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THE

PROVINCIAL MEDICAL JOURNAL.

W. B. SLAYTER, M.D., &c. } EDITORS.
R. W. McKEAGNEY M.D., }

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JOHN P. MOTT, HALIFAX, N. S.

THE
PROVINCIAL MEDICAL JOURNAL.

Vol. I. *HALIFAX, N.S., AUGUST, 1868.* *No. 2.*

Original Communications.

ON FLEXION OF THE HEAD IN LABOUR.

BY A. HATTIE, M. D.,
LECTURER ON OBSTETRICS IN THE DALHOUSIE SCHOOL OF MEDICINE.

On May 15th I was called to attend Mrs. ——— in her third confinement. I ascertained, on my arrival, that she had been in labour about twelve hours, and that the uterus had been acting powerfully, particularly during the latter part of that period.

On examination, per vaginam, I found the head presenting in the third position, but arrested above the pelvic brim. The first movement, namely, that of flexion, had not taken place, in consequence of which the uterine contractions forced the occiput against the side of the brim, where it rested a little anterior to the right sacro-iliac synchondrosis, while the anterior part of the head occupied the superior strait. The liquor amnii had not yet escaped; the os uteri was soft and dilatable; the lower part of the uterus flabby and uncontracted; the pelvis roomy, and the parts in a healthy condition.

As delivery was impossible while the head remained in this situation, I proceeded at once to give the necessary assistance. Placing the patient in the usual obstetric position, I introduced the right hand into the vagina, passed it up between the side of the head and the promontary of the sacrum, till the vertex rested on the palm of the hand, then grasping the head firmly—the fingers passing over the posterior portion of it, I raised the anterior part above the brim, and by a slight movement of the hand brought the occiput into the cavity of the pelvis. Still retaining my grasp, I now made a gentle rotatory motion of the wrist, which brought the head into the second position. These movements accomplished, the hand was immediately withdrawn, and the uterus acting vigorously, delivery was completed in about twenty minutes. The patient made a good recovery.

In connection with this case there are several points of interest, but as the obstruction offered to the descent of the head is the most important, I *propose* to inquire briefly into its cause. Before we can understand the reason why flexion sometimes fails to take place, it will be necessary to ascertain the mechanism by which this movement is produced.

At the commencement of labour, when the cephalic extremity presents, the head lies above the brim with the vertex nearly in a line with the plane of the superior strait, but soon after labour sets in a change takes place,—the occiput descends into the pelvis, which brings the vertex nearly parrallel to the axis of the brim, and the chin is pressed firmly against the sternum. What, therefore, produces this change? We are told by writers on the subject, that this movement is effected by the uterine contractions forcing the foetal head against the resisting cervix uteri and pelvic brim. It must be admitted that the efforts of this organ play an important part in producing the first movement of the head in the process of parturition, but I cannot conceive how the resistance offered by the cervix to the occiput can possibly facilitate its descent, if we only consider it as a point of opposition to the forcing down action of the uterus.

The resistance of the pelvic brim might aid in accomplishing this change, providing it is offered at a point near the anterior portion of the head, otherwise it must be worse than useless; for if placed near the occiput it must necessarily retard its descent.

But does the head usually enter the pelvis in such a manner as that the anterior portion is the only point in contact with the brim? I think that this is rarely if ever the case, for the occiput being ordinarily the lowest point of the presenting part at the commencement of labour, either descends into the cavity of the pelvis or lodges against the side of the brim before the front part is sufficiently low to meet with any resistance from this bony structure, which renders any aid that might arise from this source either unnecessary or useless.

For the cause of flexion in labour I believe we must look entirely to the uterus, the con-

tractions of which accomplish this movement before the head is in any way engaged with the pelvic brim.

When labour commences the uterus assumes an ovoid form. The contractions are not confined to the fundus alone, but also affect the cervix and lower part; consequently, when the inferior portion of the uterus contracts laterally, pressure is made directly on the forehead and occiput of the child, the effect of which is to throw the head into a state of flexion, which brings the long diameter of the head into the long diameter of the uterus; a position which it as naturally assumes under uniform contractions of the uterus, as an oblong or ovoid pessary takes its position in the vagina.

This movement of flexion being due, therefore, to the cause just mentioned, any want of contraction in, or irregular action of, the uterus, must necessarily cause a failure in its accomplishment.

ON CATARACT.

BY W. B. SLAYTER, M. D.,
SURGEON TO THE PROVINCIAL AND CITY HOSPITAL.

Of all diseases of the eye, cataract is perhaps the most distressing to the patient. The knowledge that one is steadily and surely becoming *totally blind, together* with the uncertainty attending all operative procedures, renders a person suffering from this disease truly miserable. So much has been written on the subject that it is scarcely to be expected that anything new can be brought forward; still, a brief glance at the subject, and the notes of a few cases which have been under my care in this city, may not be uninteresting to the readers of the PROVINCIAL MEDICAL JOURNAL.

Cataract was described as a disease of the crystalline lens, under the name of Glaukoma by Hippocrates; but from the time of Galen up to the beginning of the 18th century, the seat of the disease was almost entirely forgotten. It was not until 1708 that the profession generally, adopted the idea that it was a disease of the lens or its capsule, and that vision could take place without the aid of the lens.

We are indebted to Boisseau, Maitre-Jan and Mery, for first advocating this doctrine, and to Petit for putting it practically to the test, by extracting a cataractous lens.

Until a few years ago, cataract, in its earlier stages, was certainly an obscure disease, and difficult to diagnose. Numberless pages have been written, giving all sorts of symptoms and tests for discovering it, but not until the invention of the Ophthalmoscope have we been able to discover the first traces of opacity in the lens.

In the treatment of cataract, the first and all-important point to decide is, whether the structures posterior to the lens are in a *healthy* condition or not. In the earliest stages of the disease this point may be accurately determined, but in the later stages it is a question which will oftentimes confound the most expert. The three means usually resorted to by practical oculists for discovering the condition of the lens, and ascertaining accurately the degree of visual power, are

1st.—That of oblique illumination. This method is best practised in a darkened room; a lamp is placed at the side and a little behind the patient, and the surgeon, with the mirror of the ophthalmoscope, directs a pencil of rays on to the eye. Instead, however, of looking through the central aperture of the mirror, he looks on all sides of it, and receives the rays obliquely reflected. In this way, or by *holding* a light laterally or in front of the eye, in a darkened room, and interposing a lens, he can focus the concentrated rays of light upon any part of the lens or its capsule, and so discover the slightest trace of opacity.

2nd.—By ophthalmoscopic examination.—This method is chiefly applicable in the earliest stages of the disease, when the fundus of the eye can be lighted up by the passage of rays *through* the lens. When this can be done much valuable information will be afforded.

3rd.—When the lens is thoroughly dense and the condition of the retina unknown, a careful examination of the retinal phosphenes, by pressure, will be most useful.

It is a well known virtue of the retina, that the presence of a solid body in the eye produces a luminous spectrum. The luminous appearance is that of a brilliant white flame, and partakes of the shape of the compressing body.

M. Serres, who has investigated the subject thoroughly, gives four phosphenes. The frontal, produced by pressure over the upper and middle part of the ball beneath the eye brows; the jugal, by pressure on the lower and middle part of the ball; the temporal, over the insertion of the ext rectus into the ball; and the nasal, over that of the int rectus. When all the phosphenes are produced the retina may be considered very healthy, and in proportion as they are feeble, or partially present, or altogether absent, is the judgment unfavourable.

The treatment adopted by almost all modern oculists is extraction, in preference to reclination, drilling or breaking down, except in soft cataract in children, when keraton yxis is usually employed. The operation for extrac-

tion is simple, easily performed, and in properly selected cases one of the most successful in surgery.

Fearing lest I should take up too much of the space of the JOURNAL, I conclude with short notes of a few cases which have been under my care.

Mrs. C———, 47, residence Cape Breton, consulted me July, 1867. States that she first noticed her sight failing a number of years ago—that she had been slowly getting blind until 18 months before consulting me—useful vision had entirely gone. Her general health has always been excellent. On examination, a pearly white cataract was plainly visible in each eye,—irides acted well under the stimulus of light, and all the phosphenes were present in a marked degree. On July 11th I operated on the right eye by the upper section, and extracted the lens without difficulty. No pain or other unfavourable symptom presented itself after the operation, and on the 16th July the lids were opened,—vision was found to be perfectly good and the wound in the cornea healed. The eye was again covered for four or five days, and on the 21st the bandages were removed and a green shade substituted.

On the 5th August the left eye was operated on by the lower section, and the lens extracted. In consequence of the iris prolapsing a small portion of the lower margin of it was snipped off and the lids closed. On the 18th the eye was opened when the wound in the cornea was found united and vision perfectly good. On the 28th the bandages were removed, and a shade substituted. She returned home about the 30th with vision perfectly restored—so much so as to be enabled to read small print without the aid of glasses. A solution of atropine was dropped into the eyes both before and after each operation.

