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CANADA

MEDICAL & SURGICAL JOURNAL

NOVEMBER, 1882.

Original Communications.

AN ACCOUNT OF THREE CASES OF SCIATICA AND ONE OF PAINFUL STUMP TREATED BY NERVE-STRETCHING.

BY JAS. STEWART, M.D., L.R.C.P. & S., EDIN.

(Read before the Canada Medical Association, at Toronto, September, 1882.)

J. S., joiner, aged 38, when first seen in February, 1881, complained of having suffered severely from a pain in the course of the left sciatic nerve for four years. For a period of six months prior to coming under observation, he suffered so much, especially when standing, that he was unable to do any work. He has a markedly neurotic family history. He has been much exposed, and it is to "cold" contracted in roofing buildings that he attributes his present troubles. He complains of great tenderness when pressure is made over the course of the sciatic in the upper part of the thigh. He has been treated by the hypodermic injection of morphia, by blisters, by the internal use of turpentine, etc. None of the above means having any permanent influence over the severity of the pain, it was decided to stretch the nerve. This operation was performed on the 19th of January, 1881, with antiseptic precautions. On removing the dressings eight days afterwards, the wound was found united throughout. The result in this case has been very satisfactory. The pain which formerly troubled with such severity that he was unable to work, seldom afflicts him now, and then only in a mild degree. He is able to attend his work without any inconvenience.

The second case was in a man aged 58, labourer, who, for over a year previous to coming under observation, was unable to work on account of a severe pain in the course of the left sciatic and anterior crural. It is five years since the pain first troubled him, and it has been steadily increasing in severity in spite of the use of various remedies. On the 4th of October last his left sciatic was stretched, with antiseptic precautions. The wound was found united on the tenth day after the operation. The result in this case is not so satisfactory as in the previous one. He still suffers, but nothing in comparison to his former trials. He is quite able to work.

The third case was that of a man aged 23, who, for two years, has been afflicted with a most severe and rebellious form of sciatica. The employment of the usual remedies recommended in these cases had little or no effect in even mitigating the severity of the paroxysms. The left sciatic was stretched on the 28th of March last. The operation was one of much more than usual difficulty, on account of the nerve dividing after its exit from the pelvis, and the close adhesion which one of the branches (the anterior one) had formed to the surrounding tissues. Both branches were stretched. The wound healed in two weeks. It is now nearly six months since the operation was performed in this case, and as he has remained free from pain during all this time, he may be considered cured.

The fourth case is where stretching was resorted to for the relief of a painful stump. The patient, a man 70 years of age, had his left leg amputated three inches below the knee-joint five years ago. He says he has never been free from pain in the stump since that time. He is often unable to sleep at night on account of its severity. Two weeks ago his left sciatic, which was of an unusual size, was stretched. For a few days following the operation he experienced no relief, but during the last week the pains have almost ceased. It remains to be seen whether the relief will be permanent or not.

It is to the great kindness of my friends Drs. Mackid of Lucknow and Gun of Durham that I had the privilege of seeing and operating on the third and fourth cases.

Nerve-stretching is now a well-recognized and very successful means of treating obstinate cases of neuralgia. Dr. Chandler of New Jersey has collected seventy cases of rebellious sciaticas treated in this way; 97 per cent. of these cases were either cured or relieved. It is an operation that is not altogether devoid of danger. There are, at least, five fatal cases reported. In three of these, chloroform appears to have been the cause of the fatal issue. In one case I was fortunate enough to be able to take a tracing of the pulse while the nerve was being stretched. The immediate effect of the stretching was a reduction in the pulse rate from 80 to 40. This occurred within ten seconds. At the same time there was a slight fall in the blood-pressure, which was previously low, from the chloroform. It is well-known that the violent irritation of a sensory nerve can bring about stand-still of the heart. As chloroform has somewhat a similar action on the heart, it is not at all wonderful that when these two powerful factors are in operation that a fatal result has occurred. As ether has directly opposite action to chloroform on the heart, it should always be used in these operations. In two of the reported cases ether was used, and the difference in its cardiac action from chloroform was strikingly illustrated. The utmost pressure exerted in pulling the nerve while the patients were under ether could not reduce the pulse more than four beats in the minute, and even this trifling reduction was some ten seconds in being brought about. With chloroform, on the other hand, a reduction of 40 beats per minute was effected almost instantly. Further, ether does not reduce the blood-pressure, and in this lies its great safety.

