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CANADA

MEDICAL & SURGICAL JOURNAL

JUNE, 1880.

Original Communications.

ON A CASE OF DIABETES INSIPIDUS IN CONNECTION WITH CANCER OF THE LIVER AND PROBABLY THE POST-PERITONEAL GLANDS.

By GEO. ROSS, A.M., M.D., Prof. Clinical Medicine, McGill University.

(Read before the Medico-Chirurgical Society of Montreal.)

Mrs. K., æt. 44, in April, 1879, first noticed a small lump in her left breast. (She was then nursing.) This continued growing, but accompanied by scarcely any pain, until finally she came to the Hospital on the 7th November and had the breast removed for scirrhus tumor by Dr. Roddick. Left Hospital with wound healed Nov. 29th, being readmitted Dec. 15th. She had aborted in October (being four months pregnant), and had felt too weak to do anything from that time; she also observed that she was losing flesh and becoming of a bad color—(yellowish-white she calls it.) Besides this, she complained a great deal of pains “all over,” and found that she could not sneeze, yawn or cough without causing intense pain in the abdomen and back. About the 1st December, two or three days after returning home, she found that she was constantly thirsty—drinking a great deal of water, and passing very large quantities of urine, being obliged to rise several times during the night. This has continued to the present time.

When first seen the condition of the patient was as follows: Looks somewhat thin and haggard, with a slight red flush on each

cheek, but no jaundiced color, and the conjunctivæ are white and clear. Lips and tongue are dry and sticky, the latter slightly coated. The principal complaint—indeed, the cause of her seeking admission—is severe pain in the right side. Its chief seat is the right hypochondrium, but extending downwards to near the crest of the ilium. It is not very bad when lying quite still, but is aggravated by any movement, and especially by coughing or sneezing. By palpation, the edge of the liver is readily felt extending about three inches below the margin of the ribs; it is hard, not specially irregular, and very tender upon pressure. Dulness from upper border of 6th rib to the lower felt margin. Examination of the spleen and organs of the chest discovered nothing abnormal.

The urine was found to be quite excessive in amount, varying in 24 hours on different days from 120 to 190 ounces (from 6 to 9½ pints imperial.) It was quite clear and transparent, almost colorless, the faintest greenish tinge only being present, and contained no deposit; it was acid; it had no peculiar odour. The specific gravity was 1002, sometimes a fraction more than this, but hardly reaching to 1003; it was never more than this. The urinometer showed as nearly as possible the same figure with the ordinary drinking water from the tap. No albumen; no sugar.

The condition of this patient did not materially alter during the time she was under observation. She was continually racked with excessive thirst, which necessitated the constant drinking of water, lime juice, and other fluids. We had the amount per diem measured, and found it to vary from 160 to 258 ounces. On one occasion it is noted that 176 ozs. having been drunk, 186 ozs. of urine was passed. On all the other days, however, the quantity voided was somewhat less than that ingested. The only new symptom observed was the occurrence of severe pain in the left iliac region, radiating downwards into the hip and even into the thigh. The appetite was poor; bowels decidedly constipated; no vomiting.

The diagnosis was malignant disease of the liver. This was founded upon the *pain* in the hepatic region, *enlargement* of the organ, and decided *hardness* and *tenderness* when it was pressed

upon. This occurring in a patient known to have been the subject of malignant disease, and who had been losing flesh and strength for some months. Absence of vomiting and jaundice was noted, but admitted to be not necessarily present. The very severe lumbar pain, and pain in the left hip and down that thigh, led to a strong suspicion of involvement of some of the retro-peritoneal glands. The urinary condition was clearly that of Diabetes insipidus.

The patient, very much against my desire and strong solicitations, went home on the 10th January. She was seen by the House Surgeon, at my request, every few days. No new symptoms were developed, but the diuresis continuing, rapid exhaustion went on, and she died quietly and quite sensible on the 30th January, 1880. I regret exceedingly that we were quite unable to overcome the objections of the friends to a *post-mortem* examination. The case must, therefore, remain imperfect for want of this necessary verification of the pathological conditions.

Remarks.—Cases of Diabetes insipidus from any cause are sufficiently rare to be worthy of having their record placed before our medical society. This is the first well-marked example of the complaint which I have myself happened to meet with, and I have been rather surprised to find that physicians here in very extensive hospital and private practice have never come across it. We are all aware of the occasional occurrence of this disease, like its congener, the saccharine, in connection with certain brain lesions. I think, however, that the great interest of this case centres in the fact that no such cause is here demonstrable, nor has been suspected, but, on the other hand, the diabetic state has been developed in a person who was undoubtedly the subject of cancerous disease of the abdominal organs.

I might be permitted here briefly to allude to the results of Claude Bernard, as deduced from physiological experiments. He shows that in the floor of the 4th ventricle are two centres connected with the vagus nerve: irritation of one of these causes a *saccharine* diabetes, and of the other an *insipid* diabetes. Again, he found that division of the splanchnic nerves caused persistent polyuria, and that if one of these only be divided,

then the excessive flow is found to proceed only from the kidney of the corresponding side. From which observations it would appear that, for the renal organs, the pneumogastric nerve is the excitor, and the splanchnic the inhibitory nerve.

The exciting causes of polyuria in the human system are chiefly the following: Temporarily, it is notorious that it may occur from many causes acting through the nervous system—simple emotion, hysteria, anxiety with sleeplessness, &c. Then various causes acting by direct lesion upon the brain—blows, especially upon the *frontal* region, through centre-coup, drunkenness, and a variety of morbid affections, such as tumors, &c. Dickinson states that “where the position of the lesion has been exposed after death, it has always involved the medulla or cerebellum.” The great majority of all recorded cases acknowledge some such condition as their starting-point—*i.e.*, are nearly always traced to *irritation* of the *excitor* nerve-trunk. It would appear to be excessively rare to find persistent polyuria induced by the other possible means, *viz.*, by *interference* with the function of the *inhibitory* nerves (the splanchnics). A few cases only of very doubtful value are to be found where the diabetes was associated with abdominal tumors in various situations. Dr. Howship Dickinson is the only writer who has drawn special attention to this point in reference to a very complete observation he was enabled to make. Most authors on medical practice make no mention of it at all, but Senator (in Ziemssen’s Cyclopædia, vol. xvi.) says: “Changes in the sympathetic nervous system, which, according to Eckhard’s and Peyreni’s experiments, may also play a part in the production of the disease, must also, for the future, be more carefully studied than hitherto. Thus far it seems that only in a single case of Dickinson’s was the cause of the disease found in a degeneration of the solar-plexus.” The case alluded to is related in full in Dr. Dickinson’s works on Diabetes (1875). The subject was a man in whom hepatic cancer had been diagnosed, and who had Diabetes insipidus to a marked degree. At the autopsy, besides the liver disease, nodules of cancer were found in the lesser omentum, about the cœliac axis, in the post-peritoneal tissue, about the

pancreas, the right supra-renal capsule, and the right renal artery. The solar plexus was extensively involved in the disease. Many of its fibres were inseparable from the growth. The author concludes his remarks by saying, "I am not aware of any other instance of polyuria in the human subject in which the symptom has been traced to pressure upon abdominal nerves."

I can only therefore repeat my regret that I should have been denied the opportunity of examining the abdomen of this patient, for I feel satisfied that the conditions found would have been in the main features very similar.

RARE SYPHILITIC CASES.

By T. G. RODDICK, M.D., Professor of Clinical Surgery, McGill University.

(Read before the Medico-Chirurgical Society of Montreal.)

I happen to have had under my care during the past five or six years, both in hospital and private practice, a large number of syphilitic cases, and while the vast majority of these have been of the ordinary routine character, a case would now and then occur whose history excited unusual interest. It is my intention in this paper simply to report five cases belonging to this latter class, with the hope that those of the members present who may have had rare syphilitic cases under their care will give the Society the benefit of their experience, and thus, perhaps, extend the clinical boundaries of this mysterious disease. I have been surprised, indeed, that, considering the constant presence of the disease in our city, and the fact that every medical man, and especially every young practitioner, must constantly have under treatment a certain number of syphilitic cases, so few of the papers hitherto presented before this Society had any reference to this very important subject.

The cases that I am about to relate are peculiar, you will notice, in that they have originated, not from the implantation of the virus of the infecting chancre during copulation, but from some secondary lesion, the poison of which has been transferred often to the most unusual situations, and in a manner difficult to account for.

CASE I.—A. B., aged 27, salesman, was sent to me in October, 1878, by a professional friend. I found him suffering from a sore on the lower lip, which had existed there for some three or four weeks. In size it approached a shilling piece; edges raised and firm; surface covered with a crust of dried and altered pus; surrounding tissue slightly infiltrated; painless; the submaxillary ganglia very much enlarged and indurated.

He denied any intimacy with prostitutes who would be likely to have syphilis of the mouth, but admitted that he frequently cohabited with a young woman, who, however, would not be likely to have anything of the kind. By questioning him closely, but not for many days, I discovered that an intimate friend, to whose room he frequently went, and whose pipes he occasionally smoked, was troubled with a sore mouth. From the medical man attending this friend I subsequently learnt that he was at the time undergoing a course of treatment for constitutional syphilis. The evidence being thus complete, the diagnosis of chancre was at once made, and constitutional treatment, in the shape of grey powder, ordered; some *placebo* to be applied to the sore. In the seventh week after the appearance of the ulcer, a faint secondary rash was noticed, but unaccompanied by fever or constitutional disturbance of any kind. The sore now rapidly lost its specific characters, becoming soft and tending to suppurate. In the place of the grey powder, which had been cautiously administered, half grain pills of the protiodide were substituted. There was very slight erythema of throat, for which he was to use Wyeth's potash tablets.

The patient left the city without notifying me, and did not present himself until January 15th, 1879, having, however, continued to take the pills. The original sore had by this time entirely healed, and enlargement of the submaxillary glands could barely be distinguished. The inguinal glands were thought to be slightly enlarged, but both supra-trochlear glands could be plainly felt. On the head, at the margin of the beard, and scattered over the trunk and extremities, were some dozen small patches of a scaly character. Along the borders of the tongue and on the mucous membrane of the lips were a number of small

patches of ulceration varying in size from a pin's head to a split pea; no alopecia; no iritis. Ordered a mixture containing in each dose fifteen grains of the iodide of potash, with a bitter tonic, to be taken thrice daily; the biniodide pills (gr. $\frac{1}{2}$) to be taken, with certain restrictions, in addition.

