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Original Communications.

Removal of Tongue and Lower Jaw. By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., Surgeon St. Patrick's Department Hotel Dieu Hospital, &c.

There are occasions when surgeons, in the exercise of their oft-times anxious functions, hesitate between allowing a patient to linger a few suffering months upon the earth, or attempting, even at the risk of cutting short existence by a hazardous and most formidable operation, to arrest the progress of a fearful malady, relieve suffering and prolong life. Such an alternative presented itself to me early in October last, and, although, at the time, I shrunk from employing the knife, the result has proved, in a conclusive manner, the advisability of the procedure adopted.

An old man, William Murphy, æt. 71, presented himself at the hospital in October, 1872. His general appearance was that of health; his countenance open; his complexion florid; his eye clear; his skin soft and ruddy. On a casual glance he had all the appearance of a hale, hearty, fresh old age. Yet, on closer inspection, an ugly-looking cancerous mass was visible through the ever half-open mouth, involving the whole sublingual region; extending along the lower jaw from a little beyond the median line on the right side to the second molar tooth on the left; and eating away, in its progress upwards, the frænum and a considerable portion of the under surface of the tongue. This large open cancerous surface emitted an odor of a most offensive nature. The movements of the tongue were much interfered with, and speech, as a consequence, was indistinct. Deglutition was painful and difficult; and pain, of a severe lancinating character, troubled him by day, and disturbed his rest by night. He told me he had noticed a small pimple under his tongue in June last, which had been treated for some time by a neighboring practitioner, who recognized its true character and suggested the patient's going to New York or Montreal, to have its removal undertaken. After some time he directed his steps hither, and placed himself under my care. On a careful examination of the extent to which the structures were involved, I told him the disease had so extended as to render necessary the removal of the greater part of the lower jaw and the whole of the tongue. He said he was prepared to submit to the removal of the jaw, but he could not suffer loss of his tongue; and urged me to remove the jaw, and take from the tongue whatever seemed to be diseased. But, believing, as I do,

that partial removal of the tongue for malignant disease is objectionable, I was forced to decline even a compromise "whereby the original constitution and frame, as from the Maker's hand, as Sir William Ferguson expresses it, may be kept as nearly as possible in its normal condition." The patient then left the hospital. I cannot say I regretted his departure. Three days afterwards, he returned, and urged me to proceed at once to the operation as I had proposed. Having explained to my patient the full extent and nature of the operative procedure; its immediate risk; its subsequent danger; its, perhaps, only temporary relief; the inconvenience to him of being thus mutilated; the loss of speech and of the power of mastication, I met with the same reply: "If I recover, I'll be better without this thing; and, if I die—thank God I am prepared for that too." Never, during my professional experience, did I see a patient submit more cheerfully or courageously to an operation, the result of which neither of us could predict. And if, among the conditions favorable for operation, a tranquil, cheerful and hopeful disposition finds a foremost place, then would the patient in question, I was satisfied, withstand a mutilating which to most others of his years would be fatal. Finding him in this cheerful frame of mind, I supported it by kind and sympathetic encouragement. My own was strengthened by my colleagues who were not opposed to the operation (Drs. Beaubien, Munro and Rottot,) who subsequently afforded me valuable assistance at the operation. I also had the advantage of the valuable opinions of Mr. Gascoyne, of St. Mary's Hospital, London, and of Dr. Fenwick, who happened to visit the hospital at the time, both of whom considered the case to be one where an operation was justifiable.

On the 27th October I performed the operation thus: Patient being placed under chloroform, with his neck well raised and head thrown back, I made a vertical incision, in the median line, through the lower lip, across the chin to the hyoid bone; another at right angles to the former along the lower margin of the body of the inferior maxilla to the ramus; and a third, similar in direction, but of less extent, on the right side. The cheeks were separated from the jaw along the whole extent on both sides, and with them the levator menti, depressor labii inf., dep. anguli oris, and platysma myoides as far as the anterior margin of the masseter muscle on the left side, and the mental foramen on the right. The knife was then passed within the jaw and made to sweep along close to the bone, the genio glossi and hyodei, genio hyoglossi, mylo hyodei and digastrici

were divided, after a piece of twine, previously passed through the tongue, had been intrusted to an assistant. The bone was then sawed through, on the left side, at the ramus, and on the right, at the mental foramen.

The tongue now engaged attention. Drawn well forward with the cord through its tip, I divided its substance and investing mucous membrane at its base, passed the chain of the *ecraseur* through the aperture, and separated the *hyoglossus* and *geniohyoglossus* of the left side. Notwithstanding the employment of the *ecraseur*, blood spouted from the lingual artery, but was readily arrested by a ligature.* The chain was then used in the same way on the right side. The advantage of dividing one side at a time was evident. Blood spouted from both linguals as if they had been cut with the knife, but hæmorrhage was arrested in one before the other was severed. The *stylo glossi* with any *debris* of mucous membrane were divided with the knife, and the tongue was removed. There was very little loss of blood at the time and not much oozing afterwards. The soft parts were brought into close approximation by interrupted sutures at short distances, and sufficient dry lint was inserted to keep the lower lip, chin and cheek from falling in. The patient was then placed in a prone position in bed. A couple of hours afterwards I proceeded to feed him. On opening his mouth, and on looking across the floor of lint, the whole epiglottis, from its broad rounded upper extremity to its narrow thyroidean attachment, could be seen with ease. It stood almost erect, like a watchful sentinel, bending slightly, as is usual in ordinary respiration, over the aperture whose function it is to guard and protect. The elastic feeding tube attached to the stomach pump, pressing against the epiglottis, gave no trouble, produced no spasm, no effort at coughing, no resentment of any kind, but it permitted itself to be handled as if dispossessed of sensibility altogether.

The patient made a surprisingly rapid recovery. Union took place throughout the whole extent of the horizontal wounds, and throughout all but the most dependent part of the vertical incision, by first intention. The two ligatures came away on the ninth day, and on the day, after he left the hospital, cheerful and happy, for his home near Rouse's Point.

Four months have now elapsed, and so far there is no appearance of a return of the fell disease for

the removal of which the patient had submitted to the knife and saw.

He came to Montreal yesterday, at my request. He presents a healthy appearance, swallows without difficulty, and evidently to good purpose, as his well-conditioned state attests.

That you may see the inconsiderable deformity which now remains, and hear to what extent speech is restored, notwithstanding the entire ablation of the chief organ which gives it articulate utterance, the patient is now before you.

Linden Place,

Union Avenue.

February 7, 1873.

Case of Acute Purpura, by FRANCIS WAYLAND CAMPBELL, M. D. L. R. C. P. Lond., Professor of Physiology, University of Bishop's College.

On the 10th of January of the present year, about five o'clock in the afternoon, I was called to Mrs. A——, a lady of good social position, in labor with her sixth child—the fourth under my care. The labor progressed satisfactorily, and about half-past seven a large female child was born. The infant was to every outward appearance, in perfect health, cried fairly loud, and when given into the nurse's arms promised to do well. The funis, however attracted my attention, from its singular shape and strange color: from end to end it was as regular a corkscrew as it is possible to conceive, and so black as to suggest the idea of putrescence, yet it was firm and elastic to the touch. The blood which escaped when the cord was divided, was exceedingly dark, as was that from the mother, and the blood from the mother showed little attempt at coagulation. The uterus contracted well, and after seeing the child washed and dressed, I left. On the following day (11th) both at morning and evening visit, everything was satisfactory, the child had eagerly taken the breast, which contained a good supply of milk.

On Sunday, the 12th, when I made the visit in the forenoon, I was informed that, during the night, the child had bled freely from the nose, and soiled handkerchiefs produced, proved the truth of the assertion. On examining the child I found still some oozing from the nose, while the skin which, was of a dusky hue, was covered with small petechial spots—on the face and head they were particularly large. The child still took the breast readily, and the bowels had moved freely, and were of a healthy color. I ordered one drop of the muriate tincture of iron every two hours, and left a solution of tannin to brush the inside of the nose with, should severe

*The third or fourth time only I have used the ligature in six years, accipressure having always sufficed.

hæmorrhage set in. At the afternoon visit, I found that the child would not retain the iron, on the stomach, so reduced the dose to half a drop every hour. Hæmorrhage had again recurred from the nose, and the gums were bleeding freely, having commenced when the child was at the breast. Upon examining them, I discovered two teeth in the lower jaw—one partly through the gum, the other nearly through. The bleeding could not be located to any particular spot, but seemed more like oozing from the entire surface. Very small doses of tea and brandy were ordered.

At 7 p.m., there was not any improvement; hæmorrhage still recurring, and patecheal spots are larger and more numerous. Was obliged to discontinue the iron, as even in doses of half a drop, the stomach would not bear it. Although the child still took the breast, it was showing evident signs of weakness.

1 a.m. Blood is coming from nose and mouth, and there is considerable oozing from the tip of the right ear, and from the left meatus; stools are bloody in character; skin almost livid; and the child is evidently sinking. This condition of matters continued all the night, and a few minutes before my morning visit the little thing died, evidently from exhaustion.

I have called it a case of acute purpura; for it seems to me to bear all the characters which we would associate with an acute attack of purpura hæmorrhagica, and is exceedingly interesting to me, as I have been unable to find in any work upon diseases of children, any record or any description of a similar case. The history of the mother, as regards her mode of living, points towards the diagnosis I have made, as she informs me that during the four last months of her pregnancy, she very seldom tasted animal food.

The mother made a remarkably good recovery, being up on the tenth day, without a single untoward circumstance having occurred.

Two years and a half in a London General Hospital. By G. F. SLACK, member of the Royal College of Surgeons, London, late House Surgeon Charing Cross Hospital.

(Number three.)

The first surgeon in England, who performed the difficult operation of excision of the ankle-joint, was Henry Hancock, senior surgeon of Charing Cross Hospital, and President of the Royal College of Surgeons, London. In a course of lectures delivered

some years ago before the Royal College of Surgeons, he explained his mode of performing this operation, the success he had achieved, as well as his ideas after many years experience on the different operations upon the foot. His plan of excising the ankle-joint is as follows: Lay the foot on its inner side; make an incision along the posterior border of the lower end of the fibula, passing below the malleolus and curving slightly forwards for about three inches; the fibula is then divided by cutting pliers about two inches up and the lower part carefully dissected out. In the next step of the operation turn the foot on its outer side and make a similar curved incision around the inner malleolus, keeping the knife close to the bone, then carefully divide the internal lateral ligament. By turning the foot outwards the upper part of the astragalus can be sawn off. The lower end of the tibia is removed by introducing a narrow-bladed saw, being careful not to cut too far, on account of the structures lying behind. The external wound is brought together with sutures, leaving an opening for discharge. The limb is then bandaged to a back splint with foot-piece. Additional steadiness may be attained by the use of side-splints fastened to the back-splints with straps. Lint soaked in a solution of carbolic acid forms the usual dressing, for a time at any rate. Cases, where this operation is called for, do not often occur, but when they do they are very successful if proper care and attention is shown in the after treatment. It is seldom that the disease is limited to the lower end of the tibia and upper part of the astragalus, the whole of the latter bone being usually implicated. In persons of a scrofulous constitution, excision of this joint will prove even less successful than of the hip, and excision of the hip in such cases can hardly be called a successful operation. The following case is a good instance:—

A man of decidedly scrofulous constitution, thirty-five years of age, formerly a sailor until disabled by disease of ankle-joint, was admitted with a view to operation. Eight years before he had fallen and sprained his ankle; since that time it had gradually gone on from bad to worse, until he was unable to put his foot to the ground. The tissues about the joint were very much thickened and of a dusky red hue. There was an opening on the outer side of the joint, which discharged freely. No pain, general enlargement of glands about the body, slight cough. The joint was excised in the manner described above. For two months the case went on remarkably well, the swelling subsiding, the discharge decreasing. From this time, however, slowly but surely, the limb began to assume the same appearance it pre-

sented before operation, so that at the end of two months more the poor man was no nearer recovery than when he entered the hospital. For such a case there is but one alternative, amputation. A case where the operation was successful will appear in another paper, in which I mean to give a short account of a few selected cases where the great benefit to be derived from carbolic acid will be shewn. The immense advantage obtained by saving the foot, even with a stiff ankle, should always incline the surgeon to give this operation the benefit of any doubt that may exist, as to the chances of a recovery. The constitutional disturbance and consequent exhaustion is not so great in disease of this joint as in the hip or knee, so that an attempt to save the foot by excision, is in all cases justifiable, because if it is not successful the patient has sufficient strength to undergo amputation.

Disease of the shoulder joints is not so frequent as disease of joints of lower extremity, and when it does occur is more amenable to treatment, owing to the fact that perfect rest may be given to the joint, and at the same time the general health be maintained by out-door exercise.

The three following cases are interesting :

1. A London postman, aged 40, thin and delicate, was admitted with his right shoulder joint in the following condition : Very little power of motion, slight pain on attempting to rotate the arm, an opening on the inner side of the deltoid from which there was considerable discharge ; had performed his duties as postman, although his shoulder had been in that state some time.

