mineral acids, zinc, oxide and sulphate, were tried with but little benefit. I gave her a two drachm vial containing 1 gr. sulphate of atropia, with directions to take one drop each evening, and repeat it in two hours if no ill effects were observed. This she continued for about a week, with no improvement. One evening she poured out about half a small teaspoonful of the solution, about 30 drops, as near as two could estimate and took it at one dose, determined, as she afterwards said, to see

if there was any good in the stuff. In a short time she felt great oppression and numbness, was barely able to alarm her friends, and fell insensible on the floor. I was sent for, and found her on the bed, breathing with difficulty, unable to articulate, pulse barely perceptible, pupils dilated. Her mother informed me that she said she would take a good dose of those drops that evening. I found the vial half empty.

I immediately gave  $\frac{1}{2}$  gr. sulphate of morphia hypodermically. In a short time the pupils began to contract, the pulse became fuller, and in about half an hour she was able to speak. I then gave aromatic spirits of ammonia and brandy, and she was able to give a connected account of her symptoms. She made a good recovery from the effects of the atropia, although she complained for several days of a feeling of numbness, and the pupils again dilated for several hours. Here it is evident that, but for the morphia, she would have died. Its effect, in promptly alleviating her very alarming symptoms, was all that could be desired.

CASE 3.—The wife of a medical friend sent for me, as her husband had taken some 5 grs. of opium, and she found he had taken an overdose. He was asleep, evidently deeply narcotized. With some difficulty I aroused him, and gave 3 grs. of ex. belladonna. In about 20 minutes the pupils began to dilate, and he was easily aroused. The narcotic effects of the opium were antagonized, and he felt no desire for sleep for several hours. All the peculiar physiological effects of the belladonna were fully developed.

CASE 4.—I was sent for in haste to see a child æt. 16 months, who had been given about half a teaspoonful of a liniment of equal parts tr. opium and arnica in mistake for syrup of rhubarb.

It was fully under the influence of opium, and could with difficulty be aroused. The parents had given it strong coffee, and, as over an hour had elapsed, I deemed it useless to give an emetic. I ordered tr. belladonnæ gtt. iij. every hour, and called in four hours to see it. It was awake, pupils dilated, and had evidently no desire to sleep. I discontinued the belladonnæ, and the child recovered without any ill effects.

CASE 5.—I was called one Sunday morning to see Miss M., æt. 26, who had taken intention-

ally, in a state of mental depression, about one ounce and a half of tr. opium. I saw her about three-quarters of an hour after she had taken it; she was being kept awake with difficulty. I gave her at once an emetic of two-thirds of a tincture vial of sulphate of zinc, which I had in my pocket case, and followed it by some ipecac and copious draughts of warm water. This failed to cause emesis, although I tickled the fauces. After waiting for some time, and the narcotic effects of the opium becoming deeper, I went to the office, and made a solution of sulphate of atropia, one grain to two drachms, of which I injected hypodermically 5 minims. In about 10 seconds the pupils began to dilate, and in a short time copious emesis took place, the vomited matter smelling strongly of the opium. In about half an hour the narcotic effects of the opium passed off, and there was no further difficulty in keeping her awake. The pupils remained dilated for some hours, and she complained of numbness and double vision. After two hours sleep in the evening these symptoms passed off. This case is interesting: (1) from the amount of opium taken; (2) from the failure of the emetics to act until the physiological action of the atropia was manifest; (3) from the promptness with which the atropia antagonized the narcotic and sedative action of the opium. I am confident that, without the aid of the atropia, I would have failed to save the patient's life, as the tincture is so rapidly absorbed that the stomach pump would have been of little service.

I place these cases upon record in the hope that some of your readers will give their experience of similar cases, and that others may be induced to try the effect of the belladonna or its alkaloid in those cases of opium poisoning which come more or less frequently into the hands of every practitioner.

November 23, 1879.

## Correspondence.

Editor CANADA MEDICAL RECORD.

I was a short time ago requested by one of your staff to give the readers of your paper a few facts in my experience as a practical sanitarian. I know that I cannot advance anything that would be new to the scientific readers of

your journal, but it occurred to me that a few facts in regard to the drainage and water supply, in view of the present prevalence in Montreal of a class of complaints that are generally allowed to proceed to a great extent from bad drainage, ventilation and water, might awaken a fresh interest in the subject, and result in some permanent good being done.

1st. Inspected a house in the country at the request of the attending physician, as the general health of the family had been bad for a long time, they having suffered from a class of complaints that would indicate bad drainage, &c. Found under the floor a wooden drain with rotten cover, and soil saturated with sewage; trap on W. C. non-effective; W. C. foul; situation very bad; ventilation so arranged as to poison the room above it, a sleeping apartment occupied by a young man suffering for a long time from general ill health. No trap on kitchen sink; water supply cistern connected directly with the sewer without traps in the overflow pipe. On my reporting latter fact to the family, and expressing my surprise that they had not all had typhoid fever, they exclaimed in chorus, "Oh! we have all had it." The defects were partly remedied, the proprietor of the house not being willing to carry out all my suggestions on account of expense; result—improved health of the family, and I was yesterday informed by the proprietor that the result was satisfactory, he adding, "if your city houses were arranged like mine, you would have no typhoid."

Yours, etc.,

J. W. HUGHES,

Practical Sanitarian.

Montreal, December 6, 1879.

## Progress of Medical Science.

### HYDRATE OF CHLORAL AND BROMIDE OF POTASSIUM ENEMATA IN THE VOMITING OF PREGNANCY.

Dr. D. B. Simmons, of Yokohama, again calls attention to this method of treatment. Further experience still more impresses him with its usefulness. The amount of each drug and the frequency of its administration depend on individual susceptibility to its influence, but in general the dose of twenty to thirty grains of each dissolved in gum-water may be injected, at short intervals, until a moderate degree of narcotism is produced.—*American Journal of Obstetrics*, April, 1879.

## ON THE TREATMENT OF ENLARGED PROSTATE.

BY WASHINGTON L. ATLEE, M.D.

Read before the Philadelphia County Medical Society.

One of the most troublesome, annoying, and distressing diseases that I have been called upon to treat during a long professional career, and one whose treatment until recently has been most unsatisfactory, has been Enlargement of the Prostate. As this has been the universal experience of the profession, I need not collate and record the past history of the treatment of this malady. So far as a reduction of the size of the gland is concerned, it has been an entire failure. The mechanical obstruction to micturition was considered to be a permanent difficulty, and required mechanical means to overcome it.

Neither need I lengthen this paper by detailing the symptoms of this disease, as every member of this Society must be too familiar with them.

I wish merely to call your attention to a few anatomical, physiological, and therapeutical facts, which led me to institute a rational practice in the treatment of enlarged prostate and which, I am happy to say, has proved highly satisfactory, and has surprised me in its results. My experience has now extended over several years, and although the success of the practice is, perhaps, not what many could wish, yet it accomplishes results heretofore unknown.

"The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibres, with one large central hole for the passage of the urethra, and another smaller oblique opening, directed upward below the former, for the transmission of the common ejaculatory seminal ducts to the central urinal canal ... Its circular fibres are directly continuous behind, without any separation, with the circular fibres of the bladder." *Ellis*. "The prostate is thus essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid; but although it contains many mucous glands and follicles, intermixed with muscular fibres, it is by no means entitled to the name of *gland*. It contains, further, a small vesicle or uricle, at the mouth of which the ejaculatory ducts open, and which is believed to be the male homologue of the female uterus." *Dewitt*.

Besides the involuntary muscular tissue which enters into the composition of the prostate itself, the vessels of the gland have also in their coats the unstriped or involuntary muscular fibre. The same exists in the coats of the bladder in a very marked degree.

These involuntary muscular fibres are more or less extensible, and, when normally stretched, have an organic tendency to contract. This we see in the uterus, in the bladder, and in the diastole of the vascular system.

Now, these are the anatomical and physiological data on which I propose to base my treatment of enlarged prostate.