J. M———, 43, residence Halifax, first noticed his sight failing about eight years ago. It has been slowly getting worse, and eight months previous to consulting me found that sight had entirely left the right eye. On examination a cataract was plainly seen in the right eye—vision was totally lost. In the left eye a commencing cataract was discovered with the aid of a lens—vision imperfect—could distinguish large objects such as articles of furniture about the room, but could not see printed letters even of the largest size. Irides acted well under the stimulus of light—phosphenes all well marked.

March 14th—Performed the operation for extraction by the upper section—lens removed without difficulty—eye appeared perfectly healthy. A few drops of solution of atropine were dropped into the eye, and a compress and bandage applied.

March 20th—Has had no pain or other unfavourable sympton since the operation—bandage removed and lids opened—vision was found to be perfect—bandage again applied.

April 2nd—Bandage removed and a green shade substituted—vision very good.

May—Vision has been steadily improving—with the aid of cataract glasses he is enabled to read the smallest print; as the patient expresses himself, "The sight of both eyes has come into the right one." The shade was left off several days ago.

R. C———, 47, residence Colchester Co. consulted me in January last. Has noticed the cataract growing in both eyes for the past five years—has been entirely blind in the right eye for five or six months, and can see but little with the left. On examination cataracts were visible in both eyes—irides acted well—phosphenes all present—more marked in the right than in the left eye.

Jan. 17th—Operated on the right eye by the upper section, and removed the lens without difficulty. Applied a few drops of solution of atropine to the eye after the operation—closed the lids and applied a compress and bandage. About four hours after the operation complained of slight pain in the eye and forehead—bowels had not been opened for two days—ordered iij. Pil. Cath. Co. at bed time.

Jan. 18th—Pills operated freely—had rather a restless night—no pain in the eye or head.

Jan. 22nd—Bandages removed and lids opened—vision found to be good. A few drops of solution of atropine again applied and the eye bandaged over.

Jan. 28th—Bandage removed and green shade substituted—vision very good.

Feb. 8th—Operated on the left eye by the lower section—no unfavourable symptom followed the operation.

Feb. 13th—Removed the bandage—found vision very good—again bandaged the eye over.

Feb. 22nd—Removed the bandage—allowed to wear a green shade.

Feb. 27th—As the patient was anxious to return home, obtained a suitable pair of cataract glasses; with their aid he was enabled to read small print. On the 28th he returned to his home.

J. S———, Halifax, 65, has been loosing his sight for a number of years. States that his father had cataract in both eyes. The operation for extraction was performed, but unsuccessfully. About a year before consulting me, noticed that vision in the left eye was entirely gone—that in the right eye was very imperfect—could not see to read nor write, and with difficulty could distinguish large objects. On examination cataract in each eye

was plainly visible. Irides perfectly motionless —phosphenes present in a slight degree.

June 26th—Operated on the right eye by the upper section, and extracted the lens without difficulty. The vitreous appeared to be very thin and watery, and with its investing membrane followed the lens and bulged slightly through the opening in the cornea, although little or no pressure was made on the ball. By closing the lids, and gently rubbing the upper over the cornea, it was immediately returned. On again raising the lids, the edges of the wound in the cornea were found to be in exact apposition, and the eye looked perfectly clear. The lids were brought together and a bandage applied.

June 27th—I was sent for to see the patient. He stated that a few minutes before sending for me, or about 20 hours after the operation, he noticed something trickling down the right side of the face,—on calling some of his family they found the bandage covering the eye saturated with blood. Complained of a good deal of dull aching pain in the eye and forehead. Ice was immediately applied, which succeeded in arresting the hemorrhage. Extract belladonna was brushed over the right eyebrow.

June 28th—Passed a comfortable night; has had no return of the bleeding, and the pain in the head and eye has ceased.

July 3rd—Has had no pain since the 28th. Bandages removed and lids opened, but there is no vision—the ball of the eye is completely filled with blood.

July 10th—Suppuration has taken place. To-day the cornea gave way and the pus escaped,—as a consequence there is complete collapse of the eye. The general health is tolerably good, and no pain is experienced in the eye or head.

The hemorrhage in this case was undoubtedly the cause of the non-success of the operation. From the time which elapsed before the bleeding made its appearance, I felt satisfied that it was caused by the giving way of a vessel in the fundus of the eye. Had it proceeded from the iris, it would have been noticed immediately after the operation.

B. M———, 38, residence Lunenburg Co., states that some years ago he was struck in the right eye with a piece of a percussion cap, and that the inflammation which followed completely destroyed that organ. Since that time he has noticed that the sight of the left eye was steadily leaving him.

He consulted me in April of this year. On examination a cataract was plainly seen; vision was very imperfect, very large objects could be discerned, but only when placed at a distance of three or four inches from the eye; the pupil was greatly dilated, allowing rays of light to pass on either side of the lens, which appeared to be smaller than usual.

April 23rd—The operation was performed by the lower section, and the lens extracted without difficulty. A few drops of solution of atropine were applied to the eye, the lids closed and a bandage applied.

April 28th—Bandage removed and the lids opened. Vision was found to be very good. Bandage re-applied.

May 6th—Bandage removed and a shade substituted. In a darkened room he can distinguish objects very well without pain or inconvenience, but when light is admitted he is compelled to close the lids, as it causes him intense suffering. Ordered to be kept in a darkened room and to take Tinct. Ferri mur. gtt. XV. in water three times daily.

May 20th—Has been kept constantly in a darkened room since the 6th. He can now bear the light without inconvenience. Vision is very good, he being able to read small print with the aid of glasses.

In the first case the patient was exceedingly nervous and the eye very sensitive to the touch, and in consequence of this it was found necessary to administer chloroform. In the subsequent operations chloroform was not used, and no inconvenience was experienced, the patients complaining but little of the pain of the operation, and feeling much better afterwards than if it had been administered.

ON SOME FORMS OF FUNCTIONAL HEART DISEASE.

BY J SOMERS, M. D.,
PHYSICIAN TO HALIFAX DISPENSARY.

(Continued.)

The pathology of these cases of heart affection is somewhat obscure. Dr. Hartshorne of Philadelphia, from his experience among the U. S. troops during the late war, arrives at the conclusion that they are owing to altered nutrition of the muscular structure of the heart, this organ being weakened from having been called upon to supply the demands of the body, when overtaxed by depressing causes. Soldiers suffering the privations consequent upon a long campaign were very liable to be so affected. I can verify this latter statement from my own experience during a short term of service in one of the U. S. Army Hospitals, in the Department of the East. I can now recollect having met with many cases of functional heart affection of an anomalous character among the troops which returned from the peninsula after the fall of Petersburg, but not

having at that time given much attention to the subject, I was induced to look upon them as cases of simple anæmia. We find, in like manner, that these cases in civil practice are usually among those persons who are subject to depressing causes, such as grief, mental anxiety, poor living, and other concomitants of the struggle for life which obtain among a large part of our population. Such cases are met with frequently in dispensary practice, and are, without doubt, principally if not wholly owing to the above causes, which act so powerfully in lowering the tone of the vital powers. Dr. Richardson is of opinion that these cases, especially such of them as have an intermittent pulse, are altogether due to some disease of the nervous centres, and points to those at the base of the brain as probably being affected. It is not unreasonable to suppose that there is some nervous affection existing in, or perhaps underlying such cases, but the question arises, has the nervous element a primary causative relation, that is to say, is there an organic change in the nerve tissue displaying itself by causing disturbance of the heart's action, or is the nervous affection merely functional and secondary, being brought about by a depressed state of the general system reacting upon the nervous centres.

From my own experience I am inclined to adopt the latter view, having found, as will be shown hereafter, that the class of medicines called nerve tonics are the most efficacious remedies. If, however, organic nerve change had taken place, such would hardly be the case since we do not suppose that any medicinal substance possesses the power of remedying organic changes in the tissues of the body. There are many examples of extrinsic causes acting on nerve tissue and producing functional disease, thus we sometimes have neuralgia, spasms, loss of muscular power, sensation, and many other symptoms of nervous disturbance occurring in the course of many diseases without any change observable after death in the nerve structures, and these symptoms sometimes remain long after the causes which produced them have passed away.

When we consider that the nervous system, as a generator of force, is dependent upon the blood, we can readily understand that its healthy functions may be disturbed by the addition of foreign substances to this fluid, or by diminution of its normal constituents; hence we often have cases of neuralgia dependent upon a paucity of red corpuscles and local affections in lead poisoning, primarily owing to the presence of a foreign substance in the blood reacting upon the nervous system,

We may, in this way, account for the nervous symptoms in these cases of cardiac affection, by supposing that the existing state of the system, in interfering with the normal condition of the blood and causing mal-nutrition of the heart's structure, may react upon the nerves supplying the organ and interfere with their normal functions. Consequent upon this we have disturbance of the heart's action continuing until its muscular structure has returned to its healthy condition.