The treatment pursued for upwards of two months was as follows :

The arm was bound firmly to the side ; every morning a solution of sulphurous acid was injected into the opening. He was allowed 2 pints of beer, 4 ozs. of brandy, plenty of meat, potatoes, bread and butter, etc., and a pint of beef tea or milk, as his diet for each day. Iron, cod liver oil and nitro-muriatic acid were giving in gradually increasing doses. Every fine day he was obliged to spend a couple of hours walking about the parks. After about a month of this treatment, the discharge began to assume a healthier character, gradually to diminish, and at the end of the second month he was sent into the country. There was a fair amount of movement from the clavicle, not the shoulder joint, and the Sinus had completely healed.

2. A strong, healthy little boy, about 8 years of age, sent up from the country for operation. Profuse discharge from an opening just below the shoulder

joint, and great pain on moving the arm. The shoulder joint was exposed by a single, vertical incision, the head of the humerus carefully dissected out and the diseased portion sawn off. The wound was plugged with lint soaked in carbolic acid, and the arm bound carefully to the side. The boy made a rapid recovery, and left the hospital within two months after the operation with a very useful arm.

3. A tall, powerful man, about 40 years of age, was admitted with acute rheumatism, from which he had suffered frequently before. When he became convalescent he drew attention to an opening on the inner side of the deltoid on the right side, from which there had been a discharge for some years, accompanied by slight pain on working the shoulder, which he had often to do, being a carpenter by trade. It was decided to excise the joint, which was done by transfixing and cutting a flap downwards from the deltoid, thus exposing the head of the humerus, which was found to be extensively diseased. The diseased bone was removed and the wound carefully brought together by sutures. For two or three days he did very well, when he had an attack of erysipelas, from which he in a few days recovered. From this time he, from no apparent cause, gradually became weaker and weaker, and at the end of the third week died. No doubt the hold that the rheumatic poison had taken upon his system, accelerated his death. I could relate other cases, but the above three represent the disease as occurring in individuals of entirely different constitutions, and the results speak for themselves. Of the many operations performed by eminent surgeons, which it has been my good fortune to witness, an amputation at the shoulder joint for malignant disease of the humerus, by Sir William Ferguson, could scarcely be equalled for coolness, style and ease in operating, the small amount of blood lost, and for the formation of flaps of exactly the right size.

Of disease of the elbow joint, cases every now and then presented themselves, occurring in persons of a decidedly scrofulous constitution, a diseased state of the lungs in many cases co-existing. When the disease has been removed by excising the joint, recovery with a useful arm depends more so than in any other joint upon the care taken in the after-treatment, about which there is a wide difference of opinion, some advocating the use of a splint for a time, others speaking as strongly against it ; some commencing movement of the arm daily from the time of operation, others insisting on perfect rest for several days. With regard to the use of a splint, much depends

on the disposition of the patient; if very restless a splint must be used for a time. As to the proper time for commencing passive motion, as it is called, I cannot see any advantage in doing so until a tissue of some degree of firmness has formed between the ends of the bones. I have seen a case where passive motion was commenced very soon after the operation, and kept up daily until after the wound had completely healed. Union of so slight a character had taken place that the patient had an arm like a flail, and an instrument had to be made to fix the arm in such a position that it might be used for eating, sewing, etc., but perfectly useless for any other purpose, such as lifting, carrying, etc. It would be much better to run the risk of bony ankylosis than to have a case turn out as this one did.

Excision of the wrist joint has always been looked upon as a very unsatisfactory operation, and were it not for the immense advantage to be gained by saving the hand, it is an operation that would long ago have been discarded. Of course I refer to complete excision of the wrist for disease of all the carpal bones, the ends of the radius and of the metacarpal bones. Cases occur where there is simply disease of one of the carpal bones or of the end of the radius. The disease is easily removed, and the case is reported as a successful excision of the wrist when it is nothing of the kind. I have seen three cases, in two of which, after several months, amputation of the forearm had to be performed. I do not know how the third case terminated.

The greatest care was taken in these cases to completely remove the disease, and the closest attention was paid in the after-treatment; but there are so many synovial membranes and so many tendons whose sheaths are more or less destroyed, causing the tendons to slowly slough there is little hope except the disease is superficial and limited in extent.

Excision of any of the finger joints either for disease or injury, will generally prove successful. A great many cases of injuries to fingers and hands are brought to Charing Cross Hospital from printing and publishing houses in the neighborhood, so that ample opportunities were afforded me of following different plans of treatment. When it was deemed necessary to remove a finger, it was done by simply nipping it cleanly off with bone pliers just behind the seat of injury. This plan has at least four advantages over the ordinary method:

The finger is removed immediately behind the seat of injury, saving in this way quite half an inch.

It is done in an instant whilst the patient is under the impression that you are examining the injured member.

Chloroform is not required as is generally the case where a knife has to be used; then the bone cut off and sutures applied.

A much more useful stamp is the result.

If, as is sometimes the case, a joint only is crushed it is very easy to remove the broken ends with small nippers, and by keeping it on a gutta-percha splint for a shorter or longer time, either a fair joint will be the result or bony ankylosis will take place. To some it may seem a small affair to pay so much attention to the surgery of the fingers, but to the man that has to get his living by type-setting, etc., the loss of a finger, especially the index, or even a portion of it, is no trifle. Since carbolic acid has come into use many a finger has been saved that formerly would have been removed without a second thought as to the possibility of saving it.

(To be Continued.)

Case of Filaria Oculi occurring in practice; Operation and Recovery. By G. SERMON, M.R.C.V.S.

On the 18th of December last, I was requested by J. P. Dawes, Esq., of Lachine, to examine a heavy bay Clyde mare, pregnant about eight months, and suffering from some disease of the right eye. On examination, I found considerable inflammation present. The conjunctiva was highly injected, with partial closure of the eyelids; watery discharge from the inner canthus, and complete opacity of the cornea, so much so that I could not see into the interior of the eye. After examining it very carefully I did not discover any injury or foreign body, nor anything to account for such appearance as the case presented. A lotion of plumbi Acet. and Zinci Sulph. was prescribed, with directions to let me see the mare when it was finished. Mr. Dawes called upon me in a week; he thought the eye was a little clearer, so I gave more of the lotion. I heard nothing more of the case until January 23rd; on that date the mare was brought into the city to be examined. The cornea had cleared up a little, so that I could just see something floating in the aqueous humor, and constantly moving about. At first, I could not satisfy myself as to what it could be, as the mare was suffering great pain and would not allow the head to be touched, and the eyelids being nearly closed it was very difficult to form a correct diagnosis. However, I at last came to the conclusion that

it was a case of "Filaria Oculi," and sent word to the owner to that effect, and that an operation must be performed to remove it, before any improvement of sight could be expected. The operation was performed at Lachine. The horse was cast with the ropes on the near side, an assistant holding the head firmly down while another retracted the lids and kept the "membrana nictitans" from closing, by a pair of tenaculum forceps; with a broad-bladed lancet an opening was quickly made through the inner margin of the cornea, and at once the aqueous humor gushed out, bringing with it the worm. On examining the eye afterwards, the wound was hardly discoverable, the cornea still retaining its natural curvature. From this date the cornea gradually became clearer, but still some opacity remains, apparently implicating the lining membrane.

Professor Williams, of Edinburgh, states that worm in the eye is unknown in Great Britain, being frequently met with in India, and less frequently in Canada. I have not met with any other case than the one now reported, and know of but one similar case, which occurred in the practice of Mr. Smith of Toronto. With these exceptions the occurrence of Filaria Oculi is unknown in Canada, so far as I am aware. In India, where it is more frequently seen, it occurs after damp foggy weather and where there is much stagnant water, and it also occurs during the cold months, from the first of October to the end of February. The symptoms being the same as in the case cited; conjunctivitis, opacity of cornea, intolerance of light, &c.

Two kinds of worm have been found in the eye, the Strongylus and the Filaria Oculi. The latter was the variety obtained on this occasion. It was about three inches in length and about $\frac{1}{8}$ inch in diameter; of a whitish colour, and under the microscope presented an obtuse extremity with an opening in its centre, which was guarded by two papillæ, opposite each other. The alimentary canal commenced at the above opening, passing straight downwards became slightly convoluted in the middle and again straight, terminating at the end of tail, which latter was pointed and curved; a large sac or tube was observed in conjunction with the intestine, probably uterine in character, showing it to be a female. In what manner did the "Filaria" get into the anterior chamber? Most probably it was due to the animal having drunk impure water, as pure water is detrimental to their existence. It is asserted, however that impure water containing these creatures, can be taken into the stomach with impunity, the action of digestion destroying them. It may be

that the ova or some other undeveloped form of the parasite may have been taken into the stomach, finding its way into the blood-vessels and by them carried to its future habitat, there to become developed. As it has occurred in this country there is reason to believe that fresh cases may occur; as the ova or young Filaria no doubt exist in our stagnant waters, as in India, and thus ready under favorable circumstances to become developed. Soil and climate having a great deal to do with their propagation. In conclusion I would state that just previous to the operation, I was in doubt whether there were not two worms present, so extremely rapid were its movements. This doubt, however, was soon cleared up. Bleury Street, Feb. 18th, 1873.

Progress of Medical Science.

*Report on Medicine.** By JAMES CUMING, M.A., M.D.; Professor of Theory and Practice of Medicine, Queen's College, Belfast; Physician to the Belfast General Hospital.

[On Nutrient Enemata.]

It has often been a matter of no inconsiderable difficulty to practical physicians to select the best ingredients for nutritive injections. The cases, in which this method of administering nourishment is necessary, are usually of a very distressing character, and commonly end fatally; and it becomes a question of much importance how far the fatal termination can be said to be postponed by such means. In œsophageal cancer, in cases of poisoning by corrosive substances, and in some diseases of the stomach and primæ viæ, nourishment cannot be introduced or absorbed into the system by the usual channels, and in cases of gastric ulcer it is of great importance to give the stomach absolute rest for as long a period as possible; and accordingly attempts are commonly made under such circumstances to support the system by injections. The components of such injections recommended by Dr. Foster, of Birmingham, whose paper on the management of gastric ulcer is one of considerable value, are strong, unsalted beef-tea, milk, eggs beaten up with milk, with occasionally a little brandy and a few drops of laudanum. The value of an injection administered for the purpose of nutrition depends not only on the extent to which its constituents will be absorbed by the large intestine, but in a great measure also on the length of time which it can be retained. Substances,

* The author of this Report, anxious that every contribution to Pathology and Practical Medicine should be noticed, will be glad to receive any publication on these subjects. If sent to correspondents of the Journal they will be forwarded.

no matter what their nutriment value may be, which irritate the bowel, will be expelled too quickly to permit absorption to occur, and will probably add to the danger and sufferings of the patient by provoking diarrhoea.

Various observers have investigated the subject of absorption from the large intestine. Among the most recent observations are those of Eichhorst.^a He states that the secretion of the large intestine acts only mechanically in the direction of facilitating the onward progress of the intestinal contents. Some digestive efficacy had been attributed by several previous authors to the secretion of this part of the bowel. Eichhorst states, however, that without their having been necessarily subjected to any previous digestive process in the intestine certain substances are more or less absorbed. Among these are some of the peptones, the expressed juice of raw meat, the albumen of milk, egg-albumen when mixed with salt, and Liebig's extract of meat. On the other hand, unsalted egg-albumen, the albumen of blood-serum, fibrin, syntonin, and myosin are not at all absorbed.

The subject has been also investigated by Leube, who has given a careful and judicious appreciation of what is necessary for a clinically useful nutrient fluid. Egg-albumen with salt is, he points out, liable to two objections—firstly, it is liable to cause diarrhoea; and secondly, its injection into the rectum is commonly followed by the appearance of albumen in the urine. This latter circumstance had been previously noticed by Eichhorst, and although it probably is not attended with much risk to the kidney, still it cannot be regarded as a matter of indifference. With respect to milk, Leube points out that this fluid very often returns quite unaltered, and that its use is in many instances followed by the appearance of sugar in the urine. Still it is regarded as being more valuable than eggs. Peptone solutions had been strongly advocated by Meissner and by Voit, and Bauer. The directions given by Meissner for the preparation of a solution for this purpose are, to digest from half a pound to a pound of meat with a gastric juice, containing certain proportions of hydrochlorine and pepsine for twelve hours, at a temperature of 104° F. (40 C.). The solution is then filtered, and parapeptone is precipitated by cautiously neutralizing the acid solution. It is evident that however theoretically perfect the solution might be, and however fitted for easy absorption, the great care and skill requisite for its preparation makes it altogether unsuited for the necessities of medical practice. The expressed juice of meat is open to the objection that it is apt to cause diarrhoea, and in addition, so small a portion of juice is got from meat that its price comes to form a serious drawback to its general employment.