Let us further inquire into the pathological condition of this enlarged organ, and its consequent derangements:—

"The affection consists in a hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. It may affect the whole organ, especially the lateral lobes, pretty uniformly, in which case the prostatic portion of the urethra is greatly lengthened; or it may affect one side more than the other, in which case the canal will be twisted; or it may affect the posterior median portion, which lies between the ejaculatory ducts, enlarging it into what is commonly called the *middle or third lobe* ... Hypertrophy or derangement of the muscular fibres at and near the *trigone* may produce a transverse bar at the neck of the bladder. The enlargement, further, may be due to an increase of the organ generally; or to the development of one or many masses of fibrous tumor, exactly similar in structure to those connective masses of muscular fibre which are developed in the womb, and are commonly known as fibrous tumor." *Druitt*.

It is well known that, in consequence of this enlargement of the prostate, the accumulation of urine becomes excessive, the obstruction to its passage becomes serious, the coats of the bladder become enfeebled and semi-paralysed, irritating deposits occur that are never voluntarily expelled, and that the catheter is the usual and only resource. Anything, therefore, which is calculated to diminish the size of the prostate and increase the contractile power of the bladder will meet all the indications required.

Have we any agent in the *materia medica* possessing the power to act upon unstriped muscular fibre and cause it to contract? It is settled now, beyond contradiction, that we have such an agent in *ergot*, and that in all cases of relaxed or stretched involuntary muscular fibre this medicine will meet the requirements. Witness, for instance, its action upon the enlarged uterus, the distended bladder, in hemorrhages, in congestion of the capillaries, etc. It is calculated not only to contract the muscular fibre of the prostate, but also its capillary vessels primarily, and also, secondarily, as a consequence of muscular contraction, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine is thus expelled without the aid of the catheter.

I may reduce these views to the three following propositions:—

1. That the prostate and its vessels are possessed of unstripped muscular fibre.

2. That the bladder is a hollow organ, with an involuntary muscular coat.

3. That ergot will contract unstripped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the practice; and whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age had been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases it is very common for sedimentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort, and, if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.—  
*New Orleans Med. Journal.*

#### ADMINISTRATION OF ETHER.

BY H. F. WILLIAMS, M.D.

It is conceded that for general surgical purposes ether is the safest anæsthetic known. It is not the object of this paper to further discuss this fact. I desire to show what probably is known to all of us, but what many seem to have forgotten. First, that it is the most disagreeable anæsthetic when carelessly and thoughtlessly

administered. Secondly, that to the careless administration of ether are due some adverse surgical results. Thirdly, a few practical suggestions concerning its administration, which will render it less objectionable.

Three times in my life I remember to have been nearly suffocated. Once when a boy by being held under water by some hostile companions; again when attempting to remove some articles of furniture from a room filled with smoke, in a burning building; and about six years since by an ether cone, in the hands of some brother physicians, who anæsthetized me experimentally. I assert now, with all candor, that of the three experiences, the last was the most suffocatingly complete. I can remember distinctly the sweet relief that approaching unconsciousness afforded, and during that period of dreaming that I was dead, and of my desire to communicate to my friends the fact that they had strangled me.

If the question was asked of any member of this assembly, Do you suffocate your patients while administering ether? we should probably receive an indignant answer; yet I venture to assert that we have all done so. And when we look for a moment to the prevailing customs, we will be forced to admit that we are still doing so.

The inventive genius of the nineteenth century has expended no little of its energy on ether inhalers. I have hardly a kind word for any of them, and certainly nothing but condemnation while the patient is conscious. We are all familiar with what is claimed for them. They fit the face accurately; they supply air evenly, but in restricted quantities; they economize time and ether, etc. The more surely are these indications met, more surely are we bound to produce primary suffocation.

It is not always easy to persuade the patient that her predecessor in the use of the inhaler did not temporarily mistake it for the cuspadore, and after a little use the evidence is discernible by both sight and smell. It is true they can be cleansed, but ordinarily a little washing in cold water is all the cleansing they receive.

We are led from experience to expect the "period of excitement," but it is an interesting question what relation the injudicious application of the inhaling apparatus has to the causation of this. In the first few inspirations a proper regard for the patient's request is observed; very soon, however, he is considered irresponsible for his ideas, and force is required to restrain him. A man will fight for breath as long as he has breath with which to fight, and he is past all persuasive influence when he begins to experience the sensations that he can properly mistake for approaching death; hence he struggles until he is overcome by exhaustion, or overpowered by brute force. Patients in this condition have to be controlled, but I

know that a little thoughtfulness will rarely render force called for. In other words, "period of excitement," "taking ether unkindly," are terms synonymous with carelessness and thoughtlessness on the part of the administrator. Is it not probable that systemic conditions demand, in time of surgical necessity, all possible tranquility of circulatory and nervous action? And this brings me to my second proposition.

2d. To the careless administration of ether are due some adverse surgical results.

There can be nothing salutary to the most trivial operation in the chain of phenomena that begins in suffocation and ends in exhaustion and nausea.

If we look for a moment at the physiological inspiratory act, we find that air enters the nostrils, and during its passage to the larynx and trachea it encounters anatomical regions that serve to purify it and moderate its temperature. In health and in ordinary exercise breathing can be conducted properly; but when from causes like a closure of the nasal passages from influenza, or from over-exertion, air cannot enter the lungs in sufficient quantities, the mouth is brought into requisition and we respire comfortably. If the over-exertion is continued, soon the accessory muscles of respiration are called upon for over-action, to free the lungs of their rapidly increased burden. But it is clear that the mouth was never intended as a respiratory passage, and when from indiscretion or necessity over-exertion is made in a cold atmosphere, the bronchial mucous membrane suffers. Thus in a cold winter's morning we involuntarily avoid continued conversation, and the amount of exercise we take is proportionate with our normal breathing capacity. Violence of action at this time leads directly to congestion, possible hemorrhage or pneumonia.

The vapor of ether is as frigid a medium as we are likely to inhale in the north temperate zone. Given the conditions I have previously described, and we have all the essential elements to cause any amount of pulmonary mischief.

Observing the usual instructions concerning the patient's preparatory condition—selecting pure and fresh ether—being provided with general and cardiac stimulants—it has been my practice to administer ether in the following manner: Being provided with a sponge slightly excavated, and surrounded by a towel or paper, or both, to prevent any unnecessary escape of ether, the patient is apprised of the sensations that will supervene until unconsciousness is reached.

Complete confidence having been attained, the patient, lying down, is directed to close his eyes and breathe quietly through his nostrils. During inspiration the sponge is applied, so that a good admixture of air is taken; it is

then quickly removed. Those who have experienced the simple removal of an unnatural and obstructing substance from the nose and mouth can best appreciate the great relief this will occasion, especially as the process continues.

Inspiration again occurring, the sponge is again applied and removed as before; this continuing, the patient is gradually accustomed to the ether, becomes unmindful of the successive invasions of the sponge at each rhythmical application. Soon the sponge can be retained in position for awhile; but at the first indication of discomfort it should be removed and applied as before until the patient becomes indifferent to its presence, or unconscious.

I have in this manner produced anæsthesia without a movement on the part of the patient of any importance.

I have quieted others when the contest raging between them and their subduers seemed very uncertain.

Still it is not always productive of such good results. Ether is an intoxicant, at best, and we cannot expect rational actions from giddy cerebri; but I claim that the delirium will be less violent, and the exhaustion less, if the patient's last conscious act is not an attempt to free himself from a hard concave inhaler in the hands of a thoughtless physician.—*Abridged from the October proceedings of the Medical Society of Kings County, New York.*

#### RECENT PROGRESS IN THE TREATMENT OF CHILDREN'S DISEASES.

By D. H. HAYDEN, M.D.

*On the Use of Benzoate of Soda in Diphtheria.*—Dr. Ludwig Letzerich.\* The author's studies of the above remedy in diphtheria were instigated by the experiments carried out by Graham in the laboratory of Professor Klebs, in Prague. The cases subjected to treatment, in addition to numerous sporadic ones, embraced twenty-seven, which came under his care during an epidemic of the disease in Berlin. Of these, three were adults, and the remaining twenty-four children; and eight were severe cases, with extensive local affections and dangerous general symptoms. None had been subjected to any other treatment, whether local or internal. There was a fatal result in only one case, a child, who had been much run down in health before the attack, who was badly nourished, and who had a disposition to trouble of the respiratory organs. Of the eight severe cases three were boys and five girls, and their ages were

\* Berliner klinische Wochenschrift, February 17, 1879.