March 20th.—The only evidences remaining of the disease are occasional minute ulcerations of the mucous membrane of the mouth. The patient is ordered to continue a mild anti-syphilitic course. I have not seen or heard of him since.

CASE II.—C. D., a young woman, 27 years of age, strong and healthy-looking, sought advice about the 1st of January, 1879. I soon learnt that she was the mistress of the party referred to in the case just reported. She came to consult me regarding a sore in the neighborhood of the left nipple. This was about the size of a ten-cent piece, involving the border of the nipple and extending outwards; firm to the feel, and secreting very little sero-pus; two or three axillary glands decidedly enlarged. It was an ulcer, in short, almost identical in its characters with that which had existed on the lip of A. B., and as such, indeed, was recognized by the patient herself. She admitted the possibility of direct contagion. The sore had already existed some four weeks, but had not been painful; genitals healthy.

I adopted the same course of treatment in her case, but the secondary manifestations were much more marked. She had a most troublesome sore throat, extensive alopecia, and a marked papulo-pustular eruption. In fact, she has been under treatment more or less ever since for reminders of various kinds, and I fear is now threatened with specific ulceration of the rectum.

CASE III.—G. F., aged 25, grocer, presented himself Jan. 10th, 1880, for advice regarding a sore on the neck, situated about an inch above the centre of the clavicle, on the right side. On examination it proved to be a deeply excavated ulcer, larger than a shilling piece, with raised edges and foul base. The glands in the posterior triangle of the neck of that side were very much enlarged. He stated that about the 1st of December,

while insensible from drink, and lying in a brothel, he was bitten by a prostitute, who took this means of awakening him. He was aware that this woman had sores in her mouth, but as she was in the habit of chewing snuff, he had looked upon this as the cause. The part bitten pained him for a day or two, and his attention was not directed to it again until about Christmas day, or nearly three weeks afterwards, when what he described as looking like a boil appeared in the situation of the bite. This rapidly extended both in depth and superficial area until it assumed the characters already described.

I diagnosed chancre; ordered a weak carbolic ointment for the sore, and, internally, the protiodide of mercury pill (gr. $\frac{1}{4}$.)

Feb. 9th.—The patient presents himself to-day covered with a well-marked erythematous rash; erythematous condition of mucous membrane of pharynx; slight fever, but the temperature was not taken; headache; pains in the extremities; coated tongue. The ulcer was cleaner, but otherwise had not altered much in appearance. Ordered the protiodide pill in quarter grain doses every four hours; the same treatment to be continued to the sore.

March 15th.—The ulcer has healed, leaving a very trifling scar. There is a slight squamous eruption apparent here and there over the body; a few small mucous patches on the inner side of the cheek and tonsils; slight alopecia. The iodide is ordered in twenty-grain doses, with one-twelfth of a grain of bichloride of mercury, to be taken thrice daily.

The patient continued to improve, and at present has few evidences of the disease. The lateral cervical, post cervical, and epitrochlear glands are slightly enlarged; the inguinal glands can now hardly be said to be enlarged.

It is well to mention that the patient has had two attacks of gonorrhoea and some half-dozen chancroids during the past five years, but there is no previous history of any constitutional taint.

CASE IV.—Philomene V., a medium-sized and apparently otherwise healthy woman, 30 years of age, was admitted into the Montreal General Hospital under my care on the 29th Decem-

ber, 1879. Her skin was covered with a characteristic scaly, copper-colored eruption, and she complained of sore throat. A remarkable sore was noticed on the left side of the upper lip, and involving both the cutaneous and the mucous surfaces. It was dry on the surface, with a thick hard base, the induration extending over an area of an inch in diameter. There was marked enlargement and induration of the submaxillary glands, more especially of the one on the left side.

She gave the following history to my clerk, Mr. McKenzie: Has been married four years; had a miscarriage at the fifth month about a year after marriage; has not been pregnant since that time; has been separated from her husband for the past six months, as he is a dissipated character, although she never knew him to have any venereal disease. About the 1st of November last, while suffering from a severe cold, and having cold sores on the lips, she was kissed once only by a man who was employed in the same establishment as herself. He wore a thick beard and moustache, so that if he had sore lips she could not have seen them. One of the little herpetic patches on the left side of the upper lip became swollen and inflamed in about ten days after she was kissed, and rapidly assumed the characters already described. About the 27th December, or six weeks after the ulcer began to form, she became feverish, and a dusky mottled rash appeared on the skin, most marked on the flexor surfaces. This gradually gave place to the rash described as being present on admission. Sore throat now appeared also.

The ulcer was diagnosed as a genuine chancre of the *saucer-shaped non-suppurating* variety, the other manifestations being those of the secondary stage. She was at once put on constitutional treatment, iodoform ointment being applied to the sore. In two weeks the chancre was reduced to half its original size, the sore throat had ceased to trouble her, and the eruption had disappeared in great part, but she insisted on leaving the Hospital, and has not since come under observation.

I am indebted to Mr. Stevenson, one of my clinical clerks, for the notes of this case.

CASE V.—D. T., female, 42 years of age, married, was admitted to my wards January 6th, of this year. Has had 13 children, some of whom died in infancy; three miscarriages. Has always enjoyed excellent health. Present illness began about two months ago with swelling and pain under right lower jaw, pain in the throat, and difficulty in swallowing.

On examination, the submaxillary gland of the right side is found to be enlarged, indurated, but movable. The patient is very stout and short-necked, so that other glandular enlargements that might be present are not felt. In the throat the mucous membrane generally is much swollen and injected, but involving the right tonsil is a large and deep ulcer, with irregular edges and covered with a greyish secretion which looks in places not unlike a patch of false membrane. The ulceration seems to extend downwards along the side of the pharynx, so that its lower margin cannot be distinctly defined.

The case had been treated as one of diphtheria, but Dr. Ross, under whose care she was subsequently placed, was of the opinion that the ulceration was either syphilitic or epitheliomatous, and on that account had the patient transferred to my wards. I found it impossible at first to get any history that would support the syphilitic theory, and for a time looked upon the case as one of epithelioma. Later, however, I discovered that a man who had boarded in her house had long suffered from some disease of a venereal nature, and which was probably syphilis. He had been in the habit of taking kitchen utensils, such as spoons, knives, cups, &c., to his room, and these were often returned to the cupboard without being cleansed. Doubtless, then, the poison from a syphilitic ulcer somewhere on this man had been transferred to the throat of our patient, either directly in some eating or drinking utensil, or in the food which they carried. The diagnosis of primary sore was then made, and constitutional treatment at once begun in the form of the protiodide pill (gr. $\frac{1}{2}$) every six hours; iodoform to be dusted on the ulcer.

Jan. 20.—A reddish-brown, slightly elevated eruption has come out over the face, chest and extremities, being the long-delayed secondary rash; a gargle of black wash ordered for the throat.

Feb. 4.—Ulcer on tonsil much smaller, more healthy-looking, and almost painless. There is still much pain in the swollen glands. Has a troublesome cough; the pills are discontinued.

21st.—Ulcer quite healed, and rash disappearing rapidly; suppuration going on in the neck.

March 1st.—An incision was made in the abscess and a quantity of pus found exit. This rather unusual occurrence, suppuration of a syphilitic gland, was probably due to the constant irritation to which the ulcer in the throat was so long subjected.

The patient left the hospital in ten days after the abscess was opened, being in excellent health. The eruption, now slightly scaly, was still in little patches on the extremities.

These cases of so-called *mediate contagion* are interesting, not only as curiosities in connection with the subject of syphilis, but they go to show how deceptive often are the histories of many cases in which we have every reason to suspect the presence of the syphilitic taint. Every one of the patients whose cases I have reported might with perfect truthfulness declare, years hence, that he or she had never suffered from what would be interpreted as a venereal disease, for in none of them was there any sore or other trouble directly connected with the genital organs.

These cases also go to prove that secondary syphilitic conditions, more especially the so-called mucous patch, are in the habit of secreting a virus as capable of originating and perpetuating the initial lesion—the characteristic chancre—as the chancre itself, showing how incumbent it is on the part of the surgeon to warn his patient, suffering from secondary syphilis, against coming into immediate contact with those about him.

SHORT NOTES OF CASES SEEN IN THE OUT-DOOR DEPARTMENT OF THE MONTREAL GENERAL HOSPITAL.

(Continued.)

By FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., ENG.

Surgeon to the Out-Door Department, Demonstrator of Anatomy, McGill University, &c.

CASE VII.—*Eczema of the Hand.*—Kate S., aged 18, servant. Has had eczema of right hand for eight months. Eruption seen

most on palm and between fingers, but also on back of hand. Aches a good deal. Numbers of fissures seen about the knuckles, which are painful. Both hands, she says, are generally blue and cold. From the fact that the eruption was seen on one hand only, I surmised that it was due to some local cause, and on enquiring, found that her occupation was to wash dishes all day, in the doing of which she used her right hand more than her left in stirring round the water. I prescribed the Unguentum Diachyli of Hêbra (equal parts of Linseed Oil and Emplastrum Plumbi), to be kept continuously applied, and told her to wet her hands as little as possible; also, that to effect a permanent cure she must give up her occupation. She returned in a week. She had given up her work, had kept the ointment continuously applied, and was much better. No new vesicles had appeared. A month later I again saw her; at that time the eruption had entirely disappeared, and her hand looked perfectly healthy.

CASE VIII.—*Herpes of Face and Throat.*—John C., aged 19, coal carter, consulted me on December 26th concerning an eruption on the face, which he had been told was small-pox; further, he said he was living in a house in which there was a case of small-pox.

The eruption consisted of large vesicles, quite distinct from one another, situated on the left side of the nose, left cheek and upper lip. The left ear, both in front and behind, was studded with flattened vesicles, containing a clear fluid, closely set together. Other parts of the body quite free from eruption. The eruption had come out the day before, and had been preceded by slight chills and fever, but no pain in back. His pulse was 108 and temperature 101°F. Ordered Unguentum Zinci, to be applied twice a day.