As a better nutritive injection than any of these, Leube recommends a mixture of very finely-minced raw meat with about one third of its weight of the pancreas of an animal—either that of an ox or that of a pig. To this lukewarm water is added in sufficient quantity to make the whole into a pulpy

consistence. This latter part of the process requires some time and attention, inasmuch as the material to be used must pass through an injection apparatus. The addition of fat in the preparation of about one-sixth of the meat is in some cases an advantage. A larger proportion of fat than this has a tendency to cause too early evacuation of the contents of the intestine. A mixture of this kind is, according to Leube, in a great degree digested in the intestine, and by means of it a considerable amount of nitrogenous material is introduced into the system. If starchy substances are added to the mixture they are changed so quickly into sugar by the action of the pancreas that slight diarrhoea is brought about. He found that after the employment of these injections more nitrogen was excreted by an animal deprived of nitrogenous food than had been excreted previous to their use. He found also, that injections such as we have mentioned preserved the equilibrium between the consumption and the excretion of nitrogen, when an animal was deprived of a portion of the nitrogenous food which it had been accustomed to receive by the mouth; and, finally, a quantitative examination of the fæces, supplied direct evidence of the absorption, by showing that the amount of nitrogen in them was less than what had been introduced into the intestine. From the facts Leube considers himself entitled to state that a real digestion of meat takes place in the rectum and colon by the aid of the pancreatic juice furnished by the substance of the pancreas, and that the products of this digestive process are absorbed in considerable quantity into the blood. This mode of nutrition has been employed in three cases with apparently great benefit. Of these one was a case of catarrh of the stomach, with severe vomiting and cancer of the peritoneum; another was a case of cancer of the stomach; and the third was a severe case of accidental poisoning by tincture of iodine with great corrosion of the stomach. In the last case, which is one of great interest, there could be no doubt of the nutritive value of the injections, the patient having been in May of this year, about six months after the poisoning, able to be up during the whole day although still requiring the use of the injections recommended by Leube.

The general conclusions at which Leube arrives are, that the injection into the rectum of finely chopped meat mixed with the finely chopped substance of the pancreas, hardly ever produces diarrhoea. The injection is retained commonly for from 12 to 36 hours. An enema of water must be always given before the nutritive one. This precaution ought to be taken even if the bowels had been spontaneously moved soon before the time for the administration of the enema. It is better to allow an interval of a day to elapse before repeating the injection, if, after having been for a period well borne, evacuations of the bowels begin to occur soon after its administration. The patient, after this species of injection, is said to experience no uncomfortable feeling, no weight or pain in the abdomen; on the contrary, the sensation of emptiness diminishes, hunger becomes less urgent, and the pulse becomes fuller.

ON URÆMIA.

Some interesting additions have been recently made to the already copious literature of uræmia. It is a remarkable fact that, although innumerable observations and experiments have been made to determine the cause of the well-known uræmic poisoning, and although with regard to many incidental points regarding it, our knowledge has been greatly advanced, still the central problem in the causation of uræmia remains as yet unsolved. We seem not much nearer the determination of the question, whether uræmia is caused by the presence of an abnormal amount of urea in the blood, than we were at the time of the earliest experiments on the subject. The subject is one of great practical importance, because on the elucidation of it depends our hope of being able to deal with the phenomena of uræmic poisoning with any reasonable prospect of success. Every physician of experience has met with cases in which the most formidable uræmic symptoms proved to be only transitory, although undoubted organic disease of the kidney existed. And it must be admitted that our therapeutic resources do not always enable us to claim much share in the favourable issue in such cases. Nevertheless their frequent occurrence gives ground for the expectation that we may ultimately be enabled to aid in promoting the temporary amendment which we so often witness in Bright's disease. It becomes accordingly a matter of great moment to ascertain to what change in the blood, or in the tissues, the phenomena of uræmia are to be ascribed. The first great problem is, to determine what is the part played by urea in the production of the symptoms in question. There can be no doubt that urea is the principal element in the urinary secretion, and for a considerable period it was naturally regarded as the most important factor in the production of uræmia. It was clearly impossible to arrive at a conclusion on the subject merely from clinical observation, and resort was had to physiological observations and experiments on the lower animals, for the purpose of ascertaining whether urea accumulated in the blood when the kidneys are removed. The first experimental attempt at a determination of this problem was made by Prevost and Dumas, who communicated the results at which they had arrived in a paper which was read at a meeting of the Société de Physique et d'Histoire Naturelle of Geneva, in November, 1821.^a The method adopted by these observers was to examine the blood of animals in whom the kidneys had been removed. They found that dogs, cats, and rabbits, survived the removal of their kidneys for from five to nine days, and that during the first three days after the operation they showed scarcely any sign of disturbance. On examination of blood taken from these animals they found evidence of the presence of a considerable amount of urea, no trace of which they had been able to discover in the blood of animals who had not been

subjected to this operation. From these experiments they came to the conclusion, as had before been suggested by Rollo, that the kidneys merely eliminated urea from the blood, and had nothing to do with its formation. Nephrotomy had been previously performed by Vesalius and by Richerand, but neither had employed chemical analysis for the purpose of determining the condition of the blood. Prevost and Dumas suggested that probably the liver was intimately concerned in the production of urea, an idea which they founded on the supposed diminution of urea in the urine in cases of chronic hepatitis. Richerand, also, having found in his nephrotomized animals the gall-bladder considerably distended, thought it probable that the biliary secretion could to some extent take the place of the urinary, when the latter was suppressed.

The paper of Prevost and Dumas has always been considered, and with justice, one of the most important contributions to this subject which has been made, and from it, it seemed probable that urea, as the principal solid constituent of the urine, was also the principal cause, by its retention in the blood, of the peculiar aggregation of symptoms which have been grouped together under the name of uræmia; for there is every reason to believe that in advanced cases of Bright's disease, the kidney, as far as its function is concerned, is almost altogether useless. Prout^a taught that it was universally admitted by physiologists that the kidneys are little more than the outlets by which, as an excreted principal, urea is removed from the economy. He gave it, however, as his own opinion, that in the healthy condition of the system imperfectly developed urea may be found in the economy, which, in subsequently passing through the kidneys, is reduced to the crystallized form; so that the kidneys are not to be regarded as entirely passive in the matter.

Very soon after the observations of Prevost and Dumas, Segalas and Vauquelin showed that urea could be injected into the veins of animals without giving rise to any symptoms of disturbance beyond diuresis; and, as a consequence of these experiments great expectations were formed of the value of the administration of urea as a diuretic. It was suggested by those observers and has been supported by Stokvis, Hammond, and others, that some of the injurious effects of the suppression of the renal secretion are to be attributed to other constituents of the urine, and that the extractives especially have much to do with them, so that the apparently anomalous conclusion has been arrived at that suppression of the urinary secretion brings about fatal effects, not in virtue of its effects, not in virtue of its principal constituent being retained in the system, but because of the non-excretion of substances certainly in a physiological sense much less important.

From a clinical point of view Bright, Owen Rees, and Christison pointed out that a large amount of urea might be present in the blood without any

^a The paper was published in the "Annales de Chimie et de Physique," par Gay.—Lussac et Arago. Tome 23, p. 90.

^a On the Nature and Treatment of Stomach and Urinary Diseases. Third edition. 1840, p. 87.

symptom of uræmic poisoning being present. Christison^a dwells forcibly on the fact that he had repeatedly had occasion to remark the absence of any affection of the head, notwithstanding that the blood was, so to speak, poisoned with urea, in the advanced stage of granular disorganization of the kidney.

Frerichs proposed an explanation of these facts which was ingenious, and which he claimed to have demonstrated by clinical observations as well as by physiological experiments. The phenomena of uræmic poisoning are not, according to Frerichs, caused either by urea itself or by any other constituent of the urine, but occur when the urea which is accumulated in the blood is changed within the vessels by means of a peculiar ferment, into carbonate of ammonia—a transformation which readily occurs, as is known, outside of the body. It is this carbonate of ammonia which causes the morbid phenomena; and it is possible, according to Frerichs, to produce the symptoms of uræmia by the injection of carbonate of ammonia into the veins. So that for the production of uræmia two things are necessary—firstly, an accumulation of urea in the blood; and, secondly, the presence of a ferment capable of decomposing it. If no ferment is present a large quantity of urea may exist in the blood without any morbid symptom being produced.

This explanation found many supporters after its first publication, but is now pretty generally discredited. Clinical observation has not confirmed the statement of Frerichs regarding the invariable existence of a notable amount of carbonate of ammonia in the expired air in fatal cases of uræmia, and experiments on the effects of the artificial introduction of urea have also gone to contradict this theory. A modification of Frerich's theory, proposed by Treitz, to the effect that the supposed decomposition of urea into carbonate of ammonia takes place, not in the blood but in the intestinal tract, and that carbonate of ammonia is thence absorbed into the blood, met with some acceptance especially as it fell in with a highly important discovery published by Bernard and Barreswil,^b in 1847, regarding a mode in which urea is occasionally excreted. On the basis of numerous and highly interesting experiments these observers stated that after nephrotomy has been practised on an animal, urea does not immediately undergo an increase in the blood, owing to the fact that the stomach and the small intestine take on a vicarious action and secrete urea. Once, however, excreted into the cavity of the primæ viæ, urea becomes rapidly changed into carbonate of ammonia, so that no urea can be found after the death of the animal. The objections, however, to the theory of Frerichs are equally valid as against that of Treitz.

A different explanation of the formation of urea was offered by Oppler and by Zalesky, each of whom conducted an independent set of experiments in the

laboratory of Hoppe-Seyler, and also by Perls;^c all of these observers agreed that urea is not increased in the blood after the extirpation of the kidneys, but that it is greatly increased after ligature of the ureters, the increase being greatest in from 24 to 28 hours after the operation, and that the extractives and creatine are also much increased after ligature of the ureters.^e

It has been objected to the value of this method of experimenting that ligature of the ureters does not give rise to true uræmia, but by causing the urine to be retained in the body, promotes its decomposition and reabsorption into the system.^d This distinction has led Vogel^e to suggest that a distinct name should be given to cases of this kind, and he has proposed ammoniaemia to designate these, while uræmia would be reserved for those cases in which the secretion of urine is diminished or suppressed.

These experiments and observations seemed to have settled the question, and the opinion accordingly was adopted that the kidneys really formed the urea which appears in their secretion, an explanation which is, it will be seen, directly opposed to that of Prevost and Dumas. Unfortunately, however, we are again met by a number of contradictory results. Meissner found that there was a notable increase of urea after extirpation of the kidneys, and he accounts for the contradictory results obtained by Zalesky by regarding them as exceptional and caused by the vicarious action of the mucous membrane of the stomach and small intestines, separating the urea, which is no longer excreted by the usual channels.

A good deal of interest was excited by the statements, originally made by Heinsius and Stockvis, and confirmed by Meissner, that the liver in mammalia contains urea. Heinsius stated that in a liver removed from the body and kept at a temperature of 40° for 20 hours, urea was found in greater quantity than in the liver immediately after its removal.

On the other hand Gscheidlen^a made a number of comparative experiments from which he came to a conclusion opposed to that of the observers we have named. He found urea in the liver, but not in greater amount, relatively, than in the blood. He found it not only in the liver, but in the spleen, kidneys, lungs, brain, and in the lens and the aqueous and vitreous humour of the eye. On the other

^a Qua via insufficientia renum symptomata uræmica efficiat, quoted by Falek, Virchow's Archiv., Bd. 53, S. 335.

^b The conclusions of Perls are as follows—

"Qui numeri haec docent:

"(1) In bestiis, quarum renes erant excisi, uræae accumulationem non observavi; in iis, quarum ureteres subligati erant, uræae copia aucta erat maximeque inter 24—28 horas post operationem factam videbatur esse.

"(2) Copia extracti aërosi post operationem crescit.

"(3) Copia Kreatinini et omnino et praesertim cum extracto aëroso, in quo salia diversa insunt, comparata magno perere crescit."

^d Rommelaere, de la Pathogenie des symptomes urémiques. Bruxelles, 1867, p. 4.

Handbuch der Pathologie und Therapie. Erlangen, 1856, S. 428.

^e Leipzig Engelmann, 1871. Prager Vierteljahrschrift.

^a On Granular Degeneration of the Kidneys. Edin, 1839, p. 230.

^b Archives Générales de Médecine.

hand, he never found any trace of urea in the muscles under normal circumstances. A fact which if verified, would lead to important conclusions.

Some ingenious observations have been made by Rosenstein,^b well known by his valuable work on Diseases of the Kidneys, for the purpose of throwing light on this subject. It has long been known that when one of the kidneys is either congenitally absent, or has been destroyed by disease, an increase takes place in the bulk of the remaining organ. In so far as any definite opinion can be said to exist on the subject it would seem that the increased bulk of the remaining kidney is regarded by pathologists as depending on an increase in the secreting structure of the kidney. Valentines, who investigated the subject experimentally, came to the conclusion that in animals in whom one kidney had been removed the remaining kidney exhibited the maximum of increase in the convoluted tubes; the pelvis, the straight tubes, and the ureters being also dilated, and an additional amount of blood being present in the kidney.

Paget^c says that when one kidney is destroyed the other kidney enlarges; "more renal cells develop, and discharge, and renew themselves; in other words, the existence of the constituents of the urine in the blood that is carried to every part determines the formation of the appropriate renal organs in the one appropriate part of the body."

