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CANADA
MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Case of Scarlatina miliaris. By WM. OSLER, M.D., Prof. Institutes of Medicine, McGill College.

C. S., æt. 9, had been convalescent for over two weeks from a moderately severe attack of small-pox, and was only remaining in hospital on account of two ulcers in the leg. During the night of the 30th of June she sat up with the nurse till 4 A.M. watching a dying child, and as on getting up at 7 A.M. she complained of a few pains in her back, and looked very pale and unwell the nurse sent her back to bed. She was not sick at the stomach, nor had she any shiverings. Up to this time she had been doing very well, and no change had been noticed in her health. About 9 A.M., the nurse observed that she had become of a bright scarlet color. At the visit, at 4.45 P.M., there was intense hyperæmia of the skin, the whole surface being of a brilliant red colour, and on touching gave the impression of pungent heat. The redness was diffuse and uniform, only here and there, on close examination, a punctiform character was observed.

Throat not sore; tongue thickly coated; pulse 140; temp. 101.

July 2nd. 8.45 A.M. Had a tolerable night. Pulse 136; temp. 104. Tongue coated. Eruption remains, being even more intense, and some additional features of interest added. Thickly scattered over the whole trunk, upper extremities and thighs, are small miliary vesicles about the size of No. 4 shot, tolerably firm to the touch, and filled with a yellowish creamy fluid. Over the nape of the neck and back they are so closely set that hardly any

intervening skin can be seen. On the dark brown cicatrices left by the varioles they exist in groups. On the arms they are not so numerous, but on the extensor surfaces, especially about the elbowjoint some of them have coalesced to form large bullæ, which are filled with the same yellowish-white matter. Only a few of the vesicles are evident on the legs, but on close inspection small, clear, subcuticular papules are seen, like the vesicles in an early stage of development. Legs and feet are somewhat swollen.

5.30. P.M.—Pulse 148; temp. 102.4. Tongue very much coated. Bowels opened once freely. Feels heavy and is not disposed to take much nourishment. Face suffused, but general redness not quite so marked. Vesicles on back and chest appear firmer to the touch, and on squeezing a portion of skin their contents do not flow out so readily. They also exist in numbers over the scalp, and are very thick on the forehead along a narrow strip just at the roots of the hair. Only a few are present on the face, and these are larger and more of the nature of bullæ. On the trunk and thighs they are most numerous, and on passing the finger over the skin in these regions the sensation of closely set fine papules is experienced.

The legs are œdematous, bright red in colour, and—especially about the small ulcers, which have now scabbed over—have a glistening aspect. Fauces and pharynx look quite natural, and are not at all congested. Urine normal in quantity, not very deep in colour. Sp. gr. 1015. Examination of the contents of the vesicles show them to be made up entirely of pus corpuscles, mixed with a considerable quantity of granular matter.

3rd.—8.30 A.M. Pulse 128; temp. 99.4. Tongue has lost its white coating and is now of a dark red colour, somewhat swollen and with papillæ prominent. She had a very good night and made a fair breakfast this morning. General redness still evident. Vesicles drying and disappearing on the chest. None have appeared on the legs, which are much less swollen to-day. Back and thighs very rough to the

touch from the partly desicated vessels, feeling like pig-skin or exaggerated *cutis anserina*. General symptoms good. Urine abundant, pale, and contains no albumen.

5.30 P.M.—Pulse 120 ; temp. 99. Tongue a little dry, dark in colour and studded with swollen papillæ. Rash fading on chest and extremities, still very intense upon the back. Some of the miliary vesicles have burst and disappeared from the trunk, leaving the skin roughened in parts. Several large ones exist now on the backs of the hands, which are filled with a purulent fluid, and similar ones, though larger, still remain upon the extensor surfaces of the arms. Feet and ankles have lost their glistening appearance and are not so much swollen. A few vesicles have come out upon the legs. Over the whole scalp the vesicles have uniformly coalesced, and the contents form a thin layer of purulent matter,—a miniature of what is sometimes seen in bad cases of confluent small-pox. Pain complained of in the back of the neck, a region where the vesicles were most abundant, and in drying have left it hard, rough and painful. General symptoms continue good ; bowels opened twice ; urine contains no albumen. Sp. gr. 1012.

4th. 10, A.M.—Had a good night ; pulse 100 ; temp. 98.2 ; tongue moist, brighter in colour, and papillæ not so prominent. Throat natural. Skin still hyperæmic, especially about the back. Desquamation of fine, small crusts and thin scales beginning on the chest. On the back of the neck and about the axilla, the crusts are semi-detached and can be readily picked off. Back and abdomen still rough and granular, and on close inspection the dried remnant of each little vesicle can be seen. A few purulent bullæ still persist about the hands and legs. Urine pale in colour ; normal in quantity. Sp. gr. 1011. No albumen.

6.30 P.M.—Pulse 96 ; temp. 98.2. Tongue clean. Rash disappearing and desquamation progressing. Says she feels quite well.

5th, 9.30. A.M.—Pulse 88 ; temp. 98.2. Back covered with scales and fine crusts, which are rapidly becoming detatched

and falling off. On the limb the scales are smaller, thinner and more furfuraceous. 6, P.M. Pulse 84; temp. 98.3.

6th,—Pulse 92; temp. 98. Desquamation proceeding rapidly, crusts almost all off the back and neck. Appetite good.

7th.—Pulse and temperature normal. Thin flakes of epidermis are peeling off the arms and legs. On the trunk the scales are smaller but exceedingly abundant. The back is still very rough and covered with small, fine scales. Urine natural.

8th.—Desquamation beginning on the face, and crusts can easily be picked away from the roots of the hair.

Appetite good; asked for meat.

9th.—Feet and legs covered with membranous flakes. Body quite clean.

12th—Desquamation nearly completed. Urine abundant, pale. Sp. gr. 1010. No albumen. Microscopical examination negative.

16th—Had a bath which has removed the rest of the scales. Several small pustules — Acne — have appeared about the face.

20th.—Quite well; ordered to be discharged.

Remarks.—A local eruption of miliary vesicles occurring in Scarlet fever is not uncommon enough to demand notice, but such a plentiful crop as was present in this case is rarely met with, even in epidemics characterized by this peculiarity. The pustular nature of the contents of the vesicles, from the first, their curious confluence on the scalp, and the existence of pemphigus-like blebs on the limbs, brings the case into the category of those described as Scarlatina pustulosa.

Not a little confusion would appear to exist as to the forms of Miliaria, and their relations to Sudamia, Hebra. Neuman and other German authors describe three forms: *rubra, alba, crysalina,* of which the two former constitute Sudamia, while the latter is regarded as Miliaria proper. Again miliary vesicles, as described by the above authors,

contain a watery, transparent fluid, of a feebly alkaline or neutral reaction, the contents of which never became pustular. In English works they are spoken of as cloudy, turbid and purulent from the comencement. Sudamia, according to the latter, are clear, transparent vesicles produced by sweating; Miliaria are turbid and purulent, not necessarily produced by sweating, but occurring often at the height of a febrile affection. These miliary vesicles correspond to Hebra's M. alba, which he reckons as Sudamia. Fox strikes at the root of the matter when he calls Miliaria inflamed Sudamina. There can be no doubt that, given suitable conditions—active hyperæmia of the skin with consequent augmented temperature and increased supply of pabulum—the minute particles of protoplasm, which exist in the fluid of almost all vesicles, would develop into pus corpuscles, just as they can be made to do outside the body in the serum from a blister.

In this case the vesicles appear to have developed independently of any sweating, and to have been pustular from the outset. The first morning they were noticed, I looked carefully for any trace of clear vesicles, but about the trunk none could be detected. On the legs, however, certain clear, sub-cuticular papules did exist, which from some cause or other did not develop, but it may have been—probably was—in this way that the Miliaria originated.

Quite an exceptional feature in this case, and one very rarely observed, was the entire absence of any affection of the throat. I examined her carefully, twice every day in a good light, and not even a trace of congestion was seen from first to last.

An interesting question arises: where are we to look for the source of infection? The small-pox department is separated by a considerable interval from the general wards as well as from the houses about, in both of which places scarlatina is rife. If we are to suppose the Scarlatina poison to withstand dilution to such a degree that it remains active after passing through the wide space which

separates the Small-pox hospital from the neighboring buildings, can we attribute a minor degree of vitality to the small-pox germs which must be wafted out of the ventilating shafts in countless numbers to be distributed in the neighborhood ? Experience has taught us that we cannot.

Another, and perhaps more likely, source of infection must not be overlooked. On the 11th and 12th ult., I attended for a *confrere* a case of Scarlet fever in the immediate vicinity of the hospital, and on the evening of the 12th I went direct from the house to the hospital. At this period she was almost convalescent. The stage of incubation is so variously placed by different authors, ranging from three days to a month or more, that this may have been an instance of prolongation of the period of latency. With an impoverished condition of blood the Scarlet fever poison may not have met with sufficient quantity of that "mysterious something," different for each exanthem, upon which the germs are supposed to live, grow, and at last, happily, exhaust; and hence a lengthened period of incubation, with retardation of the eruption.

Case of Multilocular Ovarian Tumour.—Removal.—New Method of Ligaturing the Pedicle. By JOHN BELL, A.M., M.D.

On the 14th of June, I was requested by Madame M. to see her daughter who was suffering from a tumour in the abdomen. I saw her the next day, and diagnosed the tumour to be ovarian and cystic in its nature and recommended its removal.