(To be continued.)

Hospital Reports.

PROVINCIAL AND CITY HOSPITAL.

We are greatly indebted to Dr. J. Venables, Jr., the house surgeon to the hospital, for notes of the following cases:—

The two following cases are interesting, as showing the beneficial effects of the bromide of potass in delirium tremens. In the first case opium was administered in conjunction with the bromide: but when the latter remedy was discontinued, the patient became restless and violent, and on its re-administration he again continued to improve. In the second case no other remedy was given.

J. J———, 52, pedlar, admitted May 5th, 1868, under the care of Dr. Hattie. For some years past has been addicted to excessive drinking, and on a previous occasion had an attack of delirium tremens. His friends stated that he had been suffering from delirium for ten days previous to his admission, and had had no sleep for a week. He was excessively nervous and inclined to be violent, and was troubled greatly with vomiting, which had continued at intervals for the past three weeks. Ordered the following mixture:

℞ Potass. Bromid ʒijss.
Aqua ʒiv. M. ft. mist.

To take a tablespoonful every 3rd hour. Beef tea and milk to be given *ad libitum*.

May 6th—Passed a very restless night. To continue the mixture and take pulv opii gr ij. at bedtime.

May 7th—Patient slept for several hours after taking the opiate—ordered pulv opii gr j. at bedtime. To discontinue the mixture.

May 8th—Slept for three hours last night, but towards morning became very restless and violent. The mixture to be repeated. From this time till the 16th he continued to take the bromide mixture alone, and was discharged cured on that day.

S. F———, 23, labourer, admitted into hospital June 22nd, under the care of Dr. Black. His friends state that he has always enjoyed

good health, and has never been addicted to drinking till lately. Had been ailing for nine or ten days, but delirium did not set in until two or three days before he was admitted. At the time of his admission he was very restless and violent—face flushed and pulse very frequent. Ordered

Potass Bromide 3ij.
Aqua 3iv. M. ft. mist.

To take a tablespoonful every 3rd hour.

June 23rd—Passed a very restless night, and to-day became so violent as to require confinement in a straight jacket. To continue the mixture.

June 24th—Slept for a few hours last night, and to-day feels much better. The restlessness, to a great extent, has passed off, and he is much calmer. To continue the mixture.

June 27—Has been rapidly improving, and now feels quite well.

June 28th—Discharged, cured.

The following case of gunshot wound of the arm and shoulder, is one of great interest, as a remarkably good example of the beneficial effects of conservative surgery, as well as a good illustration of the antiseptic plan of treatment by means of carbolic acid, so ably advocated by Lister, of Glasgow, and Adams, of London. The extent of the injury was so great that any attempt at saving the limb would have been looked upon by most surgeons as perfectly useless. Dr. Jennings, however, considered the attempt worth trying, and the result has certainly been most gratifying.

J. G———, 26, seaman, admitted April 14, 1868, under the care of Dr. Jennings. States that while in the act of getting into a small boat from his vessel, with a loaded gun in his right hand, the trigger caught in the gunwale and the gun was discharged, the charge passing through the right shoulder. Wet cloths and a bandage were immediately applied. Medical aid subsequently arrested the hemorrhage, and he was sent to hospital. On admission the patient was found to be extremely weak, and suffering a good deal of pain in the wound. The soft parts covering the upper and anterior part of the right arm and shoulder were very much torn and bruised, and the upper part of the humerus was broken into fragments. After administering chloroform, Dr. Jennings removed four or five inches of the humerus, leaving the head of the bone in its place; the soft parts were trimmed and the wound dressed with lint, soaked in a mixture composed of one part of pure carbolic acid and six parts of linseed oil. Slight secondary hemorrhage occurred a few days subsequently, but was readily controlled.

May 5th—The wound has been granulating nicely, and there is a free secretion of healthy pus. Has had a plentiful allowance of beef tea, milk and stimulants. Complains of having a short dry cough, and a feeling of weakness in the chest. Ordered ol. morrhuae 3j. three times a day. As the head of the bone had necrosed and was lying on the surface of the wound, it was removed.

June 6th—The wound is filled with healthy granulations. General health very good. The carbolic acid dressing to be discontinued, and ungt. zinci oxyd. substituted. A very peculiar pulsation, about two inches below the right clavicle, was noticed. On examination the subclavian artery was found to run an abnormal course, being situated lower on the chest, and passing in a much straighter line than usual. A distinct bruit was heard.

July 12th—The wound has quite healed and the general health is very good.

The following case of fatty tumor of the neck is interesting on account of its enormous size, weighing at least 3 lbs., the application of acupressure pins to the bleeding arteries, and the stoppage of secondary hemorrhage by Richardson's Styptic Colloid after Tinct Ferri had failed.

J. J———, 69, admitted into hospital May 19th, 1868, under the care of Dr. W. B. Slayter. States that he has always been a temperate, steady man, enjoying tolerably good health. About fourteen years ago first noticed a small hard lump below the lower border of the left parotid gland. It caused neither pain nor inconvenience, but steadily increased in size, spreading downwards and forwards so as to cover entirely the anterior triangle of the left side, and press upon the larynx and trachea in front. For some little time before admission the tumor has increased so rapidly as to cause a difficulty in breathing.

May 26th—Dr. Slayter removed the tumor by making eliptical incisions extending from the lower border of the inferior maxilla to the edge of the sternum, and carefully dissecting the tumor and sheath from the attachments. Acupressure pins were applied to two small arteries, which readily controlled the hemorrhage. Two hours after the operation secondary hemorrhage came on. The wound was immediately opened and all clots removed. No bleeding point could, however, be discovered, there seemed to be a general oozing of blood from the surface of the torn tissues. No blood came from the acupressed arteries. Tinct Ferri Perchlor was freely applied at intervals for ten or fifteen minutes, but the oozing continued. Richardson's Styptic Colloid was then

applied, and with the most perfect success, in five minutes all bleeding had ceased. Cold cloths were then applied to the wound, and the patient ordered beef tea, milk and whiskey.

May 28th—Cold applications to be discontinued, and poultices substituted. Acupressure pins removed, but no return of bleeding.

June 7th.—The patient has been improving since the last date, the wound is now filled with healthy granulations.

July 13th—The wound is entirely healed over, and the patients health is quite re-established.

Case of Occlusion of the Vagina—Operation—Death from Peritonitis and Pyœmia.

M. S———, 20, a pale, delicate looking girl admitted into hospital July 3rd, 1868, under the care of Dr. W. B. Slayter. She states that about two years ago first noticed symptoms of menstruation,—she suffered severely from pain in the back, loins and head, and had some shivering, from that time to the present she has regularly had all the symptoms of menstruation, but nothing ever made its appearance externally. On examining the vulva, no orrifice in the hymen could be discovered, there seemed to be a complete closed sac. Very little pain was caused by pressure over the abdomen, and no tumor could be felt through its walls. She complained of great constipation, and not being able to evacuate the bowels without extreme pain and difficulty.

On introducing the finger into the rectum an immense tumor was felt projecting backwards towards the sacrum, and almost completely blocking up that passage; it was hard and inelastic, and did not give a sense of fluctuation to the touch. Assisted by Drs. Cowie and Woodill, Dr. Slayter made an incision through the hymen and attempted to pass a director into the vagina, but found it impossible to do so as that passage was perfectly occluded. The fore finger was then pushed through the hymen and upwards in the direction of the vagina, care being taken to avoid the rectum. The finger was passed upwards to the extent of about two inches and a half, when a second constriction was met with. No opening could be discovered, and the obstacle was so dense as to prevent the finger being pushed through it. A small incision was made and a director passed through it into a large sac above. A bistourie was passed along the groove of the director and the constriction divided backwards towards the rectum. An immense quantity of retained menses immediately escaped, and the tumor in the rectum disappeared. The sac was washed out with warm water and a pledget of lint introduced into the vagina.

July 4th—Complains of great pain and tenderness in the abdomen increased on pressure, tongue furred and dry, skin hot and pulse 120. Ordered morphia mur gr. ¼ every 3rd hour, hot turpentine fomentations to be applied to the abdomen, and beef tea to be given freely.

July 5th.—The patient feels much better—has very little pain—pulse 100. Ordered the morphia to be given every 6 hours, fomentations to be continued, and vagina to be washed out with warm water.

July 6th—Feels very comfortable—no pain—pulse 90. To discontinue the morphia, hot flannels to be constantly applied and the vagina washed out.

July 10th—For the past three days has been free from pain, and could bear considerable *pressure on the abdomen.* Pulse varied from 90 to 100. To-day, however, the pain has returned—pulse 130—skin very hot and tongue covered with a brownish fur. Ordered morphia, ¼ gr. every 3rd hour, and hot fomentations. Beef tea and brandy to be freely given.