It occurred to Rosenstein that, from the condition of the convoluted tubes, which are the true secreting parts of the kidney, in animals from whom one kidney had been removed and who had survived the operation for some time, some information might be derived as to the function of the kidney as regards the production of urea. He found that the increase of the remaining kidney was mainly an increase of weight, and in a less degree an increase of volume, and that there was no increase in the malpighian bodies or in the convoluted tubes. The greater weight of the kidney depends on an increased amount of fluids being present in it—namely, blood, lymph, and urine, and on a thickening of the tissue elements, caused by increased nutrition, but only in a very slight degree on a real increase in the epithelial cells or in the connective tissue. The increased functional activity of the enlarged kidney completely compensates for the loss of the other, both as regards the secretion of the urine and as regards the formation of urea. From these facts Rosenstein draws the deduction that the kidney takes no part in the formation of urea. In one animal he found that the amount of urine and of urea was almost exactly the same before and after the extirpation of one kidney, and that when the second kidney was removed three days after it showed but a very slight increase in bulk and in organic contents. He concludes, accordingly, that no increase of secreting

substance can have taken place in such a short time, and from the fact that both urine and urea were undiminished, that the kidney cannot be the efficient agent in the formation of the latter, so that we return to the view of Prevost and Dumas again, as confirmed by the very latest experiments on the subject.—*Dublin Medicine Journal* Jan. 1873.

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EFFECT OF BROMIDE OF POTASSIUM EMPLOYED IN THE FORM OF A LAVEMENT IN CASES OF UNCONTROLLABLE VOMITING OF PREGNANCY.

Dr. Gimbert, after noticing the very variable forms and degrees of vomiting occurring during pregnancy, remarks, that in some women this generally trivial accident becomes a most serious and dangerous symptom, the patient sinking into a state of marsamus, or aborting. A lady in the third month of her second pregnancy was attacked with incessant vomiting, day and night. She complained of severe pain in the stomach, chest and abdomen, violent headache, a sensation of burning along the œsophagus, and intense palpitation of the heart. An extreme thirst and obstinate constipation completed the symptoms.

Enemas of bromide of potassium, as well as of soup, were prescribed. The first day (fifth of the disease) the patient "absorbed" 6 grammes (a drachm and a half), and on the following night was quieter. Next day she absorbed 8 grammes (2 drachms). The vomitings were less frequent and not so painful. The third day she took 10 grammes, and from that time the vomitings were arrested. Dr. Gimbert has several times since administered the bromide of potassium by the rectum, in less severe cases it is true, but always with the same excellent results. He has never restricted the doses, and has always found them admirably borne.—*Bull. de Therap. and Bull. de la Soc. de Médecine de Gand*, Mai, 1862.

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[*Hypodermic use of Strychnia.*] By JULIAN J. CHRISOLM, M.D., Professor of Operative Surgery, University of Maryland; Surgeon in Charge of the Baltimore Eye and Ear Institute, etc., etc.

Twelve months since I published my experiences with the hypodermic use of strychnia in retinal troubles. Since that period I have used it daily in nervous affections of the eye, with very varied results, at times very striking, again quite negative. In no case has the use of the remedy been followed by any injurious effects, although a few cases were quite susceptible to its toxic influences. I have been surprised to find that in increasing daily the quantity injected under the skin, a much larger amount than that mentioned by the books may be safely administered, with good results. In my early experiences I always commenced with the $\frac{1}{100}$ of a grain, and slowly increased until $\frac{1}{30}$ of a grain was used, which latter amount I was afraid to exceed. Now I usually commence with the $\frac{1}{40}$ of a grain.

The strength of the solution which I use is sulph.

^b Virchow's Archiv. Bd. 55, s. 141.

^c De Functionibus Nervorum Cerebraliū et Nervi Sympathici, p. 148.

Lectures on Surgical Pathology. Ed. by Turner. London. 1863. P. 19.

strychnia grs. iv., aquæ dest. $\bar{3}j$, each minim containing the $\frac{1}{40}$ of a grain of the alkaloid. The sulphate of strychnia is quite soluble in pure water, at least to this extent, and in this strength it makes a very convenient form for administration. For the past ten months I have usually commenced the strychnia treatment by injecting 3 minims of the solution, equal to $\frac{1}{40}$ of a grain of the drug. If no marked bracing of the muscles, heaviness of the calves, tightening of the jaws, or stiffening of the joints ensues, the amount of the solution for each day's injection is increased by one minim until a maximum dose is finally reached, which is frequently $\frac{1}{10}$ and often $\frac{1}{5}$ of a grain. In one case $\frac{1}{5}$ of a grain of the sulphate of strychnia was injected at a dose, and continued daily, without causing any special annoyance. When in progressively increasing doses the physiological effects of the remedy, indicated by muscular contractions, are excited, I do not diminish the quantity for the next injection, as experience has taught me, that the same dose, when repeated for two or three days, will cease to annoy, and then an augmentation may be safely indulged in. By this methodical and gradual increase, the maximum dose can be attained in from 15 to 20 days. In some cases I have found that the good results are not secured until large doses are reached, simulating, in this respect, the large doses of iodide of potassium, which excites a rapid subsidence in syphilitic symptoms, when ordinary doses of from 5 to 10 grains, continued for a long time, had produced no decided effects.

When the dose of strychnia has attained its maximum, that is to say, as much as can be comfortably borne, it should be steadily persevered in at this strength as long as any improvement shows itself. I have continued the injection of $\frac{1}{10}$ grain doses for 3 months. Should, from any cause, the daily injection be interrupted, even for a short time, it is not safe to resume the dose left off with, but a smaller quantity should be used, which may be rapidly increased until the full dose is again reached. As with all potent medicines, cases will now and then be met with, in which the commencing dose of $\frac{1}{40}$ of a grain may prove too powerful. In a single case only have I experienced uncomfortable muscular contractions from this small quantity. The effects in this patient were sufficiently annoying to establish a rule for a cautious commencement in every case. I have heard of one case of marked idiosyncrasy in which a single dose of $\frac{1}{50}$ of a grain of strychnia (the first), hypodermically used, caused convulsions and insensibility, which continued for several hours. The injection was made by a country physician, and I cannot vouch for the accuracy of the amount injected. In another case, coming under my immediate observation, that of a young lady of nervous temperament, an attack of convulsions of short duration was brought on by the use of 1-20 of a grain, which seemed to be the largest dose that she could take with safety. The best results are obtained when two injections are made daily, morning and evening. When it is inconvenient to make more than one injection per day, the effects upon the system may be kept up by the administra-

tion of strychnia pills, first in doses of 1-40, then 1-30 and finally 1-20 of a grain each, twice a day.

There is no advantage in injecting the solution under the skin of the temple, or other portion of the head, for the cure of eye or ear diseases, as it causes needless pain to puncture frequently these sensitive surfaces. As the remedy can only act upon the nerves of sight and hearing through the instrumentality of the nerve centres, and by the circulation, I always select the arm as the least sensitive and most convenient seat for the injection. In my experience, the loose skin near the outer surface of the shoulder, or in the upper and outer third of the arm, is the preferable site for the operation. Care must be taken to avoid superficial veins, otherwise bleeding from the puncture annoys, and the arm becomes sore. When the point for throwing in the injection is carefully selected, the puncture should be bloodless.

The canulated trocar of the hypodermic syringe should pass through the skin without resistance. If force be necessary to enable it to reach the subcutaneous cellular tissue, the cause will be found in a blunt heavily shouldered point which needs the cutler's care. As obtained from the instrument maker, the new points are always dull and need sharpening. The necessity for keeping this useful instrument in order is not so seriously felt by those who use it seldom; nor would the pain of application be complained of by persons upon whom it is now and then inserted for the relief of severe neuralgias. When it is systematically used once or twice every day for months upon the same individual, its easy or forced introduction, with the subsequent little or much uneasiness, will be commented upon.

Those not skilled in the use of the hypodermic syringe should, in applying it, first lift a fold of the skin between the thumb and index finger of the left hand, then place the point of the canula at the base of this fold, avoiding visible veins, and thrust it forward until at least one half the thickness of the fold is transfixed. When the canula has perforated the skin and its point lies in the loose cellular tissue in the centre of the fold, all resistance to the onward progress of the point will have ceased. The canula needle will now have gone sufficiently deep under the skin. In the next step of the operation the surgeon lets go the fold and with the same fingers steadies the syringe so that the point may not draw out of the puncture; nor, on the other hand, be thrust too deeply whilst the fluid is being injected. As the injected fluid causes an elevation of the skin, making a little reservoir in the subcutaneous cellular tissues with the puncture as an outlet, it is best by pressure with the finger upon this prominence to disseminate the fluid through the plane of areolar tissue before the canula be withdrawn; otherwise some of the injected fluid will escape, and the full dose not be retained for absorption.

As we are dealing with a very potent remedy, it is the safest course to put in the syringe only the dose to be injected. Some physicians fill the syringe, and throw under the skin from this quantity the number of minims desired, as marked upon the scale attached

to the instrument. Or they screw down the gauge upon the handle and then inject from the large quantity. Should the screw gauge be loose, or the piston work hard, a larger quantity than is desirable will escape through the canula, and an innocent dose may be accidentally converted into a poisonous one by this addition of a few minims of the solution. I adopt the following plan in using the syringe. First, take into the syringe more fluid than the dose to be injected. Holding the instrument with canula upwards, expel all air from the cylinder, and continue to push the piston until all excess of fluid, not required for the injection, is driven out. As I leave in the hypodermic syringe only the dose which is intended to be thrown under the skin, no possible accident can occur.

I have had patients brought to me who had received hypodermic injection at the hands of excellent physicians, and had complained much of the severity of the treatment. In these patients could be traced every puncture by its permanent scar, as if from a boil, in proof that a good deal of painful inflammation must have been excited. This condition could only have been induced by dull needles, or by the use of acidulated solutions of strychnia. The sulphate of strychnia, as already stated, is readily soluble in distilled water for the strongest solutions that should be used hypodermically; and, if the canulas be sent to the cutler's for sharpening as often as surgical instruments should be, the entire trouble which tends to make patients timid would be obviated. When used with the necessary precautions, the instrument leaves so slight a trace that in twenty-four hours the location of the puncture can scarcely be made out. As a rule, no inflammatory redness should follow upon the hypodermic use of strychnia. At times when I have accidentally punctured a small vein, a discolored spot, from blood extravasation, will remain for a few days, and its presence creates some soreness. With proper care this accident should not occur.

Cases in which the hypodermic use of large doses of strychnia will prove useful are quite varied; and their number is daily increasing. In ophthalmic surgery the free use of the remedy is in some diseases curative, in others palliative only.

Hemeralopia, even of months' standing, will yield so promptly to a few injections of the sulphate of strychnia that the remedy may be considered nearly antidotal in character, and can be relied on with confidence. I have often observed night-blindness, in recent cases, to disappear after two injections.

In cases of *muscular asthenopia*, from overwork, in which reading becomes painful, with letters running into each other, or in which the letters lose their sharp outline when looked at for a few minutes, equally prompt relief will often follow upon the hypodermic use of the remedy.

In *amblyopia* of recent occurrence, where small objects do not sufficiently impress the retina to excite clear vision, much confidence can be placed in strychnia.

In *tobacco amaurosis*, I have met with a decided and prompt response from the use of the syringe.

A case in point just dismissed from treatment was that of Mr. R., whose vision for the last three months has been steadily and perceptibly decreasing—cause, excessive use of tobacco—general vision misty, both for near and distant objects. Has been forced to give up newspaper reading. After the daily use of strychnia for two weeks, he could read "brilliant" type, which is the finest print.

In *progressive nerve atrophy* not dependent upon intracranial trouble, there is no remedy, that I am aware of, which will give such satisfactory results. In white atrophy the effects are varied; at times useful sight is restored; whilst in others, equally promising at the commencement of treatment, the effects are negative even after a careful and continued use of the remedy in full doses.

A gentleman now under treatment, a case of white atrophy with chalky disks and threads of vessels, was treated by me ten years since for the same trouble, and his case was then deemed hopeless. He could distinguish objects when brought very near to the eye, and held towards the temporal side. For the past ten days he has been taking hypodermically large doses of strychnia, and, by the use of test objects, notes a daily improvement, being able now to distinguish a door knob sixteen feet off.

In *amblyopia*, connected with choroidal atrophy, whether there be large crescents or a spotted fundus, I have observed the vision to be permanently sharpened under the hypodermic use of strychnia. In fact, whenever the retina or optic nerve needs stimulation to correct defective vision, the subcutaneous injection of a solution of strychnia will be found of benefit.