The patient, a French Canadian, recently came up with her family from Rivière du Loup, *en bas*. She is 21 years of age, single, of medium height, of well-developed figure and frame, with pale or rather sallow skin. Until the last few days she had been able to walk about with comparative comfort, but now she spends most of the time lying down. Her appetite has been habitually poor, and there were but

few articles that she relished. Has suffered occasionally from vomiting. Her urine is not albuminous.

At the request of the patient and family, Dr. G. W. Campbell kindly saw her in consultation with me on the 16th. After examination of the tumour he pronounced it to be of the above character and probably unilocular from its globular form. Considering the extreme distension of the walls of the cyst, and the near approach of the hot summer weather, together with the otherwise favorable nature of the case, he advised its removal without unnecessary delay.

The dangers of the operation and probabilities of success were fairly stated to the patient, and after a week's consideration she consented to have the tumour removed on Saturday the 26th June as Dr. Campbell was going out of town for his summer vacation in the beginning of the following week, and she was anxious to have him present at the operation.

On the 23rd Dr. Ross saw the patient with me and a careful examination of the tumour was made. The circumference of the abdomen at the umbilicus measured 39 inches. A line from the ensiform cartilage to the umbilicus measured 7½ inches; umbilicus to pubic crest 7 inches; from umbilicus to right sup. spine ilii, 8½ inches; umbilicus to left sup. spine ilii 9 inches. The outer side of the hips were marked by numerous *lineæ albicantes*, but there were none on the abdomen. The tumour is firm and globular, being slightly more protuberant on the right side, and rests across the brim of the pelvic canal, not descending into it. The cervix uteri is normal in size and position or perhaps a little higher in the pelvis than normal, and the sound shows the uterus to be of normal size, but with the fundus thrown somewhat to the left. The uterus is more fixed than usual and can be moved farther to the right than the left side, from which it is surmised that the tumour is one of the right ovary. Fluctuation was indistinct in every part of the tumour but most perceptible on the right side, which

Dr. Ross thought was due to the density of the cyst fluid and the presence of a large cyst on the right, with a mass of smaller cysts on the left or flatter side of the abdomen. Percussion showed the intestines to be displaced chiefly to the left side, and the liver considerably upwards, the colon being resonant throughout. The anterior abdominal wall was freely movable over the surface of the tumour conveying a leathery creaking sensation to the hand. The diagnosis was therefore that the the tumour was unattached by adhesions, multilocular and of the right ovary; the cysts containing dense fluid and one on the right side being much larger than the others.

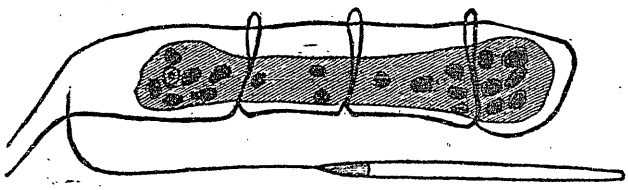
The tumour was first noticed in December last (1874) as a small lump in the right inguinal region. It never caused any pain or discomfort except what arose latterly from its size and weight. The patient has never enjoyed very robust health, but there is nothing peculiar in the history of the case that might point to the origin of the degeneration. Menstruation was at first regular; it then became suppressed for three months and has lately taken place every two weeks.

June 26th. Operation at 11 A.M., in an airy room on the third flat of the patient's home, which is situated in a healthful locality, with numerous trees in the gardens and yards around. Present, Drs. G. W. Campbell, Hingston, Fenwick, Carlyle of Toronto, Craig, Ross, Roddick, Patton, Cameron and Mr. Stafford. Dr. Cameron of the General Hospital kindly gave chloroform, and continued the anæsthesia with ether, of which about a pound was used. She took the anæsthetic well, although at times she became rather weak. The bladder having been emptied with a catheter, an incision of four inches in length was made, in the median line through the skin, a thick layer of fat and the subjacent tissues down to the tumour whose walls were thick, tense and marked with very large veins. On introducing the hand which was done with difficulty, no adhesions were found, and the fundus uteri could be felt to the front

and left side of the tumour whose pedicle was tightly drawn across its front surface and attached to its right side, thus causing the pedicle to be long and thin. The tumour had evidently been rotated by the filling of the larger cysts changing its shape. The patient was turned on her right side, with the pelvis facing downwards, and one of the Spencer Wells' large Canula Trocars, with rubber tube attached, was introduced into the tumour. Only a small quantity of thick, viscid, greyish, flocculent fluid appeared. By repeatedly pushing the cutting part of the instrument, further in different directions some pints of this fluid flowed out. A small quantity of blood appeared in the fluid as the wall of each new cyst was entered. The walls of the abdomen being now closely held against the tumour, a tenaculum forceps was fixed in the cyst at each end of the abdominal wound, and an incision made between them into the tumour. The incision was carried through a considerable thickness of small cells before the larger cyst at the right was reached. The hand was now introduced to break up the remaining cysts, some of which protruded into the cavity vacated, and seemed to be arranged concentrically inside one another. All the cysts contained the same kind of fluid, and as it gradually poured out the sac was gently drawn down until the mass passed out through the wound. The pedicle was long, thin, and about three inches broad, the lower border containing a number of enlarged vessels.

A ligature of Prof. Lister's No. 3, carbolized catgut doubled, was applied about midway between the tumour and the uterus, in the following manner, which is like the ordinary lock-stitch of a sewing machine. The double catgut was drawn through the eye of an aneurism needle to near the middle of the ligature. The blunt point of the needle was passed through the pedicle, about three quarters of an inch from its lower border, and then withdrawn along the longer end of the ligature, leaving a loop of the catgut on the opposite side. The shorter end of the ligature was brought round and passed through this, and the loops sub-

sequently made. The aneurism needle, still armed with the longer end of the ligature, was again passed through the pedicle about ¾ of an inch from the first loop and again withdrawn along the longer end of the ligature, leaving a second loop, through which the shorter end of the ligature was continued. In the same manner a third loop was made and the needle slipped off the ligature, whose ends were now tightly drawn and tied over the upper border of the pedicle. By this method the four divisions of the pedicle



were not only tightly ligatured individually, but were also so forcibly pressed together collectively, that, had any of the vessels been wounded in passing the needle through, all risk of bleeding from the punctures was removed. The ends of the ligature were again tied round the whole circumference of the pedicle, folding it up in its grasp. The pedicle was severed close to the ligature, as there was no danger of the latter slipping. The gaping ends of the enlarged vessels showed no sign of bleeding. One of the largest arteries was, however, secured with fine catgut in the end of the stump as a matter of precaution, and the ends of the ligature cut off short. The circumference of the pedicle compressed by the ligature was not greater than one's thumb. The now retracted uterine end of the pedicle was dropped into the abdomen, and a very small quantity of coloured fluid, brought to the wound by pressing the abdominal walls, was removed with a carbolized sponge. The left ovary was healthy. The wound was closed by four deep carbolized catgut sutures, each including about half an inch of peritoneum on either side of the incision. Superficial sutures of smaller catgut, between the deeper ones, completed the perfect co-aptation of the edges

of the incision. The wound was dressed with dry cotton wool, previously prepared by pressing it out of an alcoholic solution of carbolic acid, with a broad flannel bandage encircling the body.

On being removed to bed she was restless for a while, eructating occasionally from the effect of the ether, and when awake she expressed herself as "mal, mais pas de douleur." A teaspoonful of brandy and water was given her, but it caused pain to swallow. In half an hour 30 drops each of laudanum, and solution of morphia, were given as an enema, and almost immediately she fell asleep for an hour. After being awake for a short time she again fell asleep, and had been sleeping soundly, on her right side, for some time before I left at 3. 15, P.M.

26th, P.M.—Pulse 124; Temperature, 102.3. Patient slept for some time after I left. Had taken some beef-tea, but had vomited, or eructated it several times. Gave five drops of chlorodyne (Browne's) in a little brandy and lime water. To be repeated if required.

12 P.M., (Midnight). Pulse, 132; Resp. 31; Temperature, 102. Had vomited a mouthful of beef-tea twice. Slept several times. Some eructation. Perspiring freely. Talks and laughs. Has no pain; feels "bien, mais faible." Takes ice, milk, limewater and brandy in small quantities. 8 oz. dark urine of slightly ammoniacal odour removed by catheter.

27th. 10.30 A.M.—Pulse, 120; Resp. 40; Temperature, 101.7. Slept nearly all night in short intervals. Perspired freely. Vomited three times, the last bilious. Tongue clean. No tympanites. No headache. Pupils slightly contracted, as she had taken 25 drops of chlorodyne since the operation. Has had altogether about a tumblerful of milk, beef-tea and limewater, with three teaspoonsful of brandy since last visit. 6 oz. dark urine, of a normal odour, removed. To have champagne in small quantities.

6 P.M. Pulse, 132; Resp. 40; Temp. 103.3. Has not vomited since. Perspired. Feels occasional "coups de

douleur " in the wound. Has slight sore throat. To have m j Fleming's Tr. Aconite every hour, until further orders, with spirits and water to moisten the head, as the weather has been very warm and " close,"—the temperature in the shade being 84, Fahr. Her urine was removed regularly three times a day, and measured from 4 to 6 ounces each time.

12, P.M.—Pulse, 120; Resp. 35; Temperature 102. The head to be sponged with spirits and water, as she finds the warm still air very oppressive.

28th, 8.30 A.M.—Pulse, 118; Resp. 35; Temp. 102.7. Slept nearly all night—awaking only at intervals. No pain. Pupils slightly contracted. Vomited twice. Abdomen commencing to be tympanitic. 6 oz. dark urine, of normal odour. Examined the wound and found the dressing dry and only stained along the line of the incision, which is apparently perfectly healed throughout. To continue aconite and be sponged occasionally.