A CASE OF HYDATIDS OF THE LUNG.

By D. F. SMITH, M.D., WALKERTON, ONT.

Miss K., a rather dark, muddy-complexioned girl, *æt.* 20 years, came to my office on November 4th, 1881, to consult about a running sore on the back of her chest. It was situated within two inches of the spine, and opposite the 8th intercostal space of the left side. There was a good deal of flabby enlargement in the neighbourhood of this spot, and by probing, several sinuses

were found running upward and outward from the common outlet or sore. There was no other bulging upon the chest; she had no cough, pain, or shortness of breath; but she was weak, emaciated, and had a poor appetite; catamenia normal, and no alteration in the pupils or superficial veins of thorax; liver and kidneys healthy. She gave the following history:--

About two years previous, complained for the first time of ill-health, which developed from a pain in the side and situation above-mentioned, soon followed by slight shortness of breath and very little cough; in fact, she scarcely remembered having had a cough till I questioned her upon that point; no expectoration. These symptoms, which were so slight that they were never considered in connection with her trouble, were also accompanied by occasional chills, fever and sweating, and continued about six months, with considerable loss of flesh and reduced strength, when a tumour as large as the closed fist developed near the inferior angle of the scapula. It had been diagnosed and treated as fatty tumour, cold abscess, &c., on two or three occasions, but pus invariably escaped on applying the lancet. Nothing extraordinary had been noticed about the pus, but the opening never completely closed, while matter always reaccumulated and formed a fresh tumour in about the same locality. In this way three successive abscesses were formed and their contents discharged. The patient objected to my laying open the sinuses, as I advised, and went away with a tonic and a solution of iodine with which to syringe the channels leading from the sore. On the 30th of November the patient was no better, but had decided to let me proceed as I thought best. She was accordingly chloroformed and the sinuses laid open by an incision extending from the 6th to the 9th ribs, and two inches to the left of the spine. The probe could now be made to pass deeply through three small openings in the 6th, 7th and 8th intercostal spaces. Two transverse slits an inch and a half long, corresponding with the highest and lowest openings between the ribs, were then made (upon a director) to connect with the first incision, when a considerable quantity of dirty greyish-brown-looking pus escaped through the newly-made openings. The finger could now be easily passed

through either intercostal slit, by which the costal walls of the cavity were felt smooth, regular and unyielding. The finger came in contact with no resisting substance in any other direction, except slight aortic pulsation. By means of an injection (iodised) made through the upper opening, pus and a number of different sized small, smooth and slippery walled cysts were forced through the lower opening, till the uncoloured injection and exploration with the finger indicated that the cavity was well cleaned out. The cysts were all open when they escaped, and quite collapsed. There would be none larger than a large-sized marble if distended to their fullest extent. Some of the cysts still contained a small quantity of slimy, semi-transparent glairy fluid. During the subsequent treatment, an occasional sac of the same character came away with the process of syringing. No microscopic examination of the contents of the cavity was made. The after-treatment consisted in washing out the cavity every day with injections of tr. iodine and water, 1 to 4, and sometimes 1 to 2, with the internal administration of iron and quinine. Drainage tubes were employed all through the treatment. The case progressed well, and recovery was complete in two months.

I have only seen the case two or three times since, but noticed that, although fairly well nourished, she has a cachectic appearance, but no cough, pain, or shortness of breath. She is at present teaching school.

Hospital Reports.

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

MEDICAL CASES UNDER CARE OF DR. ROSS.