As strychnia exhibits an indirect influence over the contraction of bloodvessels, its hypodermic administration may be found of great value in cases of intra-ocular congestions, especially glaucomatous conditions, where its action, by relieving the distended bloodvessels—and thereby diminishing tension, may obviate the necessity of an operation upon the eyeball. I have heard of one case of *acute glaucoma*, in which prompt relief is said to have followed upon the hypodermic injection. Sufficient experience has not yet been collated in these congestive cases to induce a reliance upon the remedy. Should a further experience in the use of strychnia in glaucoma sustain the reputation of the drug in the relief of other eye troubles, this new field for its application will be hailed as one of the most valuable contributions to modern ophthalmic surgery.—*American Quarterly Journal of the Medical Sciences.*

MEDICINAL PROPERTIES OF THE BROMIDE OF POTASSIUM.

Prof. Sée, in one of his last lectures at the School of Medicine, expatiated upon the medicinal properties of the bromide of potassium, a drug so much in vogue and yet so little understood. He said it was often prescribed in a most reckless manner, and administered with substances not only chemically incompatible with it, but whose therapeutic action is diametrically opposed to it. For instance, it is fre-

quently ordered with, or as a substitute for, the iodide of potassium, and *vice versa*, and there is a prescription in Bouehardat's "Formulaire" which bears the name of a celebrated physician, containing these two salts in combination with the chloride of sodium and butter, which was to be eaten with bread as a substitute for cod-liver oil. The bromide of potassium acts specially as a sedative on the vascular and nervous systems, whereas the iodide is purely an alterative operating on the general processes of nutrition and elimination. The bromide of potassium is essentially a vascular remedy. It is probable that through the nerves it acts on the muscular coats of the vessels, causing permanent contraction of the latter and consequent anæmia of the organs, a condition opposed to that produced by belladonna. It acts indirectly as a sedative on the heart, which it may stop, but only when given in enormous doses. As a soporific or narcotic it is preferable to opium, particularly in children, as it does not produce headache or the other inconveniences of the latter. Its double action, as vascular and as a nervous hyposthenisant, renders it a most invaluable agent in all cases of neurosis accompanied with congestion of the nervous centres, and hence its great utility in epilepsy, hysteria, chorea, etc.; it has also been found useful in the localized forms of neurosis, such as dysphagia, asthma, hooping-cough, etc. But to be useful in these cases, particularly in epilepsy, it must be administered in large doses, not less than five grammes a day for an adult, and two grammes for a child of 4 in this latter affection. When given in smaller doses it is not only a waste of time, but it increases the epilepsy; and in order to keep the disease in check, he recommends it to be taken continuously, and largely diluted, so as to prevent any irritating effect on the stomach, and to promote its elimination by the kidneys. It is a dangerous remedy in coughs, but most useful in asthma, which it relieves, not by increasing the bronchial secretions, but by relieving the respiration. The bromide of potassium cannot be replaced by the other salts of potash, nor yet by the iodide of sodium, which has lately been recommended as a substitute for it.—*Med. Times and Gaz.*, Aug 31, 1872.

VARIOLA AND TYPHUS FEVER OCCURRING AT THE SAME TIME, IN THE SAME INDIVIDUAL, AND RUNNING THEIR COURSE TOGETHER.

In the *Berliner Klin. Wochenschr.*, 1872, No. 11, Dr. Th. Simon states that an individual labouring under a recent slight attack of small-pox, was admitted as a patient into the Hamburg Hospital. Shortly after his reception there were developed in him the premonitory symptoms—intumescence of spleen, disturbance of sensorium, and the peculiar aspect of the stools—of fever evidently of the typhus type. During the desiccation of the pustules, there made its appearance a very copious eruption of roseola. The case terminated favourably.

Dr. Simon took opportunity to state that he had, during the prevalence of the variolous epidemic in Hamburg, frequently witnessed the early and wide-

spread prevalence, among typhus patients, of a roseolar eruption, most probably the result of an influence exercised by the presence of the variolous epidemic.—*Centrablatt f. d. Med. Wissenschaften*, May 18, 1872, from *Berliner Klin. Wochenschr.*, 1872, No. 11.

THE SAFEST PLACE IN A THUNDER STORM.

James R. Lane, F.R.C.S. (*British Med. Journal*, Aug. 3, 1872), in a clinical lecture on Injuries from Lightning, gives the following directions as to the safest course to pursue when one is overtaken by a storm of thunder and lightning:—

There is no doubt that the safest place for shelter is in the interior of a dwelling house or other enclosed building, at a distance from window and street-doors; and in a cellar, perhaps, for choice. Not only is the chance of being struck infinitely less, but the risk of serious injury is also much diminished. According to Dr. Sestier, the proportion of fatal cases occurring within houses is not more than one-fifth of the persons struck, and of these the greater number were standing near a window or on a door-step; whereas in exposed situations in the open country, three-fourths of the cases are fatal.

There is no doubt, also, that the popular notion that it is imprudent to take shelter under a tree, is well founded, especially if the tree be an isolated one. A low tree, or a hedge with several high trees in its proximity is less objectionable, as the lightning will generally be attracted by preference to the most prominent objects. Trees standing together in a wood are seldom struck; the electric cloud, coming within the attraction of a mass of trees, probably discharges itself insensibly through the innumerable points of foliage. A wood, therefore, is not an unsafe place, though even there it may be well to keep away from a tree which is higher than its neighbours. Many persons have been killed, while standing under a hay or corn rick; these, therefore, should be avoided. From their dryness they are worse conductors than the human body, so that the current passes from them to the latter, as the readiest channel by which it can reach the ground.

But if it is unsafe to stand under a tree or a haystack, is it safe to remain in the middle of a large open space? This is a doubtful question; for a man in an erect position, though less prominent than a tree, still offers a dangerous point of attraction when no other object is near, and if struck, the whole force of the stroke will pass through the body, entering probably by his head; whereas, under the tree, the current is likely to be divided and split up, so that though the chance of being struck may perhaps be greater, the risk of fatal injury is considerably less. According to M. Sestier's statistics, of those struck in exposed situations in the open country, three-fourths are killed; under a stack of hay or corn, two-thirds; under a tree, one-half; under a hedge, one-third; within houses, only one-fifth.

It seems to be pretty generally argued that the safest plan, supposing shelter within a house to be unat-

tainable, is to remain in the vicinity of some prominent object, such as a tree, but on the side opposite to that from which the storm is proceeding, and at a distance sufficient (say twenty or thirty yards), to avoid the risk of the electricity being attracted from the tree to the person.

Under any circumstances the recumbent is undoubtedly safer than the erect position, elevated and prominent situations being of course, carefully avoided. It would be better, for instance, to lie down in a furrow than on a ridge. Additional security may also be obtained by depositing watch and chain, money, or other metallic substances which attract electricity, at a safe distance.

By pursuing the course suggested one is certain to get wet through. While under a tree he runs only a remote chance of being struck by lightning. Wet clothes, however, are not without a compensating advantage; they are all the better conductors of electricity; and if they do not convey to the ground the whole of the current, they would transmit a larger portion of it than if they were dry, so that there would be less risk of serious personal injury.

PRESSURE ON THE CAROTIDS TO CONTROL INTRACRANIAL CIRCULATION.

BY ROBERT B. McNARY, M.D., HOLDEN, MO.

It is exceedingly strange to my mind, that the very simple and efficient means by which the intracranial circulation may be controlled, by means of digital pressure upon the carotid arteries, has been so universally overlooked. The pulsation of these arteries may be plainly and easily felt on either side of the trachea, and the circulation through them may be almost as certainly controlled by properly applied pressure, as if they were held between the thumb and forefinger.

The applicability of the principle to the great variety of diseases in which it is indicated, will of course suggest itself to the mind of any physician, and I will therefore not occupy your space by any expatiation upon the subject, but will remark, by way of illustrating its practical applicability, that I have succeeded in relieving a great many cases of violent headache, a convulsion or fit in a young man. But the stronger proof of its value as a remedial means was afforded in the case of a boy, eleven or twelve years old, who had been very dangerously ill for several days, with what was supposed to be congestion of the brain. He had had several convulsions, and had been perfectly blind since his illness began. I was requested to see him at night, and remain the next morning, till the physician in whose care he was, could meet me in consultation.

When I examined him, the symptoms were of such a peculiar nature, that I was utterly at a loss as to what I should do, in which unpleasant condition of my own mind, the above idea occurred to me, and I had hardly got my fingers well and firmly fixed, when he told me that his headache, (which I neglected to mention with the other symptoms), was better, and within less than five minutes I

think his sight had perfectly returned, he was free from all pain or uneasiness, and continued to recover rapidly, without *any medicine*.

A good many cases in previous practice, have since occurred to me in which the same principle *might* have been applied with similar results, had I known it. I have never heard it from a medical man, or seen it in a medical journal, but it does not seem to me to be of sufficient importance to be suggested, and at the command of every medical man, when the necessities of a case require it.—*St. Louis, Med. and Surg. Journal, Jan'y., 1873.*

ON THE USE OF PEPSINE WINE IN THE ARTIFICIAL FEEDING OF INFANTS. BY W. J. CUMMINS, M.D.

*** There is nothing, of course, like a good breast of milk for an infant, if it can be had; and in "the good old times," when the peasantry and small farmers lived on potatoes and milk, without stimulating their nerves with strong tea, nor their brains with penny-a-liner's words, there was an ample field for the selection of a foster-parent; but now even when the *rara avis*, a good nurse, is procured, she is so independent and knows her power so well, that any caprice must be humored, and she is always ready to throw up her situation or neglect her charge. A wet-nurse is, then, an admitted torment, and a balance struck between its advantage and disadvantage is generally again the former.

Artificial feeding by bottle is a great improvement upon the old system of spoon-feeding, as the act of suckling stimulates the salivary glands and insures due in-salivation, which is an important part of infantile digestion. With such an aid the stomach of most *human* infants is vigorous enough to fall into the way of digesting *cow's* milk, properly diluted, and mixed with sugar and cream to assimilate the proportions of its constituents to human milk—but besides the relative excess of casein and albumen contained in cow's milk when compared with human, the coagulum of the latter is "soft, flocculent, and not so thoroughly separated from the other elements of the fluid as the firm, hard curd of cow's milk is from the whey in which it floats." (West.)

When we reflect that the digestive organs of the *human* infant are found to digest human milk, and the force of its gastric juice proportioned to the solution of its soft, flocculent coagulum, we can understand why the solvent power of its gastric juice is sometimes unequal to redigesting the firm curd of cow's milk. When such is the case, acetous fermentation is quickly set up; offensive gases distend the stomach and taint the breath, vomiting and diarrhea set in, and in process of time the little patient sinks into a miserable state of marasmus, and dies. The remedy for this state of things is simple, for although we cannot change the elementary composition of the milk we have to use, we can introduce into the infant's stomach a digestive power proportioned to the food it has to use—the organic principle of digestion taken from the stomach of the calf.

It is now many years since I first applied this simple theory to practice in the case of one of my

own children, who, when about three or four months old, was reduced to a condition of marasmus by vomiting and diarrhoea due to imperfect digestion of cow's milk. I ordered him fifteen or twenty drops of Pepsine wine, to be given immediately before or after each meal. Soon after commencing it he began to improve, and by degrees all bad symptoms vanished, and nutrition was quite restored.

The Pepsine was continued until he was nearly two years old, and he thrived at least as well as if he had been wet-nursed; other treatment, of course, pre-aided and accompanied the use of Pepsine, but it was not until the latter was commenced that improvement took place.

Shortly after, a child born in England, and bottled, was brought over to this country when about six months old; he also was suffering from infantile dyspepsia, and was pining away in a listless, apathetic state, quite indifferent to surrounding objects, and appearing as if he would lapse into idiocy from mal-nutrition of the nervous centers. I immediately ordered him Pepsine wine, which produced such beneficial effects that after it had been continued about twelve months, he had become a bright, intelligent, well-nourished child.

Since then I have never recommended a wet-nurse, and have used Pepsine wine largely in dispensary, hospital and private practice, and have seen many apparently hopeless cases recover under its use.—*Dublin Journal of Medical Science.*

THE CURE OF STAMMERING.

The mode of treatment followed by M. Chervin, of Lyons, in this affection; has lately been the subject of investigation by a commission appointed by the Department Council. The commissioners state that they find the system successful, rapid, and permanent in its effects; which opinion confirms those of earlier date, given by commissions appointed in France, Belgium, Spain, etc.

Eight patients, severely affected with stuttering, were submitted, under the observation of the commissioners, to the system of M. Chervin. They varied, in age, from ten to twenty-nine years, and none of them could speak without stammering to an extent most distressing to themselves and to those who heard and saw them. In some cases the act of speaking was accompanied with convulsive movements of the mouth and eyes; in others, with spasmodic respiratory movements. Some had stammered from their infancy; in others, the defect had been caused by a shock to the nervous system. Ten days after they had been placed under M. Chervin's treatment they were seen by the commissioners, and each of them could then speak distinctly without stammering or hesitation; and, on the 28th, they were pronounced cured, speaking then with natural ease and rapidity.