6, P.M. Pulse, 114; Resp. 30; Temp. 102.7. Has passed a small quantity of flatus per anum three times. Vomited (five times, rather freely—ejected matter coloured with bile.) Has occasional shooting pain in belly. Face flushed Pupils normal.

11. P.M.—Pulse 124; Temp. 102.8. Dr. Gardner saw her with me at this visit. Vomited a little. Considerably more tympanites. 4 oz. dark urine. On introducing the finger per anum, the rectum was felt above distended with wind, which seemed to be retained by a flexion of the bowel. Given enema Tr. Opii 3j. Essent. menth. pip. ℥ ss; aq. 3ij. To be sponged every three hours.

29th, (Tuesday) 9 a.m.—Pulse, 114; Resp. 25; Temp. 102.3. Slept from 12.30, and from that to 5 without interruption, Feels refreshed and " bien " without qualification. 6 oz. urine.

11, P.M.—Pulse, 128; Resp. 26; Temperature. 103. Dr. Fenwick saw the patient with me at this visit. Face flushed. Sore throat gone. Slight sanious discharge from

the lower end of the wound. Two broad strips of plaster a yard in length, were applied across the wound, and around the body for support, in addition to the cotton and flannel. 5 oz. of urine.

6 P.M.—Pulse, 140; Respirations, 29; Temp. 102.7. Vomited twice. Pupils somewhat contracted.

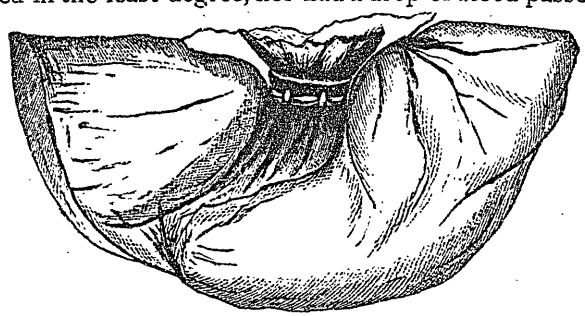
11, P.M.—Word was sent that patient was worse, as her hands were cold. Dr. Fenwick kindly accompanied me, as I feared lest hæmorrhage might be taking place. The patient was found to be warm, of good colour and perspiring freely, so that the breeze through the rooms had cooled her hands, which were however of good color. Pulse, 140; Respirations, 28; Temperature, 104.4. Has no pain Tympanites moderate. Urine nearly 4 oz. To continue chicken broth with brandy and water as she finds these agree best with her. Gave as an enema a small teaspoonful of laudanum with ess. peppermint and water.

30th, [Wednesday].—During the night she slept and waked at intervals, with mild delirium, imagining she was driving in a carriage, or that it snowed, &c. She died at 5.30 A.M., quietly, as her friends expressed it, "like the going out of a candle."

Post mortem examination 12 hours after death.

Rigor mortis well marked, Surface pale. Abdomen moderately distended with flatus. A sanious discharge could be pressed from the wound in places. Sutures still holding firmly. The whole anterior abdominal wall was reflected by two incisions; one across the lower part of the abdomen, and another at right angles to its right extremity, thus exposing the wound in the peritoneum without disturbing the sutures. The edges of the peritoneum were well and evenly brought together, although one of the sutures should have been drawn a little tighter. The edges of the wound were united throughout their entire extent, with the exception of a channel at its lower end, and small areas here and there which were moistened with a sanious fluid. The intestines were distended with gas, and the sulci and angles

between them everywhere contained firm, pale-yellow lymph. The peritoneum was not congested. There was a small quantity [4 oz.] of reddish-grey, semi-transparent serum in the belly. On pushing aside the intestines lymph was found deposited over the peritoneum, especially in the neighbourhood of the ligated pedicle, which was resting on the brim of the pelvis, The stump in retracting had drawn the firmly tied ligature into a hollow which was so completely filled in with firm lymph, that only a part of one of the knots could be seen. Dr. Fenwick has had a wood-cut of this part prepared from a drawing by my friend Dr. Arthur A. Browne, which shows the masses of lymph raised to give a view of the ligatures. The ligature had not moved in the least degree, nor had a drop of blood passed it.



Notes of examination of tumour, by Dr. Cameron.

Tumour symmetrical in form, an elliptical space denuded of peritoneum (which has retracted) marks the line of attachment of the pedicle. No signs of adhesions. The veins running across the tumour are very large. The walls of the tumour are composed of multiple cysts, from the size of a pea to that of an orange. These small cysts in the walls are most numerous in the right half of the tumour. The walls are in some places very thin. The body of the tumour consisted of four large cysts; the two largest were on the right and were evacuated during the operation. The longest *circumference* of the tumour is 24½ inches; the shortest 18½ inches. The longest *diameter* is 9¼ inches. The shortest, 6½ inches.

1. Beaver Hall Terrace,
July 23rd, 1875.

Hospital Reports.

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

CASES UNDER THE CARE OF DR. D. C. MACCALLUM.—Reported by JAS. C. CAMERON, M.D., House Surgeon, Montreal General Hospital.

From the numerous carefully reported cases of Dr. MacCallum's Ward Clerks, I have arranged the following brief notes:

Case 1—*Colica Pictonum.*—Reported by Mr. C. S. Stroud.

J. B., æt. 41 years, was admitted into Dr. MacCallum's wards June 4, 1875, complaining of constipation and severe abdominal pains. Patient has always been a strong healthy man of sober industrious habits; has never worked among paints or lead. He states that for three weeks previous to admission, he has been in the habit of indulging very freely in some excellent-tasting cider, sold by a certain saloon-keeper in the Eastern part of the city. He used to take sometimes as many as fifteen glasses a day. One week after he had begun to drink the cider so freely, he complained of griping pains in the abdomen, followed shortly by nausea and loss of appetite, and by irregular alternations of fever and cold clammy perspirations. His bowels became constipated, the fœces being scanty, dry, hard and of a dark color. His gums became swollen and tender, he complained of a peculiar taste in his mouth, and was troubled with frequent epistaxis.

Upon admisssion the blue line around the edges of the gums was very well marked, the expression of countenance anxious, the skin dull, dirty and cadaverous, the abdomen considerably contracted. He suffered from pain in the back, retraction of the abdomen, and twisting or grinding pains of great severity around the navel. After the administration of several purgatives, his bowels were freely opened,

and on the 7th, he was put upon five grain doses of the Iodide of Potassium, three times daily. The symptoms gradually disappearcd, so that on the 14th he was discharged from Hospital. His urine was examined by Dr. Girdwood, but no trace of lead could be discovered. Upon enquiring into the cause of the lead poisoning, it was ascertained that the cider was pumped up through a *leaden pipe.* Several of his companions who partook of the same cider complained of similar symptoms; one of them who came to visit the patient had also a well-marked blue line around the gums, but the other symtoms were not so urgent, for he had drunk much less of the cider.

Case 2—Aortic Vulvular Disease..—The notes of this case were taken by Mr. R. McDONNELL.

J. L.. æt. 40., was admitted into Dr. McCallum's wards May 30, 1875, suffering from palpitation and great dyspnoea. The patient was treated in the Autumn of 1873 by Drs. Wright and Ross for *Double Aneurism, Popliteal* in the *left* leg, and *femora-popliteal* in the *right.* After the failure of Digital Compression and Flexion, instrumental compression was tried as a *dernier resort;* Carte's and Skey's tourniquets were applied and the man instructed how to manage them himself. Eventually the instrumental compression was successful and both aneurisms were completely cured. The full report of the case can be seen in the number of the CANADA MEDICAL AND SURGICAL JOURNAL for January, 1874. Since he was discharged from the hospital in 1874 he has been employed in a warehouse. Soon after commencing work he began to feel severe, paroxysmal pains in the lumbar region, accompanied by unusual pulsation of the arteries, especially the Abdominal Aorta. Severe cramp and spasmodic contraction of the lower extremities were occasionally felt. During the winter he was unable to do any hard work, or to remain out of doors on a very cold day. His appetite has been decreasing, and he has lost weight rapidly. On admission his expression was anxious,

extremities livid, tongue dry and coated with a white fur. pulse, 80; hard, strong and inelastic. He complains of great dyspnoea; his most comfortable position is on the right side with the knees drawn up. The pulsations of the superficial arteries on each side of the body are quite synchronous. The heart's action is violent; the apex beat is displaced somewhat downwards and outwards. The area of cardiac dullness is increased one inch to the left side. Auscultation reveals the physical signs of obstructive and regurgitant aortic disease. At the base of the heart a loud double bellows murmur is heard; the systolic bruit being propagated up the aorta to the carotids, while the diastolic is transmitted downwards to the ensiform cartilage. This latter phenomenon is due, as was first pointed out by Dr. MacCallum, to the propagation of the sound, produced by the regurgitating blood at the patent aortic orifice down along the septum ventriculorum to the right apex.

Both murmurs can be heard somewhat indistinctly behind, at the lower angle of the left scapula. No signs of abdominal aneurism could be made out. Femoral artery at the seat of the old aneurism, feels like a hard thick cord, while the popliteal enlargement is barely perceptible. He was put on a mixture of digitalis and iron, and improved so much that he was allowed to leave the hospital on the 6th of June. About a week afterwards while working for the Corporation on Mountain street, he suddenly dropped dead. A Coroner's inquest was held, and a verdict of "Died from Disease of the Heart" was returned. The heart and the old aneurisms which would have been of such interest as pathological specimens were thus unavoidably lost to the profession.

Case 3.—*Peculiar Case of Rheumatism.*—The notes of this case were taken by Mr. W. CROTHERS.