July 11th—Does not complain of much pain—pulse 150—skin cold, and covered with a clammy perspiration—breathing hurried, and abdomen tympanitic. The pain in the abdomen was so severe during the previous night that a large blister was applied, which succeeded in giving the patient ease. To-day she gradually became weaker, the breathing more hurried, and died in the afternoon.

Post mortem examination 36 hours after death, made by Dr. Farrel:

On opening the abdomen, the omentum and intestines were found greatly inflamed, and covered with lymph; the uterus and ovaries were much enlarged and inflamed; the lower portion of the vagina, to the extent of about three inches, was narrowed, above this a large sac formed by the upper part of the vagina and dilated cervix uteri, the internal os was dilated slightly, and the cavity of the uterus was nearly twice the natural size; the mucus membrane lining the vagina and uterus was in a gangrenous condition, and covered with tenacious, jelly-like menses.

The inflammation in this case seems to have come on shortly after the operation, and extended to the uterus, peritoneum and intestines. In a few days pain had ceased entirely, and firm pressure on the abdomen could be borne without inconvenience. The only symptom constantly present, and which would indicate serious mischief going on, was the state of the pulse never falling below 90, and generally varying from 100 to 130. Whether the inflammation of the peritoneum and intestines was caused by direct extension from the vagina and uterus, or whether it was the result of the

absorption of the putrescent menses in the sac of the vagina, and consequent pyœmia, is a question very difficult to answer.

Provincial Medical Journal.

HALIFAX, N. S., AUGUST, 1868.

MEDICAL REGISTRATION.

In almost all well-governed countries there is in existence a law which requires that persons who are about to practice medicine or surgery, shall present evidence to the government of their qualifications as physicians or surgeons. Such a law demands that the intending practitioner shall present to the government his qualifications, which are submitted for examination to a licensing body, and, if found to be all that the law requires, are registered; and only such persons as are registered are allowed to practise.

All countries do not demand the same qualifications. Some require that the intending practitioner should hold a diploma from one of their own colleges, others only ask that he should have a diploma or license from some medical school whose curriculum comes up to their own standard established by law. All are agreed, however, in requiring that the intending practitioner shall furnish undeniable evidence of having qualified himself for practice, by having spent a sufficient length of time in attendance upon college lectures and hospitals, having commenced his studies with a good preliminary education.

The object of a Medical Registration Act is two-fold; first, to secure good education in the regular physician, secondly, to prevent quacks and charlatans from practising. We believe that the last object is more than half secured by the first; for if the public are certain that their physicians and surgeons have received a good education and "understand their business," quackery would soon be at a discount. The most enthusiastic admirers of seventh sons and natural bone-setters, may assert that "the doctors" cannot *cure* this or that disease, in other words cannot make a man live forever; but they must acknowledge that one who has made the study of physiology and pathology a work of years, and whose mind is stored with knowledge which is the result of the labors of generations of scientific men, must know more of disease and the art of prolonging life than any one else. But badly educated medical men do not, and will not receive the confidence of the public. By the influence they exert upon the people they become the indirect cause of all the quackery which exists around them.

As it is now in Nova Scotia, it is only necessary for a young man to commence the study of medicine—it may be without a preliminary education to fit him for his work—spend a year or eighteen months at his studies, and he is enabled to obtain a diploma. The diploma is not usually any guarantee of his having studied a sufficient length of time, any of the branches of medical science, yet it entitles its holder to practise his profession in Nova Scotia, and also gives him the right to become a member of the Nova Scotia Medical Society. It is needless for us to say to medical men that such a diploma should not qualify a man to practise medicine.

The duties falling to the lot of medical men are onerous and varied. The investigation and treatment of diseases, which constitute a large part of their daily work, gives them a guardianship over the health and lives of all members of the community. They may be called upon at any time to give evidence as experts in medico-legal questions. It is also a part of their duty to assist the government in hygienic or sanitary measures. Every part of this work has an influence, more or less directly, upon the welfare of the people, and it becomes the duty of the government to see that practitioners of medicine and surgery in the country are well educated, by demanding an examination of their qualifications before they are allowed to practise. There is a law upon the statute book of Nova Scotia relating to the practise of medicine and surgery in the Province, but it is worse than useless. It was probably the desire of our legislators to follow the example of Great Britain in framing it, with sufficient modification to suit Nova Scotia; but they did not succeed in making a law to resemble at all the Medical Act of Great Britain. We do not know when the act was passed here, but it is

doubtful that it was all that was necessary at that time. It is certain that it does not suit the requirements of to-day.

We are sorry to say we believe it has been as much the fault of our medical men as of the government that we have not had a good Medical Registration Act in Nova Scotia. That the want of proper legislation on this subject should exist, hardly reflects credit upon the medical men who have been in our parliament, especially as we have had some medical representatives who have wielded a large amount of political influence, and who, we have no doubt, had they desired to do so, might have initiated a reform. At the present time, when the medical men in the Province are beginning to form local associations to promote the interests of the profession, this subject must soon receive some of the attention it deserves.

We earnestly call upon the different medical societies throughout the country to give the subject of Medical Registration their careful consideration; and we have no doubt, if our medical men make a united effort, they will be able to have an act passed which will give us well educated practitioners of medicine, by inducing our medical students to give a longer time to the study of their profession, and which will make the public certain that all our M. D's. are *Doctors*.

THE NOVA SCOTIA MEDICAL SOCIETY.

The benefits arising from well-conducted Medical Societies cannot be over-estimated, they are at once the means of bringing members of our profession into intimate relationship with each other, and imparting an immense amount of valuable practical information not obtainable in any other way.

In Great Britain, France, Germany and the United States, these Societies may be found by the score. In the latter country every city, county and state has its Medical Society, each working steadily for the one great end, the advancement of our noble profession. In this Province, for some years past, the Nova Scotia Medical Society has been in operation, and has accomplished a certain amount of good; but owing to its peculiar constitution, and to its always meeting in Halifax, it has been looked upon by the profession throughout the Province as almost entirely a local society.

During the summer of 1867, when the formation of a Dominion Medical Association was first mooted, the profession throughout the Province was invited by circular to meet in Halifax, for the purpose of considering the best means for making the Society what it ought to be, the representative of the profession of Nova Scotia. At this meeting it was recommended that the Society should be constituted of delegates from Societies to be formed in each county, and where Societies could not be formed, of members of the profession who might choose to attend. It was also recommended that there should be but one regular meeting in each year, to be held in some one of the principal towns of the Province. In this way, and by placing the affairs of the Society more under the control of the profession generally, it was hoped by the promoters of the scheme that physicians throughout the Province might be induced to take a deeper interest in the welfare of the profession and prosperity of the Society.

The recommendations, to a certain extent, have already been carried out, local societies have been formed in the counties of Lunenburg, Pictou, Halifax and Yarmouth. We see no reason why others should not be formed in the counties of Colchester, Cumberland, Kings and Hants, if but a few active members of the profession in these counties would take the matter in hand.

The first annual meeting of the Society, for the purpose of carrying out the above mentioned recommendations, was held in the town of Pictou on the 21st July. We regret that the attendance was so small, and that so few of the substantial men of the profession were present.

We have always imagined that the object of a Medical Society was the advancement of the interests of the profession; but the majority of the members present seem to have taken an opposite view of matters, their whole energies being used for the purpose of blocking the way of medical improvement.

A worthy member considered it his duty to introduce the following preamble and resolution:

Whereas, a periodical called the Provincial Medical Journal has been published in Halifax, and whereas, paragraphs have appeared in various newspapers of Halifax stating that it was published under the auspices of the Nova Scotia Medical Society,

Resolved, That this Society totally ignores all knowledge of, or connection with, the Provincial Medical Journal.

Had such a resolution emanated from a respectable body of practitioners, or had it been carried in a fair straight-forward way, or had there been a syllable of truth in the latter part

of the preamble, we certainly should have considered it a serious matter. That a few men of position voted in favour of this resolution, we have good reason to believe was altogether due to a misunderstanding of the nature of the resolution, as they were not aware of the petty jealousy and mean cliqueism which actuated those who framed it.

We should have preferred passing over this matter as beneath contempt, had we not wished to give our readers a sample of the immense amount of scientific business transacted, and of the enlightened minds which controlled the meeting. However, all this will, we hope, be changed in future, the affairs of the Society having been placed under the care of Dr. Fraser of Windsor, a man well known throughout the province, and deservedly holding a prominent position as a skillful and accomplished physician.

The next annual meeting will be held at Windsor, on the third Tuesday of July, 1869. We sincerely trust that a large number of country practitioners may attend, and that they will take entire control of the affairs of the Society. In conclusion, we would advise our professional brethren to take care lest the Society should degenerate into a mere local concern, or fall into the hands of a clique. If they attend to this we certainly expect that good results will spring from the re-organization of the Society, and that the profession generally will be greatly benefitted thereby.