The system is as follows: All mechanical contrivances are discarded; but he teaches the patient, by means of a large number of exercises, gradually to pronounce with distinctness vowels, consonants, syllables, and sentences. He pays great attention to the act of

respiration, which he seeks to regulate. He teaches his patient to take, at certain intervals, a slow but normal inspiration, which is succeeded by an even, continuous, and loud expiration, during which pronunciation is effected. The course of treatment occupies twenty days, the time being divided into three periods. During the first the patient is restricted to complete silence, so that the old habit may be broken; during the second period the patient is taught to speak slowly and deliberately; and during the third period he acquires the practice of speaking fluently and without clipping the words. This method is stated to have succeeded in the most difficult cases, and the good results are said to be permanent; but this greatly depends on the patient, who must occasionally make use of the means which were first used to cure him.

SULPHUROUS ACID.

Dr. Henry Manfred, in an article in the *Cincinnati Lancet and Observer*, says of sulphurous acid, that it has unrivalled disinfecting power, far superior to carbolic acid, besides being free from its irritating qualities and its disgusting, penetrating smell. But the most remarkable characteristic of this acid is its antagonism to pus. The doctor gives the history of a case of psoas abscess, where the constant free discharge of pus was draining the life powers of a little girl. After exhausting all of the usual remedies without benefit, he, as a last resort, injected the cavity thoroughly with sulphurous acid, and in a few days the discharge ceased entirely, and the patient eventually recovered. The doctor has also used this acid in confluent and simple variola, in scarlatina, in typhoid fevers, in multiple abscess, in adynamic fevers, and in those cases of blood-poisoning where the secretions are offensive, the vital powers declining, accompanied with a general tendency to putrescence and decay. In variola he generally prescribes half a drachm of the acid, diluted with water, three or four times a day, and applies it also locally to the pharynx by means of a gavel or atomizer. In the bowel lesion of typhoid fever it lessens the acidity of the discharge, and promotes the healing of the ulcers themselves.

NITRO MURIATIC ACID AS AN HEPATIC STIMULANT.

Dr. J. H. Kidder, in the *Western Lancet*, says: Inspector-General Martin, of the British army, thinks that ascites, or at least that form of it dependent upon cirrhosis of the liver, can be entirely and permanently relieved, and the condition of the liver greatly improved, by the use of nitro-muriatic acid applied systematically. He bases his opinion upon a very extended experience, during a long service in India, the results of which are to be found in the *Lancet* for April, 1866. The acid should be made extemporaneously by adding to five parts, by volume, of strong hydro-chloric acid, three parts of nitric. The additions must be made gradually, shaking the bottle well each time. After the acids have been

well mixed, the bottle or jar should be left unstopped for twenty-four hours before use. Three fluid drachms of this acid diluted with one pint of water, form a lotion, which is to be applied over the region of the liver, twice a day with *brisk friction*, while at the same time the feet are immersed in a bath of the same. The hands of the attendants making the application should be protected by oil silk gloves, else bilious diarrhoea will result to them, from absorption of the acid through the palms of the hand. Giving the acid internally does not help any. Applied in this manner steadily and perseveringly, the obstruction of the portal circulation will be removed so far as to secure to the patient a fair degree of health and comfort not otherwise to be obtained.

AMMONIA IN SUSPENDED ANIMATION.

The value of the injection of ammonia, as recommended by Professor Halford, in cases of snake bite and suspended animation, has been again demonstrated. A lady in Melbourne recently swallowed, by accident, an ounce of Browne's chlorodyne, which is a mixture of chloroform, morphia and prussic acid. When seen by her medical attendant, she was, as he imagined, on the point of death, cold, insensible to everything, and giving only occasional gasps as signs of breathing. Recollecting a former case, in which a young man who had taken chloroform was revived after death had apparently occurred, the doctor mixed half a drachm of the liq. ammon. fort. with one and a half of water, and within the space of one minute injected the whole into a vein of the arm. In a few minutes the pulse returned, the breathing became natural, and in twenty minutes the whole body had regained its natural warmth; but perfect consciousness did not return for some hours afterwards. The patient made a rapid recovery. Two further instances have been reported in which the timely use of the injection saved the victims of snake bites from the death which threatened them.—*N. Y. Med. Jour.*

REMOVING A FOREIGN BODY FROM THE NOSE.

Accidentally opening an old number of "Ranking's Abstract," I read an article headed, "A Novel Mode of Removing a Foreign Body from the Nose," in which is related the case of a child from whose nose, surgeons failed to remove a cherry-stone, and were outdone by the village barber, who administered an emetic, and, at the moment when vomiting was about to commence clapped a handkerchief tightly over the mouth of the child. I was reminded of the source from which was obtained a procedure I have invariably instituted in such cases, and never without success. Very many years ago, that best of practitioners, Dr. J. P. Evans (then residing in Arkansas), when on a visit to his native place, Tazewell, Tennessee, was called to the country to see a child with a foreign substance in its nostril, which had held its position in spite of efforts for its removal directed by the professional skill of "all the region round." On the way, the Doctor was

saluted by an aged negro woman, who asked him if he was going to see that child. On receiving an affirmative answer, she said: "Put yer finger long side the nose, tother side from the thing, and with yer own mouf over the child's mouf, blow hard, and its bound to come out." He followed her directions, and occasioned the result as she had predicted. R.—*Atlanta Medical and Surgical Journal.*

NEW PLAN OF EXTRACTION OF BODIES FROM THE EAR.

Dr. Loewenberg, of Paris, describes a new plan for extracting solid bodies from the ear, as follows: A very small brush is made by rolling and fixing a narrow strip of old linen around a thin wooden handle (a match, for instance), and unraveling its free border to the length of a quarter of an inch. The end of the so-obtained fringe is dipped into a warm and very concentrated solution of glue, and applied to the visible part of the foreign body, or, rather, the operator leans it against the body by letting it glide very softly, and without exercising any pressure, over it. Previous to the application, the patient seats himself comfortably in an arm chair or on a sofa, and inclines his head towards the healthy ear. He remains in this posture for three-quarters of an hour to an hour after the introduction of the agglutinated brush. This time past, consolidation is generally accomplished, and the foreign body can be extracted by gently pulling at the brush.—(*Medical Times and Gazette.*)

ASPIRATOR TROCAR.

M. Labbe, a young surgeon and sub-professor of Paris, has been doing wonders with the capillary or aspirator trocar. He has, in many cases, punctured the bladder above the pubis, and emptied it, where it was impossible to draw off the urine with a catheter. He prefers Dieulafoy's trocar, as being perfectly innocuous, the wound healing immediately. Many Parisian surgeons already predict one great disadvantage in this new method, not to patients, but to the future generation of surgeons, as catheterism would run the risk of being altogether put aside. At first, this instrument was only used as an explorer, and was not much larger than an ordinary urethra syringe. This was gradually increased in size, and was then employed for emptying large abscesses and cavities containing liquid. Still later it is so improved as to be adapted to washing out or injecting abscesses or cavities. It may yet even supersede the lancet for phlebotomy, as the risk of air entering is *nil*, and the ligature above the elbow can be dispensed with.

THE MONOBROMIDE OF CAMPHOR.

Dr. W. A. Hammond has used this new preparation—consisting of one equivalent of camphor with one of bromine (C₁₀H₁₆O.Br.)—with marked success in infantile convulsions due to the irritation of teething. His experience in this difficulty is limited to two cases. "In each, a grain was given

hourly, rubbed up with a little mucilage of acacia. Three doses were sufficient in one, and two in the other case. The children were aged respectively fifteen and eighteen months." In cases of "headache occurring in women and young girls, due to mental excitement and excessive study," it was employed with excellent effect. One dose, of four grains, generally sufficed.

In wakefulness, he thinks it "greatly inferior to the bromide of calcium, or even other bromides."

In a case of delirium tremens, Allen McLane Hamilton, M.D., (in *New York Medical Journal*, July, 1872,) asserts that the monobromide of camphor, in five-grain doses, was of excellent service. He also says that he is convinced that it is superior to any combination of camphor and opium in chordee.

BORAX AND THE NITRATE OF POTASSA IN THE LOSS OF VOICE FROM "COLDS" IN PUBLIC SPEAKERS AND SINGERS.

Dr. John W. Corson, of Orange Co., N. J., states (*Medical Record*, Jan. 1, 1873)—

"1. That in sudden hoarseness or loss of voice in public speakers or singers, from 'colds,' relief for an hour or so, as by magic, may be often obtained by slowly dissolving and partially swallowing a lump of borax the size of a garden-pea, or about three or four grains, held in the mouth for ten minutes before speaking or singing. This produces a profuse secretion of saliva, or 'watering' of the mouth and throat. It probably restores the voice or *tone* to the dried vocal cords, as just 'wetting' brings back the missing notes to a flute when it is too dry.

"2. Such 'colds' may be frequently 'broken up' at the very commencement; and this restorative action of the borax to the voice may be materially aided by promptly taking, the evening previous to a public effort, dissolved in a glass of sweetened water, a piece of the nitrate of potassa or 'saltpetre' a little larger than a garden-pea; or about five grains, on going to bed, and covering with an extra blanket. The patient should keep warm next day. This both moistens the dry throat and further relieves the symptoms of 'cold' and slight blood-poisoning from suppressed perspiration, by reopening the millions of pores of the skin more or less closed by cold.

"3. These remedies have the three recommendations of being easy to obtain, convenient to carry in travelling, and perfectly harmless.

"4. They are nearly or quite useless in the actual cure of long-continued chronic disease of the throat, or acute inflammation or 'tonsillitis,' both of which require other appropriate treatment."

FLUID EXTRACT OF CASTANEA VESCA IN PERTUSSIS.

Dr. Thomas S. Davis gives in the *Medical Times* the results of the treatment of fifteen cases, with this remedy. The first eleven cases had the characteristic whoop, the remainder had well marked paroxysms, but not the full spasm, and they recovered without having it. In each case the violence of the spasm was reduced even more markedly than the number of

the paroxysms. The castanea was continued for a week, after which, in a few cases, a simple expectorant was given. The nurse in charge, who had witnessed many epidemics of the disease, declared she had never seen medicine act like it.

This medicine is made from the beans of the common chestnut tree, *castanea vesca*, natural order *Cupuliferae*. The preparation used was the fluid extract made by Mr. John M. Maisch, of Philadelphia (see *Amer. Journ. of Pharmacy*, Dec., 1871, p 529). The dose is half a teaspoonful to a teaspoonful every three or four hours, for a child six years old.

ATROPHY OF THE DELTOID AFTER CONTUSION OF THE MUSCLE.

Electricity has until now been used in vain.

ASPIRATING PUNCTURE OF THE KNEE IN A CASE OF HYDROPS ARTICULI.

The case was caused by a fall on the knee. The patient is a lad of about sixteen. Two punctures with the aspirating needle had already been performed without obtaining any liquid. A third puncture was performed in our presence, when about forty grammes (ten drachms) of blood were withdrawn from the joint. Dr. Labbé said he was glad he had repeated the punctures, as this quantity of blood lying in the joint would, as is always the case, have taken a long time to be absorbed, and also retarded the healing process. Compression had been employed with no effect. He referred to a similar case he had recently treated in private practice in which, after having made a small incision into the surface, he had withdrawn a large number of worm-like pieces of clotted blood. Healing had taken place rapidly.

In order to employ aspirating puncture with good results in cases of effused liquids in the knee, there should be at least two or three ounces of liquid in the joint. Puncture is made without reference to the patella, and where the tumour, bulges most.—*Lancet*, Sept. 21, 1871.

TREATMENT OF SCARLET FEVER.

The late Prof. George T. Elliot, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive stage, and only allow the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow, over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged, great comfort is experienced. As a gargle make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays, thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc are beneficial. As a palliative to the throat, the vapor from slaked lime can be recommended. Strong beef tea, with opium, may be thrown up the bowel. Begin to feed the patient

from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels there is a good deal of danger. When the kidneys show hyperæmia, desquamation, or transitory albuminuria, then there is a twofold danger. Always examine the urine. When the patient has kidney disease, the treatment should be directed to the skin and bowels; when the latter are loaded or constipated, give powerful saline cathartics. Get Ronchetti's apparatus, to produce perspiration. To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but from experience, they cannot be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*Medical Record, N.Y.*

CEREBRO-SPINAL MENINGITIS.

Robert F. Smith, M.D. (Kansas City *Medical Journal*), having been familiar with the management of this disease in the various hospitals of New York city, gives some sensible remarks on the causes, pathology, and treatment of it. In regard to the unexplained general hyperæsthesia attending it, he remarks that if the vascular membrane dipped into the posterior fissure, in the vicinity of which the sensory roots are supposed to originate, it could easily be accounted for; but may it not be explained by the fact that some of the sensory roots do arise from, or at least have been traced into, the anterior columns, as mentioned by Gray and taught by Prof. Austin Flint, jun. ? The sixth nerve must be considerably irritated early in the disease, but the muscle it supplies has not sufficient force to overcome those supplied by the third nerve, though, becoming paralyzed later on, the adductores act without antagonism, and the convergent variety of squit follows. In concluding, the subjoined treatment, by Prof. Loomis, is submitted: Sol. saturat. potassii bromidi, minims xl, every two or three hours; quiniæ sulph., grs. iii. to v., every three hours; ice to the head and spine; blisters to the nape of the neck; bleeding when the constitution of the patient will admit of it, and tonics during convalescence.