A. G., æt. 21, laborer, was admitted on the 4th of May, complaining of slight pain in his side, and of general debility.

Upon examination no abnormal sounds were heard in the lungs. A coarse blowing systolic murmur was made out, most distinct at the left apex, and transmitted around the left side to the lower angle of the scapula and the left intervertebral groove. By palpation a very distinct thrill could be felt over the apex, synchronous with the first sound, heart's action was intensified. The pulse was 80, small and somewhat feeble. No redness, pain, swelling or tenderness on pressure, could be discovered in any of the joints. Tongue was coated with a white fur. The saliva was acid. The urine was acid and contained no albumen. Upon enquiring into his history, it was ascertained that he suffered from a mild attack of inflammatory rheumatism two years previously. Could not tell whether his heart had been affected, as he had not been attended by a medical man. The present illness had begun with a chill two days before admission, followed by slight fever and a feeling of lassitude and prostration. From the peculiar symptoms, Dr. MacCallum considered the case to be one of acute rheumatism in which the very unusual phenomenon had occurred, of the heart being affected before the joints had become swollen and painful. Upon this supposition he was ordered half dram doses of Potas. Bicarb., every four hours, and a blister was applied over the præcordial region.

After a day or two his knees became tender and swollen, and shortly afterwards his wrists. Under treatment, however, the pains disappeared, the secretions became alkaline, and the heart murmur softer. So that on the 15th of May he was discharged quite well. No murmur being perceptible.

During Dr. MacCalum's quarter there have been a great many cases of rheumatism, many of them being very severe and complicated with heart affections. The treatment that seemed to secure the most favorable results, was a combination of alkalies and blisters. At the outset pot. bicarb. was prescribed in thirty to forty grain doses every three hours, till the secretion ceased to be acid, when

iron and quinine were generally substituted for the alkalies, Digitalis being added to the iron if any heart complication existed. Locally, blisters from one to two inches in width were applied, encircling the limb a little above the painfnl joints. The relief from the blisters was most marked, the patients very frequently asking for a blister when a fresh joint was becoming painful. Fuller's alkaline wash was tried in two cases, but the results were quite unsatisfactory and blisters had finally to be resorted to. The average duration of treatment was twenty-one days, the longest being five weeks. The early exhibition of alkalies failed in many cases to ward off the complications ; in two instances, although alkalies had been pushed from the outset, a severe attack of pericarditis supervened ; and in several other cases, an endocardial murmur was produced. All the cases made a good recovery.

Excision of Enlarged Glands in Axilla, By GEO. E. FENWICK, M.D. Reported by J. D. CLINE, B.A., M.D., Assistant House Surgeon, Montreal General Hospital.

E. W., æt. 20, was admitted into hospital on the 26th of June, under the care of Dr. Fenwick. She was a well made healthy-looking country girl. Says she was never considered delicate. Family history good. About two years ago the lymphatic glands in the left axilla began to to enlarge without, however, any deterioration to her general health. There is no history nor suspicion of syphilitic taint. Lately these glandular tumors were becoming so large as to interfere with the usefulness of the left arm.—There was no pain in them. On her admission into Hospital, Dr. Fenwick observed that he did not believe that constitutional treatment would have any marked effect in reducing the size of these glands or occasioning their absorption. That these tumours were usually met with in young women, and that if left alone they sometimes grew to a large size. In this case several of the glands were enlarged and could

with ease be removed by enucleation; they were perfectly free having no firm attachments, and that he considered it advisable to remove them without delay. The glands in the right axilla were larger than usual in that region, but there was no evidence of general glandular enlargement.

On the 28th of June, the patient was put upon the operating table and chloroform administered. An incision about four inches long was made down the centre of the axillary space. The operator as he came to each enlarged gland seized it, and cutting through the cellular tissue as far as the investment of the gland, readily enucleated it. Fourteen in all were removed, varying in size from that of a large bean to that of a turkey's egg. There was no hæmorrhage. The wound was closed by a continuous suture of carbolized catgut and through the opening at the lower part of the wound a piece of drainage tube was left protruding, being retained in its place by a strip of adhesive plaster. The night after the operation there was a little fever, the temperature rising to about 100°, this disappeared next day, after which there was no further constitutional disturbance. The whole incision healed by primary union except the lower part through which the drainage-tube protruded. This was gradually pushed out by granulation of the deep part of the wound, and in six days the girl was sent home having only a superficial granulating spot at the lower end of the wound. The dressing throughout was a very dilute solution of carbolic acid. The catgut suture was not removed at all. It produced no irritation whatever.

Wound opening the Knee-joint. Successful Result. Under care of Dr. FENWICK. Reported by J. D. CLINE, B.A., M.D., Assistant House-Surgeon, Montreal General Hospital.

Wounds opening into the joints are generally of sufficient gravity to give the practical surgeon much uneasiness as to the ultimate result. When a larger and important joint is opened there is great danger of loss of the limb if not of the life of the patient through the constitutional disturbance

which frequently follows. Accidents of this nature occuring to an adult are almost invariably destructive in their tendency. Occasionally in children and young adults injuries to large joints, in which their cavity has been laid open have been recovered from. This favourable result may however be regarded as exceptional. Accidents of this nature are fortunately not often met with and the importance of the subject is such as to warrant the publication of the following case.

G. C. act. 14 was admitted into hospital on the 24th of June. Three weeks before this while standing near a man who was using an axe, the handle of the axe broke and the axe hitting him on the outside of the right knee made a cut about three inches long under the patella laying open the joint. The edges of the wound were stitched together and dressed with plaister. The wound healed in a week when he went about, the leg being stiff but not painful. After he had been going about for a week, on Saturday night he had a very severe chill and next morning the joint was very painful and much swollen. A poultice was applied and on Monday morning the wound opened again. On the following Thursday, the 24th of June, he came into the city to the hospital. The condition of the joint at this time was as follows :—It was swollen, hot and painful : on the outside of the joint was a wound two inches long, part of it being united, through which drained away a copious discharge of purulent synovia which became coagulated around the edges of the wound. Through the centre of this a probe could be passed into the joint.

The limb was immediately put on a MacIntyre splint, and linseed poultice applied. The discharge was very profuse for some days, but in a week it became much less, and the pain disappeared. Now the poultice was changed for a simple dressing of carbolic lotion. The discharge changed in character and became more like natural synovia and in two days it ceased entirely.

July 15th. The patient has been now three weeks in hospital and the condition of the joint is as follows :—

The external wound is almost healed; there is no pain; patient can move the joint without pain; there is no roughness on movement of the leg; the patella is moveable yet when moved it communicates the sensation of thickening of the synovial membrane; there is visible and palpaple enlargement of the whole joint. The joint is still fixed on the splint.

July 24th. The splint was to-day removed and a glue bandage substituted. The boy could flex the leg almost perfectly. He is now going about with the bandage. He can bear the weight of his body on the right heel and has no pain whatever in the joint.

Primary Hunterian Sore on lower eyelid, under care of GEO. E. FENWICK, M.D. Reported by J. D. CLINE, B.A., M.D., Assistant House Surgeon, M. G. H.

N. M., a Dane, æt. 44, was admitted into Hosipital on the 7th of July. His right eye and cheek were very much inflamed, and on the palpebral margen of the lower lid was a sore about the size of a split bean, with prominent edges, and well marked cartilaginous induration of the edges and base. There was a similar sore at the inner canthus. His eye had been sore he said for three weeks. He attributed it to exposure to sun and wind. The patient had been a farm labourer. There was a large indurated gland at the angle of the face, and a chain of simaller ones down the right side of the neck, below the mastoid process.

On his admission there was applied to the side of his face lead lotion, which removed the erysipelatous readness of the cheek; but the sores were spreading.

July 9th. Touched the sores with strong nitric acid.

July 12th. As the sores did not tend to heal, Dr. Fenwick put him on constitutional treatment, odering:

℞ Hyd. Bichlor. gr. i.; Potass Iod. ℥ i.; Ext. Sarzæ fld. ℥ i.; Aquæ ad. ℥ vi.

Of which a tablespoonful was taken three times a day. On the same day the sores were again cauterized with nitric acid.

From this day the sores began to improve, and by the 24th the large sore was reduced to the size of half a split pea; the induration was disappearing, and also the enlargement of the glands. As the man was anxious to return to work he was discharged but ordered to continue the medicine. It was impossible to ascertain what had been the direct source of contagion. I omitted to remark that he had no sore anywhere else on his body. He had been sleeping with a fellow labourer, a young man, and using the same towels, but he did not know whether this young man was diseased or not, He had never suffered from anything of the kind before the present sore made its appearance.

From the peculiar nature of the sore, its firm hard cartilaginous base, the scanty secretion, absenee of pain and the induration of the lymphatics at the back of the neck; and furthermore its rapid improvement, under constitutional treatment, their can be no doubt that the case, however singular its situation, is one of primary syphilitie origin.

Reviews and Notices of Books.

Compendium of Childrens' Diseases; A Handbook for Practitioners and Students; by Dr. JOHANN, STEINER. Translated from the second German edition by LAWSON TAIT, F.R.C.S.—8vo. pp. 403: New York, D. APPLETON & Co.

The rapidity with which the first edition of this admirable work was exhausted testifies to the estimation in which it was held by the profession generally. In Germany a second edition was called for, and Mr. Lawson Tait has embodied in his translation the additions and corrections which appeared in the revised edition.

The first division of the book, treats of the investigation

of disease in infants and young children, and is systematic and practical.

The second division is concerned with diseases of the nervous system, and this extensive subject is treated of concisely and clearly.

In the subsequent divisions are taken up the diseases of the organs of respiration, circulation, and digestion; of the urinary and sexual organs; general diseases of nutrition, zymotic diseases, and diseases of the skin.