\* Vide Archiv für experimentale Pathologie und Pharmakologie, von Klebs, Schmiedeberg, und Naunyn, Band x., Heft 3 und 4.

between five and eight and a half years. In all these cases there were high fever, delirium, retention of urine and of feces, existing often before the extensive local affection had made its appearance. In the blood there were found numerous bacteria and plasma corpuscles (*Plasmakugeln*), from which, by cultivation in veal broth, very large colonies of micrococci became developed.\* This development, in the chambers for cultivating the micrococci (*Kulturkammern*), at a temperature of 86 degrees to 95 degrees Fahrenheit, was completed in a few of the cases before the extensive exudations upon the tonsils and pharynx had made their appearance—a proof that the general infection often takes place a long time before the localization of the disease makes its appearance. This is well illustrated in typhoid fever.

What is the action of benzoate of soda in diphtheria? It has been shown, the author alleges, by the experiments of Graham, that certain quantities of this remedy, when introduced into the system of an animal infected, will in a certain time put a stop to the "vegetation of the diphtheritic poison," the amount necessary for this purpose being determined by the weight of the body. In this manner, accordingly, the dose for children and adults is regulated, and it is claimed by him that, up to the present time, there is no other remedy that exercises so rapid, continuous and therapeutic an effect upon the development and course of the diphtheritic process as benzoate of soda. His formula for infants under one year old, is :

- B. Sodæ benzoat. pur .5.0 or Sodæ benzoat. pur. .5 i.  
 Aquæ destillat., Aquæ destillat.,  
 Aquæ menth. ppt. .aa 40.0 Aquæ menth. ppt.aa ̄i.  
 Symp. cort. aurantii. .10. Symp. cort. aur. 3 ij. M.  
 S. One half tablespoonful every hour.

The dose for children between one year and three years of age is given as seven to eight grammes (two drachms) dissolved in three and one half ounces of the vehicle, the whole amount being given in the course of the day in half to one tablespoonful doses. For children between three and seven years of age eight to ten grammes (two to two and one half drachms) are given in the same way. Those over seven years old take ten to fifteen grammes (two and one half to four drachms), and for adults the dose is fifteen to twenty-five grammes (two and one half to six drachms) daily in four and one half ounces of the vehicle.

An unpleasant after-effect of the medicine has never been observed, not even in young infants.

The diphtheritic membrane was treated with benzoate of soda in powder, being sprinkled on or applied through a glass tube or quill. There is no slough formed, and thereby the danger is averted of its acting as a firm covering under which an energetic development and growth of the organisms can take place.

The insufflation was made every three hours in severe cases; in the milder forms two or three daily. With older children a simple solution of the salt (ten to two hundred) was used as a gargle.

The author cites the following case as a typical illustration of the way the medicine acts upon the general infection, the effects being quite uniformly noticed after twenty-four to thirty-six hours:

W. L., eight years old. Treatment began on June 19, 1878, the second day of the disease:

June 19th,	evening,	106.3° Fahr.	pulse 136
" 20th,	evening,	102.2° "	" 124
" 21st,	morning,	101.6° "	" 114
" "	evening,	100.4° "	" 112
" 22d,	morning	99.5° "	" 104
" "	evening,	98.6° "	" 104
" 23d,		normal,	normal.

In the above case the membrane on tonsils was very extensive, and was powdered. On the second day of the disease it became circumscribed, thinner, and somewhat more transparent, and on the 5th had nearly disappeared. The medicine was continued a few days after this date, but at longer intervals, and the small exudation spots were powdered twice daily, until the last remaining portion had completely disappeared on the eighth day of the disease.

The records of many other children, equally severely affected, and of different ages, gave nearly the same results as the above, and the effects of the medicine were always the same. The author recommends this remedy highly in gastric and intestinal catarrh, particularly of infants, and states that at times the results are surprising in these latter cases. He recommends it likewise in (*Mycotischen*) catarrh of the bladder, and firmly believes in the statement of Klebs (to whom we are indebted for the employment of benzoate of soda), that it is to be recommended in all diseases which originate by infection.—*Boston Medical and Surgical Journal*.

#### A GIANT BIRTH—THE CHILD WEIGHING TWENTY-THREE AND THREE-QUARTER POUNDS.

By A. P. Beach, M.D., Seville, Ohio.

At the request of many readers of the *Medical Record* I am persuaded to report a case of labor which I attended a few weeks ago. The great size of the child at birth was the remarkable feature of the case, it being probably the largest human birth on record. It perhaps would be well to state here, that when we take into consideration the immense proportions of the parents, the size of the child need not astonish us. The mother, Mrs. Capt. M. V. Bates, whose maiden name was Annie Swan, of Nova Scotia, stands 7 feet 9 inches in height. Capt-



ain M. V. Bates, formerly of Kentucky, is 7 feet 7 inches in height. These large people have, undoubtedly, been visited by many of the readers of this journal, as they have given public receptions in nearly all of the large cities and towns of Europe and America.

At 12, M., January 15, 1879, I was called upon to attend this lady in confinement, it being her second labor. I found her surrounded with competent attendants, and everything in order and at hand that would in any way add to her comfort and convenience. Her pains were quite infrequent and light. After a convenient time, with my patient in the usual position, I proceeded to make an examination, but was unable to reach the os uteri, it being so far up. I could not with my hand, by any ordinary effort, make a satisfactory examination, but concluded that she was in the initial stage of labor. She remained in much the same condition for the next 24 hours, passing the night comfortably, and I saw no necessity for any interference with the order of things. At the end of 36 hours the pains became more frequent, and on examination I found the os dilating and labor progressing favorably. The head engaged: position, second occipito-anterior. Notwithstanding the long interval between pains the head made good speed through the depth of pelvis. At 4 p.m., on the 18th, while conducting an examination during pain, the membranes gave way spontaneously and the amniotic fluid came pouring out so profusely as to startle every one. I had my patient very close to the margin of the bed, as was necessary in order to facilitate manipulation on account of her great size.

The bed was well protected with rubber blankets, which carried the waters over the side of the bed where they were caught in vessels to the amount of five gallons. That lost by absorption and evacuated with succeeding pains, would make the total of water not less than six gallons. This was, undoubtedly, a case of dropsy of the amnion, co-existent with general dropsy, from which she suffered to some extent during the last months of pregnancy.

Soon after the rupture of membranes the foetal head was disengaged, and in the soft parts. The mother was in good condition, the foetus seemed strong and healthy, and everything indicated a speedy and successful termination. But here the trouble began. After the escape of the waters all pain ceased. The great abdominal muscles which had been so much distended lay lax over the foetus like the blanket which covered the person of the mother.

Inertia was complete. There was no pain except as the result of manipulation. Ten grains of quinine, Squibb's ergot, and brandy were administered. The forceps were resorted

to early, but all to no purpose. The forceps could not be successfully applied because of the unusually large head which lay, with the neck, in a vagina that would measure on its posterior aspect 12 inches at least, and from 7 to 9 in its anterior. The safety of the child was my great fear. The head was seemingly almost born, but the shoulders were fast. How to disengage them was the question. The hand could not be passed to reach the shoulder. I had telegraphed to Dr. J. D. Robinson, of Wooster, O., who now came to my assistance. He attempted the use of the forceps with but little success. The child could not be so delivered. After further consultation, as it was our great desire to deliver if possible, without mutilation, we passed a strong bandage over the neck of the child and while one made downward and lateral traction, the other after several attempts succeeded in bringing down an arm, and finally after a laborious siege we succeeded in delivering our patient of a male child. It weighed 23½ pounds; its height 30 inches; breast measure, 24 inches; breech, 27 inches; head, 19 inches; foot, 5½ inches in length. The secundines, which were soon removed, weighed 10 pounds. The mother was considerably exhausted, but is making a good recovery. Mrs. Bates, six years ago, gave birth to a dead child in London, weighing 18 pounds, and 24 inches in height. She was attended at the time by one of the celebrated obstetricians of that city, who encountered the same difficulties in delivery that I had.