We notice in the report of the meeting of the American Medical Association, held in Washington in May last, the following resolutions, sent to the Association on behalf of the New York State Medical Society:—"*Resolved*, That the faculties of the several Medical Colleges of the United States be recommended to announce explicitly, in their annual commencement circulars and advertisements, that they will not receive certificates of time of study from irregular practitioners, and that they will not confer the degree upon any one who may acknowledge his intention to practice in accordance with any exclusive system." We are glad to find that this resolution was immediately adopted, and trust that every respectable Medical College in the United States will fully carry out the recommendations. It has long been a standing reproach against American Colleges that any one could become a student of medicine and obtain a degree provided they possessed the requisite amount of money; and we are well pleased that the United States Colleges are likely to enquire more fully into the professional standing and fitness of those presenting themselves as students than they have heretofore done.

We trust that the Canadian Medical Association, at its next meeting in September, will adopt a similar resolution. We believe the medical schools of Canada and Nova Scotia will not be far behind those of the United States in carrying the recommendations into effect.

Selections.

CARBOLIC ACID AS A REMEDIAL AGENT.

By W. Kemster, M. D., Utica, N. Y.

The merits of this comparatively new antiseptic and disinfectant have been thoroughly discussed, and the highest value accorded to it. Its powers have doubtless been exaggerated, nevertheless it stands in advance of any other article of its class both for efficacy and variety of application.

It is not my intention, however, to speak particularly of it as a disinfectant, but rather to offer a few suggestions concerning its use as a therapeutic agent.

Carbolic acid,* though discovered by Runge, a German chemist, in 1834, has only within the past few years been brought into general notice. It is prepared from the distillation of coal tar, and, as found in market, is a dark-brown coloured liquid, having a very pungent odour not unlike coal tar, but much more powerful. This variety is known as commercial carbolic acid, and is the quality used for disinfecting purposes; it is not however, pure carbolic acid, but contains a variable proportion of cresylic acid. This latter, although an excellent disinfectant, is not used for internal administration.

Pure carbolic acid is a white crystalline substance, the particles adhering with considerable tenacity, and after standing for some time, especially if the bottle be frequently opened, becomes slightly deliquescent and more tightly packed together. The two varities of crystallized acid more generally found in the American market are prepared by Merck, of Darmstadt, and Calvert, of Manchester, England. Merck's preparation has a slight reddish tinge. Calvert's is quite white, having the appearance of snow which has been soaked in water. Merck's contains about 98 per cent of pure acid, and is slightly more deliquescent than Calvert's which is pure. Merck's however, is sufficiently pure

* It is incorrectly called an acid; it belongs to the class of alcohols.

for all practical purposes, and is furnished at a lower price.

I have been thus explicit in reference to the article, as in some of the medical journals, writers speak of giving a *drop* or two of *pure* carbolic acid, evidently referring to a solution of the crystals.† Until an officinal solution is announced, it is better to purchase the crystals and make our own solutions. There are two prominent adulterations already in the market —*carboline* and *Creyseline*—the former containing, according to an English chemist (Crooke), about 4.1 per cent. of carbolic acid; the latter, little or none.

The first application of this agent, under my own observation, occurred in a case of cattarh, where the discharge was profuse, offensive, and consequently very annoying to the patient. Various remedies had been previously tried, without success. Hoping to derive advantage from its properties as a disinfectant, it was administered to the patient by inhalation, using one grain to an ounce of water, and conveyed the liquid to the affected parts by means of a steam spray-producer. The effect surpassed my most sanguine expectation. It not only relieved the fetor, but in the course of two or three inhalations changed the character of the discharge, and the patient recovered rapidly.

This induced a trial in a second case, not so serious as the first, but still severe, and the result was equally satisfactory, the symptoms all disappearing in the course of four weeks. After the first few inhalations, the patients were instructed in the use of the spray-producing apparatus, furnished with a bottle of the solution (one grain to the ounce,) and directed to inhale the vapour for ten minutes at a time, both morning and evening; enjoining upon them not to leave a warm atmosphere for half an hour after each inhalation.

It is used at the present time in the treatment of oxæna, nasal polypi, and diseases of the nasal passages in which there is an offensive discharge. Even if it exerted no curative action, its power to correct fetor would be a great recommendation; but this is not all, it stimulates the ulcerated surface to a healthy action, promotes normal granulation, and thus assists in the curative process. This remedy is also employed by some of the physicians who are engaged in the special treatment of throat and lung diseases, particularly French practitioners, who direct that it should be inhaled in combination with other appropriate remedies. They speak highly of its efficacy in cases of ulcerated sore throat, chronic bronchitis, and that morbid condition of the mucous surfaces of the air passages which give rise to a constant expectoration of a muco-purulent material. If a solution of one grain of the acid to an ounce of water does not seem to meet the indication, the quantity may be increased to five grains, or even more; but it is better to begin with a mild solution, gradually increasing the strength until the desired effect is obtained.

My next use of the acid was in a case of scarlatina, where the breath was particularly obnoxious, owing to an ulcerated condition of the throat. A gargle of two grains of the acid to an ounce of water relieved the fetor at once, and apparently proved beneficial. No other gargle or application to the throat was used.

It would seem to be appropriate in cases of diphtheria, a streng solution of the acid being used for a local medicament; its power to correct the foul breath would be an indication for its use, and its astringent and stimulating properties might prove beneficial. In cases of common sore throat (simple tonsillitis) it is found to answer admirably, with the advantage over the ordinary potassa gargles of relieving the "bad taste" and foul breath.

In the State Lunatic Asylum at Utica, it is successfully used to relieve cases of sluggishness of the bowels, accompanied by offensive breath. The dose is a drachm of a solution of one grain to the ounce (which is the house standard). A striking exemplification of the efficacy of this remedy occurred in the case of a melancholic patient admitted to this asylum. He had for a number of years suffered from attacks of dyspepsia, accompanied with acid eructations and the formation of gas. Latterly these symptoms became continuous. He complained of intense heat, and pain in the stomach; stated that the eructation of fetid gas had become unbearable; and the same smell emanated from the cutaneous surface, so that it was offensive to every one in the room. He was at once put into a warm bath, then thoroughly washed with a solution of the acid (gr. v to the ounce.) Internally two drachms of the standard solution were given three times daily for two days. At the end of this time the breath was sweet, and no unpleasant exhalation from the skin was perceptible. He was also relieved from the painful distension produced by the formation of gas in the stomach and bowels. Whenever he feels the approach of this difficulty, two or three doses of the house preparation relieve him at once from this unpleasant and painful complication.

Yeasty stomach, sometimes consequent upon a meal of rich food which produces flatulence and expulsion of gas, with a tendency to regurgitation, is usually relieved by a drachm or two of the solution above mentioned; this checks

† A variety of solutions have been put in market under the title of pure carbolic acid.

the fermentative process. The power it possesses to arrest fermentation would be an indication for its employment in sarcina, but the opportunity has not offered for me to test this. Diarrhœa produced by eating unripe fruit or other articles which promote fermentation is speedily relieved by combining a drachm or two of the solution with the usual remedies. As a dentifrice, commingled with myrrh or some aromatic, it removes the odour arising from carious teeth.

As an external application, the acid possesses valuable properties. On the continent of Europe it is quite extensively used at the present time as a dressing for various wounds. Various continental surgeons speak highly of it in this connection. It is used in solution, with which cloths are wet, and applied to the wound; or in the form of putty, with which the parts are covered. In either case it is a gentle stimulant, kills what organisms come in contact with it, acts as a deodorizer, prevents flies from coming near, and the breeding of maggots. I have seen great benefit derived from its use in the treatment of bedsores. In one case, where there was a gangrenous tendency, with extensive sloughing, and a devitalized condition of the surrounding tissue, a solution of fifteen grains to the ounce cleaned the surface of the ulcer at once, and stimulated normal granulations, which led to a rapid healing of the wound. Where there is a tendency to the formation of bedsores, sponging the parts with a solution of the above strength seems to operate beneficially.

An ulcer situated between the cheek and alveolar process of the left malar bone, discharging a thin sanious pus, was syringed out with a solution of the strength last mentioned. The pus became laudable, the discharge less in quantity, and the wound healed rapidly.

One of the assistants connected with this institution punctured his finger at a *post-mortem* examination. Forty-eight hours thereafter the wound became an ill-conditioned ulcer, with an inflamed base, the redness extending some distance beyond; and the course of the lymphatics could be traced above the wrist. At my suggestion he applied the crystallized acid, removing it by a stream of cold water after a slight eschar had been produced. It changed the condition of the ulcer at once, which without further treatment healed.