The chapter upon diseases of the nervous system and digestion, are very good, and before treating of the diseases of the digestive organs, the author makes some prelimiuary observations upon the nourishment of children.

In Epilepsy, in those cases in which the cause cannot be discovered and removed, a favourable result from the administration of any drug can scarcely be expected.—He has tried atropine in these cases but without anv good effect, and he considers it, even in minute doses, an unsafe remedy for children.—Potassium Bromide has given negative results in his hands, except weakening and diminishing the paroxysms in some cases, after large doses had been given and a degree of saturation of the system attained. It has never effected a permanent cure in his experience..

In exudative croup, tracheotomy is advocated, and, according to the statistics of the operation at the Children's Hospital at Prague, 34-6 per cent. of these cases have been saved by this means. — Mr. Lawson Tait, gives some valuable directions for the after treatment of cases of tracheotomy, drawn from his own large and varied experience.

The chapter upon diseases of the urinary and sexual organs is very complete, and carefully written, as are also the remaining chapters on general diseases of nutrition zymotic diseases, and diseases of the skin.

At the end of the book is an Appendix containing rules for the management of infants, which have been issued by the staff of the Birmingham sick children's Hospital, and

which we could wish that every mother in our land not only knew by heart but faithfully carried out.

We are sure that this book will be found a very useful one by many practitioners; it is written in a concise and clear style, its only defect to our mind being a profusion of *sesquipedalia verba*.—The translator has done his work faithfully and efficiently, and Messrs Appleton have presented it to the profession on this side of the water in a creditable form, although unfortunately there are some typographical errors, and at the foot of page 402 we are suddenly lost, the paragraph as it stands, being unfinished. Have we received by error an incomplete copy of the book?

Periscopic Department.

SURGERY.

An Inquiry into the Condition of Fifty-one cases of Lithotrity in Elderly Adults, Made at Periods of One or Two Years After Operation. By Sir HENRY THOMPSON, Surgeon Extraordinary to H. M. the King of the Belgians; Emeritus Professor of Clinical Surgery in University College; Late Surgeon to the Hospital.

In the Lancet of April 3rd I reported the results of my last 100 stone operations (lithotomy and lithotrity) on adult patients averaging 63½ years of age, amongst whom there were 6 deaths, and consequently 94 recoveries. Mr. Thomas Smith made an enquiry in the following number of the journal relative to the condition of the patients on whom *lithotrity* had been performed, at any period not less than twelve months after the procedure, with the view of ascertaining whether the results of that operation were permanent. Such an investigation I thought desirable, and promised to make it; for although the general results must be well known to myself, I had never applied an exact or numerical test in order to determine them.

I have therefore sought, by writing and personal inter-

views, to obtain information of the present state in all those cases of this series in which the operation of lithotrity was performed more than twelve months ago—that is between December, 1872, when it commenced, and May, 1874. Consequently the time after operation is much longer than that which Mr. Smith suggested, for while the last case was treated fully twelve months ago, more than two years and a quarter have passed since the first of the series was operated on.

I find that between the dates named—a period of about seventeen months—I performed lithotrity on 53 patients, of whom two died, leaving 51 cases of recovery. The mean interval betwen the date of operation and the present report of condition, for these 51 cases which are the subject of inquiry, is, therefore, about twenty months instead of "one year." An examination of these cases, given in a tabular form below, shows that respecting six patients I have been unable to obtain the information required; but the weight of such evidence as exists relative to these is greatly in favour of their being better and not worse than the average, since their mean age is only fifty-four years, nearly ten less than the mean of the whole series. As I am compelled to omit these from my reckoning, I believe that my report is less favourable to lithotrity than it ought to be.

The number of individuals, then, of whom I have precise information is 45, averaging about sixty-four years of age Of these, 11 have since died. The causes, certified by their medical attendants were—2 of organic heart disease; 1 of malignant disease; 1, at eighty, of natural decay; the other 6 of urinary disorders and advanced age together (the mean age being sixty-six years). All but one of these latter were individuals who for several years had passed no urine except by catheter, who owed their lives solely to surgical art, and who without it must have died miserably some years before. The prolongation of life had been entirely due to the improved modern means of mechanically removing retained urine and accumulated phosphatic deposits. Of the 45, 34

are living still; 28 of them enjoying good health and active existence, at a mean of sixty-three and a half years of age. The other 6 have some signs of recurring calculus, 2 having had a newly formed calculus removed; all are well but one of these, who is in bad health and suffers much.

I think I may leave these figures to speak for themselves. I shall make one observation, however, which, although a very natural one, does appear not to receive the consideration which I think it deserves. Supposing that these 53 cases of lithotrity (including 2 deaths with 51 recoveries) had been cut instead of crushed, how many fatal cases would have followed the operation? Their average age being sixty-three, 14 deaths would not have been a bad result, somewhat better than published tables offer us.* But after these operations, mainly done in 1873, only 11 deaths have since occurred *up to the present date.* And even if we were to reckon all these as deaths resulting from the operation, although as may be seen below, they were quite unconnected with it, we still should have a total of recoveries larger than after lithotomy. There is, however, much reason to believe that the few examples of chronic cystitis with recurring phosphatic deposits, subsequent to lithotrity, occur generally in those feeble and diseased persons to whom lithotomy is most commonly fatal. The fact is, that almost all those patients whose subsequent troubles remain, and who to superficial observers, appear to discredit lithotrity, do in reality owe their existence to the operation, and are trophies of life absolutely saved by it.

Thus it is that lithotrity, as I have observed, has created a new set of cases—men who, until the process was brought pretty nearly to its present perfection, never lived. Respecting them I should like to write the results of my experience, and hope ere long to do so. They are men whom lithotrity keeps alive—who, thanks to the ease and safety

* I may refer to my own table of 1827 cases, collected with great care, among others, as supporting this view. "Lithotomy and Lithotrity," 2nd edit., p. 142.

with which a small and newly formed phosphatic calculus can be crushed, go on for years to live and even to be active. These cases have to be kept apart from other cases of stone, because it would invalidate any inference from numerical statements were a surgeon to reckon as a "case of lithotrity" each time, perhaps twice a year or more, he removed a calculus from such a patient, although it might not always necessarily be very small. But it is not to be forgotten that before the time of lithotrity there was no adequate help for such a patient except by the cutting operation, and many such died miserably with bladders filled with phosphatic material.

I am very glad to have made this inquiry, although it has entailed no little pains and labour; since I venture to hope that it may prove to be, not merely a new, but also a useful contribution to our knowledge respecting lithotrity.

1. A gentleman aged thirty-six; operation, Nov. 1872; uric-acid calculus. I have no knowledge of the address. He made an excellent recovery; and I should, at his age have probably heard more of him if his health had not continued good.

2. A gentleman aged seventy-five; operation, Dec. 1872; phosphatic calculus. In May, 1875, Mr. Gardner, of Gloucester-terrace, reports to me this patient in his usual health.

3. A gentleman aged sixty-nine; operation, Jan. 1873; uric-acid calculi. This patient who was under the care of Mr. Newton of Upper Wimpole-street, writes me (June, 1875): "I am in perfectly good health, and have no uneasiness or feelings that lead me to suppose I have any stone in my bladder now."

4. A gentleman aged sixty-five; operation, Jan. 1873; phosphatic calculus. Mr. J. H. Bartlett, of Notting-hill, writes me that this patient had no further symptoms of calculus, and that he died of heart disease three months after.

5. A gentleman aged sixty-eight: operation, Jan. 1873. This gentleman had for many years passed all his water by catheter. His life had been prolonged, with very advanced

prostatic disease, by great care and frequent removals of phosphates as they formed. He died, his urinary organs being quite worn out, with extensive sacculation of kidneys and ureters, in December of the same year.

6. A gentleman aged fifty-one; operation, Feb. 1873; uric-acid calculus. Mr. Allen, of Milner-square, Islington, writes me (May, 1875) that this patient is perfectly well.

7. A gentleman aged thirty-six; operation, Feb. 1873; uric-acid calculus. No return, and is perfectly free from symptoms at present.

8. A gentleman aged sixty-four; operation, Feb. 1873; phosphatic calculus. This patient had always passed all his urine by catheter. He had no return of his stone. He became insane, and used the instrument very carelessly. In January, 1875, I was called to see him with severe extravasation of urine, resulting from injury, of which he shortly after died. I saw him with my friend Dr. Murchison.

9. A gentleman aged sixty; operation, Feb.–March, 1873; phosphatic calculus. I heard from this gentleman a few days ago (May 1875). He is in excellent health, and is leading a very active life.

10. A gentleman aged sixty; operation, March, 1873; uric-acid calculus. Dr. Manson, of Chesterfield, writes me (June, 1875) that this patient "remained quite free from any symptoms of recurrent calculus to the day of his death, which resulted from typhoid fever in December, 1873. He was perfectly satisfied with the result of the operation."

11. W. C——, aged sixty-seven; operation, March, 1873; uric acid; treated at University College Hospital. For many years he has passed small uric-acid calculi; and, having recently had one in his bladder which he was unable to expel, it has been successfully crushed for him in the country.

12. A gentleman aged seventy-one; operation, April, 1873. Writes me (May, 1875) that he continues quite well.

13. A gentleman aged sixty-seven; operation, April, 1873; uric acid. Recently seen by myself, he is perform-

ing his duty as a member of Parliament, and enjoys excellent health and strength.

14. A gentleman aged sixty-one; operation, April, 1873. I have just seen him. He is in perfect condition as regards his bladder. His stone was a large uric-acid formation. His medical attendant, Mr. Leppington, of Great Grimsby, writes me that "he has had no symptoms of any return of vesical mischief."