VERATRUM VIRIDE AS A HÆMOSTAMIC.

J. W. Collins, M.D., of Jackson, Tenn. [*Am. Practitioner*, Sept., 1872], after an extensive use of this drug in different forms of hemorrhage, is thoroughly satisfied that it possesses this property in a very remarkable degree. He esteems it the promptest as well as the most reliable of all the means for controlling both active and passive hemorrhage. In epistaxis, periodical hemorrhages of placenta prævia, menorrhagia, in secondary hemorrhage following amputation of the cervix uteri, and in hemorrhage in two cases of uterine carcinoma, it has been uniformly successful.

Prof. J. T. Gilmore, of Mobile, Ala., has used the veratrum with entire success, after other means had failed in a secondary hemorrhage following amputation of the thigh; also in a case of epistaxis, which was so obstinate as to threaten life. He further states that the remedy, given in doses of 15 drops, is regarded by the profession in Mobile as being the most efficient remedy in certain cases of puerperal eclampsia. He has seen the best results follow its use in the periodical hemorrhages which occurred in two cases of placenta prævia.

It should be given in doses of from 3 to 15 drops, repeated every one, two, or three hours, according to the urgency of the case, always carefully watching its effects.

USES OF CHLORIDE OF AMMONIUM.

Dr. Dwar. (*Brit. Med. Jour.* July 27, 1872,) states that this article has not been employed internally as much as its usefulness would seem to indicate. It is a valuable diaphoretic and diuretic. It seems to have a special action on the serous membranes generally. He has found it of especial value in pleuratic effusions, particularly when their cause is of a subacute or chronic character.

In a case of hydrothorax, where the effusion was very abundant, absorption of the fluid rapidly took place under the use of the drug. Other similar cases are reported. It is necessary to give adults twenty or thirty grains every three or four hours. Its precise *modus operandi* has not been clearly ascertained. Although primarily not a stimulant, it may act on serous membranes by stimulating their power of absorption. Its diaphoretic action may account for its usefulness in muscular rheumatism, in which affection the author has employed it with much satisfaction. He has not found it of much use in lumbago, or articular rheumatism. Some bitter infusion is the best vehicle for disguising its taste.—*Boston Med. and Surg. Jour.*

INGROWING NAIL.

Dr. Blower, of Liverpool, (*British Medical Journal*, Sept. 21, 1872), has for the past twenty years employed compressed sponge successfully in the treatment of ingrowing nails. He renders the sponge compact by wetting and then tying it tightly until it is thoroughly dry. A bit of the sponge, in size less than a grain of rice, is placed under the nail and secured by strips of adhesive plaster. In this way the point of the nail is kept up from the toe until the surrounding soft parts are restored to their normal condition by appropriate means.

ELECTROLYSIS IN TREATMENT OF PALATO-NASAL POLYPI.

Dr. Paul Burns communicates, in a long article to the *Berlin Clinical Weekly*, July, 1882, his experience with that of other operators—eight cases in all—in the destruction of nasal and other polypi by electrolysis. One pole is held in the hand, and the other by means of a wire, is applied to the tumor.—(*The Clinic*.)

CURE FOR THE ITCH.

The following prescription having been recommended for the cure of the itch by a distinguished dermatologist of Paris, and, as I have seen it employed with unfailing success, I take the liberty of transcribing it for the benefit of your readers :

R. Carbolic Acid, one drachm ;
Water, one pint.

Or, what is still better, an ointment of—

Carbolic Acid, two drachms ;
Benzoated Lard, four ounces.

Three or four frictions in the twenty-four hours suffice to kill the acari, after which a bath of soap and water is to be taken, and the disease produced by these parasites is thus infallibly cured in twenty-four hours.—(*Paris Correspondence of the London Medical Times and Gazette.*)

DEODORIZED TINC. OF IODINE.

R
Tinc. Iodini,
Glycerinæ, aa. f ʒ i,
Sodæ Sulphitis, ʒ i.

Rub the salt to a powder in a small mortar, and add the glycerine gradually, then pour in the tincture of iodine, and triturate gently until a solution is effected, and the mixture assumes an amber colour.

The above is given on the authority of the *Pharmacist and Chemical Record*, which claims that the properties of the iodine are increased by the addition of the sulphite of soda, while the glycerine renders it more convenient for local application. If so, the preparation is certainly an improvement over our present method of bleaching iodine by the addition of aqua ammonia, thus making a solution of iodide of ammonium with an excess of ammonia.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR :

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

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MONTREAL, MARCH, 1873.

SAVORY & MOORE'S GENUINE PANCREATIC
EMULSION.

We hardly think it is necessary to remind the physicians of Canada, that Messrs. Savory & Moore, of New Bond Street, London, still continue to manufacture, in very large quantities, the original Pancreatic Emulsion, which, for a number of years, has stood the test of very extensive and extended trials. This preparation is a very elegant one, and is, we

are aware, largely prescribed, throughout the Dominion. Still, there may be some who have not yet made use of it, and it is for the benefit of such that we pen this notice. In the great majority of cases of Phthisis, Dr. Dobell of London, Senior Physician to the Royal Hospital for Diseases of the Chest, who is the originator of the preparation, has found it of considerable service. In a number of cases where we have ourselves prescribed it, we were quite conscious of its beneficial effects. Some stomachs may not bear it, but such are the exception. Certain it is, it is far better taken, as a rule, than cod liver oil, and, in the opinion of many, produces results far more satisfactory. Lately, it has been recommended in a new class of cases, and, in the October number of the *London Practitioner*, Dr. Dobell draws attention to it, as a remedy in the wasting diseases of children. The paper is of so much interest, and is so important, that we propose to publish it entire in the next number. In the mean time, we suggest a trial of the Pancreatic Emulsion, in appropriate cases, and express the opinion that, of the many preparations of a character somewhat similar, none can equal that prepared by Messrs. Savory & Moore. We direct attention to their advertisement, and state that the preparations advertised can be had from druggists throughout the Dominion.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

At the annual meeting of this Society, held on the evening of the 5th of February, the following gentlemen were unanimously elected office-bearers for the year: Dr. John Mackelcan, President; Dr. D. Mackintosh, Vice-President; Dr. C. O'Reilly, Secretary-Treasurer. The thanks of the meeting were cordially tendered to the retiring office-bearers, and to Dr. O'Reilly, for their valuable services during the past year. The meeting was largely attended and marked by great unanimity, both in the election of office-bearers and in the discussion of several matters of great importance to the medical profession. The affairs of the Society were so flourishing that it was deemed advisable to look out for a room suitable for a reading room and library.

In the *Hamilton Times*, of a recent date, we find an account of a slight ruffle in the medical world of the ambitious little city, which we give below. We do not know anything of the clergyman who, in a most extraordinary manner, insulted the whole medical profession in Hamilton; nor do we know

anything of the medical gentleman who was thus proclaimed from the pulpit "that he was the best doctor" in the city; but we feel convinced that the latter had no part or hand in the matter. It was one of those little excesses which, unfortunately, not a few clergymen are guilty of concerning the medical profession; and we congratulate Dr. Mackintosh upon having the pluck and the courage to denounce him who thus overstepped his position, and the bounds of true propriety.

STRANGE EXORDIUM TO A SERMON—A PARSON
PUFFS A MEDICO.

The following is the substance of remarks made by the Rev. W. H. Poole, in the John Street Wesleyan Methodist Church, on the morning of Sabbath last, 26th of January:

"I have the best doctor in the city. If I had not the best doctor in the city I should change my doctor; and every one that is not satisfied that he has the best doctor in the city should change. And as we should all be as safe in respect to the soul as well as to the body, we should all have the best minister; and if any one is satisfied that he has not the best minister, he should change. My doctor forbade me to preach this morning," etc., etc.

Which extraordinary statement from the pulpit has called forth the following letter from Dr. Mackintosh, who was present:

To the Rev. W. H. Poole.

SIR,—I believe the above to contain the substance of your uncalled-for and extraordinary remarks on this occasion, and as I look upon them as a direct insult to myself specially, as well as to the whole medical profession of the city, except one, I think it my duty, as the only physician present on the occasion, to resent it.

Who your doctor is, I neither know nor do I care; but that you, as a minister of the Gospel, should take advantage of your position in the pulpit, on the Lord's Day, to advertise *any* doctor, shows that you are rash and injudicious, if not vindictive, and your conduct shall not be allowed to go unproved.

I had long since made up my mind that you are not the best minister in the city, and, in accordance with the above suggestion of yours, have determined to change, and now tender my resignation as a member of your Church, and as Missionary Secretary in connection with it, and this after mature deliberation.

* * * *

Such being the case, it is a very pertinent question to ask: "If every private and official member of your congregation who is not satisfied that you are 'the best minister in the city,' were to take your advice, how small a congregation would be left?"

As your remarks were made in public, I consider

it my duty to publish the above, that you and your doctor may have the benefit of it.

I am, &c.,

D. MACKINTOSH, M.D., Edin.

Hamilton, 27th Jan., 1873.

The Report of the Supervising Surgeon of the Marine Hospital Service of the United States, for the year ending 30th January, 1872, is now before us, and contains an unusual amount of interesting matter. The several States of the Union issue periodically their reports, and scattered through them we meet with some of the most valuable contributions to medical lore. Its medical reports of the State of New York are illustrative oftentimes of ripe learning on the one hand, and well-directed liberality on the other. The volume before us is of a more general character, and deals with the general marine of our enterprising neighbours. It is interesting to notice the growth in number and importance of marine; and, as an illustration, we may mention that, until seventy years ago, marine hospitals were supported by local funds, these being raised in the shape of a tax of twenty cents per month on "seamen employed in American vessels engaged in the foreign and coasting trades, to be collected by the several collectors of customs;" and, out of the fund thus created, the temporary relief and maintenance of sick and disabled seamen in hospitals should be provided. Norfolk, Virginia and Boston were the first to avail themselves of the privilege the law accorded; and other cities followed their example. But, as the demand for relief always exceeded the resources at hand, and as seamen continued to receive support far short of their requirements, Congress passed an Act in 1837, authorizing a Board of Medical Officers. Marine hospitals are now scattered over the Republic, and fortunate is it that they are under the able surveillance of Dr. John W. Wordworth, the Supervising Surgeon.

The report contains a considerable number of surgical cases, some of which possess interesting features; and, on the whole, the First Annual Report reflects credit on all concerned in its preparation.

OBITUARY NOTICES.

DR. ALFRED NELSON.

It is with regret we record the death of Dr. Alfred Nelson, of this city. For some months previous to his decease he had not felt quite himself; he found himself deficient in strength, and not able to attend to his duties with the same activity he had

formerly done. He had no particular ailment as he thought, but feared, as an elder brother, Dr. Horace Nelson (an esteemed friend and colleague of the writer's) had died at the age of forty-two, of consumption, he would die of the same disease. Unfortunately the subject of this notice lost his dearly loved wife in her confinement, about two years ago, and became very despondent. Finding himself unable any longer to attend to his practice, he asked the writer, about the beginning of December, to see him. He was scarcely able to move; aphonic, with loss of appetite and a rapid, weak pulse. Finding the case to be a very serious one, a consultation was suggested, and he was seen by two other medical friends, when aneurism of the arch of the thoracic aorta was diagnosed, he himself not being aware nor imagining he had such a serious affection. He was confined to bed; ordered perfect quietness; put upon iron and digitalis; denied all fluids, etc., etc.; but he did not improve; his condition remained much the same till his death, which took place on the morning of the 6th of February.

An autopsy was made thirteen hours afterwards, when the aneurism was found to be at the junction of the transverse and descending aorta. It was of an immense size, the *clot* measuring $4\frac{1}{8}$ inches in diameter and $10\frac{1}{4}$ inches in circumference. The cavity inside of the *clot* held an ordinary-sized hen's egg. There was a deposit of fat at the base of the heart. The aortic valves (only one was examined) were healthy. The œsophagus was attached to the lower portion of the sac, and the bony structure of the bodies of the first, second and third dorsal vertebræ were quite corroded, so that a large hollow-like concave surface was exposed.

Dr. Nelson was of quiet and unobtrusive manners, and his patients were warmly and deeply attached to him, for, with the kindness of the physician he associated the sympathising heart, and his sensibility and charity gained for him the esteem and confidence of all. He was the son of the late Dr. Wolfred Nelson, a physician of very extensive practice, and who, for more than one term, filled the chair of Mayor of the City of Montreal. Dr. Nelson was a licentiate of the College of Physicians and Surgeons of Lower Canada.

He leaves six small children and a large circle of warm and attached friends to mourn his loss.

WILLIAM SUTHERLAND, JR., M.D.