[We believe that this is the largest infant at birth of which there is any authenticated record. Cazeaux refers to one that weighed 19 pounds. There is a foetus in the London Hospital Museum 24 inches long. The average length is 20 inches; average circumference of head 13½ inches. The placenta usually weighs one-sixth as much as the foetus. In this case the secundines in all weighed nearly half as much as the child.]—*N. Y. Medical Record.*

#### PRURITUS VULVÆ.

In the October number appears an article from the editor on "Pruritus Vulvæ," which reminds me of a case which came under my care about two years ago. The lady was married, about thirty-three years of age and the mother of one child, born about seven years ago. When called to her, found her suffering the most intense agony from pruritus vulvæ; in fact was almost distracted, her distress was so great. She had been suffering for twenty-four hours, and been using such domestic remedies as occurred to her mind, and, on account of the nature of the malady, felt a delicacy in making her situation known.

Upon examination found the external geni-

tals somewhat swollen and covered with minute vesicles; the inner side of the labia, urethra and entrance to vagina extremely red and tender; did not examine with the speculum. There was a slight leucorrhœa. I prescribed as follows:

R. Soda Borate Pulv. .... 1 drachm.  
Plumbi acet. .... ½ drachm.  
Tr. Opii. .... 1 drachm.  
Aqua Distil. .... 8 ounces.

M. ft. sol.

S. When used dilute with one-fourth the quantity necessary of warm water. Apply freely on cloths saturated with this solution to the external parts affected, and also between the labia—this to be repeated two or three times every fifteen minutes or twenty minutes. Then inject one ounce of solution into vagina with a common glass syringe. This greatly ameliorated her sufferings. These applications were immediately followed by a free application of:

R. Glycerine. .... 1 ounce.  
Acid carbolic. .... 20 drops.

M.

The relief was immediate and complete. The pruritus returned subsequently in a very light form twice, but in each instance relieved immediately by the same remedies. About two years previous to the first attack, I treated the same lady for chronic inflammation and erosion of cervix uteri. Did this have anything to do with the pruritus? This lady enjoys fair health, is regular in her menstrua, but has no children.

I treated a lady only a few months since with the same course, and a like result. This lady was pregnant, supposed to be in her third month, but otherwise enjoyed good health.

Athill recommends in such cases, that the patient, after she had syringed or sponged herself with warm water, to lay inside the labia pieces of lint soaked in a lotion composed of carbolic acid, ten grains; acet. morphia, eight grains; dilute hydrocyanic acid, two drachms; glycerine, four drachms; and water, four ounces. M.

I have given the foregoing as additional sources and modes of relief in this very delicate, annoying and distressing affection. Of course, if the constitution was much depraved, the appropriate constitutional remedies should be applied.—E. Mendenhall, M.D., Indianapolis, Ind., in *Obstetric Gazette*.

#### CARBOLIC ACID IN SHINGLES.

Dr. Lamberti reports, in the *Revista Clinica di Bologna*, a case of herpes zoster, or "shingles," which he cured in a single day by means of carbolic acid. He painted carefully the vesicles

with the liquid acid, using a camel-hair brush, and then covered the whole part with a thick layer of cotton-wool. It caused severe burning pain for two hours, after which ease was obtained, and the patient, having received a dose of chloral hydrate, fell asleep, and awoke the next day feeling quite well. Nothing more was done, but the cotton-wool was left on for three days. On its removal then the vesicles were all dried up, the crust adhering to the cotton-wool, and the spots that remained were not in the least tender. A saline purgative and a drink containing bicarbonate of soda were the only medicines taken. No return has occurred after two years, and Dr. Lamberti thinks this method of treatment may frequently prove of great value.—*Boston Journal of Chemistry*.

#### INCONTINENCE OF URINE.

In the *British Medical Journal* Dr. J. C. Flood recommends tincture of Cantharides in minim doses, with tincture of the chloride of iron, given thrice daily and in gradually increasing doses. Mr. Holderness suggests the following:

R. Acidi benzoici, ..... ℥ii;  
Syrupi aurantii, ..... ℥ii;  
Aqua, ..... ad f̄vj.

A sixth part three times a day.

The third dose should be given in bed, the bladder having been previously emptied.

Another correspondent suggests the following combination:

R. Potassii bromid., ..... ℥j;  
Extract. belladonnæ, .... gr. iv ad vj;  
Infus. digitalis, ..... ad f̄viij.

For an adult, half an ounce twice a day. For a child, a drachm, three times.

#### EXTERNAL USE OF DIGITALIS IN SUPPRESSION OF URINE.

Dr. C. P. Russell, in *British Medical Journal*.—A married woman, aged 35, was attacked by acute albuminuria. The disease resisted the usual remedies. She became extremely œdematous, with congestion or œdema of both lungs. Respiration rapid and pulse weak and rapid. She became semi-comatose, and there was suppression of urine for 36 hours.

The case appeared hopeless, but having read in the *Journal* of a case in which the external use of digitalis was effectual in restoring the secretion of urine, I determined to try it. I ordered a half ounce of the tincture on a large linseed-meal poultice, to be applied to the abdomen. Next day I was agreeably surprised to find her vastly improved, quite conscious

and cheerful. The œdema was very much diminished, respiration was easy and the pulse nearly natural. I was informed that, in one hour after the application, a copious flow of urine commenced and continued all night—and, what was very remarkable, the urine which the day before contained a large quantity of albumen, was now quite free from it. Convalescence was rapid, and she is now quite well.

#### THE TREATMENT OF URTICARIA.

This troublesome affection has proved so unyielding to treatment that the medical profession will doubtless receive with pleasure the account of the successful results following the use of atropia, reported by Schwimmer, (*Pest Med. Chi. Presse*, 1878.) He gave in a case of urticaria of one year's duration, the following prescription, viz:

℞	Gr.
Atrop. Sulphat,	.01
Aq. Destil,	
Glycerin,	aa. 2.
Pulv. Tragacanth, q	S. f. pil. No. X.

M. S.—One pill twice daily.

By the third day remarkable improvement was noticed, and a rapid and lasting cure was attained. In another case of chronic urticaria with hyperidrosis, 1 milligram of atropia daily for eight days secured a perfect cure. A third exceedingly obstinate case yielded rapidly to the same treatment.

#### EXTERNAL APPLICATION OF THE BROMIDE OF POTASSIUM.

The good effects obtained from bromide of potassium in all reflex irritations due to teething are well known, but M. Peyraud claims that better results can be obtained from direct local applications of the remedy to the gums, than from its internal administration. He uses a mixture of the bromide one part, to honey six or seven parts, with sufficient water to dissolve the salt, and enough alcohol to preserve the mass. This should be gently rubbed on the gums four or five times a day; in cases of diarrhœa caused by dentition, a few drops of Sydenham's laudanum may be added with advantage. The bromide acts as an anæsthetic to the mucous membrane, as a caustic to excoriations, and through its effect on the general nervous system. It quiets immediately the urticaria of dentition, and under its influence those excessively nervous children in whom the eruption of the teeth is irregular and difficult, pass through this period without convulsive phenomena.—*Journal de Médecine*, August 1879.

#### ECZEMA.

(From *La Tribune Médicale*, by Dr. BRAME, of Tours.)

The basis of treatment is cold tar. It is a purifier and antiseptic. It may be mixed with glycerine or olive oil. When the disease is stubborn, iodide of silver may be added. A simple purgative aids. When the eczema is very persistent, small scarifications may be used also. Sometimes the chloride or bromide and cyanide of silver have been used on the scalp and scrotum and around the ears. The iodide of lead should be reserved for the lichenoid eczema, forming very hard crusts. The iodide of mercury should only be used in syphilitic eczema. Ioduretted calomel can be successfully used, and when pityriasis is conjoined, a pomade of oxide of mercury should be added. When the boils are large, punctures with dissolved tannin or iodide of silver should be used. In exceptional cases, the sulpho-cyanide of iron and tannin—both dissolved in iron—are used. Sulphate of soda is a good purgative in this disease.