A patient applied to me for something to relieve the "burning heat" in her arm. I found it to present an appearance like that which precedes seperficial erysipelas, to attacks of which she was subject. A cloth wet with a two-grain solution was applied; it relieved the heat at once, and the following morning all symptoms had disappeared.

An unguent made of five grains of the acid to an ounce of simple cerate corrects the odour attendant on cancerous discharges, and it is also recommended for overcoming fetid perspiration from the axillæ or feet. A stronger unguent—ten grains to the ounce, or what is preferable, a glycerolate of this strength—destroys the Acarus scabiei, Pediculi capitis, *et id genus omne*,

As a remedial agent in certain forms of skin disease it seems to possess decided advantages. A patient applied for something to relieve a disordered condition of the scalp, which had existed for some time. It proved to be a well-marked case of Tinea capitas in an advanced stage. The crusts had cracked open, with a straight smooth fracture, presenting a shining floor, looking as though the scalp had opened and exposed the cranial bones. There were several of these cracks, measuring from a half inch to two inches in length, the principal ones occupying a position over the region of the anterior fontanelle, and extending several inches in each direction. Other crusts had formed over the temporal and occipital regions. In order that the acid might be effectually tried, the hair was cut short, and the entire scalp washed with a solution of the acid (two grains to the ounce) four times daily. The subsidence of the disease was marked; those crusts in process of formation were checked, and the dry grayish crusts already formed, with those cracked open, were speedily removed. After the wash had been continued for one week, a glycerolate of carbolic acid* (strength five grains to the ounce) was applied, which possesses the advantage of being a more permanent preparation. The treatment was commenced January 7th, and at the date of writing (January 28th) the disease has disappeared. No other treatment, either internal or local, was employed. One other case has been mentioned to me, which was even more severe than this, and in which various modes of treatment had been employed without arresting its progress. The treatment mentioned above was resorted to, with an immediate abatement of symptoms and rapid recovery. We have used the glycerolate mentioned in cases of Herpes circinatus, with entire satisfaction.

During the month of December, 1867, I was called to see a girl aged four years, who had been taken suddenly ill. The symptoms indicated scarlatina, and, as there were a number of cases in the neighbourhood, that diagnosis was made. She was immediately put upon milk-punch and carbolic acid solution, the one-sixteenth of a grain three times daily. I also

* The odour of the acid can be overcome by the addition of a few drops of oil of lemon.

directed that her face should be washed in water containing a spoonful of the solution (one grain to the ounce), and that the mouth should be sponged out with the same—directing also the use of the commercial acid solution about the house as a disinfectant. At the end of four days the internal administration was discontinued; not because of any unpleasant symptoms, but its continuance did not appear necessary. The mouth-wash, of which the child swallowed a few drops, and all the other applications, were continued; the body being anointed with olive oil, tinctured with carbolic acid. From first to last no untoward symptom appeared; the fever subsided on the fifth day. The throat was not very sore; the tongue was relieved of the creamy coat after the third day; there was no offensive breath, and the child made a complete recovery. No other treatment was employed. A brother of this child, two years older, who had never contracted the disease, and who was with her constantly, had no symptoms of the disorder. His face was washed twice daily in the solution above metioned.

The medical superintendant of this asylum, Dr. John P. Gray, informs me that in a family of six children, three were simultaneously attacked with scarlatina anginosa. They were put upon a course of treatment similar to the above, the house being thoroughly disinfected. They made a good recovery. The other three children were not attacked, although they were in constant communication with the sick ones. It is not assumed that the carbolic acid *cured* the children, or that it prevented the disease from attacking the rest. If, however, it is only a coincidence, it possesses the merit of being a very remarkable one, and will occupy our close attention in the future, as occasion may present. A prominent practitioner of this place, Dr. D. P. Bissell, now treats scarlatina in the manner indicated, and express himself as better pleased with this than any other method hitherto tried, and states that he "don't want to treat scarlet fever without carbolic acid."

Dr. Gray has spoken to me of a case (sequel of scarlatina anginosa) in which there occurred a very fetid discharge of ichorous pus from the ears and nostrils of the patient. A mild solution of the acid (two grains to the ounce of water) was thrown into the nares and auditorius externus, with the effect of arresting the sanious discharge, and causing its dissapperance.

Dr. Bissell states that he has used a solution of carbolic acid—strength two grains to the ounce, the dose being one drachm—as a vermifuge, and has not been disappointed with the remedy. The *oxyuris vermicularis* (pin worm) may be at once destroyed by using as an injection a drachm of the solution to four ounces of water.

As an escharotic its action is prompt, but superficial. It has a tendency to spread; this can be easily stopped by the application of water. The effects produced upon ulcerated surfaces are not transient; it seems to exert its power as an alterative for some time after the peculiar odour has disappeared.

As an injection for gonorrhœa it has proved itself equal, or I may say superior, to the ordinary remedies, and is less painful; the solution used being two to five grains to the ounce. The crystallized acid would seem to be indicated in the treatment of syphilitic ulcers, but upon this I cannot speak from observation.

Though it was not my intention to speak of this agent as a disinfectant, as it concerns the sick-room directly, yet some remarks may not be inappropriate. Nearly every practitioner has experienced the unpleasant odour emanating from the lying-in room. This may be entirely overcome by the proper use of the solution of commercial acid—a half ounce of which put into a gallon of boiling water, makes a strong solution—all, indeed, that the water will take up—which if filtered to remove oily matters, may be thrown about the floor with impunity. Two table-spoonfulls at a time are sufficient to disinfect and deodorize a large room, and one-half the quantity is generally sufficient. A few drops sprinkled upon the napkins, and applied to the genitalia externa, will remove the unpleasant, pungent odour which accompanies the lochial discharge; thus exempting the patient from a great source of discomfort. A small quantity of the solution put into the close stool before use, destroys the odour which would otherwise occur. Wherever it has been introduced with these objects in view, it has received the unqualified approval of those most interested.

Carbolic acid at once arrests the development of the lower forms of organic life. It stops the fermentation of yeast, kills microscopic infusoria and cheese mites. Nor does its influence end here. In order to test its destructive power over insect and animal life, I procured a cricket, smeared the inside of a wine-glass with the commercial carbolic acid, and inverted it over the cricket, leaving sufficient space at the bottom to allow a supply of air. Immediately after the glass was inverted, the cricket made violent attempts to escape, lasting two or three minutes. It then staggered about and fell over, had a few severe convulsions, and died. A cockroach was next tried, with the same result; it was from ten to fifteen minutes in the vapour.

A mouse was procured, and put into a wide-

mouthed, four-quart bottle. A piece of sponge saturated with two drachms of commercial acid was lowered into the bottle and suspended about two inches from the bottom. Five minutes after the introduction of the sponge the mouse staggered as if intoxicated, the movements continuing for fifteen minutes, when a short respite occurred. These paroxysms were repeated several times during one hour and a half, then the animal became violently convulsed, the spasmodic action lasting thirty minutes, when it died. Upon examination it was found that the membranes covering the brain and spinal cord were injected, some of the vessels being very large. The lungs were of a light pink color, many shades above that observed in the normal human lung; they were collapsed. The heart appeared large, and felt hard: upon opening the organ it was found distended with very dark clots, which bulged out as the incision was made.

A full-grown rat was next subjected to the vapour of carbolic acid; and its manifestations were more strongly marked in this than in the former experiments. The animal was a vicious one, exhibiting great ferocity; but in less than one minute after the sponge containing the acid had been introduced, the animal appeared sleepy, and as if intoxicated. Twice the animal reared upon its haunches, as if it desired to climb, but had not the strength to do so; and, after each attempt, it fell over upon its right side. At the end of forty-five minutes a tremor was observable over the entire body, and it ceased to notice sudden sounds; shortly after this it failed to perceive that it was being handled, and presented all the phenomena of profound anæsthesia. Convulsions followed the tremulousness, which continued to increase in violence until the animal's death, which occurred in one hour and forty-five minutes after the introduction of the sponge. The vessels in the pia mater were found congested, some of them being very much distended. The larger lobes of the brain (cerebrum) presented a greater number of bleeding points than is usually found; the smaller lobes (cerebellum) were highly congested—the vessels being considerably increased in size. The spinal cord appeared exsanguinated in all but the cervical region, which presented a uniform pink blush. The lungs were collapsed and several shades lighter in colour than usual. The heart was tense; and, on being opened, a clot bulged out which filled both left auricle and ventricle.

The same experiment has been performed twice since, the result being alike in each case: in the last instance the convulsions occurred at the end of eighteen minutes; they were more violent in character, and death occurred sooner (fifty minutes).

A peculiarity was noticed in connection with the convulsive movements of both insects and animals—which was, that the forward legs were first convulsed, the spasm ceasing to a great extent in them, as the posterior members became affected; and also that, as the spasm commenced, the animal fell over upon the right side.