Dec. 29.—No better; several of the vesicles are distinctly umbilicated, and several new ones have come out on right cheek. These have a hard feel, and are not yet vesicular. Complains of sore throat; on examination, found the fauces injected and the back of pharynx and fauces studded with red spots size of split peas; tongue coated; pulse 110; temperature 102° F.

Saw patient a week later ; the spots were all drying up. Temperature and pulse normal ; no fresh spots, This was no doubt a case of herpes. The eruption never appeared in any part but the face and throat, and the vesicles matured very rapidly. The constitutional symptoms were not those of small-pox ; there was no pain in the back or other severe premonitory symptoms.

CASE IX.—*Herpes Zoster*, treated by application of Collodion.—Clara B., aged 20, brunette, single, presented herself on the 29th of April suffering from well-marked herpes Zoster in the course of the 6th intercostal nerve of right side. A large patch of vesicles was seen just below the breast, and another between the axillary lines. She complains of severe burning pain. The eruption appeared two days ago, and was preceded by severe pain. The girl had a well-marked neurotic temperament, and for some years had been the victim of severe neuralgia of the trifacial. The eyelashes of right upper lid are perfectly white for about a quarter of an inch at centre of lid ; she has also white patches of hair in the course of the supra-orbital nerve.

The herpetic eruption was painted with flexile collodion. Three days later she again presented herself ; the vesicles were rapidly drying up, and gave her no further pain. No fresh spots had come out. Collodion was painted on a second time, and at her next visit, on the 6th of May, one week from her first appearance, the eruption had quite disappeared. The collodion protects the vesicles much better, and is more convenient than zinc ointment or the dusting on of some powder. This mode of treatment was suggested to me by Dr. Geo. Ross.

CASE X.—*Squamous Syphilide*.—Mrs. S. W., aged 33, was married to her first husband sixteen years ago, by whom she had several miscarriages and two living children. These latter died when about eighteen months old. First husband died eight years ago in England. After his death Mrs. S. W. came out to Canada, and married her second husband three years after, now five years ago, and has had no children and no miscarriages. Last year was treated for an ulcerated leg, which is the only “breaking out” she has ever had.

A fortnight ago the present eruption, for which she comes to be treated, appeared. The eruption is situated about the mouth and on the flexor surfaces of the forearms. It is scaly, and has a gyrated appearance. The scales are thick and of a dark-red color, situated on a deep red base. The eruption on the forearms is nearly exactly in the shape of the letter S. She was ordered to take half an ounce of Green's Mixture three times a day, and to apply mercurial ointment to the eruption. Mrs. S. W. did not reappear for ten days, and when she did the eruption on the face and arms had entirely disappeared, leaving copper-colored stains. She said that after taking the mixture for two days she became salivated, her teeth all became loose, and she was freely purged, so much so that she had to take to her bed from weakness; but on further inquiries, she told me that having a feeling of stiffness in her neck and back, she had rubbed the whole of the ointment (3i) into these parts; this no doubt accounts for the rapid salivation. She now complains of sore throat, but on examination nothing can be seen. She was ordered to continue the Mixture in half doses and watch the effect. As she has not reappeared, I imagine she has had no return of the eruption. It is six months since I saw her.

CASE XI.—*Wound of back of Hand severing Tendons; Recovery.*—Jan. 27th, J. B., machinist, aged 22, whilst arranging a turning lathe, got his hand jammed in some of the iron-work. This caused a severe wound of the middle of the back of the right hand; the tendons of the middle and ring finger were completely severed, the fingers were flexed, the extensor tendon of the little finger was laid bare, but not divided, and power of movement was lost. It was quite cold and without feeling. The edges of the wound, which were considerably bruised, were brought together with carbolized catgut sutures, and the part covered by absorbent cotton wool soaked in flexile collodion; some dry absorbent cotton wool was placed over this, the hand placed on a splint of pasteboard, with fingers extended, and the whole carefully and evenly bandaged. He was told to leave the dressing as it was till his return in three days. When

he returned he complained of so much discomfort that I took off the dressings. I found the edges of the wound in a gangrenous condition (due, no doubt, to the bruising received at time of injury), and between the edges of the wound was a lot of foetid pus. The back of the hand was a good deal swollen and quite red. The stitches were removed to relieve tension, and he was ordered to apply a charcoal and linseed poultice to the wound, and to keep splint applied as before. In three days he came back; on removing the poultice it was seen that the gangrenous portions had come away, leaving a clear, healthy, granulating sore, at the bottom of which could be seen the divided ends of the tendons throwing out long, thin processes. The wound was dressed with water dressings, and splint and bandage applied as before.

July 9th (13 days after the accident).—Wound much smaller and filling up rapidly. Patient can now extend the middle and ring fingers slightly; little finger still powerless, cold, and without sensation. Dressing re-applied.

On the 23rd of February the wound was completely healed, and he could extend his fingers fairly well, including the little finger, which was still cold and without sensation. Commenced passive motion a week ago; this has caused a good deal of pain and swelling over the back of the hand. Over the knuckles of the ring and little fingers there are two spots, without sensation, about the size of a sixpence.

I saw him again early in March, when he had very good use of his hand, and had been working at his trade for a week. There was but little sensation over the knuckle of the little finger, but the rest of the finger is quite normal as to sensation, and over the knuckle of the ring finger sensation is completely restored.

Remarks.—This case shows well how rapidly tendons unite, and the advantages of rest and position. There were evidences of fair union of the tendons in 13 days, and the man was able to go to his work in little over a month. The loss of sensation was due, of course, to division of the dorsal branch of the ulnar nerve, and the loss of power in little finger was due, I imagine, to bruising of the tendons. This case is instructive, also, with

regard to the union of nerves, showing that they unite as well, but not as rapidly, as tendons.

The failure of Gamgee's dry dressing was, I think, due to the nature of the case and not to the dressing; the gangrene would have occurred with any dressing.

CASE XII.—*Scrofulous disease of the Phalanges cured by rest.*—Georgina O., aged 22, a delicate, scrofulous-looking girl, came to the Hospital on December 9th, '79, with the following conditions present: The little finger of the left hand was enlarged, red, swollen and œdematous. The second phalangeal joint had several bruises about it, discharging a thin, sanious pus; on bending the joint grating was distinctly felt. The back of the hand was red, swollen and œdematous.

Three months ago she first felt stiffness and soreness of the joint; this was followed by acute pain, redness, and swelling, with loss of motion in the joint. Last July a similar condition of affairs was present in the ring finger, for which the surgeon then attending her amputated the finger. This case seemed to me to be a fit one for amputation, but, on second thoughts, I concluded to try the effect of rest for a time, so the hand was put up in a well padded splint of pasteboard, a simple dressing applied to the finger, and the whole carefully bandaged. She was also ordered ʒi of the Syr. Ferri Iod. three times a day. She returned on November 20th, having faithfully adhered to the treatment prescribed. The finger was very much better; the sinuses had healed up, and she could move the joint a little without causing any pain. There was still some inflammatory thickening about the joint; there was no swelling or redness of back of hand.

I saw her a few weeks ago, and at that time she had very good movement in the joint; all inflammatory thickening had disappeared. She feels very well, and has ceased to take the iron.

NOTE.—In the case of *Bursal Tumors*, reported in the January number of this *Journal*, I have still further to report that the woman has since returned with the tumors in a suppurating condition; the tumors discharge pus freely, and cause no pain. They are much reduced in size.

Hospital Reports.

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

Case of Wound of Knee-Joint.—Antiseptic Dressing—Rapid Cure, without Inflammation.—Under DR. FENWICK. Reported by MR. R. DAWSON.

E. S., æt. 13, was admitted March 31, 1880.—The following facts show him to be of a scrofulous habit, and not favorable for the rapid healing of wounds. Two years ago he had a severe bruise on the right leg, which was nearly a year in getting quite better. For many months past has had irregular sores about the right side of the neck and beneath the chin. Some of these still present thick scabs and livid edges. His family history is good, with the exception of one sister, who has been affected with strumous ulcers on the neck, like himself.

Patient while playing in the yard, about half an hour before admission to the Hospital, tripped and fell forcibly on the stump of a square, glass bottle, which, cutting through his trowsers, wounded the leg. On being admitted, a clean cut wound was found below and to the outer side of the right patella. This communicated with the knee-joint, and was large enough to permit of the free introduction of the fore-finger into the knee-joint.

After examination, the wound was washed out with carbolic lotion, dressed antiseptically, and put in a McIntyre splint. Patient does not suffer from much pain in the part, and is comparatively comfortable. Temp. 100°.

April 2nd.—Dressing removed, and reapplied. Wound appears quite healthy, and is progressing favorably. No pain. Temp. 100°. *April 7th.*—Patient feels quite comfortable, and is not troubled with any pain or feverishness. *April 12th.*—Patient quite comfortable. No pain. *April 13th.*—Leg again dressed. Wound quite healthy, and healing rapidly. *April 20th.*—All dressings removed, as being no longer required. Scar is now about half an inch long, and slightly scabbed. Leg can be bent to an angle of about 135°, beyond this causes pain. *April 23rd.*—Was allowed to get up and hobble about the

ward. *April 25th.*—Has been up both yesterday and to-day. Uses his leg with freedom. Wound perfectly healed. No pain. *April 26th.*—Discharged. To take Syr. Ferri. Iodid. for his general condition.

MEDICAL CASES UNDER THE CARE OF DR. ROSS.

CASE I.—*Violent Chorea, with Delirium and Insomnia following Acute Rheumatism and Heart Disease.*

E. E., a spare, delicate-looking girl of 15 years, and of good family history, has always been of a delicate and nervous habit, but very precocious in intellect. Has been subject to attacks of shortness of breath, pain in præcordial region, and dizziness in the head during the last two years. Menstruation not yet established. Five week previous to admission into Hospital was seized with a severe attack of acute rheumatism, with high fever and slight delirium. Two weeks later, began to suffer from violent involuntary movements of the tongue, face and limbs. Rheumatic condition in the meantime had much subsided, but there remained much weakness of body, increasing delirium, and great wakefulness. On admission, February 17th, '80, there were found to be jerking movements of the muscles of the arms and legs, but not of the tongue and face, with restless and fidgetty movements of the hands and fingers, and throwing about of the arms. These movements are slower than those of chorea often are, and are combined with some picking of the bedclothes, and are aggravated by drawing patient's attention to them. There is slight fever, much wakefulness, and transient delirium.