#### PHOSPHATE OF LIME.

This is a medicine much under-valued. It builds up the constitution by aiding digestion and nutrition, and enables the bony system to grow much faster than without its use. It can be made into a syrup and given to children with rachitis. A fracture of the anatomical neck of the humerus was healed in thirty-two days by its use. Several other fractures were healed in fifteen to twenty-five days, when without it the bony growth would have been much slower. During pregnancy, the lacto-phosphate of lime should be given for the growth of the fœtus, especially in women of such constitutions where the drain on the system is very great, and even then the child will be born sickly and with weak bones.

#### BATHS, AND HOW TO TAKE THEM.

From Health Primer, "Long Life, and how to reach it," by J. G. Richardson, M.D.

It is related of the celebrated but eccentric Dr. Abernethy that upon one occasion a child was brought to him suffering from some disease of the skin, it is true, but in a far worse condition from want of cleanliness. The doctor, seeing at once that this latter misfortune was the cause of the former, said to the boy's mother, "I can soon cure your son, if you will strictly follow my directions. Get a large tub, fill it every day two-thirds full of warm water, put the little fellow into it, and then rub him all over with the best Castile soap and a coarse towel." "But, doctor," exclaimed the astonished woman, "that would be giving my child a bath."

"True," replied the physician, "it is open to that objection.".....

For purposes of cleanliness, the baths *par excellence* are those of warm water, this term being applied to the ones in which water of a temperature from 70° to 80° is employed. Liquids of this degree of heat usually give a sensation of warmth when placed in contact with the human skin, and therefore avoid the disadvantages of the shock to our systems produced by a cold bath (that is below 60°), and the excessive stimulation resulting from a hot bath (that is, one of 85° and upward). Soap or alkali in some form is necessary to remove the fatty matter poured out by the oil glands already described, and for most people there is nothing better than the old-fashioned white Castile. Many persons are apt to remain too long in a warm bath, and care should be taken to avoid this mistake, which has a very debilitating effect if often indulged in.

The frequency with which a bath should be repeated varies somewhat with different individuals.....A safe rule, to which there are of course sundry exceptions, would be to bathe the whole body twice a week in winter and every other day in summer, gradually increasing this frequency to a tri-weekly washing in winter and a daily one in summer, if experience proves that better health is secured by such a habit.

It is very important to avoid being exposed to cool air after immersion in a warm bath, because mechanical obstructions to the outflow of perspiration from the pores being washed away, the amount of fluid poured out upon the skin, and consequently the cooling effect of evaporation from the cutaneous surface is greater, and the danger of becoming chilled is much increased. The condition is accurately expressed by the popular saying that a warm bath "opens the pores," though the exact mechanism by which this opening is accomplished is not so generally understood. Hence it follows that the best time for bathing, with those who are in robust health, yet are liable to take cold, is in the evening, when they can go to bed at once, and so avoid all exposure for some hours afterward. Invalids, however, and those who have delicate constitutions will often find that they endure the exertion of taking a bath best about eleven o'clock in the morning, after digestion of the morning meal is accomplished, and yet before they are tired out with the fatigues of the day.

Hot baths, by which are meant those of a temperature of from 85° to 105° F., are chiefly used in the treatment of diseases as powerful stimulants, and scarcely require notice here. Every parent should remember, however, that a hot bath, causing free perspiration, promoted by wrapping up warm in bed with blankets, will often save children and adults severe attacks of illness, if promptly resorted to after exposure to cold or wet.

Cold baths are invaluable aids in promoting and preserving health, if properly used in suitable cases; but may become dangerous agents, causing even fatal results, if employed by the wrong individuals, at improper times, or with excessive frequency. Very cold plunge-baths—that is those below fifty degrees in temperature—should only be indulged in by the most robust, and even with them it is doubtful whether the shock to the system is not more injurious than the after reaction is beneficial. In every instance the test for the advantage of a cold bath is very simple and easily understood, being merely the occurrence or non-occurrence of this reaction or "glow" as soon as the skin is dried. When such a glow is felt promptly, the bath does good, and may be repeated at the same or a slightly lower temperature; but if reaction takes place slowly, or not at all, the person feeling chilly, and the lips, the skin beneath the nails, and indeed that of the external surface generally, continuing for ten or twenty minutes bluish instead of pink, the bath does harm.

Cool (not ice-cold) sponge-baths are valuable tonics, and may often be advantageously used in delicate states of health. The shock to the system is much less than with the plunge-bath, and the consequent reaction less intense, but the rule for judging of their beneficial influence is precisely the same.

Baths should never be taken immediately after a meal, nor when the body is very much exhausted by fatigue or excitement of any kind nor during nor just before menstruation, and they should be sparingly and guardedly used by pregnant women.

Children and elderly persons ought to employ warm or but slightly cool baths, never below 70° F. In persons of nervous temperament, and the subjects of valvular disease of the heart, cold baths should be very cautiously resorted to; but in robust adults of sanguine or bilious temperament they may be indulged in with much greater freedom.

#### MAMMARY INFLAMMATION TREATED BY THE APPLICATION OF ICE.

Mrs. H., aged thirty-eight, was confined of her third child on May 31, 1879, and did well for five days. On the morning of the sixth she had a severe rigor, but was better the next day; and on the eighth day expressed herself as feeling so well that I did not see her again until the tenth, when I found her suffering great pain from inflammation of the left breast, which had commenced the day before. Nearly the whole breast was involved, but all below and to the left of the nipple was one hard mass. From past experience I could expect nothing but a large abscess and four or five weeks' trouble-

with certain loss of the breast now and probably for the future also. Remembering Mr. Browne's suggestion in the *Journal* of May 31st, I determined, with the patient's consent, to try his plan, using a large Chapman's spine-bag filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone. I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning I found her hugging the ice-bag and loud in its praise. She continued suckling her infant, but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect anything wrong in the breast, and she is now quite well and nursing her child. No other remedies were used; and I thank Mr. Browne for one of the most valuable hints I have ever got, and wonder why he has not told us before.—*D. M. Williams in the British Medical Journal.*

#### CUPPING IN CARBUNCLE.

In the early period of my practice, some forty years ago, I used the cups in the treatment of local diseases more often than now. During this period I had to treat a bad case of carbuncle, situated on the back of the neck of an old man. While dressing it one day it struck me forcibly that cupping would be just the treatment for this case. Calling for a large goblet and some cotton, I applied it as a cup, after expanding the air by burning cotton in it. The effects were truly wonderful, drawing out from the interior of the tumor a large amount of pus and corruption, which gave immediate relief. The night following the old gentleman rested for the first time. Since this experiment—the first one of which I ever heard or knew—I have relied mainly on the cups for the local treatment of carbuncle. It fulfills the most important indications in the local treatment of this often troublesome and sometimes dangerous disease. It relieves tension and pain, and limits gangrene of the cellular tissue. It materially shortens the time of cure. With appropriate general treatment the disease is thus shorn of half its pain, duration, and danger. The cups may be applied once or twice a day, or even oftener. If resorted to in the early stage, the scalpel or lancet should be used to induce a free flow of blood. Mere dry cupping at this time would increase the flow of blood to the tumor without relief. I would caution against too severe cupping until pus is formed; I more of-

ten use a large, blunt-rimmed tumbler or goblet than any other kind of cup. The size of the opening of the cup should be, if possible, sufficiently large to cover the base of the tumor. An air-pump attached to the cup, if at hand, would be much more manageable and convenient; but the tumbler and cotton may be used with almost equally good effect if adroitly done, besides having this advantage, of being always available.—*Dr. Hunt, in Chicago Medical Examiner.*

#### DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

WILLIAM MURRELL, M.D., L.R.C.P.,

Lecturer on Practical Physiology at Westminster Hospital, Assistant Physician to Royal Hospital for Diseases of the Chest.

From London *Practitioner.*

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat-centres, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says, "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and was so profuse that it saturated the bed-clothes, and to a considerable extent the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861 M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed

that it prevented this symptom, but it also diminished diarrhoea, allayed cough, and predisposed to sleep. It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamps' recommendation, says that he has found Dover's powder "materially to check the nightsweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty-five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough-medicines, and so on. The Dover's powder acted equally well whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse

for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough and insured a good night's rest.