As an instance of its influence upon vegetable life, the following will suffice: During the last summer a rose-bush became infested with lice. I prepared a solution of carbolic acid (commercial), one-half ounce to the gallon of water, and sprinkled the plant with it. Four hours afterward the lice were all dead, and so was the *plant, the leaves being withered as if* blighted by heat.

Accepting Prof. Saulsbury's statement's concerning the cause of intermittent fever, we might expect from the use of the acid a potent remedy. I have not, however, had the opportunity to test it.

The above is simply a statement of my experience with the remedy. I believe it to be potent for good; but, like other remedies, on being generally introduced, it will meet with condemnation, because it does not fulfill every indication which enthusiasts have claimed for it. It will, however, gradually win by its good effects a prominent position among the list of valuables which enrich our materia medica.

NOTE.—A rat killed by inhaling the vapour of the acid, February 21, is at this time, April 20, 1868, as free from the odour of putrefaction as it was the day it died. It has been kept in a warm room during the time. No indication of decomposition is apparent.

THE REPORT OF THE VENEREAL COMMISSION.

The following is an abstract of some of the leading points of interest in the Report of the Committee appointed by the Lords of the Admiralty to inquire into the best mode of treatment of the Venereal Disease, with a view to diminish its injurious effects on the men of the army and navy:—

That part of the Report which relates to the prevention of venereal disease, having been required for the use of the Legislature, was forwarded to the authorities in February, 1866, and an Act, entitled "An act for the better Prevention of Contagious Diseases at certain Naval and Military Stations." 11th June, 1866, was passed in the last session of Parliament, in entire accordance with the recommendations of your Committee. A copy of that Act is appended to this Report.

I. On the subject of prevention, the Com-

mittee have no further suggestions to offer: but they would at the present moment, when the attention of Parliament is drawn to the subject of better legislation for the mercantile marine, respectfully call attention to the concluding passage of that Report, referring to "the fertile source of disease in our sea-port towns afforded by the sailors of the merchant service."

II. Referring to the declaration of Dr. Macloughlin laid before the Admiralty, that the health of the men in the public service (soldiers and sailors) is habitually damaged by the use of mercury, which the writer alleges to be indiscriminately administered by surgeons in the public service, for the cure of a disease, which, in his opinion, has no existence, they *affirm* that, on the contrary, the evidence establishes that the practice generally adopted in the Navy and Army is in accordance with the methods most approved by the highest authorities in the profession, and that the medical officers of both services have shown themselves to be thoroughly impressed with the importance of a careful and judicious treatment of the disease. They also affirm that there is a syphilitic virus, and that syphilis is a disease as specific as smallpox.

III. As to the *origin of syphilis* several of the witnesses, and with them a portion of the committee concur in opinion, expressed their belief that syphilis, under favoring circumstances, may be generated spontaneously. That syphilis was first introduced into Europe at the latter end of the fifteenth century, is an opinion now entertained by the few.

IV. Of Venereal Sores they describe two species: the *syphilitic* and *simple*.

The *simple local sore*, the influence of which never extends beyond the inguinal glands, is eminently contagious, producing similar sores, but is incapable of infecting the constitution; like gonorrhœa, it is often the product of irritating and contagious secretions. This is the most common form of venereal sore, and prevails over all other varieties in a ratio of about four to one.

The syphilitic sore is seen under three forms: one characterized by induration throughout its entire course; one soft in its early stage and becoming subsequently indurated; and one soft throughout its whole course, but which, unlike the simple local sore, is followed by constitutional disease. All primary venereal sores are liable to involve the inguinal glands; the soft frequently, the hard almost invariably.

The evidence is conclusive as to the impossibility of pronouncing with certainty upon the character of a sore on its first appearance, *i. e.*, as to whether it will or will not be followed by constitutional symptoms; in other words, whether or not it be a syphilitic sore. As a rule, however, the exceptions to which are rare, a soft sore, whether followed by suppurating bubo or not, is only a local disease, and does not infect the constitution; and an indurated sore, more especially if accompanied by indurated inguinal glands, does infect the constitution.

V. The constitutional manifestations of syphilis follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average term being about six weeks.

Although the evidence tends to the belief in the occasional development of any of these forms of eruption and other disease, in a given case, the Committee have sufficient ground for expressing their opinion that the dry and painless forms of eruption, viz., psoriasis, lepra, and tubercle, but especially the two former varieties, constitute the predominant symptoms following the indurated sore, and that the remainder more commonly follow the varieties of the soft or moist sore.

VI. *Syphilis in its ultimate form* is capable of affecting every organ of the body. The changes which occur in the inveterate forms of the more advanced stages of syphilis, are due to the deposition of a fibro-plastic material in the various tissues of the body. This product appears to be identical with that which, in the so-called "secondary" stage, is exuded in the bones, in the glands, on the iris, and indeed in the indurated chancre itself; but is now liable to be poured out in any structure, where areolar tissue exists. In addition to these characteristic and peculiar effects of syphilis, there is a tendency in those who have long been its victims to suffer from degeneration of the tissues of the body; and thus a very frequent cause of the mortality in long-standing syphilis is a universal fatty or lardaceous decay of the organs.

VII. *Hereditary Syphilis* is the cause of a number of cases of still-births and abortions, and of well-known changes in the development of the infant. Thus, very often the whole body is puny, the forehead projects, the nose is flattened, the skin around the mouth is often puckered from old ulcerations; and lastly, and most important, a peculiar change takes place in the teeth, the incisors being dwarfed in size, narrowed, rounded, and notched.

VIII. As to the *Period of Incubation*. Upon the whole, the weight of evidence greatly preponderates in favor of the view that there is no definite period of incubation, either for the infecting or the non-infecting sore; assuming the term incubation to imply such an uniformity as exists in the period of incubation of other specific diseases, as measles, smallpox, &c.

IX. As to the date expressed at which the constitution is involved. It is possible that the poison of syphilis may be carried into the circulation from the moment of contact, in whatever manner that is effected; but it is more probable that time is required to this end.

X. The *mode* in which the poison is received into the system is equally doubtful.

XI. As to the question of *unity or duality of virus*, they add, that there is probably but *one* true syphilitic poison exerting its influence upon the soil in which it is implanted, producing various forms of true syphilitic sores, differing in different individuals, modified by health, and by constitution, by locality, and probably by its ever-varying intensity.

XII. Of thirty-three witnesses, twenty-three asserted that one attack of syphilis gives no future immunity.

XIII. As to *relapses*, and the period of safety for marriage. The subject admits of division into safety as respects imparting the disease in its secondary stage to the other sex, directly through the medium or the secretions; and safety as respects imparting it indirectly, through the fœtus to the mother. Some witnesses do not admit the former liability, while the majority consider that secondary disease may be directly imparted through the medium of a moist secretion, as from a tubercle; but all agree in the belief that a syphilitic father, though presenting no appearance of disease, may beget a syphilitic child, and that that child, through the medium of its blood, may impart the disease to its previously healthy mother.

XIV. Evidence is conclusive to the effect that syphilis may be communicated by intercourse during either of its stages, local or constitutional.

The Local and other Varieties of Soft Sore.—The simple or non-infecting sore (and, indeed, all sores unmarked by specific induration) should be treated almost entirely by local applications, having for their object to allay pain or inflammation, and protect the sore from injury. There is no remarkable feature in the progress of the inguinal glands towards suppuration which demands comment. Their liability to suppurate, however, renders the destruction of the sore by escharotics desirable. Such treatment should only be resorted to in the earliest stages of the sore, and probably not later than two days from its first appearance.

Mercury will neither arrest the progress of glandular enlargement, nor prevent suppuration.

The balance of two opinions is rather favourable to treatment of the primary hard sore by mercury. The alternative to the employment of mercury consists in simple local treatment, the avoidance of local irritants, whether medical or mechanical, attention to cleanliness, and to the improvement of the general health.

If treatment by mercury be selected, the agent should be administered more freely to a strong and vigorous person than to one of delicate habit; and whatever the mode of exhibition, whether employed internally by the mouth, by inunction, or by means of vapor-baths, the first indication of its presence in the system should be accompanied by a reduction of the quantity employed, and the reduced dose maintained so long as an impression is made on the deposit, and the bodily health of the individual remains undisturbed.

Treatment of primary sores, whether by excision or by escharotics, constitutes a prominent feature in the modern practice of surgery, and, under favorable conditions, may be resorted to with great advantage.

In the case of the soft infecting sore, it is obviously of great moment to destroy the local poison, and avert the train of constitutional symptoms which may possibly, nay, probably will, follow. Should the destruction of this sore by caustic fail of its object by reason of its imperfect application, or of the too advanced stage of the sore, it is not improbable that the consequences would be injurious, and that an earlier development of the poison in the system would result. The rule of practice, which limits the operation of destruction to the two or three days from the first development of the sore, must, therefore, be strictly adhered to. For the reasons before given, it is an operation which can rarely be resorted to with a prospect of success in the hospital class of patients.