15. A gentleman aged fifty-nine; operation, April, 1873; oxalate-of-lime calculus. He was quite well six months ago, but I have not got his address, and have failed to find him.

16. A gentleman aged seventy-nine; operation, April, 1873; uric acid. Had no return of his calculus, and died about a year afterwards of some other malady, apparently from natural decay.

17. W. B. H.——Aged sixty-three; operation, May, 1873; uric acid. Treated in UniversityCollege Hospital successfully, and his present address and condition are unknown.

18. A gentleman aged sixty-seven; operation, May-June, 1873; large phosphatic stone. Writes me, (May, 1875,) that he is perfectly well, and better in health than for many years.

19. A gentleman aged sixty; operation, May-June, 1873; large uric-acid calculus. Dr. Evan Jones, of Aberdare, writes to inform me that the patient had rigors in September, and signs of blood-poisoning; no abscesses; and died comatose Oct. 23rd. He had left me in fair condition at the end of June, with some suspicion that the kidneys were not sound.

20. J. W. ——(University College Hospital,) aged fifty-four; operation, June, 1873; phosphatic calculus. Has long passed all his urine by catheter. Having just written to ask how he goes on, he replies that he was quite well for a long time after operation, but he begins to have signs of some phosphatic formation and wishes soon to be examined.

21. J. W.——,aged thirty-six; operation, June, 1873;

uric-acid calculus. Treated successfully in University College Hospital, and his present address and condition are unknown.

22. A gentleman from the Brazils, aged fifty-six; operation, June and July, 1873, very large phosphatic calculus. One of the most formidable cases I ever had. He made a most excellent recovery, always, as before the operation, passing all his urine by catheter. He came to me last summer (two years after operation), and I removed a small phosphatic formation which had been developed, and he left me as well as ever.

23. A gentleman aged forty-one; operation, July, 1873. I have just seen this patient; he has enjoyed fair health, and has had no return of his malady. The stone was originally oxalate of lime, and he is subject to irritation in the urinary passages and occasionally to orchitis. He leads an active life.

24. A gentleman aged seventy-seven; operation, July, 1873; uric-acid calculus. In excellent health for his age. No return of his malady. Uses a catheter twice a day, and is under the care of Dr. Jackson of Southsea.

25 A gentleman aged sixty-two; operation, Oct. 1873; phosphatic calculus. Had long passed all his urine by catheter and at short intervals. I removed a phosphatic calculus of considerable size, the result of constant cystitis; but he died exhausted from incessant catheterism about a year after.

26. A gentleman aged sixty-five; operation, Aug. 1873; uric-acid calculus. Seen again in the latter part of the year. Recovery perfect, but have not the address, and cannot learn any later particulars.

27. An American gentleman, aged sixty seven; operation, Aug. 1873; phosphatic calculus. He wrote to me in the following year that there was no return whatever of his complaint.

28. A gentleman aged sixty; operation, Aug. 1873; large uric-acid calculus. I cannot learn anything of this patient.

29. A gentleman aged seventy-seven; operation, Aug. 1873; uric-acid calculus. I have just seen this patient, (June, 1875). He has had no return whatever of calculus symptoms, and is passing his catheter three times in the twenty-four hours on account of inability to empty his bladder from enlarged prostate. He is enjoying excellent health.

30. A gentleman aged sixty-seven; operation, Aug. 1873; uric-acid calculus. This patient has not been much relieved. He passes his urine chiefly, if not altogether, by catheter, and, in spite of all treatment, phosphatic matter forms and must be removed.

31. A gentleman aged fifty-six; operation, Nov. 1873; a phosphatic calculus. He had no return of it. Mr. Pearson, of Manchester, writes me that he died of malignant disease in January last.

32. A gentleman aged seventy-eight; operation, Nov. 1873; uric-acid calculus. His medical attendant, Mr. Hicks, of Easingwold, writes me (June, 1875); "The patient has been perfectly free from vesical troubles ever since."

33. A gentleman aged seventy-six; operation, Nov. 1873; uric-acid calculus. Have just seen him, (May 1875); he has had no return whatever of his complaint.

34. A gentleman aged seventy-two; operation, Nov. 1873; oxalate of lime. I saw this patient a month ago (May, 1875). He is in perfect health, and has had no return whatever of his complaint.

35. A gentleman aged sixty-three; operation, Nov. 1873; uric-acid calculus. His medical attendant, Mr. Robert Parker, of Malpas, Cheshire, has just written me (June, 1875), that this patient is "feeling as well as ever he did in his life."

36. A gentleman aged seventy; operation, Dec, 1873; He made a most excellent recovery; left me a hale and hearty man, and I have no doubt is quite well, but I have no clue to his address. I believe he is living in Dundee or its neighbourhood.

37. A gamekeeper at Balmoral, aged sixty-one; operation, Dec. 1873; a phosphatic calculus. He has just written me (May) that he "is keeping well and able for his duty."

38. A gentleman aged sixty-four; operation, Jan. 1874; a large phosphatic stone. Seen with Dr. Holman, of Reigate. Had not emptied his bladder some time before operation. Still uses his catheter. In good health, and has no return of his malady.

39. A gentleman aged sixty: operation, Feb. 1874. This was a uric-acid stone of unusual size, and the difficulties were remarkable. I saw the case constantly with Mr. Blaker of Brighton. He had long-continued troubles afterwards from inability to pass urine by his own efforts and frequent catheterism. He has slowly improved, and is now in a comfortable condition, with no return of stone formation.

40. A gentleman aged sixty-one; operation, Feb. 1874; a uric-acid stone. I have lost sight of him, and cannot learn his address.

41. A gentleman aged seventy; operation, Feb. 1874. A uric-acid stone, complicated with advanced disease of the bladder. The former was easily removed, but no improvement took place, and he died of the latter about six months after.

42. A gentleman aged sixty-two; operation, Feb. 1874; a uric-acid stone. Called on me May, 1875. In excellent health; no reappearance of stone symptoms. Occasionally under the care of Dr. Macdonald, physician to the Duke of Argyll.

43. A gentleman aged sixty-seven; operation, Feb. 1874. Died suddenly of mitral disease about ten days after the stone, mixed oxalates and urates, was successfully removed.

44. A gentleman aged seventy-eight; operation, March, 1874: phosphatic calculus. Has many years passed all his urine by catheter, and had had a stone removed in 1870;

the second in 1874, after which he lived about five months.

45. A gentleman aged sixty-six; operation, march, 1874; very large uric-acid calculus. This gentleman has just written me (June 1875): "I am well pleased to inform you that I have been very well indeed until the latter end of March." He adds that he has lately had a little irritability of the bladder, which has passed off.

46. A gentleman aged seventy-two; operation, March, 1874; uric-acid calculus. Seen with Mr. Sibley, of New Burlington-street. Is now (June, 1875) in perfect health; no sign of his malady remaining.

47. A gentleman aged fifty; operation, March, 1874; a uric-acid stone. Has been in excellent health since. In January last he passed a small uric-acid calculus per urethram. He is now living at Antwerp, and is quite well.

48. A gentleman aged sixty-five; operation, April, 1874; a phosphatic calculus. This patient had for many years passed all his water by catheter, frequently doing so as often as twelve to fifteen times in the twenty-four hours. He has been quite well until lately, and has just called (June, 1875) to inform me that symptoms have reappeared. I find a re-formation of phosphatic matter, which I shall have to break up and wash out. Otherwise his health is excellent.

49. A gentleman aged sixty; operation, April-May, 1874; uric-acid calculus. He called on me in February last, in excellent health, and without any symptoms of his old complaint, and walking several miles daily.

50. A gentleman aged sixty-eight; operation, May, 1874; large uric-acid stone. Dr. Lambert. of Sunderland, writes [June, 1875] his "condition at the present time is perfectly satisfactory."

51. A gentleman aged sixty-one; operation, May, 1874; uric-acid calculus. Dr. Helsham, of Brixton-road, writes, in May, 1875, that this patient is travelling on the Continent in perfect health.—*The Lancet.*

Annandale on Knock-knee.

In the *Edinburgh Medical Journal,* July, Mr. Annandale describes a new operation for the cure of knock-knee as follows. On the 3rd of March last, a little girl aged six, was brought to me from Glasgow, on account of a serious deformity of her right leg. Mechanical means had been employed for two years with the object of relieving the condition, but without success, and the deformity was steadily increasing in severity.

A careful examination determined an aggravated form of knock-knee, and it was found impossible, in any position of the limb, to bring the leg into a straight line with the thigh, the head of the tibia forming a considerable angle with the condyles of the femur. The femur had a distinct bend inwards and forwards about the junction of its lower and middle thirds, and the condyles of this bone were much more oblique in their direction than in the natural condition.

The adductor muscles were somewhat contracted, and the distortion was such that the patient walked with difficulty. The left limb was well developed and natural in position. A study of the case convinced me that the oblique position of the condyles, the result apparently of the bending of the shaft of the femur, was the principal obstacle which was preventing the tibia and leg being brought into a line with the thigh, and it therefore seemed to me, that if this obliquity could be removed, the deformity might be cured or very much relieved.

Two ways of removing this obliquity suggested themselves. The first was to divide the shaft of the femur at the point where bent; the second to remove an oblique slice of the condyles. The latter operation would be attended with more risk than the former, because it necessitated the incision of the knee-joint. But some little observation decided me to adopt the latter proceeding, for I felt sure that it would be more effectual than the former, and I trusted that the risks of opening into the joint would be counteracted by the careful use of the antiseptic treatment.