**ILLUSTRATIVE CASES OF THE USE OF THE DOVER'S POWDER IN NIGHT-SWEAT.**—The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which the relief was most prompt:

R.W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work. There had been no hemoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dullness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight indeed, and upon the sixth there was none at all. The pills were then discontinued, and with the exception of one night there was no sweating for four weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills. The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer.

Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check.

#### GELSEMIUM IN NEURALGIA.

Professor Massini, of Basel, recounts his experience of the use of this drug in the treatment of eighty cases of neuralgia of the trigeminus. He prefaces his remarks with a brief description of the physiological action of the drug: Redness of the conjunctiva, pain in the eyelids, contraction of the pupils, double vision, and giddiness, are the symptoms which generally follow the administration of moderate doses. When the dose is increased, slight ptosis, dilatation of the pupil, gasping, languor, and pain

in the limbs, are the usual results. The respiration is not affected. In frogs, on the other hand, a large dose produces paralysis of the respiratory muscles, the heart's action remaining unchanged. In cases of neuralgia of the trigeminus, Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose generally affords relief, and that the pain rapidly subsides after a second or a third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain remaining after the stoppage of a carious tooth. When there is any inflammatory affection of the bone or periosteum, no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.—*Dublin Journal of Medical Science.*

## THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

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

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EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, DECEMBER, 1879.

### SURGEON MAJORS IN THE CANADIAN MILITIA.

In the CANADA MEDICAL RECORD for June appeared an article, strongly advocating the granting of this rank to Surgeons of the Canadian volunteers who had served a lengthened period. That article was written with a view of assisting those who had already been at work in this direction. Very soon after it appeared a general order was issued from Militia Head quarters, granting the rank of Surgeon Major, upon conditions which in our opinion, and also we believe in that of every medical officer in the

force, are neither just nor reasonable. We feel very strongly upon the subject, and we at once put ourself in communication with Dr. Muir, the head of the Army Medical Department, who, while giving us much information on the subject, stated that a new warrant was to be issued immediately, a copy of which he would send us. We determined to await its receipt before actively taking up the subject. The warrant has, however, not yet been issued, and as its appearance seems indefinite, we have again written to Dr. Muir for the information which we had hoped to have got from it. When we get his reply we propose to fully express our opinions upon the general order referred to. In the meantime we can only say to our numerous friends in the Volunteers Medical Department who have written to us on the subject, to have patience. We firmly believe they have right on their side, and that in the end what is right must prevail.

In a late number of the *Canada Medical and Surgical Journal* was an article upon the relations that should exist between the physicians and druggists. If it were possible to bring round the existence of such relations, perfect harmony would then reign. It is unfortunate that in each class there are always scapegoats such as only look upon the pecuniary benefits to be derived, rather than of aiding to raise the standard of their respective professions. It is undoubtedly to the interest of the medical profession that reliable pharmacies should exist in different parts of the city, and more particularly in the more important suburban streets; and when we speak of reliable pharmacies, we mean what we say, not plate glass fronts, gold labels, and elegant mirrors, and a thousand-dollar soda fountain, but pharmacies with well-assorted stocks in them and brains to back them. If a few more such establishments existed there would not be such an outcry about business being sent away from druggists. Not that we would for a moment assert there are no well conducted retail drug houses, with sufficient capital to enable them to keep well assorted stocks, in the city, but, unfortunately, they are few and far between. This may, perhaps, be caused by the misguided policy of some physicians in sending their patients, often at great inconvenience, past thoroughly reliable houses

merely through a hobby or whim. When we have felt inclined to grumble at the want of skill in our local pharmacies, a pharmaceutical friend reminds us of the excessive competition and the extreme difficulty of making business pay without the thousand and one adjuncts, which go to make up the general business of a druggist. In Germany, the number of drug stores are regulated by law and the standard of admission is very high. The same may also be said of France. It is quite right that both professions should be considered collateral ones, and no physician should consider himself so well-stocked with the knowledge of *materia-medica* as to think it humiliating to ask for information about any drug from a well-informed chemist. As *materia-medica* is taught in most of our schools, it is literally run to ground. Students are forced to read up a lot of matter that is of no earthly use to them, as practitioners; in fact, positive harm is done, as their memories are taxed with modes of manufacturing preparations, which labor should only be given to their physiological and therapeutical qualities. There is no use in teaching a medical student who intends to practice as a general practitioner, the mode of making chloral, for instance, but it is highly important he should know "when" and "how" to employ it.

#### TYPHOID FEVER IN MONTREAL.

There is no question but that we have had a greater amount of typhoid fever in Montreal the past autumn than is usual, and that it has generally been of a more severe type. We are pleased, however, to be able to state that, since the beginning of this present month, there has been a very marked decrease in the number of cases, and the prospect is that they will still further diminish.

#### CHOLERA IN JAPAN.

It is singular how little one portion of the world sometimes knows of what is going on in another portion. This is well illustrated in the fact that few seem to be aware that cholera has been raging in Japan for some time. It broke out last April, and, up to about six weeks ago, there had been reported 155,000 cases and 85,000 deaths.

#### CLUB RATES FOR SCRIBNER'S MAGAZINE, ST. NICHOLAS AND THE TORONTO GLOBE.

We have pleasure in stating that our Subscribers can have *Scribner's* at \$3.00 a year (regular rate is \$4.00), the *St. Nicholas* at \$2.25 a year (usual rate is \$3.00). We are also able to offer the *Toronto Weekly Globe* at \$1.50 a year, the regular price being \$2.00 a year. Cash for these journals must accompany any orders.

#### LINDSAY AND BLAKISTON'S VISITING LIST FOR 1880.

This Visiting List has been sent to us, and we can commend it as, in our opinion, the very best that is published. We have used it for a great many years, and it has always given us perfect satisfaction.

#### THEODORE ROBITAILLE, M.D., LIEUT.-GOVERNOR PROVINCE OF QUEBEC.

The elevation of a medical man to the highest office in the Province is a matter worthy of recognition by the profession. We are, therefore, glad to know that two of the schools of medicine in Montreal, being of this opinion, have passed congratulatory resolutions which have been forwarded to the Lieut.-Governor. The compliment is one which was well deserved, for, although Dr. Robitaille has, almost since his graduation, been actively engaged in politics, as a member of the Dominion House of Commons, and also as a member of the Dominion Government, which in 1872 retired from office, he has never forgotten the duties of his profession. For years he has been a governor of the College of Physicians and Surgeons of the Province of Quebec, ever taking a warm and active interest in its proceedings. We congratulate our old fellow-student on this recognition of his merits by his medical confrères.

The following correspondence speaks for itself.

University of Bishop's College,  
Faculty of Medicine,  
MONTREAL, 29 Sept., 1879.

Theodore Robitaille, Esq., M.D.,  
Lieut.-Governor Province of Quebec.

DEAR SIR,—I have the honor to transmit to you two resolutions passed by the Medical



Faculty of the University of Bishop's College at a meeting held on the 22nd inst.

I have the honor to be, Sir,

Your obedient servant,

FRANCIS W. CAMPBELL, M.D.,  
Registrar.

*Resolutions passed at a meeting of the Medical Faculty University of Bishop's College, held at Montreal, 22nd September, 1879.*

*Resolved.*—That this Faculty has noticed with pleasure the elevation to the office of Lieutenant-Governor of this Province of Theodore Robitaille, Esq., M.D., a gentleman who stands high in the ranks of the profession, and who has ever taken an active interest in its elevation, and who, by his urbanity and kindness of disposition, has always been held in warm esteem by all his professional confrères.

*Resolved.*—That this Faculty desires to present their congratulations to Dr. Robitaille on his appointment to the distinguished office of representing Her Majesty in this province, which, while reflecting honor upon himself, likewise reflects honor on the profession of which he is a member.

To which His Honor Dr. Robitaille has forwarded the following reply :

*To Francis W. Campbell, Esq., M.D., registrar, and to the members of the Medical Faculty University of Bishop's College.*

The Lieutenant Governor acknowledges the receipt of the resolutions adopted by the Medical Faculty of Bishop's College on the 22nd of September last.

The Lieutenant-Governor has read these resolutions with great pleasure. They prove to him that, among the members of the Medical profession, his appointment has been favorably received. Nothing could have been more agreeable, as he always felt a pride in belonging to that noble profession, and as he has always strived to obtain the esteem and confidence of his confrères.