The application of local agents for the purpose of destroying the hard sore is useless.

XVI. *Treatment of Syphilis, i.e., Constitutional Diseases. Mercury.* The opinion of the Committee is unanimous in favor of mercury as the most efficient agent yet known in the treatment of constitutional syphilis. Mercury cannot be deemed a specific in the ordinary acceptance of that term, and does not appear to exercise any direct influence on the poison of syphilis, but on the effects of the poison only. If there be any forms of syphilis in which mercury is especially contraindicated, they are the pustular and rupial forms of the disease. When the gums and breath are affected, it may be inferred that the maximum quantity of mercury that can prove serviceable in the treatment has been reached, and it is desirable to reduce the quantity.

Sarsaparilla possesses no especial virtues of its own, and is inferior to the various forms of bark.

The same remark may be made of guaiacum,

sassafras, and of the Indian root of Mudar, which at one time was largely employed by the natives of India as a supposed antisyphilitic agent.

Upon this important branch of their instructions, the Committee are of opinion—1. That, until a more efficient remedy be discovered, the occasional employment of mercury cannot be dispensed with; 2. That, employed in moderation, and under judicious restrictions, it is to the large majority of constitutions harmless; and 3. That, when employed in such larger quantities as will cause salivation, the excess is not only useless, but assumes the character of a poison.

The belief in the value of mercury as an antisyphilitic agent is strengthened by observation of its remarkable influence in the hereditary syphilis of new-born children. The evidence of the witnesses testifies strongly to the value of mercurial treatment, by the adoption of which children in great numbers are annually restored to health.

XVII. Although they have reason to believe that *Syphilization* may prove serviceable in such chronic cases as have failed to yield to more ordinary treatment, they have no sufficient evidence of its curative properties to outweigh the obvious objections to its general employment; and, even accepting the entire truth of the reports of its curative powers, the treatment is repugnant to the habits and feelings of the profession in this country, and, in the majority of cases, is slow of operation.

XVIII. The syphilis of infants has no enemy to contend with more potent than a weak and anæmic state of the constitution, which disappears on the improvement of the general health. The disease, for the most part, according to the evidence above referred to, attacks children ill-nourished and ill-tended, who consequently fail in vigor of circulation. These children are placed on a nourishing diet, and supplied with strengthening remedies, medical and dietetic; and the disease subsides, and the cure is declared to be effected at a shorter date than that obtained through treatment by mercury.

Such is the evidence before the Committee, founded, however, on a rather limited number of cases, but which, although numerically small, is sufficiently important to claim the attention of the profession, and to justify a renewed inquiry in a larger and more general field of observation.

XX. *Phagedæna.* In nearly all forms of phagedæna, the morbid action will cease on the destruction of the affected part. The agent most generally resorted to is nitric acid, which, in the less active forms of the disease, may be reduced in strength by the addition of three, six, or eight proportions of water. In the severe and destructive examples, nothing short of the strong acid, or any other equally powerful escharotic, will suffice to arrest it. The constitutional forms are extremely intractable. They defy the ingenuity of the surgeon, and set at naught every variety of remedy brought to bear on them. With a worn and debilitated frame, bark, iodine, mineral acids, wine and nutritious food, and the freshest accessible atmosphere, are the principal remedies on which reliance must be placed.—*Br. Med. Jour.*

INFLUENCE OF DIET UPON THE MOTHER'S MILK.

The contradictory opinions that are entertained in respect to the influence of diet upon the quantity and quality of the milk, induced Dr. Subotin, of St. Petersburg, to institute a series of experiments, to settle, as far as possible, the question.

His investigations led him to the following conclusions:—

1. That animal food increases the daily yield of milk, while a diet of vegetables diminishes it. Food of a fatty nature caused a marked diminution of the milk, and even, when persisted in, its entire suppression.

2. The character of the food had an entire influence upon the relative properties of the several elements which enter into the composition of the milk. By an animal diet the amount of the solid matters was increased, and this increase was especially shown in an augmentation of fatty material. The increase of casein was less evident. The augmentation of these two substances in the milk was not merely relative, but absolute; the daily amount of milk secreted being increased by animal food. The proportion of its albuminous and saline ingredients underwent scarcely any appreciable change. Under the use of an animal diet there was not detected any large reduction of the saccharine matter of the milk, as Beusch supposed to occur; neither was the opinion confirmed by the experiments of Drs. Beusch, Playfair, and others, that the fatty constituents of the milk are augmented by a vegetable, and diminished by an animal diet. By a change from an animal to a vegetable diet the quantity of the solid ingredients of the milk, namely, the fat and casein, was diminished, while the saccharine matter was somewhat increased. By fatty food the solid ingredients of the milk were but relatively increased, especially the butyraceous, while at the same time there was a decrease in the sugar.

3. The fact developed by the experiments of

Dr. S., namely, that by animal food, the quantity of butter in the milk is so much increased, would seem to prove that the fatty matter of the milk is formed, in a great measure at least, from the albumen.—*American Journal Medical Sciences.*

We have been favoured by witnessing some experiments performed by Dr. Richardson with new anæsthetic agent, methylic ether. This substance is made by acting on methylic alcohol with sulphuric acid, and washing the product with solution of potash. Methylic ether is obtained as a gas, but it is very soluble in ether and alcohol. One volume of water takes up thirty seven volumes of the gas. Its chemical composition is $(CH_3)_2O$. The specific gravity of the vapour is 23. Dr. Richardson's experiments were performed with this gas dissolved in ether to saturation. As an anæsthetic agent it differs from ordinary ether in its lower specific gravity and in the fact that blood absorbs it much more readily. (According to Dr. Richardson, blood will dissolve at 60° Fahr. as much ordinary ether as would represent twenty-two volumes of vapour. At the same temperature blood will dissolve thirty-six volumes of methylic ether vapour. At the temperature of the body, 98°, the absorption would be in nearly half these proportions—*i.e.*, the circulating blood would take up eleven volumes of common ether vapour and eighteen volumes of methylic ether vapour.) The experiments we witnessed were made on pigeons. In one case the animal was placed under a bell-jar, and the atmosphere impregnated with methylic ether; in the other the pigeon was made to inhale the vapour from a kind of respirator. In both cases complete anæsthesia was very rapidly and easily produced. The sleep was quiet and perfect. The anæsthetic appears to produce its effect without agitation or convulsion, and it is not generally followed by sickness. In the case of one of the pigeons the eyes remained open during insensibility. The rapid action of this anæsthetic in all the experiments—less than a minute—points it out as likely to be specially useful in quick operations, such as tooth-drawing, where it is desirable that anæsthesia should be rapidly produced. Dr Richardson has experimented on himself with this substance. It was observed that in his case there was no preliminary spasm about the larnyx or elsewhere, no rigidity, no alteration of colour, or lividity. The anæsthesia was perfect, was preceded by no convulsion, and followed by no sickness. During the administration the pulse rose to about 96. We hope in a succeeding number to give our readers some further details of experiments made with this very promising agent.—*Medical Times and Gazette.*

The important discovery has been made by M. Chauveau that vaccine matter is soluble in glycerine, the solution retaining all the active qualities of the virus. Already two physiologists have come forward to dispute M. Chauveau's claim to priority. At a late meeting of the Academy of Medicine of Paris, M. Mialhe demanded that his communication, forwarded to one of the commissions as early as April, 1867, should be read. He stated that in this communication he had completely forestalled M. Chauveau's discovery.

We would call attention to the advertisement of Messrs Codman & Shurtleff, to be found in this number.

It is quite unnecessary for us, at present, to say anything about the use of local anæsthesia and the treatment of throat and bronchial affections by the inhalation of atomized liquids, as we purpose in a future number of the JOURNAL to give some cases illustrating the beneficial results arising therefrom. It is sufficient for us to say that we have used the Shurtleff atomizer, No. 2, and can recommend it as a well made and very useful instrument, and fully sustains the reputation of this well known firm as first class manufacturers of Surgical Instruments and Appliances.

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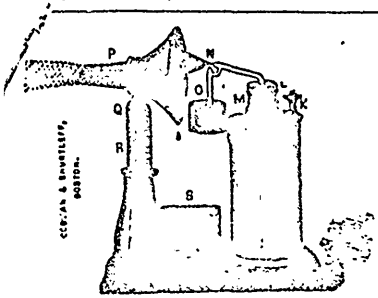

FIG. 1.

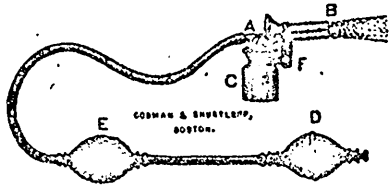

FIG. 6.

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