The subject of this notice was the son of Dr. Wil-

liam Sutherland, for many years Professor of Chemistry at McGill College. Educated in Montreal, and receiving his professional education at that University, he graduated in 1870. Scarcely, however, had his *alma mater* conferred its honors upon him, than signs of failing health showed themselves. Everything that human ingenuity could devise, or a fond parent suggest, was resorted to, but without avail; and although the disease, (Phthisis) made comparatively slow progress for a considerable time—yet though slow, it was none the less sure. Less than a month previous to his death he attended a meeting of the Medico-Chirurgical Society. He soon after, however, took to his bed, and on the 29th of January passed quietly to his rest. Thus passed away a young man of rare promise, and of brilliant genius, one who would have made for himself a proud record, if health and strength had been spared him. But it was otherwise ordained, and although those who knew him well, and loved him most, bow in humble submission to the Divine will, they can but feel that "the ways of Providence are inscrutable and past-finding out." We are sure that Dr. Sutherland has the sincere sympathy not only of the profession in Montreal, but of hundreds of his old students still living, and scattered throughout the length and breadth of the Dominion. At a meeting of the Medico-Chirurgical Society, held on Friday, the 7th of February, 1873, the following resolution was carried unanimously:—

Moved by Dr. HINGSTON, seconded by Dr. Trenholme, and Resolved,—“That the Medico-Chirurgical Society of Montreal records with deep regret the death of their late friend and associate, Dr. William Sutherland, jun., whom they have ever esteemed as a young gentleman of high character and bright promise; and the members of this Society further extend their heart-felt sympathies to the family of deceased in their great bereavement.”

The Secretary was instructed to forward a copy of the above resolution to Dr. and Mrs. Sutherland.

DR. EDWARD B. GIBSON, M.D.

Dr. Gibson graduated at McGill College in 1864. When a student, he was delicate, and shewed a predisposition to phthisis, which manifested itself about the time of his graduation. For a number of years the disease seemed stationary, but there was never any indication of restored health. We last met him at the meeting of the Canadian Medical Association in Ottawa, in the fall of 1870. He was then in feeble health, and proposed retiring entirely from

practice. His death took place at Pakenham, Ontario, on the 4th of February. Amiable in disposition, he was much liked by those who knew him best.

Reviews.

Surgical Diseases of Infants and Children. By M. P. GUERSANT, Honorary Surgeon of the Hopital des Enfants Malades, Paris; Honorary member of the Societe de Chirurgie. Translated by Richard J. Dungleison, M.D., Philadelphia; Henry C. Lea, 1873: Montreal; Dawson Bros.

M. Guersant in this book, gives us the results of his experience while surgeon to the Hopital des enfants Malades, Paris; and in the first chapter gives some useful hints as to the preparation of the patient, performance of operations, and after treatment, not neglecting the all important point of hygiene. He advises, "whenever circumstances will permit, to make a change for the patient from one room to another," as it gives "an excellent opportunity to renew the air alternately in the room which he has just quitted, and which he will re-enter when thus purified and warmed, or not, according to the season." He gives a long chapter on Fractures, going fully into the distinguishing features between those of the adult and the young. According to his experience, fractures of the thigh were the most common, after which came those of the fore-arm. He says that complications are attended with less danger at this, than to any other period of life.

The article on tracheotomy in croup, is the most valuable in the book. In most cases, where the operation is performed, he says, "croup cannot be looked upon as a disease, purely restricted to the larynx or the respiratory apparatus; but very often, though only characterized by the presence of a false membrane limited apparently to the larynx alone, it is caused by a general condition existing in the whole economy, and which, like a poison, infects it with more or less intensity." He gives the indications for the operation and the contra indications very minutely and goes fully into the after-treatment and the accidents that may happen, both during and after the operation. He advances nothing new while speaking of hypertrophy of the tonsils, vesical calculus and the different modes of dealing with it. His opinion on the causes of diseases of the joints, coincide pretty nearly with the authorities on this

side of the Atlantic, in not referring the chief cause to scrofulosis, but we think he might have gone a little more fully into the pathology of hip-joint disease, to which he gives the name of coxalgia. He hardly mentions the operation for excision of the head of the os femoris; in thoractenesis, he does not hesitate to operate early, as he thinks, in most cases, where the operation has failed, it has been due to delay. M. Guersant has given us a good readable book, and it well repays perusal. It is not a systematic work, but treats only of those subjects wherein he has had most experience.

Report of the Inspector and Medical Superintendent of the Asylum for the Insane, at Toronto, for the year ending October, 1, 1872.

The kindness of the Superintendent of the Toronto Asylum for the Insane, Dr. Joseph Workman, has placed on our table the above pamphlet. No one who is aware of the admirable management which is characteristic of this institution, or of the eminent abilities of its Superintendent, as a psychologist, but will be prepared to find in the report much worthy of commendation, and not a little which, although tersely expressed and embraced within small compass, is worthy of close study by all who take an interest in the treatment of the insane. There is much truth in the following extract from page 8 of the Report:—

"It is a mistake to believe that Sabbath-day preaching to the insane is the best means of religious instruction or consolation. Every case of insanity has its own peculiar delusions and requirements, which are to be learned and ministered to only by means of individual experience. A sermon which may be suited to a miscellaneous congregation of sane people, may not be equally profitable to an insane assemblage, however discreetly selected. I have known instances of patients, misapplying, perhaps, the preacher's words, going direct from church service to suicidal attempts. There is one in this house, whose restoration I regarded as consummated, until I had the misfortune of giving her leave to go outside to church. What she there heard horrified her, and has continued to do so. How appropriate the discourse may have been to a congregation free from all taint of insane tendency I cannot say, yet how few congregations may there be in which incubating insanity is absent."

The Report makes allusion to the transfer of warrant patients from gaols, who, it appears, are rapidly

crowding up the Asylum, leaving but few beds for disposal among that class of cases which are likely to be promptly benefited by immediate transference to proper treatment. Evidently our sister province of Ontario suffers in this, as do we in this province, where lunatics are placed in the gaols, and there kept till, in the majority of cases, all hope of amelioration is passed; when a sufficient number are collected, a batch is transferred to the Asylum, there to become a burden to the State for the remainder of their lives.

On the subject of Inebriate Asylums, Dr. Workman thus speaks, and we heartily endorse the opinion expressed:—

“That some provision for the care and proper treatment of inebriates is badly wanted in this province, there can be no doubt; but that these unfortunates are fit inmates of a *lunatic* asylum, every one who has had them in charge must regard as an absurdity and a cruelty. Within twenty-four or forty-eight hours after entrance, they find themselves mixed up with mental wrecks as diverse from themselves as midnight from noon-day sun-burst. Can such association conduce to self-respect or good moral resolve? One fact, at least, is certain; their insane companions are not improved by their presence. Dissatisfied themselves, and too often disposed to magnify the causes of dissatisfaction which the discipline of an insane hospital unavoidably presents, their dissatisfaction becomes contagious. One dipsomaniac may upset the comfort and quietude of a whole ward. Assuredly, the physician whose fate it is to minister to their form of mental disease enjoys no sinecure. He may hourly meet, and parry off, the importunities for liberation of those of dethroned mind, who are easily diverted from one subject to another, and who, by adroit management, may be parted from in smiles and renovated content; but it is not so with the de-alcoholised inebriate. Many of this class, perhaps the great majority, are persons of superior mental capacity and culture, and the asylum physician who tries to liberate himself from the meshes of their logic and plausibility, by any of his stereotyped shiftings of position, finds himself awkwardly at fault. They will hold him to their primary point and purpose, and he must escape from the discussion a discomfited, if not sometimes an irritated, combatant, for they understand how to be offensive. Their insane associates see his disadvantage, and some of them do not fail to rejoice in it.”

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL,

MEETING HELD 7TH FEBRUARY, 1873.

Dr. R. Palmer Howard, President, in the Chair.

Dr. Francis W. Campbell read a paper on a case of acute purpura, which will be found among the original communications.

Dr. Howard remarked that Dr. Parks had discovered excess of iron in the blood of those suffering with purpura hæmorrhagica, and the possibility of this excess having something to do with the disease. Dr. H. said that, in several cases that had come under his observation, iron had been taken for some time before the attack.

Dr. Godfrey stated a case where the disease had followed prolonged immersion in very cold water.

Dr. Trenholme stated that, in the present case, the vegetable diet of the mother was not a probable cause of the disease, as it is well known that the healthiest of children are often found among those who use no meat; but, that it might be due to a diseased state of the blood caused by retarded circulation favoring blood changes, as the umbilical cord was very tortuous indeed.

Dr. Reddy mentioned a case which came under his observation, where he believed iron had been given previous to the attack of purpura.

Dr. Hingston's paper on excision of the lower jaw was received with applause. (It will be found among our original communications.) The patient was present, and presented a healthy aspect, and could speak sufficiently well to be readily understood.

The various modes of dividing the tongue were discussed, with regard to hæmorrhage; when Dr. Hingston stated that, in this case, he had divided that organ with the *ecraseur* as rapidly as possible.

Dr. Reddy stated he had obtained a good result in a similar case, where a minute was allowed to elapse between each click of the instrument.

Dr. Patton remarked that he had seen free hæmorrhage follow the too rapid division of the tongue, even with Chassenoc's instrument.

Dr. Howard stated that true cancer, when removed, always returned; and that he did not believe it could be extirpated.

Dr. Trenholme stated that the modern theory is that cancer, at first, is a *purely local* disease; and

that its extirpation when early removed, was possible.

After a vote of thanks to Drs. Hingston and Campbell, the Society adjourned.

MEETING HELD FEBRUARY 21ST, 1873:

Dr. R. Palmer Howard, President, in the Chair.

Dr. Reddy read a paper on cystic disease of the kidney. The patient was a female, aged 43 years; of large make, having, when in health, weighed 275 pounds. Up to October, 1871, her health was good. In May, 1872, she had consulted Dr. Godfrey, who diagnosed a tumor of right side, and advised a visit to the sea side. She went to Portland, where she consulted an eminent practitioner, who ordered croton oil liniment, which gave her relief. When first seen by Dr. Reddy, the face was emaciated and of an olive tinge; much care-worn, and walked slowly with a rotary motion. On sitting down she had difficulty in rising, and complained of pains along her thighs to her knees. The body was considerably wasted, and the muscles were soft and flabby. About two inches below the umbilicus was a nodular tumor, extending up to the pancreas. The first diagnosis was cancer of the liver and spleen. The patient suffered a good deal from headaches and nausea; a severe attack of the latter occurring about last November, when iced soda-water gave very great relief. The patient voided normal quantities of urine; but it frequently assumed the appearance of porter. Dr. Howard, who saw the case in consultation, believed it to be a case of Farr's tubercle of the liver, and in this view Dr. Reddy concurred. The tumor was hard and unyielding, and there was not any pain on handling it. On the 20th of last January there was a return of the vomiting, when peptoidin was ordered and taken with very great relief. She became, about this time, exceedingly restless, and chloral was administered in fifteen grain doses, with benefit. About the 8th of February the voice became husky; on the 9th, there was complete aphonia; on the 10th, there was great difficulty in breathing, pain in the larynx, and inability to swallow liquids; on the 11th, she had all the appearance of being in the last stage of croup; and she died early on the morning of the 12th.

On making an autopsy, two cystic bodies were found extending from the sixth rib to the crest of the illum, and, on removing them, they were found to be the kidneys. The left kidney weighed four and one half pounds, the right kidney four pounds and half an ounce. The pancreas was healthy, as

was also the liver, which was pushed upward and backward.

The kidneys were exhibited to the Society, and were examined with great interest by the members.

Dr. Godfrey said that when the patient returned from the sea-side she again consulted him. She complained of rheumatic pains and inability to walk. She had a great fear of falling down stairs, from this inability to walk properly. When he discovered a tumor he believed that it was cancer of the liver.

Dr. Howard said he had to confess he was surprised when he was told that it was cystic disease of the kidneys. As stated by Dr. Reddy, he thought it a case of cancer of the liver; one of the grounds of his diagnosis was, that the enormous tumor was quite superficial, there being no intestines between it and the abdominal walls. It did not carry the intestines before it as renal tumours are said to do. Dullness was also continued up to limit of upper line of dullness. Another peculiarity of the tumor was its great mobility; both could be moved about with ease, while malignant disease usually fixes the kidney. As regards the origin of the disease, he believed it was congenital, and that the cysts had been growing from childhood. He was inclined to this view because it was a well-known foetal disease; one case being recorded, where a child was with difficulty brought into the world, from the size of both its kidneys.

The Report of the Committee on Fees was then taken up, and discussed; a large number of the suggestions being unanimously carried. The consideration of the balance of the report was postponed till the next meeting.

A vote of thanks having been passed to Dr. Reddy, the Society adjourned.

DIED.

In Montreal, on the 6th February, Alfred Nelson, Licentiate of the College of Physicians and Surgeons of Lower Canada, aged

In Montreal, on the 29th January, William Sutherland, jun., M.D., aged 26 years, son of William Sutherland, M.D., formerly Professor of Chemistry in McGill College.

In Montreal, on the 20th February, Diana Caroline, beloved wife of Chas. Smallwood, M.D., LL.D., D.C.L.

At Pakenham, Ont., on the 4th February, Edward Bowen Gibson, M.D., in the 33rd year of his age.

In Hamilton on the 7th February, George Donnelly, Esq., M.P., aged 39 years.

MONTREAL:

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