The Lieutenant-Governor highly appreciates the step adopted under the circumstances by the Medical Faculty of Bishop's College, composed of men so remarkable for their science and devotedness.

The Lieutenant-Governor returns thanks to the members of the Faculty for their congratulations on the occasion of his elevation to the

highest position in this Province, and hopes they will accept the expressions of sympathy and of deep consideration which he entertains for them.

Signed, THEODORE ROBITAILLE.

#### PERSONAL.

Dr. Craik is, we are pleased to state, almost completely recovered from the very painful poisoned wound of the finger, which confined him for several weeks to the house.

Dr. J. B. Lawford (M.D. McGill College, 1879) obtained the Diploma of the Royal College of Surgeons of England on the 18th of November.

Dr. Freeman J. Bumstead, the famous syphilologist of New York, died in that city on the 28th ult., of ascites.

#### REVIEWS.

*The Throat and the Voice.* By J. SOLIS COHEN, M.D., Lecturer on Diseases of the Chest in Jefferson Medical College. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Bros.

Dr. Cohen is a practical man, and, within a comparatively small compass has given an excellent treatise on the throat and the voice. Its perusal should make the public more careful of both.

*The Mouth and the Teeth.* By J. W. WHITE, M.D., D.D.S. Philadelphia, Lindsay and Blakiston; Montreal, Dawson Brothers.

It is rare to find in the human mouth a perfect set of teeth, and why? Simply because their importance, as adjuncts not only to beauty but to digestion is not understood. The object of this volume of the *American Health Primers* is to show their value, which, if thoroughly appreciated, would do much to preserve them. If honestly read it will do much good. We commend all the volumes of this series as deserving of very general circulation among the public.

*Diseases of the Throat and Nasal Passages: A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Oesophagus, Trachea, Larynx, and Nares.* By J. Solis Cohen, M.D., Lecturer on Laryngoscopy and Diseases of

the Throat and Chest in Jefferson Medical College, Philadelphia. New York: William Wood & Co.; Montreal: Dawson Brothers.

There was a period in the history of our Medical friends in the United States, and that not very far in the past, when they had to depend for information and instruction upon their brethren in England and the continent. All this is gradually changing, and the United States are, year after year, swelling up their standard Medical literature, till it is now assuming very considerable proportions. The work before us, which is a second edition, is of a class which is creditable to its author, and to the profession of the county of which he is so able a member. It has been for some time out of print, and this edition has received a very large amount of revision, much of it entirely re-written; in fact, it is to all intents and purposes a new work. The subjects treated comprehend every variety of throat and nasal trouble, and where necessary, or it has been thought desirable, illustrations have been introduced. The entire book is well written, and is extremely practical in its character. The chapter on Diphtheria is one that will command special attention, being a very able digest of the various remedies which have been recommended in this disease. We are pleased also to notice that Dr. Cohen is a firm believer in the duality of Diphtheria and Croup, an opinion which our experience, small though it be, strongly confirms. The work is printed in unusually large type, no small advantage to the often over-taxed eye of the physician, and should occupy a space in the library of every medical man.

*Pocket Therapeutics and Dose Book.* By MORSE STEWART, JR., B.A., M.D. George D. Stewart & Co., Publishers, Detroit.

This is a second edition of a most valuable little work, which seems to have run through a first edition in a very short time. That such an extensive demand has arisen for the book does not surprise us, for it filled a gap in Medical literature. The amount of valuable information which Dr. Stewart has condensed within a really small compass is simply surprising. Its compilation must have cost its author a great amount of labor, which promises not to have been spent in vain, if the appearance of a

second edition is to be taken as a criterion of successful authorship.

*Atlas of Skin Diseases.* By LOUIS H. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, Philadelphia. J. P. Lippincott & Co., Philadelphia.

We have to acknowledge the receipt of Part VI of the above splendid work, which contains plates of (1) Syphiloderma (Pustulosum), (2) Erythema Nodosum, (3) Seborrhæa, (4) Eczema (Papulosum). We have already expressed the very high opinion which we have of this work, and the part now before us is fully equal to its predecessors. The plate of Erythema Nodosum, with its delicate shading, is a masterpiece of chromo-lithography. The letter-press accompanying each plate is well written, and, in addition to being an excellent description of the disease, contains the clinical history of the particular case from which the illustration has been taken. The work promises to be an important addition in the illustration of skin diseases.

*Winter and its Dangers.* By HAMILTON OSGOOD, M.D. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

This beautifully gotten-up little work is from the pen of one of the Editors of the Boston *Medical and Surgical Journal*, and he has produced a most interesting book. It is one of the series of Health Primers issued by Lindsay & Blakiston. The French proverb "The common cause of death is stupidity," with which the author opens his first chapter, is most appropriate, for many a death in winter is the result of downright stupidity. We would that it were possible to place in the hands of every young lady who, almost night after night, attends fashionable dancing parties, a copy of this book. Not that it would prevent their going, for, in moderation, these gatherings are pleasant and agreeable, but it would show them the terrible danger which attends the many imprudent things which they do: such, for instance, as, when heated after dancing, exposing themselves to the *delightful* draught of cool air. We consider this as one of the best books of the series, and advise physicians to strongly recommend it to their patients.

## MEDICO-CHIRURGICAL SOCIETY.

October 31st, 1879.

*(Omitted from November number of RECORD.)*

Dr. Wilkins gave a demonstration on the rabbit, showing the cardio-inhibitory influence of the pneumogastric nerve. Tracings were taken by means of a mercurial manometer, which was connected with a cannula inserted into the carotid artery of the animal. First a normal arterial tracing was taken, the left pneumogastric was then divided and its peripheral end stimulated by means of a DuBois-Reymond induction coil, in consequence of which there was a fall in blood-pressure and slowing of the action of the heart. Four milligrammes of atropine were subsequently injected into jugular vein, and the peripheral end of nerve again stimulated without any alteration of action of heart, thus demonstrating the paralytic effect of the poison on the terminal filaments of pneumogastric nerve in the heart.

Explanatory remarks were made by Dr. Wilkins with reference to this inhibitory action of pneumogastric nerve, also to similar action of some other nerves.

A demonstration was also given of respiratory tracing, both before and after cutting both nerves. The animal was slightly under the influence of chloroform during these experiments.

Subsequently Dr. Wilkins attempted another experiment on a curarised rabbit, which was kept alive by artificial respiration, but did not succeed, in consequence of the length of time that elapsed (three hours) after the administration of the poison, the dose being slightly in excess.

Involuntary muscle was paralysed including, of course, the muscular coat of the arteries, as well as the voluntary muscles which only are paralysed by a smaller dose.

The registering apparatus made use of for demonstration was a kymograph of Dr. Wilkin's own device, the motor-power being a small water engine, which also kept up artificial respiration.

MONTREAL, Nov. 14, 1879.

A regular meeting of the Society was held this evening, the President, Dr. R. P. Howard, in the chair.

There were present Drs. R. P. Howard, Henry Howard, Trenholme, Osler, Loverin, Spencer, Bell, Ross, Kerry, Wm. MacDonald, Kennedy, McConnell, F. W. Campbell, John Reddy, Roddick, Wilkins, Bessey, Major, Blackader, Imrie, Brodie and Proudfoot; visitor, Dr. Hill, of London, England.

The minutes of last meeting were read and approved.

Dr. Gurd was balloted for, and unanimously elected a member.

Dr. Osler exhibited a case of fatal perforation in typhoid fever in a hospital patient, who had had very high temperature from the first, ranging from 105° to 108° before death.

Dr. R. P. Howard drew the attention of the Society to the experience of the Basle Hospital as to the great importance of putting patients to bed as early as possible in typhoid fever, the mortality being very much greater amongst those persons who took to their bed late than amongst those who did so early. The experience of the Montreal General Hospital was confirmatory of this statement.

The second specimen was from a child who had died in the Infants' Home, Guy street. The case had been considered one of membranous croup, and tracheotomy had been performed, the operation being followed by immediate relief, but died on the following day. At the post-mortem several small patches were seen on the tonsils and on the epiglottis extending into the trachea. There was no membrane immediately in the region of the tube, but it extended beyond this into the bronchi. Dr. Osler was unable to obtain any of the urine. The lungs were pneumonic, and the kidneys in a condition of cloudy degeneration.