The heart's impulse is strong; apex is seen and felt beating a little outside of normal situation; there is to be heard a loud mitral systolic murmur transmitted around left side of chest to the back.

Feb. 18.—Was ordered liq. arsenicalis gtt. iii daily by hypodermic injection, increased to 4 and then 5 drops, and a draught at bedtime of Pot. Bromid. ʒss and Tr. Valerian ʒi.

Feb. 20.—Very restless, wakeful and talkative; much wandering and delirium; passes evacuations involuntarily; choreic movements somewhat improved. *26th.*—Great improvement in

movements, patient seeming to have almost complete control over them; there is still much mental disturbance, wakeful, talkative and wandering delirium. Continues the arsenic.

March 13.—Patient discharged cured of the choreic movements, but still weak, flighty and excitable. Seen a month later; looked much better, had no return of the chorea, and mental condition much steadier.

CASE II.—*Rheumatism—Chorea—Temporary Cure by Arsenic.*—Harry P., a spare, delicate-looking lad, 15 years of age, of good family history, and of good previous history until present illness, admitted into hospital January 5th suffering from involuntary movements in the muscles of the body. These were first noticed a month previous to admission, following a severe attack of acute rheumatism. Movements are irregular, quick, and spasmodic in character, involving the muscles of the face, tongue, arms and legs, and keeping the whole body in a state of constant motion, aggravated by drawing attention to them, but ceasing entirely during sleep. No heart complications, and general health is otherwise fairly good.

Jan. 5.—Liq. Arsenicalis \mathfrak{m} v, by hypodermic injection daily. *12th.*—Condition much improved; twitching greatly diminished; is able to stand quite still for some moments, but the fingers and arms still keep up an almost constant twisting and jerking movement. *18th.*—Not much change; slight nausea and vomiting caused by arsenic. *23rd.*—Patient quite cured; movements have entirely ceased; discharged.

Patient was re-admitted, under Dr. Reddy, in the month of April following, suffering from a second and equally violent attack, and was treated by means of curare administered hypodermically in doses of $\frac{1}{16}$ of a grain daily during two weeks, and every other day for four weeks, and was again discharged free from all movements.

CASE III.—*Hemi-Choreic Movements (hysterical?) in a pregnant woman.*—L. C., æt. 18, a fairly nourished girl, is one of eight children, all of whom enjoy good health. Family history on father's side is good. Mother died from cancer of the womb.

Uncle on mother's side said to have died from epilepsy ; mother and sister subject to headaches of a neuralgic nature. Has always enjoyed good health up to 16 years of age ; began to menstruate at 10 years, and continued regular till 16 years old, when she became very irregular, menstruating at intervals of two and three weeks, and sometimes every week ; when 14 years old, fell from a height of about ten feet, falling upon her head, and also hurting her back severely. At 16 years of age was treated for tapeworm, but none was seen until two months previous to admission, when a large quantity was evacuated. During these last two years suffered from frequent attacks of neuralgic pain in frontal region, back of neck and lumbar region, and extending down the extremities of the right side to hand and foot, and accompanied by a peculiar twitching of the fingers and toes, and of arm and leg. This condition has continued and become more severe up to the present time, with the exception of during the winter time, when it always disappeared, returning with increased severity with the return of warm weather. No improvement in the condition of patient after passing the tapeworm above-mentioned.

On admission, Oct. 3rd, '79, there was found to be an irregular nervous twitching of the muscles of forearm and fingers of right upper extremity, and of the leg and foot of same side, with partial dragging of the foot in walking ; spasms are most marked in the little finger, which is found almost constantly in the semi-flexed position. All these movements are absent during sleep. Muscles of face and body are not involved, although she says there was slight twitching of the lips and tongue during the six weeks previous to admission. Strength of arm and leg is much diminished, but tactile sensation is unaltered, nor is there any wasting of the muscles. Heart, lungs and kidneys are normal. Patient is five months advanced in pregnancy, and suffers also from obstinate constipation.

Oct. 5.—Liq. Arsenicalis \mathfrak{m} . viii twice daily, to be taken after meals. *13th.*—Very slight improvement in hand and fingers, but movements in leg and foot are much diminished ; can walk with much greater ease, and pain is greatly lessened. *20th.*—Movements in fingers and hand have ceased partially, and those of foot

and leg have disappeared entirely ; pain has also left by aid of liniments. Discharged.

CASE IV.—*Clonic Spasm, or Choreic movements in face and neck.*—Mary B., æt. 40, a well-nourished woman of good family history, having no history of previous illness, and whose menstrual functions have always been regular, came under Dr. Ross' care on Dec. 5th, '79, suffering from a painful and spasmodic twitching of the muscles of the face and neck, commencing about three months previous to admission, with an involuntary closing of the orbicularis palpebrarum muscles at varying intervals and for a few seconds at a time ; this increased in severity and frequency so that she soon was unable to keep the eye open sufficiently long to attend to her duties. Patient was quite well in every other respect, nor was there any soreness or sign of inflammation about the eye ; these movements soon extended, involving the superficial muscles of the neck and face, which, on admission, were found to be in a state of clonic spasm, producing more or less inversion of the lower eyelid, and causing the features to assume a variety of contortions and grimaces. Movements were increased in frequency and severity upon the patient's drawing her attention to them ; there was also a certain amount of tonic spasm of the sterno-mastoid muscles, especially on the right side, keeping the head in a position somewhat flexed upon the chest and drawn a little to the right side. The pain complained of was severe, dragging, and paroxysmal in character, and, together with the position in which the head remained, prevented the patient from maintaining the recumbent posture during sleep, at which time the movements were less severe, but never absent.

Liq. Arsenicalis $\text{m} \text{v}$ ordered to be given three times a day after meals, and 15 grains chloral at bedtime ; Liniment Hospit. to be used on neck.

Dec. 17.—Spasms occur at much longer intervals ; eyes kept open with comparative ease, and lids rarely inverted. Contortions less severe, but pain is still great.

Jan. 6th, '80.—The same treatment has been regularly continued. Eyelids act normally, except when spasm in neck occurs,

which is at much longer intervals than formerly, and to a lesser degree; and pain has almost entirely disappeared, in which condition patient left Hospital.

Correspondence.

AMERICAN MEDICAL ASSOCIATION.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—The following account of the recent meeting of the American Medical Association may be of interest to your readers:—

The 31st meeting of this Society assembled on June 1st, in New York, in the Y.M.C.A. building. The gathering was an unusually large one: over 800 registered on the first day. The arrangements for registration and presenting of credentials were very bad—could not, in fact, have been worse. The first morning was devoted to the address and to general business.

Dr. Thomas gave a very excellent address of welcome, after which Dr. Sayre delivered his presidential speech, dealing chiefly with three subjects, viz., the benefits conferred upon the world by American surgery (not forgetting plaster of Paris), the advantages of the metrical system, and the gain which would accrue to the Association by the publication of a weekly journal (like the *Brit. Med. Jour.*) in place of the annual volume of transactions.

In the afternoon the work of the sections began. In obstetrics a considerable number were attracted by the two first papers on the list, both on spaying, by Dr. M. Sims and Dr. M. Pallen. Dr. Sims reported four cases operated upon for epileptic attacks, believed to be due to disturbance in the menstrual function, in several of the cases only coming on after a period. In two the operation was successful, the patients having no recurrence—(the operations have all been performed within the past eight months.) In one, death followed very soon after the operation, caused, Dr. S. believes, by hydrobromic ether. The patient was under its influence over $1\frac{1}{2}$ hours, and took between 3 and 4 ozs. The fourth patient has not been cured by the operation. Dr. S.

has operated eleven times, uses stringent antiseptic precautions, makes the abdominal section, elevating the uterus by means of his pessary in order to facilitate the grasping of the ovaries, and ties the pedicle in 4 sections by means of carbolized silk sutures. Dr. Pallen followed with a record of additional cases. Returning later, I was just-in time to find one of the delegates from Montreal explaining how it was that he had inadvertently come into collision with Dr. Battey touching the question of the priority of the performance of the operation. He made some very un-called-for remarks about "the out-of-the-way situation of Montreal," its vicinity to Esquimaux-land, and the difficulty we had in obtaining access to the literature of the world! Many of the leading gynecologists were conspicuous by their absence during the discussion. Why does not some bold surgeon introduce the operation of gelding for many of the troubles to which the sterner sex are victims? I know an amiable and accomplished gentleman who suffers much mentally from ungratified sexual desire—(indeed, has been confined in an asylum)—and who is firmly convinced that the operation of castration would permanently relieve him. Would it be justified in such a case? Can we look forward to the time when there shall be specialists whose specific distinction shall be "spayers and gelders," as is seen on the signs of farriers in some of the country parts of England? In the medical section, the greater part of the time was occupied in the reading and discussion of Dr. Thompson's paper on the Classification of Remedies. Dr. Bartholow and Dr. Mary Putnam Jacobi were the chief critics of his views, and the clear, logical manner in which the latter explained her ideas on the subject was a most agreeable treat.

In the evening the profession of New York gave the Association a reception in the Academy of Music.

The morning of the second day was occupied with general business. On motion of Dr. Gross, the delegates from foreign countries were elected honorary members. The chairmen of the sections on medicine and surgery delivered addresses on their respective subjects. In the sections, Dr. Pepper read an interesting paper on the local treatment of pulmonary cavities by in-

jection with iodine and carbolic acid. The plan was tried in 17 cases, and in some it appeared beneficial; but a further trial was recommended before it could be generally adopted. Other papers were read on the treatment of scrofulous diseases of the skin with chlorate of potash, and on restorative medicines.