The consent of the child's parents having been obtained, I operated on March 16 in the following way.

An incision, about five inches in length, was made along the inner aspect of the knee-joint, the articulation opened into, the internal lateral ligament cut across, and the patella and its ligament being drawn outwards, the crucial and external lateral ligaments were also divided. An oblique slice was then sawn off from the condyles of the femur, the tibia not being interfered with. After the removal of this slice of bone the leg was readily brought into a straight line with the thigh ; and a drainage tube being inserted into the cavity of the joint, a few sutures were applied, and the limb placed on a wire splint, in the straight position. The whole operation was performed under the antiseptic spray, and the usual antiseptic dressing was applied to the wound.

Some suppuration of the wound followed the operation, but this gradually ceased, and on March 24 the discharge was so slight that the dressing was changed only once in two days. On April 25 the wound was quite superficial, and on the 29th of this month, the wound was soundly healed. On May 6 the patient was allowed to get out of bed, the joint being supported by lateral splints, which were removed daily to permit of passive movements of the joint being made. On May 30 the splints were entirely removed and the patient allowed to bear weight on the limb. At this date the limb was perfectly straight, and of equal length with the opposite one. The lateral mobility of the joint was very slight, and very much as in the natural condition. Flexion and extension were very limited.

On June 5 I placed the patient under chloroform, and forcibly bent the knee to rather more than a right angle, and I also moved the joint freely, so as to break down the adhesions which had resulted from the operation. No bad consequence followed this forcible bending of the knee ; and two days after the patient was again going about the ward with the help of crutches, and able to bear weight upon the limb, the mobility of the joint being decidedly improved.

Remarks.—I am not aware that this or any similar operation has been before practised in case of knock-knee, but the successful result obtained in the case reported encourages me to recommend this method of operating in certain aggravated cases of the deformity which have resisted the division of the biceps, tendons, or other tense structures, and carefully applied mechanical treatment.

The employment of the antiseptic treatment in this and similar operations I consider most valuable, and I must confess that it was my confidence in this treatment which led me to freely incise so important a joint, and to carry out the proceeding described.—*The London Medical Record.*

MIDWIFERY.

Case of Sterility from Anteflexion of the uterus, and constriction of the Internal Os Uteri, Cured—By HEYWOOD SMITH, M. A., M. D., Physician to the Hospital for Women and British Lying-in Hospital.

Of all the causes of sterility depending on malposition of the uterus, that of anteflexion is the most frequent. Other malpositions of the uterus, except marked retroversion, leaves the cervix uteri depending into the posterior original *cul-de-sac* in the dorsal decubitus ; but in acute (I here use the word acute with regard to the angle, not time) anteflexion, the os uteri is lifted out of the posterior *cul-de-sac*, and placed in a position unfavourable for the imbibition of the semen. Anteflexion, dysmenorrhœa, and sterility, are three conditions so frequently associated, that, when a patient comes complaining of dysmenorrhœa, and is also barren, a vaginal examination more often reveals anteflexion than any other condition. And here it may be noticed that it is the dysmenorrnœa that causes the patient to seek for advice. Among the applications for relief at hospitals, pain is that for which medical advice is generally sought, seldom barrenness. The latter is either considered a blessing, or women give themselves up to their fate, never

for a moment supposing that such a condition is remediable; whereas among the upper classes, when property or name are at stake, medical men are more frequently consulted for relief from barrenness; and in such cases, pain not necessarily being an element of complaint, the sterility may be found to depend on many causes other than flexion. It is therefore, perhaps, more among the poorer classes that favourable results, as far as sterility is concerned, may be looked for from operation and treatment for the cure of anteflexion, and for the relief of obstructive dysmenorrhœa.

E. S., aged 29, married six years, became an out-patient at the Hospital for Women, February 20th, 1871. The catamenia commenced at the age of 18; they were regular, with some pain generally before the flow. The passage of the thick sound before the period lessened the pain. She was admitted into the hospital on July 3rd, 1871. The uterus was normal in size; a thick sound could be passed after some gradual pressure, and the constriction held the sound rather firmly. On July 18th, Dr. Protheroe Smith's uterine dilator was used to half an inch. On the 17th, the dilator was used to three-fourths of an inch, and the constriction at the internal os divided bilaterally with a straight knife, as well as the external os slightly, and a spring metallic (Greenhalgh's) stem introduced. On the 19th, the stem was extended half its length, with some forcing pains, and was replaced. On the 23rd, the patient was free from pain. A slight blood-stained discharge continued. On the 26th the stem was removed; and on July 31st, the patient was discharged.

In April of the following year (1872), she was seen again. The external os was divided a little more freely, and the spring stem again introduced. It remained in altogether nearly three weeks. The patient continued under observation from that time, the thick sound being occasionally passed until conception took place, after the catamenia of November 13th, 1873; and she was delivered of a living female child on August 31st, 1874.

The above case is given in order to encourage practitioners not to lose sight of a case after operation for dilatation of stricture of the internal os, because pregnancy does not immediately follow, but to persevere, by the occasional passage of the thick sound, to maintain the cervical canal in a state of sufficient patency.

Moreover, it often happens that, for some time after forcible dilatation, there may exist some chronic irritation of the cervical mucous membrane with or without granular inflammation of the labia uteri, which, giving rise to leucorrhœa, of some form or other, may hinder impregnation. And here it may be well to insist on the necessity of not trusting to dilatation alone, whether by tents or by the introduction of graduated sounds, to enlarge the cervical canal. For if dilatation alone be had recourse to, its action is only temporary, for the uterine fibres are thereby merely stretched, as India-rubber might be, and, on the stretching force being intermitted, the cervix returns to its usual condition.

The dilatation must be associated with, and made subsequent to, incision of the canal. After incision of the cervical canal from within, which need not be extensive, dilatation then continues the incision with a slight rupture, and, this being kept from closing, the dilatation remains permanent. Many failures of this treatment are due to the external os being too freely divided, and being thereby rendered too patent; the act of imbibition is greatly interfered with, if not altogether prevented. The object to be gained is slightly to enlarge the cervical canal, and, at the same time, not to destroy the orifice of the uterus.—*British Medical Journal.*

The profession throughout the country will be glad to hear that Dr. Bovell, for many years one of the leading consulting physicians in Toronto has returned from the West Indies, where he has been for the last four years.

CANADA

Medical and Surgical Journal.

MONTREAL, AUGUST, 1875.

DRUGGISTS PRESCRIBING AND THE SALE OF POISONS.

In the act of amendment, to the act of incorporation of the Pharmaceutical Association of the Province of Quebec, there exists a most stringent clause against the sale of poisons except on the prescription of a physician.

The provisions of that clause are comprehensive, it is sufficiently indicated that "poison is not to be sold" to a person unknown to the seller; unless introduced by a person known to the seller; and on every such sale of every such article, the seller shall before delivery, make or cause to be made an entry in a book to be kept for that purpose, stating in the form set forth in schedule B., of this act, the date of the sale, the name and address of the purchaser, the name and quantity of the article sold, and the purpose for which it is stated by the purchaser to be required, and to which the signature of the purchaser, and of the person if any who introduced him shall be affixed." Then follows a list of poisons which are prohibited to be sold.

We notice that Chloral Hydrate is not down in the list referred to and we think the omission should engage the attention of the Legislature at its next session with a view of amending this clause; making it more definite and including some dangerous drugs which are not to be found in the list of poisons. This is a subject which should engage the attention of the Pharmaceutical Association itself

as it is in the interest of public safety that members of that association should not take upon themselves to prescribe and dispense drugs of this character without a physician's prescription.

Recently a medical man was called to see a patient of his who was profoundly under the influence of a large dose of chloral, upon inquiry he ascertained that a druggist in this city, had taken upon himself to prescribe and dispense a large bottle of solution of chloral hydrate, the patient took a dose and feeling himself dizzy, took a second and this was followed shortly after by a third, fortunately the man had a profound sleep of several hours duration, and then recovered. We say fortunately, because no disaster followed, had the man died, a coroner's jury could hardly have brought in a verdict other, than one of manslaughter against the druggist for his reckless neglect of the spirit of the Pharmaceutical act. This is no isolated case of breach of the spirit of that act. Quite recently we were called upon to assist a confrere in removing from the stomach of a man by aid of the stomach pump the contents of an ounce bottle of Chlorodyne. It is difficult to determine the precise quantity of morphia contained in an ounce of Chlorodyne, but from its effects, and by general consent, it is believed to be at least of the same potency as laudanum, and therefore it is as dangerous a drug to use indiscriminately as is the tincture of opium. We are cognizant of several cases of opium eaters who have abandoned the use of the article itself and taken kindly to Chlorodyne. It seem to supply for a time at least that distressing craving for the accustomed stimulus which is experienced by those addicted to this wretched indulgence. Here is a strong argument against the sale of patent drugs which are known to contain poison, except in quantities which can not possibly take life. We believe that in the case above referred to, had the patient been left to himself, life would shortly have ceased, the first washings of the stomach not only filled the air of the room with the odour of Chlorodyne, but the water itself

was quite discoloured, and after allowing it to stand, the heavier particles of the Chlorodyne settled to the bottom of the basin in which it was collected.