Dr. Ross said he had seen this case, and was of the opinion that it was croup at the time; but, after seeing the exudation on the tonsils, he was not so sure that the case was not one complicated with diphtheria.

Whilst strongly believing that there is a difference between the two diseases, Dr. F. W. Campbell said that the result of the operation in this case went to strengthen the experience of all in Montreal that tracheotomy cases of true croup were generally fatal, while many cases of diphtheria recovered after the operation.

The President remarked that the question,

whether the case before the Society was one of laryngeal diphtheria or of membranous croup, perhaps could not be satisfactorily determined, but that, in his opinion, the weight of evidence was in favor of the latter view. The attending physicians had examined the child's throat before the operation, and found no exudation there; the subsequent occurrence of a cheesy-like patch on one tonsil and a membranous patch on the other did not establish its diphtheritic nature; such formations are mentioned by Flint and others as not infrequent in membranous croup. There was nothing surprising in the circumstance that an inflammation of such a character as to produce false membrane on the laryngo-tracheal membrane should also attack a similar structure in the neighborhood of larynx. The faucial exudation was not continual with the laryngeal. All pseudo-membranous exudations upon mucous membranes are not products of diphtheria, witness plastic bronchitis and dysentery. No cases of diphtheria had been observed in the house in which the child had lived for the last year; on the other hand, it had had previously several attacks of catarrhal croup. Before diphtheria became a recognized disease here we had fatal cases of membranous croup; they were not infectious, and did not affect several members of a family in succession. It is not a question of histology. The pellicle of croupous laryngitis may not differ from that of diphtheria, but the clinical features and pathology of the two affections are not one.

Dr. Osler, in answer to Dr. Trenholme, said there was no anatomical difference in the two membranes; that in true croup Neimyer mentions cases where there was extensive exudation on the tonsils. There was no extension of the disease among the other children at the Infants' Home. He did not consider the presence of albumen in the urine as settling the diagnosis, as the congestion of the kidneys would be quite sufficient to cause the albumen in this case.

Dr. R. P. Howard then read his inaugural address as President of the Society.

The address was followed by a paper by Dr. Osler on "Three Cases of Disease of the Brain."

In the remarks following this paper Dr. Kennedy related a case occurring in his practice similar to one of Dr. Osler's cases. The subject, a young lady, had both a mitral and aortic mur-

mur. One portion of the vegetation was dislodged, and converged to the left side of the brain.

Dr. Roddick mentioned the fact that rupture of a vessel in the brain occurred at times during the struggles of the patient while under ether. Such a case had occurred in his practice.

Dr. F. W. Campbell said that the method generally adopted in Montreal (so far as his experience enabled him to speak) in the administration of ether was certainly calculated, in his opinion, to favor rupture in vessels which were undergoing atheromatous degeneration, and even possibly in healthy vessels. He had seen a patient to whom ether was being given struggle so violently for several minutes as to require two or three strong assistants to hold him down. This was due to the fact that the ether inhaler, charged with ether, was tightly held over the mouth and nostrils, allowing hardly anything but the vapor of ether to be inhaled. The feeling of suffocation thus produced is described by those who have experienced it as something frightful. He stated that the opinion was gaining ground rapidly that ether could be administered in much the same way as chloroform, by allowing a good quantity of fresh air to be inhaled, so long as it was charged with a fair portion of ether vapor.

Dr. R. P. Howard spoke of the great necessity of students now learning the distribution of the minute vessels of the brain, and confirmed the observation in regard to apoplexy during anaesthesia. He had seen apoplexy in one case follow a hypodermic injection of morphia.

A vote of thanks to Dr. Osler was moved by Dr. Henry Howard, seconded by Dr. Kennedy, and carried.

A vote of thanks to Dr. R. P. Howard, for his address, was moved by Dr. F. W. Campbell, seconded by Dr. Proudfoot, and carried.

It was moved by Dr. Roddick, seconded by Dr. Henry Howard, that the subject of procuring a permanent room be referred to the Council, and that the former Room Committee be thanked and discharged.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

Montreal, November 28th, 1879.

A regular meeting was held this evening. The President, Dr. R. P. Howard, in the chair. There were twenty members present.

The minutes of last meeting were read and approved.

Dr. Henry Howard read a paper on "Imbecility."

Remarks on this paper were made by Drs. R. P. Howard, Kennedy and Roddick.

A vote of thanks to Dr. Howard was moved by Dr. F. W. Campbell, seconded by Dr. Roddick, and carried.

Dr. Frank Shepherd exhibited a specimen from the dissecting-room of McGill College. The humerus had been amputated, and the cut ends of the brachial plexus were enlarged.

Dr. F. W. Campbell mentioned the fact that twelve days previously he had vaccinated a child in Donegana street, two hours after he vaccinated another child in St. Charles Borromée street; eight days after the child in Donegana street had an attack of convulsions, two hours after, the second child had a similar fit.

Dr. Trenholme stated that no doubt teething was the cause of the convulsions.

Dr. R. P. Howard asked if there was any history of rickets, as it was a well-known fact in rickety children, the slightest irritation would induce convulsions.

Dr. F. W. Campbell said there was no such history.

Dr. Kennedy mentioned the fact of seeing three children in the Hospital with small-pox, all three had been vaccinated just before the attack, and the vaccine vesicle had matured prior to the eruption of small-pox. Dr. R. P. Howard said some families take small-pox over and over again. He referred to one doctor who could never attend a case without contracting the disease. From such facts it is quite evident that there are some cases that even small-pox will not protect from other attacks let alone vaccination.

O. C. EDWARDS, M.D., *Secretary.*

#### HYPODERMIC USE OF CHLORAL IN CONVULSIONS.

Dr. Joseph L. Bauer, in the St. Louis *Clinical Record*, recommends the hypodermic injection of chloral hydrate in the convulsions of children. In a boy of seven years, whose case

seemed desperate, the patient being unconscious and unable to swallow, the injection of four grains was followed by almost immediate relief. A small abscess resulted from the puncture.

#### MURDER OF AN ITALIAN PHYSICIAN.

THE "kill or cure" system which is supposed to have existed in bygone ages has just received a cruel and literal illustration in Italy.

At the last assizes in Spoleto a trial for murder took place under the following circumstances:—A certain Signor Marcucci, of Spoleto, a gentleman of good property and position, called in a physician of the place, one Dr. Domenicis, to attend his only son, who was seriously ill. If, said Marcucci, the young man recovered, Dr. Domenicis should receive two thousand francs; if, on the other hand, the patient died, Dr. Domenicis should be killed! It cannot be for a moment seriously contended that such an alternative was accepted in good faith by the doctor. He would probably treat the case in the ordinary manner, and smile at the idea of such a threat being carried out. However, Signor Marcucci proved to be a man of his word, for the lad died, and Marcucci thereupon did kill Dr. Domenicis. He coolly murdered him, with apparently no attempt to conceal the act. The unfortunate physician left a widow and family behind him. But no compunction or pity availed to stay Marcucci's hand. And now what does the reader suppose was the sentence pronounced on this barbarous ruffian in an Italian court of justice? He was condemned to five years' imprisonment and the payment of a fine of twenty-five thousand francs, to be given as damages to the doctor's widow.

#### SUCCESSFUL TRANSFUSION WITH CHICKEN'S BLOOD—HEARTLESS INGRATITUDE.

Dr. L. L. Staton reports (*Maryland Med. Journal*, v. 391) a case in which he injected an ounce and a half of chicken's blood into the femoral artery of a man apparently dying from exhaustion after operation for stone. The result was that the patient went to sleep, and the foreign corpuscles filled his head with visions of chicken-broth. On waking, chicken-broth was lustily called for, and soon the "identical old hen" yielded to the stomach of her foster-son whatsoever of flesh she had gathered in her five years of earthly pilgrimage. Recovery.

#### DIED.

In Ottawa, on the 6th of September, Joseph Garvey, M.D. (McGill College, 1852), aged 49 years.