In the surgical section there was much of interest. A discussion on the puncture of joints; a paper on tapping the pericardium, by Dr. Roberts; on Thoracentesis, by Dr. Leale; and on Cystotomy, by Dr. Weir, for cystitis in the male. In all, 47 cases have been operated upon, most of them by the lateral lithotomy incision; 13 died, 10 of these by advanced kidney diseases.

In the obstetrical section, a good deal of discussion followed the reading of a paper "on the management of the third stage of abortion, with retention of placenta and membranes." Dr. Thomas read a paper on the extirpation of the uterus.

A section on diseases of children was organized, and Dr. Jacobi delivered an admirable address. Speaking of the multiplication of specialities, he asked, What is left for the general practitioner? The following is worth quoting at length: "The general practitioner will, in future, obtain, as the legitimate province of his practice, the male half of mankind and very old women, provided he will keep his hands off their eyes, ears, nervous systems, lungs and heart, urinary organs, venereal diseases, nose, pharynx, larynx, skin, hair and corns."

In the evening a complimentary entertainment was given in Booth's Theatre by Reed and Carnick, and one or two other leading wholesale drug-houses. Booth played *Iago*.

The morning of the third day was again occupied by general business and by the address on Medical Jurisprudence and State Medicine by Dr. Hibbard, of Richmond, Ind. The sections were very fully attended, and many of the papers of great interest, particularly the surgical one. Dr. Otis, on Pathology and Treatment of Syphilis; Dr. Piffard, on Lupus; Dr. Drysdale, of London, Eng., on Syphilis, and Dr. Martin, on the use of the Elastic Bandage. In the obstetrical section, a curious treatment of fibroids of the uterus was advocated by Dr. Hew-

son, of Philadelphia, viz., encasing the abdomen in dry earth. Dr. Battey reported a case of resuscitation in the case of a still birth, two hours and five minutes after delivery.

There was nothing of special note in the medical section; indeed, throughout the meeting the chief interest of the members seemed to be centred in the surgical and obstetrical sections.

Drs. Fordyce Barker and T. G. Thomas gave a reception in the Academy of Medicine, and Mr. August Belmont, another in his 5th Avenue Mansion; both were largely attended. On Friday there was a general meeting in the morning, after which many of the members went upon a grand steamboat excursion given by Wm. Wood & Co.

Altogether the meeting was a great success, and the profession in New York must be congratulated on the way in which the arrangements have been carried out. The hospitality shown was worthy of the metropolis of the continent.

W. O.

Reviews and Notices of Books.

The Microscope and Microscopical Technology. A Text-book for Physicians and Students.—By HEINRICH FREY, Professor of Medicine in the University of Zurich. Translated and edited by GEO. R. CUTTER, M.D., Surgeon New York Eye and Ear Infirmary, Ophthalmic and Aural Surgeon St. Catherine and Williamsburgh Hospitals, &c. Illustrated by 388 engravings on wood. 8vo., pp. 660. Second edition. New York: Wm. Wood & Co.

This is probably the most complete and thorough of all modern books upon the microscope. Full and minute descriptions are given of the different forms of microscope and all their various portions and attachments. In this department allusion is to be found to all the little improvements and numerous inventions which have from time to time been suggested by some amongst the many workers with the instrument. Successive chapters are devoted to the subjects of staining, injecting and mounting microscopical objects. This portion of the work is very full, as

its importance demands: minute directions are given for the practical carrying out of all the various methods which have been devised for showing different objects and structures to advantage. From Chap. X. to Chap. XX. is then devoted to an exposition of the histology of the fluids (normal and abnormal) of the human body and of the various solid structures entering into its composition. To any one who works with the microscope in medicine, this book will be most valuable, as it gives all the assistance required in the *technique* with reference to any possible part or structure.

The translation is excellent, and the book, which is handsomely printed, is profusely illustrated with well-drawn woodcuts.

A Manual of Pathological Histology.—By V. CORNIL, Assist. Professor in the Faculty of Medicine of Paris, and L. RANVIER, Professor in the College of France. Translated, with notes and additions, by E. O. SHAKESPEARE, A.M., M.D., Lecturer on Refraction and Operative Ophthalmic Surgery in the University of Pennsylvania, &c., and J. H. C. SIMES, M.D., Demonstrator of Pathological Histology and Lecturer on Histology in the University of Pennsylvania. With three hundred and sixty illustrations on wood. Philadelphia: Henry C. Lea.

All who are interested in practical scientific medicine will be glad to find that we are now in possession of an American translation of this great and deservedly celebrated work of Cornil and Ranvier. As widely read in its original French, it has been as widely recognized as one of the chief exponents of the views of that country upon pathology. Since it has been constructed to serve as a manual or text-book, it begins with a short chapter upon normal histology, which is followed by a second upon the general principles, including the alterations of cells and tissues. The great subjects of inflammation, and the classification and description of tumors, concludes the first part. In part II. is found a complete description of the pathological histology of organs and tissues; and in part III., a series of chapters dealing *seriatim* with the diseases of the various systems which make

up the entire human frame. In France the work appeared in several portions, extending from 1869 to 1876. So much has been developed by researches ever since the latter date, that it has been necessary for the translators to introduce occasional notes and explanatory remarks, which certainly add to the value of their work, the whole of which has been well performed.

Every student of pathology—and every practitioner ought to be a student of pathology—should have Cornil and Ranvier amongst his books, and he will find it invaluable for reference in working up his cases; in fact, a great deal of well condensed matter is collected together here which is not easily found in the same form anywhere else.

It is a handsome volume, the typographical part exceedingly good, and the numerous plates of microscopical preparations well prepared.

A Practical Treatise of Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences and Treatment.—By GEO. M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, Vice-President of the American Academy of Medicine, &c., &c. New York: Wm. Wood & Co.

There is probably no class of diseases so difficult to study in their symptomatology and causation as the functional affections of the nervous system, and Dr. Beard has deserved well of the medical public for the great care and ability with which he has pursued his investigations upon this subject. There are an immense number of persons, both men and women (but especially the latter), who complain of many apparently obscure nervous symptoms—are looked upon by their friends as fussy, and fond of taking medicine—are pooh-pooed by their doctors, and probably set down as hypochondriacs—and yet their sufferings are real, they are not fanciful, and it is only our want of the proper clue to their understanding that causes us to reject their claim to our sympathy and to our best efforts in assisting their recovery. It is something, even, to give a name to a disordered condition, if such exists, as a definite entity. Neurasthenia does so exist,

and it must be recognized, and no doubt will be fully admitted, as its features come to be better understood. At present, as the author says, the diagnosis is frequently presented in some such very indefinite terms as the following: "General debility," "nervous prostration," "spinal weakness," "spinal irritation," "nervous dyspepsia," "exaluria," "cerebral and spinal anæmia and hyperæmia," &c.,—whereas, according to him, many of these are but individual symptoms of the general condition styled Neurasthenia. This affection is said to be "at once the most frequent, most interesting, and most neglected nervous disease of modern times." Dr. B. claims it as specially an American disease, owing to the high pressure under which life is carried on in the United States.

The book is full of original research and observation, and all the points as to symptoms, etiology and treatment are amply illustrated by cases which have come under the author's own observation. Every one should read it, and it will surely give much light upon many cases of nervous trouble which would otherwise remain obscure. We think any reader of experience in medical practice will, during the perusal, recall to mind patients for whom he could have done better if previously in possession of the facts and deductions here so fully explained.

Skin Diseases, including their definition, symptoms, diagnosis, prognosis, morbid anatomy, and treatment. A Manual for Students and Practitioners. By MALCOLM MORRIS, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, and formerly Clinical Assistant, Hospital for Diseases of the Skin, Stamford street, Blackfriars. With illustrations. 8vo., pp. 320. Philadelphia: H. C. Lea.

The above is a handy volume of concise descriptions of all the diseases of the skin and its appendages. It was originally specially prepared for the writer's own class at St. Mary's Hospital, and will thus most commend itself to students. To the busy general practitioner, however, it will no doubt also prove very useful, as he can here find, in a condensed form, all essential information concerning these, to him, often trying and trouble

some complaints. The author's experience has evidently been extensive, and he loses no opportunity of adding to the interest of narration by allusions to actual cases come under his own observation. Numbers of formulæ are also introduced which have proved the most satisfactory in the hands of himself and others. It has been a difficult task to compress such a big subject into so small a space, but it would seem that Mr. Morris has fairly succeeded in so doing without omitting anything of real importance.

A Manual of Auscultation and Percussion, embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism.—By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in the Bellevue Hospital Medical College, &c., &c. Second edition, revised; 8vo., pp. 240. Philadelphia: Henry C. Lea.

The first proposition laid down by Prof. Flint with reference to the construction of this manual is "to simplify the subject as much as possible, avoiding all needless refinements." It is the degree in which he has succeeded in doing this that has given this book the considerable amount of popularity it has enjoyed since the issue of the first edition. The subject of physical diagnosis is just one of those which it is possible to amplify and refine upon until the substantial facts which are of real importance become lost or so mystified that the student fails to grasp and retain them. Another point held in view by the author is "to waive the discussion of the mechanism of signs, whenever this is open to discussion, taking the ground that our knowledge of the significance of signs rests solely on the constancy of their connection with the physical conditions which they represent." This takes away the polemic verbiage which is found in many such works, and leaves us with the salient practical and reliable proven facts. It is one of the best of text-books on physical diagnosis of the chest, being clear, concise, and eminently practical.

Pharmacology and Therapeutics, or Medicine Past and Present.

The Goulstonian Lectures delivered before the College of Physicians in 1877.—By T. L. BRUNTON, M.D., F.R.C.P., F.R.S., Assist. Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co.

Dr. Brunton is an able and clear writer, and these lectures will be found very pleasant reading. "The object of the lectures was to show how the progress of therapeutics is aided by an exact knowledge of the action of drugs obtained by experiments." The first chapters are devoted to a *resumé* of medicine in the past, and the very slow progress made for a great length of time in ascertaining anything about the mode of action of drugs. It is shown how "the general action of many drugs has long been known, and some of the most graphic descriptions ever given of them are those of Nicander, of Colophon, but the analysis of their mode of action, like the study of microscopic anatomy, is of very recent origin." The original observations and deductions of Bichat and Magendie are described and contrasted with the very complete means of investigation adopted by those pursuing the subject at the present day. The importance of a complete acquaintance with Pathology is demonstrated by the necessity for making it the means of establishing a connection between clinical medicine and pharmacology. The concluding chapters treat of the functions of Respiration and Digestion, and the different medicinal agents which are found to control and modify them in various ways. To every practical physician the reading of these essays will furnish food for thought, and cannot fail to aid his attempts at the carrying out of rational therapeutics.