While on this subject we cannot refrain from mentioning another case of somewhat different character. A young robust man, a laborer, called on a druggist, who is regarded by the common people to be a doctor and is so styled, and complained of having a severe cold with cough. The druggist without knowing what lesion in verity existed, prescribed and dispensed a cough mixture which was to put him all to rights in a few days. The man faithfully took the remedy, became worse and ultimately was brought to the Montreal General Hospital where he died six hours after his admission. A Coroner's inquest was held, and after some difficulty the House Surgeon obtained the consent of the jury to open the body, and ascertain the cause of death. On examination he found that the man had suffered from pneumonia,and that his lungs were in the first stage of consolidation. The investigation ended in a verdict of death by the visitation of God, and not as it should have been, of gross neglect on the part of the poor fellow to obtain efficient aid in his extremity, and of censure or a verdict of manslaughter against the druggist for daring to trifle with human life in prescribing for and misleading a fellow mortal to his own destruction. Many other similar cases we could mention, where temerity on the part of druggists has been followed by death to the victim. This is not pleasant to record, nor is it pleasant to contemplate. The practice of medicine is a most serious and responsible undertaking for a man whose duty it becomes, he is dealing with human life, and if through neglect or ignorance a life is sacrificed he will be held accountable by his Maker. Coroner's inquests in this district have become a by-word of mockery of judicial inquiry. A case occurred quite recently, of a man who died suddenly ; it was known that he was suffering from thoracic aneurism, because shortly before death he had been an inmate in the Montreal General Hospital, and his condition

had been made out by the attending Physician. An inquest was held and the verdict of the jury, suggested we suppose by the Coroner, was death from Apoplexy.

THE CANADIAN MEDICAL ASSOCIATION.

Before this number of the journal reaches our subscribers the Canadian Medical Association will have met at Halifax Nova Scotia to hold its eighth annual meeting. Hitherto little has been done by this association with a view of placing the Canadian profession in a proper light as a scientific body before the world. We expect much good will ultimately result from these meetings although from lack of a proper system of organization very little has so far been done By a proper system of organization we do not desire to throw any slur on the association, but think that if the British system were adopted, of establishing branch Associations throughout the country that real and valuable work would be done at these annual gatherings. There are many subjects which will we doubt not receive due consideration.

Vital statistics will we believe form a part of the programme but without a uniform system of governmental registration it will be difficult to arrive at anything like truthful results. Registration to be effective must be enforced and carried out by officials appointed bythe Crown. Such has been the experience of every country in the world, and we in Canada need not expect to receive reliable information on this subject so long as the present system is permitted to continue. The Roman Catholic Church is averse to a secular system of registration, because it holds that if permitted to be carried out by civil enactment the church would lose that hold over the consciences of the faithful which acts as a barrier to civil marriages, and neglect of baptism. Such are the arguments which we have heard advanced. We can only say that if the votaries of the church are alone held to their duty by

compulsion the sooner they are out of it the better. No true son of the church will neglect the teachings of that church in matters of faith. Nevertheless as a society of men we cannot ignore the fact that marriage is a civil institution, however desirable it may be that it should be sanctioned and consecrated by a religious ceremony.

Infant Baptism is quite another thing. The church teaches that infant baptism is essential, there are however those outside the church, whose teachings they ignore, who do not believe in the necessity of infant baptism This class throughout Canada is by no means small, and without the existence of a law compelling registration many of the children of this class do not appear at all on the register. The fact of having a registration law does not in any way interfere with the doctrines or obligations imposed by the church on the people. These are pure matters of faith and not of custom, and we cannot see that secular registration would in any way interfere with them. The Canadian Medical Association is composed of representative men of a liberal profession, most deeply interested in this subject, and we think that an earnest appeal from that body would have due weight in the councils of the Commons at Ottawa. Registration should be uniform throughout the Dominion. Furthermore from the variety of religious sects which are to be found amongst our people, no particular sect should be permitted to have anything whatever to do in carrying out a registration act. To be efficient it must be under government control.

MONTREAL PUBLIC HEALTH ASSOCIATION.

In the last number of our Journal we took occasion to notice, what we considered at the time, some ill-digested remarks of the Chairman of the Montreal Sanitary Association regarding the dirty back lanes. At a subsequent meeting the chairman is reported to have commented rather earnestly on the editorial in the Journal, saying that he

considered that these remarks were very much out of place in a medical journal. At this stage a venerable-looking old gentleman, whom we presume is anxious to bring home the responsibility of these things to particular men, asked the very pertinent question : " Who is the editor of the Medical Journal ?" Having had his curiosity satisfied he resumed his seat. The chairman then continued and wished to know what right the residents in Beaver Hall Terrace had to store their manure in the lane in rear of that terrace. To this we can only reply that these back lanes form a part of the property on which the house stands. As far as the stable manure is concerned, perhaps the President of the Montreal Sanitary Asssociation thinks that by a strong protest on the part of that Association the order of nature will be arrested, and that animals will accommodate the association by depositing no more manure. The trial is certainly worth the trouble, and may be attended with success. "Wonders will never cease." But we suppose as long as the present order of creation exists, and that animal deposits are made, they will have to be stored, for a time at least, in some convenient corner. An outsider to read the comments of the Chairman of the Montreal Sanitary Association would be led to suppose that these manure heaps were regarded by the residents as a species of luxurious smelling-bottle, and that they retain these manure heaps in spite of the pleadings of the press, the thunderings of the Sanitary Association and its chairman, and the occasional summons of Mr. Recorder, with the petty annoyance of loss of time and having to pay $1.50, the costs of an action, which is grievous, and which in any other court could not for a moment stand.

We are happy to announce that Dr. James A. Grant of Ottawa, who has been absent in Europe during the past two months, arrived by the Allans' steamship Pollynesian, on Sunday, 1st instant, very much improved in health.

THE SMALL POX HOSPITAL.

We do not wish to be considered unnecessary alarmists, but we would remind our readers that during the past four or five years small-pox has been very prevalent, lulling in the summer, to break out with greater virulence towards winter. We have heard that the city contemplate closing the small-pox hospital at the Hall house. This is all very well if another suitable place be provided. The small pox wards of the Montreal General Hospital must be removed or else the hospital will be ruined as a general hospital. It has been stated that the governing body of the Montreal General Hospital feel that in closing the small-pox wards they render themselves liable to action for damages. The reading of the 24 Vic. Cap. 24, clause 1 is that "no warrant shall hereafter issue for the payment of any sum of money granted by the Legislature to any hospital, unless nor until a certificate, signed by a medical officer of such hospital to the effect that there is in such hospital a distinct and separate ward set apart for the exclusive accommodation of patients afflicted with small-pox has been filed with the clerk of the Executive Council." Now this we take it does not oblige any hospital to keep up a distinct and separate ward for the accommodation of small-pox. An hospital may be intended exclusively for some special disease or condition. Take for instance Lying-in hospitals, of which in this city there are some three or four, this clause in the Act applies equally to them, and yet no man in his senses would counsel connecting a small-pox ward with any of these institutions. We have carefully looked into this subject and find nothing in the charter of the Montreal General Hospital which can be construed into an obligation to keep open a small-pox ward. But take the other side of the question. How would an action lie supposing the friends of a deceased person went to claim damage in consequence of their relatives having contracted small-pox which led to their death, they having in good faith entered the hospital to be treated for a slight surgical injury or trivial attack of

disease? These are matters for the governing body of the Montreal General Hospital to carefully consider, and if instances are required wherein valuable lives have been sacrificed, and important surgical operations destroyed, in consequence of the small-pox disease spreading into the general wards, we fancy a goodly number might be produced.

LICENTIATES OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

We notice by our English exchanges that a person named William Robert Smith of 309 Holloway road London claims to be registered in Canada as a Licentiate of the College of Physicians and Surgeons of Canada. For the information of our contemporaries we may observe that no such college exists in Canada. In Lower Canada or the present province of Quebec the profession are incorporated under the name and style of the College of Physicians and Surgeons of Lower Canada. This act of incorporation was passed in the tenth year of the reign of Her Majesty Queen Victoria. We have the honour to be the Registrar of the College and have looked over the names in the register and have failed to meet with the name of Mr. William Robert Smith. Six years ago, or in 1869, the profession in Western Canada were incorporated by the Local Legislature of Ontario under the name and style of the College of Physicians and Surgeons of Ontario. These are the only legally recognised bodies in this part of the Dominion forming Canada proper, that possess the right to grant a license *ad practicandum*. We cannot say whether Mr. Smith's name appears on the published list of the Ontario College as we are without a copy of that document.

CINCHO-QUININE.

The following card was received from Messrs. Billings, Clapp & Co. some time in March last, and was mislaid, we now give it insertion because having published, two years since, in the columns of this journal an article headed "What is Cincho-Quinine?" this card is as it were a reply to that question. We cannot speak practically of the effects of cincho quinine, never having employed it; but should suppose from its alleged composition that it would be useful and beneficial in cases where the alkaloid itself will not agree:

A CARD.

We desire to call the attention of the faculty to the following analyses of Cincho-Quinine, from some of the most eminent chemists.

BILLINGS, CLAPP & Co., Boston.

Chemical Laboratory of the University of Pennsylvania,

WEST PHILADELPHIA, January 29, 1875.

MESSRS. BILLINGS, CLAPP & Co.

GENTLEMEN,—I have received by express a package marked, "Sealed by S. P. Sharples, January. 22, 1875," and containing a bottle of Cincho-Quinine, with the label of James R. Nichole & Co.. Chemists, Boston, which have tested, and found it to contain *Quinine, Quinidine, Cinchonine,* and *Cinchonidine.*

Yours respectfully, F. A. GENTH,

Professor of Chemistry and Mineralogy.

Laboratory of the University of Chicago.

CHICAGO, February 1, 1875.

I hereby certify that I have made a chemical examination of the contents a bottle of Cincho-Quinine, and by direction I made a qualitative examination for *Quinine, Quinidine,* and *Cinchonine,* and hereby certify that I found hese alkaloids in Cincho-Quinine.

C. GILBERT WHEELER,

Professor of Chemistry.