Our Homes.—By HENRY HARTSHORNE, A.M., M.D., formerly Professor of Hygiene in the University of Pennsylvania. Philadelphia: Presley Blakiston.

This is an addition to the series of American Health Primers. It is an attempt to answer, in a popular way, the question, "How

shall we have healthy homes?" and the reply is contained in chapters as follows: Situation, Construction, Light, Warmth, Ventilation, Water Supply, Drainage, Disinfection and Population. All these important topics are treated of, and the best means pointed out by which the evils necessarily associated with city dwellings may be, and should be, obviated. The little book is pleasantly written, and cannot fail to assist in spreading amongst the people a true knowledge of practical sanitary science.

Books and Pamphlets Received.

Four volumes from Wm. Wood & Co., N.Y., being part of the series of "Wood's Medical Library" for 1880, viz., "The Venereal Diseases, including Stricture of the Male Urethra," by E. L. Keyes, M.D.; "A Treatise on Foreign Bodies in Surgical Practice," by Alfred Poulet, M.D., in two vols.; "A Handbook of Physical Diagnosis, comprising the Throat, Thorax and Abdomen," by Dr. Paul Guttman.

Sea Air and Sea Bathing. By John H. Packard, M.D. Philadelphia: Presley Blakiston.

A Practical Treatise on Sea-Sickness: its Symptoms, Nature and Treatment. By Geo. M. Beard, A.M., M.D. New York: E. B. Treat.

The Hysterical Element in Orthopædic Surgery. By Newton M. Shaffer, M.D. New York: G. P. Putnam's Sons.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery. By Norman W. Kingsley, M.D.S., D.D.S., &c. With over 350 illustrations. New York: D. Appleton & Co.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.S., &c. With numerous additions and illustrations. By Henry Hartshorne, A.M., M.D. In three volumes. Vol. III., "Diseases of the Digestive, Blood-Glandular, Urinary, Reproductive and Cutaneous Systems." Philadelphia: Henry C. Lea's Son & Co.

REPRINTS.

A Lecture on Median Lithotomy. By James L. Little, M.D., New York.

— *Aspiration of the Knee-Joint.* By Henry D. Marcy, A.M., M.D., Cambridge, Mass. — *Ovarian Tumors: at what stage of the disease is it the proper time to operate?* By Edward Borck, M.D., St. Louis, O. — *A Case of*

Compound Dislocation of the Wrist. By Edward Borck, M.D., St. Louis, O. — *Time of Conception and Duration of Pregnancy.* By Geo. J. Engelmann, M.D., St. Louis, O. — *A Case of Intra-Ovarian Pregnancy, with*

post-mortem examination. By Talbot Jones, M.D., of St. Paul, Minn. — *On Fluid Extracts, as proposed for the coming Pharmacopœia.* *Therapeutic Gazette.*

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting was held April 16th, 1880, the President in the chair.

Dr. James Cameron read a paper on the communicability of typhoid fever by milk, in Montreal, with special reference to one dairy on the Lachine Road. This dairy supplies some thirty families in the city, besides some large institutions, including the St. Lawrence Hall. It was ascertained by examination that out of the thirty families supplied by this milkman, thirteen of them had had typhoid fever since October, 1879. One notable feature connected with these cases was, that a number proved fatal, while those that finally recovered had repeated relapses. A case of typhoid fever had occurred at this milkman's house, prior to this outbreak. The well out of which water was taken for the dairy use, was situated in a manner and adjacent to the water-closet, so that the excreta placed there could easily be conveyed from one to the other. The quantity of milk supplied to the St. Lawrence Hall, was about twenty-five gallons a day.

Dr. F. W. Campbell said that he had had one case of typhoid fever at the St. Lawrence Hall, in October, a severe case which proved fatal. This source of typhoid was not a new one, yet newer than many of us think. It is a remarkable thing that not a single one of the latest and best text books (excepting Roberts') mention impure milk, or milk contaminated with typhoid germs, as a cause of the disease. Dr. Campbell mentioned that remarkable outbreak that occurred in a certain district in London, in 1874, when the family of the late Dr. Murchison were included in that outbreak, and where that medical man, after careful and persistent efforts, discovered the source of the trouble.

Dr. Reddy said six out of the cases mentioned by Dr. Cameron were under his care. Very severe relapses were noticeable in these cases. He had now four fresh cases in families supplied by the same milkman.

Dr. Girdwood said that he had water from this well in process of examination, but could not at present make a report on it. The position of the well from which the cattle were supplied, was such as to be easily contaminated from the drainage of the yard.

Dr. Osler said there are two points worthy of attention. There would appear here to be a continuous source of infection, extending over six months, in that it differs from recorded cases where the outbreak has been simultaneous and within a limited area. The second point was, whereas thirteen out of thirty families were affected, yet only one case is recorded in the St. Lawrence Hall.

Dr. Ross suggested the advisability of a more carefully prepared statistical report, in order to arrive at the true state of the case.

Dr. Hy. Howard said much of the city milk was brought from Longue Pointe. The cattle were watered from holes in the ice, and water was taken from this same source for household and dairy purposes. The water of the river in that vicinity must be much contaminated by the refuse and drainage of the city, and doubtless is also a cause of the propagation of this disease.

Dr. R. P. Howard expressed the indebtedness of the Society to Dr. Cameron for the evidence supplied on this subject, but there are so many points that arise, that Dr. Cameron would do well to further investigate these cases, especially as to the St. Lawrence Hall. This discussion would, doubtless, cause more attention to be given to the subject.

Mr. McEachran introduced for discussion "The Transmissibility of Tuberculosis from Animals to Man," particularly by milk, with the object of impressing the importance of regular inspection of the cattle in the dairies supplying the city with milk, as well as of the dairies themselves.

The experiments of continental investigators have so clearly established the close relationship between tuberculosis in man and in animals, and the possibility of the disease being in many ways transmitted from one to the other, that the guardians of

the public health would be perfectly justified in using every precaution against milk of tuberculous cows being sold for consumption.

He pointed out the necessity, also, for providing some means whereby proper scientific experiments could be conducted to test the statements of these foreign scientists, for at present we have but little else to guide us.

He described the experiments and different views of the French and German pathologists Villemin, Chauveau, St. Cry, Viseur, Klebs, Orth, Bollinger, and others, which adduced sufficient evidence of the transmissibility of this disease, by ingestion, inoculation, and inhalation of the virus; and particularly the danger from the use of milk from phthisical cows, to warrant the Society in passing resolutions recommending precautionary measures on the part of the Board of Health.

Dr. R. P. Howard, in opening the discussion, remarked that although the members of the Society were aware that the transmission of tuberculosis from animal to animal by milk, and possibly to the human subject, had, within late years, engaged the attention of scientific men, we were pleased that Mr. McEachran had brought the matter formally before us, no doubt with the view of learning the opinions of the members upon it. As Mr. McEachran's paper consists mainly of extracts from Dr. Vailin's recent article entitled, "Can the milk of phthisical cows produce tuberculosis," and advances no opinion of his own, one may venture to call in question very frankly the hasty conclusions which have been drawn by a few experimentalists in France and Germany, not agreed amongst themselves, upon so difficult and important a topic.

Before stating his objections to the inferences that have been drawn respecting the communication of tuberculosis from experiments upon the lower animals, he would remind the Society that these experiments claim to have proved that the inhalation of sputum from phthisical cavities, of simple bronchitic sputum, of particles of cheese, of pulverized brain, or even of cinnabar by dogs, rabbits and other animals, produces tuberculosis of the lungs, and that the *ingestion* of phthisical sputa, of catarrhal

sputa, of common pus, and of the milk of phthisical cows likewise produces tuberculosis in the lower animals.

Bearing these alleged results of experiment in mind, one may fairly object to the doctrine that the milk of phthisical cows transmits tuberculosis—

1st. That the resulting lesions cannot be attributed to any *specific* tuberculous nature of such milk, inasmuch as such unlike substances as phthisical sputum, catarrhal expectoration, ordinary pus, cheese and cinnabar produce the same lesions in these animals.

In one of Kleb's cases even *boiled* milk produced the same consequences as the same milk not boiled, and Zürn found that boiling tuberculous matter did not render it innocuous to the animal that ingested it. A boiling temperature, it is generally believed, will destroy the germs of the specific morbid poisons.

It is too wide and difficult a subject, even if it were necessary to my argument, to attempt an explanation of these results of experiments upon animals; and my

2nd. Point is, that even were it established that the milk of phthisical cows, when ingested, produces tuberculosis in calves and other animals, that would not warrant the statement that such milk would have a like effect if ingested by the human subject.

3rd. Every animal has an organization proper to itself, and its own aptitudes and endowments as regards diseased actions. It must be shown—proved, not guessed—that the milk of tuberculous cows, drank by human beings, will impart tuberculosis to them, before it can be accepted as a fact.

4th. The irritation caused by a simple wound, by a seton of silver wire, or cotton, or paper, by the introduction of pus, cinnabar, etc., under the integuments, produces the so-called artificial tuberculosis in guinea-pigs, rabbits, and other animals; but what pathologist now maintains that such irritation produces tuberculosis in man?

5th. It has not yet been proved that tubercle itself is directly inoculable in the healthy human subject, although it may be admitted that when tubercle has been developed in the human

body it may enter the lymphatics or blood-vessels, and be thus propagated in near or in remote parts.

6th. It is not yet agreed amongst pathologists that in the human subject phthisis is contagious or communicable from person to person, although much may be said on the affirmative side of the question, and Weber's cases are very important. But even if phthisis be communicable through the semen, as syphilis is thought by some to be, fecundation and gestation are so essentially peculiar processes, that no analogical argument from them can, in the present state of knowledge, be safely applied to the explanation of diseases which are contagious or communicable in the ordinary modes.

7th. No reliable instance in which the milk of a phthisical cow has induced tuberculosis in the human subject is recorded. Even Bollinger, in his latest paper on this subject, claims to know of but one case, and he is frank enough to admit that it is only probable that the child had been fed upon the milk of a tuberculous cow.

8th. The circumstance that infants and children are not specially obnoxious to tuberculous disease, although their food is chiefly, and for the first year almost solely, milk, is strongly opposed to the theory in question.

When it has been proved that the milk of phthisical cows does induce tuberculosis in man, several questions will require solution,—such as, (1) Under what circumstances does such milk produce the disease? (2) Can it do so on healthy persons free from tuberculous or scrofulous predisposition? (3) If it can, is it from any quality, and if so, what quality, peculiar to such milk? (4) May other milk than that from tuberculous cows induce tuberculosis?

Such are some of the objections that, in my opinion, have to be satisfactorily met before medical men can properly affirm that the milk of phthisical cows will produce tuberculosis in human beings. But the subject is one of such great importance, and the interests at stake so serious, that until it can be shown that the theory in question is quite erroneous, we shall feel it our duty, as a Society, to urge upon the authorities the wisdom of

establishing an efficient system of inspecting not only the milk supplied to the citizens, but the sanitary state of the cows supplying the milk, and, indeed, the conditions of the dairies also.

Dr. Osler said the views expressed by the President were substantially the views of pathologists of the present day. Few animals have been experimented on. The subject is surrounded by many difficulties. It is notorious how many of these thoroughbred cattle have inflammation of the lungs, which ends in caseation, and this is reckoned by all veterinary surgeons as phthisis. The chief end of this discussion should result in a proper milk inspection, not only of the dairies, but of the milk brought into the city. In Berlin, a double set of officers are appointed to all the roads leading into that city, whose duty is to examine the milk, and good has resulted both there and in Paris.

The President nominated Drs. Osler, Ross and Larocque a committee to draw up a motion embodying the views of the Society on the subject of a pure milk supply, to be presented to the City Council.

The meeting then adjourned.

The regular meeting was held April 30th—the President in the chair.

On the part of the committee appointed at the last meeting, Dr. Ross moved, seconded by Dr. Osler, the following Resolution:

“Whereas it is universally admitted that a supply of pure milk is of paramount importance to the well-being of the community, particularly the infantile population; and whereas it has been amply proven that various diseases may be caused by, or communicated through, unwholesome or impure milk,—*Resolved*: That the Secretary be instructed, on the part of this Society, to urge upon the Board of Health the necessity of enforcing the existing By-Laws concerning the inspection of dairies and the examination of milk, and, further, of making arrangements to procure the periodical inspection of all milk-giving cattle and their surroundings by a competent Veterinary Surgeon, who should report at regular intervals to the Health Officer of the City.”

Dr. Ross read the By-Law, and said that in considering the matter the committee had concluded that, in almost all essential matters, the By-Laws of the city already made ample provision for the enforcement of milk inspection, but that they had never

been acted upon, and had, in fact, been allowed to become a complete dead letter. The latter part of the resolution also alluded to another very important matter for which no arrangements were made by the existing regulations. The President thought that greater stress should be laid upon non-enforcement of By-Laws and an absence of proper milk inspection for the city. One officer should do the work. A Veterinary Surgeon should inspect the milk as well as the surroundings of the cattle, and also the relations of privies to wells, and such like sanitary matters. The health officers would no doubt gladly delegate this to another officer. After remarks by several other members, the resolution was put and unanimously carried.

Dr. Osler presented to the Society a case of peculiar heart-murmur. The special feature here presented was that, in the ordinary position, sitting or standing, no murmur was audible, but on bending slightly forwards a loud musical murmur was at once developed. This varied in intensity at different times, but sometimes was loud enough to be heard several feet away from the patient. These facts were verified by all the members present. There was no hypertrophy and no other evidence of cardiac disease. The sound and the position of the girl's body in which it was loudest, had been noticed by herself and her friends. Ebstein mentions several cases of very loud murmurs heard at a distance, most of them connected with mitral stenosis, only three in which there was no disease. Dr. Osler cannot account for the murmur, but thinks, perhaps, it arises from an unusually flexible chest and pressure thus exerted on the pulmonary artery and aorta. Dr. Ross suggested that it might possibly be explained by the existence of some loosely pediculated body hanging inside the heart in such a way that, only in certain positions, it would fall into the blood-current and develop a murmur. At all other times, of course, there was none. He had had a patient last last year in the General Hospital in whom there was a loud apex murmur when sitting up, none at all on lying down. The President rather favored the idea that it was most likely due to bending of the costal cartilages and pressure on the pulmonary artery.

Dr. R. P. Howard read a paper upon a case of Fibroid degeneration of the heart. (This paper will appear in our next number.)

Dr. Osler said that he had only met with one other case, although the apex of the papillary muscles are often affected with fibroid degeneration. A very common condition is the development of milky patches in the pericardium, but here the fibroid change does not extend into the subjacent muscle.

The meeting then adjourned.

Extracts from British and Foreign Journals.

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

Hysteria in Young Girls.—Dr. Wm. Goodell recommends the following for hysterics in young girls:—

“When you are called to treat a young girl with an hysterical attack, there are three things which you had better do: 1st, Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. 2nd, Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. 3rd, And this method of controlling the spasm will often act charmingly: take a good-sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the nervous system.

“When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafœtida,—none of your small two or three grain doses, but ten grains all at once.”

Symmetrical Gangrene of the Feet in Typhoid Fever.—Dr. Richard reports the following observation in the *France Medicale*:—Four young persons, brothers and a sister, living at Philippeville under the same roof, were attacked with typhoid fever. Two of these patients presented a condition of symmetrical dry gangrene of the lower

extremities, superficial gangrene which resulted neither in death nor in loss of the affected members, but only in partial and spontaneous separation and dropping off of the toes. Dr. Richard compares this form of gangrene to that described by M. Maurice Reynaud under the title of symmetrical gangrene of the extremities, and he thinks they should be regarded as of spinal origin. These cases, therefore, should come under the history of the spinal form of typhoid fever. One of the patients presented, besides the symmetrical gangrene, signs of myelitis, hyperæsthesia, paresis of the lower extremities, interference with micturition,—all which supports the idea of this mode of origin.

Accidents observed to follow Thoracentesis by Aspiration.—N. P. Dundridge, M. D. (Cincinnati *Lancet and Clinic*, Jan. 3, 1880), thus closes an article under the above caption: The statement that this operation, mentioned in the caption, is a trivial operation, entirely devoid of danger, is to be most strongly condemned, while the practice which would undertake its performance without due regard to the conditions and surroundings, which would render accessible the most efficient means for combating any unpleasant consequences which might arise, is certainly not justifiable. Syncope has developed half an hour or more after aspiration has been performed, so that the operation should only be undertaken when complete rest and repose can be secured after its performance, for the least exertion might determine an accident, otherwise avoidable, which may prove fatal. The doctor feels himself justified in formulating the following as the accidents which have followed, thoracentesis for pleuritic effusions, Some of these may be considered as mere concomitants of the puncture. Others must be held to be more or less dependent upon the operation or the measures by which it was followed; Syncope, fatal or transient, due either to reflex action or to the paralyzing influence on the heart walls of the sudden removal of the pressure of the effusion. Convulsions dependent upon reflex action or due to minute emboli in the cerebral vessels. Pulmonary congestion and œdema, suddenly developed, either

with or without the rapid accumulation of serous exudation into the bronchial tubes and producing asphyxia. Embolic obstruction of the pulmonary artery of the sound lung. Embolic processes in various organs and of various grades of severity, which have their origin in clots previously in the pulmonary veins of the compressed lung. These last, when they occur at the time of or soon after the operation, may have been excited by it. When they develop days afterwards, they must be held as incidents of the original trouble, and in no way connected with the operative measures taken. In this *resumé* mention of a transformation of a serous into a purulent effusion is purposely omitted, because it was thought that the proof is insufficient to hold the operation responsible for the change from serum to pus. No case of serious accident from wounding the lung seems to be recorded. While the conclusions are not new, the doctor thinks that they will bear repetition, and that surgeons cannot be too careful in undertaking this operation.—*Detroit Lancet*.

Through Drainage in the Treatment of Open Wounds.—Dr. Thos. M. Markoe presents an extended and elaborate article upon this subject in the April number of the *American Journal of Medical Sciences*. He first discusses the Lister treatment of wounds, taking ground directly against Lister's theory, and in part against his practice. Mr. Lister asserts that all the evils, local and general, that result from wounds are caused by the presence of bacteria, which set up inflammatory or destructive action in the wound, and entering the system lead to fever and other constitutional disturbances. Dr. Markoe shows that while this view has never been practically proved, there are certainly other influences which modify the course of the local affection, as well as the general condition of the patient. Among these are extensive laceration of the parts, overheating or chilling the same, and irritation by foreign substances, all which may so impair the vitality as to make reparative and perhaps even inflammatory action impossible. Furthermore, as regards the constitutional condition, it is certain that

such complications as tetanus, convulsions, and neuralgias cannot be caused by bacteric infection.

Having shown that the Lister theory is insufficient, Dr. Markoe proceeds to argue that the practical methods employed by that surgeon may secure their acknowledged good results in another way than by simply destroying bacteria and preventing putrefaction. On this point the belief is asserted that carbolic acid has a special action in allaying inflammation and promoting repair. What this special action is cannot be explained, but it is known that carbolic acid depresses the vital activity of bioplasm.

Referring to the details of Lister's dressing, the writer is of opinion that many of them are unnecessary, and sometimes even actually injurious. They are also cumbersome and expensive. The thick and heavy wrappings will at times retain the secretions, heat the part, and lead to bad results.

On the whole, Dr. Markoe avers the belief that the theory of Lister is insufficient and unproven; and that the good practical results are due to the specific action of carbolic acid and the surgical cleanliness which the treatment demands.

The mode of treating wounds, which the writer had been employing for ten months in Roosevelt and New York Hospitals, is then described. It consists in passing rubber drainage tubes into the wound, making counter-openings, when necessary to secure free drainage, and covering the whole with a few layers of carbolized gauze. Carbolized water is then injected through the tubes at first during every two or three hours; after this less frequently. Fifty-two cases are cited illustrating the good results of this treatment. In almost every instance there was but little traumatic fever, the wound was not painful, and reparative action soon set in. The treatment seems to be of especial value in compound fracture. Here counter-openings are generally made, and plaster-of-Paris bandages with fenestra then applied.—*N. Y. Med. Record.*

Iodoform Narcosis.—Dr. Oberlander reports two cases which confirm the experiment of Binz on the narcotic action of Iodoform. A syphilitic woman had taken twenty-four

grammes of the drug, in pills of one centigramme, in 80 days. Suddenly she was seized with weakness, vertigo, and diplopia, and fell, after two days, into a profound sleep, which, after 36 hours, was followed by nervous exaltation, severe cephalgia, delirium, and disordered speech. Then followed a period of weakness and staggering; then the cephalalgia, vertigo and diplopia re-appeared. All this lasted two weeks. In the second case the syphilitic woman was aged 69, and presented symptoms of poisoning in seven days after having taken about 5 grammes. The sleep continued five days, and was followed for several weeks by a sensation of debility and vertigo.—(*Zeit. f. prakt. Med.*, 1879.)—*N. Y. Med. Journal.*

Hydrate of Chloral in Acute Gastro-Enteritis of Children.—Prof. Adolph Kjellberg writes, in *Nordiskt Medicinskt Arkive*, vol. xi., No. 3, that there is no medicine which is of so much use as chloral in checking the vomiting in acute gastro-enteritis of children. Being rapidly absorbed it stops the vomiting, calms the patient, and often checks the diarrhœa. It is best given by enema, so as not to risk its rejection by the irritable stomach. It should be given soon after the bowels have been moved. The dose for a child of from five to six months is twenty-five to thirty centigrams (three and a half to four grains), while to a child of from twelve to fifteen months, fifty to sixty centigrams (seven to eight and a half grains) may be given. The bulk of the injection should not exceed a dessertspoonful. The enemata may be repeated two or three times daily, and the dose may be increased if it is found necessary. In order to increase the effect of the chloral the author generally adds to each enema a drop of the tinct. opii, and if stimulants be indicated, five to fifteen drops of liq. Hoffman. At the same time other remedies are not neglected; iced water, or cognac, or champagne for the vomiting, opium for the diarrhœa, hot mustard baths for albuminuria, should it occur, stimulants for collapse, etc.

—Seven medical students have fallen victims to diphtheria, in Paris, caught while attending the Hôpital des Enfants-Malades of that city.

CANADA

Medical and Surgical Journal.

MONTREAL, JUNE, 1880.

OUR MEDICAL SOCIETY:

On the 27th of last month the Medico-Chirurgical Society of Montreal held their first meeting in their own Rooms. This marks an era in the history of the Society, and we offer the President and members our sincere congratulations upon the event. From the time this association was resuscitated in the year 1870 until the present date, their meetings have been held in the Library of the Natural History Society. This room, though conveniently situated and otherwise suitable for the purpose, yet did not furnish such accommodation as was felt to be desirable. There has thus for some time past been a feeling that an effort should be made to provide a local habitation better suited to the wants of this important association. Some months ago a very favorable offer was made by the proprietors of the building now occupied, and a committee was formed, presided over by Dr. F. W. Campbell, to carry out the required arrangements. The site is excellent, at the corner of Phillips' Square and St. Catherine Street, facing the English Cathedral, and thus centrally placed for all the members. Some necessary alterations in the rooms were made, and a sufficient sum quickly raised by private subscription to cover the expense of furniture and fittings. In executing their task the committee displayed much good taste, and won universal commendation. The rooms are three in number, one of fairly good dimensions (but unfortunately rather wanting in height) which will amply accommodate the general meetings, a second, fitted as a library, and the third a small anteroom. A Medical Library of reference

open to all has long been a desideratum. It is again our friend Dr. Fenwick, so many years editor of this *Journal*, who has come forward, with his usual generosity, and presented the Society with the very substantial nucleus of 100 or more volumes of the most important periodicals of late years. For this handsome donation Dr. Fenwick deserves the thanks of the Profession of this city, and it is to be hoped that other members will not fail to follow the public-spirited example thus set them.

The first meeting in the new rooms was well attended, and the evening was very profitably and pleasantly spent. Encouraging speeches were made by the President and others, alluding to the decided improvement in the quantity and quality of work done of late by the Society, and also to the rapid increase of membership and markedly large numbers now attending and taking part in the regular meetings. A pleasing feature was the presence of Dr. Mount, President of the *Société Medicale*, and two other gentlemen representing the same association. It has often been regretted that the English and the French Societies of this city keep so exclusively apart. We hope this official visit of their presiding officer will only be the prelude to a better *entente cordiale* in the future.

THE TRIENNIAL MEETING.

The triennial meeting of the College of Physicians and Surgeons of the Province of Quebec, will be held in Montreal on the 14th July next. The object of the meeting is chiefly for the purpose of electing forty Governors. Every practitioner should feel that he is interested in the *personel* of the Provincial Board. Once elected they have very extended powers in the way of regulating all matters pertaining to the study and practice of medicine in the Province. Every one, therefore, should see that he is represented in the meeting. All who can come, should. If prevented, however, they should take care to furnish some friend with the necessary proxy. As this is the first time that the law on this subject has come into force, we would draw attention to its requirements. *First.* To be entitled to

vote, all arrears to the College must be paid up before the 1st July. It will be remembered that every member is indebted to the Provincial College in the sum of \$2.00 annually. It is probable that a good many have not attended to this matter since the last election. Such, therefore, must transmit \$6.00. Payments are made to Dr. Larue, Registrar, Quebec. *Secondly.* A proxy must be witnessed by one witness. *Thirdly.* All proxies must be first sent to the Registrar, Dr. Larue, in order to be *visé'd* by him, after which they will be forwarded to the party mentioned on the face of the same. They must be received by him *before the 1st July*. All who are desirous of escaping disfranchisement will therefore do well to observe carefully the foregoing regulations.

CORONER'S INQUESTS.—A new Bill is at present before the Provincial Legislature concerning Coroner's Inquests. It has been quite plain since last session that an alteration in the law was necessary, to furnish some latitude for the discretion of the coroner. It is now proposed to allow him to hold inquests on any case in which he files a declaration that from information received by him he believes that death has occurred "under such circumstances as require investigation." This would obviate the unseemly occurrences which have been only too frequent of late in various parts of the Province. Section 6 provides that "the body of any pauper shall be buried at the expense of the city, village, &c., in which he may happen to have died." We should like to see an amendment made to this, so that in cities where schools of medicine are situated the Inspector of Anatomy should be notified of the deaths of all paupers, and should then give over such bodies for dissection to the different schools after the manner provided for in the Anatomy Act.

PLAGIARISM.—It is a bad practice rather too common in this country, but long condemned in England and elsewhere, for writers of papers to cause their communications to appear almost simultaneously in two or more periodicals. The impropriety of this proceeding, and the injustice to readers, has often been

pointed out. This is bad enough, but how are we to explain the following? Three months ago there was published and widely-circulated amongst the Canadian profession a volume of Reports from the Montreal General Hospital. It included a detailed account of a case of spinal apoplexy, by Dr. Geo. Wilkins. In the issue of the 3rd June the *Canada Medical Record* reproduces this entire article under the misleading heading of "*Original Communications*," just as though it had never before seen the light. We are willing to believe that such instances of wholesale plagiarism are not often to be found.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of this Association was held in New York on the first four days of this month. For an account of the proceedings we refer our readers to the letter of a correspondent on another page.

MONTREAL GENERAL HOSPITAL.—The annual meeting of the Governors of this Institution was held on the 20th ult. As no resignation was received from any member of the attending staff, as had been expected, no election was held, and the existing members were reappointed as usual.

Medical Items.

PERSONAL.—T. G. Hockridge, M.D. (McGill), has passed the examination and obtained the qualification of Member of the Royal College of Surgeons of England.

UNION OF INTRA-CAPSULAR FRACTURE OF THE FEMUR.—A suit for \$100,000 was recently brought against two Brooklyn physicians for malpractice. The alleged *malapraxis* consisted in treating for contusion what was subsequently asserted by other surgeons to have been an intra-capsular fracture. The trial, which resulted in acquittal, developed some sparring amongst the medical witnesses upon the subject of the possibility of osseous union occurring in these fractures. Dr. Carnochan, for the prosecution, produced a specimen in which he had made this diagnosis, and still believed bony union to have followed.

Dr. Frank H. Hamilton, on the other side, maintained that there was either no fracture, or else it was extra-capsular, for he did not believe that intra-capsular union ever took place. The Court allowed him to saw the bone in two, when it was clearly shown, to the discomfiture of the exhibitor, that there was a fracture, but it was without the capsule.

—The *Maryland Medical Journal* says:—"Listerism, pure and simple, it is stated, is dying out in New York city. It is employed in New York and Roosevelt hospitals by only one surgeon. It is but little used in Bellevue, Presbyterian, St. Luke's and St. Francis hospitals. At the Woman's Hospital it is applied as a rule in ovariectomy, but not always. In Baltimore it has never been generally employed, its use being confined to one or two test cases. This is due to the great inconvenience attending the use of the spray, and to the fact that thorough cleansing and drainage have been considered the only essential results secured by these methods, being as good as those effected by the employment of Listerism in all its details."

CÆSAREAN SECTION EXTRAORDINARY.—The *Wiener Med. Wochenschrift*, No. 13, 1880, gives the following anecdote, on what appears to be unquestionable authority: A poor woman at Prischtina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again, after the removal of the child! And now, after several months, mother and child are doing perfectly well.

—Amongst the many preparations which have of late been used with success in Cholera Infantum we would mention *Lactopeptine*. This has proved itself a very valuable aid to digestion in various forms of stomachal and intestinal derangements, and in the last-mentioned complaint is very highly spoken of by many who have used it quite extensively.

—We direct the attention of our readers to the advertisement of Tees & Co. Their revolving desks are very useful for medical men, and will be found a great convenience.