No. 1.—*Intense Chorea from Fright—Fatal in Ten Days—Autopsy.*

Emma M—, a strong-looking young girl, 18 years old, was brought to the hospital on Oct. 17th.

The history, given by herself in an exaggerated and almost incoherent manner, and as afterwards learned from her friends, is as follows: Patient was tablemaid at an hotel in the

city, and when carrying a tray of dishes five days ago, she ran against two men fighting in a passage; one of them brandished a knife at his opponent, which gave her a great fright, causing her to drop the dishes. She was threatened with severe punishment by the cook for breaking the dishes, which terrified her still more. She felt very nervous, could not sleep, and could scarcely keep herself quiet. On the following day she packed her trunk and started for her home in the country; she met her father when part of the way home (at Cornwall). At this time her hands and arms were in constant motion, and her speech was also defective. Her father said she must return to Montreal, although she insisted on going home. Her father got her on board the boat, and as he has always been a very intemperate man, became very drunk, and threatened to punish the girl unless she kept quiet. This, of course, only increased her terror, and the movements of arms and legs became worse. In this condition she was brought to the hospital, five days after her first fright; but the choreic movements did not develop until some hours after the fright. She had always been healthy, never appeared nervous, and does not belong to a neurotic family; never had rheumatism; menses regular.

Her appearance on admission is very striking. Arms and legs in constant motion, jerking about in every direction. The muscles of the face also affected; is constantly making grimaces. The articulation is defective, and patient talks a great deal. Understands everything perfectly, and answers questions rationally, but talks so rapidly that some words can scarcely be made out. Heart and other organs normal. Urine has been retained for twelve hours; was catheterized, and urine found to be normal. As patient had not slept for four nights, she was given chloral hydrate gr. xv, and repeated in four hours. She slept soundly till morning after the second dose; the movements ceasing during sleep, but on waking up were as excessive as before. Ordered arsenic (Fowler's solution) $\text{m} \text{vii}$ twice a day hypodermically. Bowels moved by a purgative. Protrudes the tongue when told, but jerks it back at once. Pulse 96; temperature 99°F.

Oct. 19th.—Was very restless all night. Took chloral gr. xx,

Liq. Opii Sed. \mathfrak{m} x, and repeated in four hours, but slept none. Talked a great deal during the night. No improvement in patient's general condition.

Oct. 20th.—The muscular movements of the arms and face as excessive as before. Had large doses of chloral last night, but slept none. Skin is hot to-day; temperature 101°F .; pulse 104. Tongue dry and cracked. Chest organs healthy. Hypodermic injections discontinued, and to have Fowler's solution \mathfrak{m} x three times a day after meals.

Oct. 21st.—Is as restless as ever. Insomnia still present. Took pot. bromide 5i, chloral hydrate gr. xxx, in two divided doses, without effect; complains of great thirst. Temperature 103°F .; pulse 120; no heart murmur. Ordered an ice cap to the head. Bromide and chloral to be repeated.

Oct. 22nd.—Patient is a little quieter this morning, but has slept none since the first night of admission. Is getting very weak; passed urine in the bed; does not take nourishment very well. 4 p.m.—Is quiet, but not sleeping; pulse 120; temperature 105°F .; does not answer when spoken to. 6.30 p.m.—Patient died, as if from exhaustion.

Autopsy—A few recent-looking, soft, warty vegetations on the auricular portion of the mitral valves. All other organs of the body perfectly healthy.

No. 2.—*Acute Suppurative Inflammation of the Hip—Pyæmia—Death—Autopsy.*

William M—, aged 29, an Irish emigrant, was admitted to the hospital on Oct. 17th, complaining of severe pain in the left hip and some pain in the left knee. He had been treated by a physician for acute rheumatism, and was sent into hospital as if suffering from that affection. Says it first began eight days before admission; was perfectly well before that date. Has only been in this country a few months, and during that time has been employed at the wharf. Has always been a perfectly healthy man. Never had gonorrhœa or rheumatism. Says just a short time before this began he was exposed to great heat and subsequent cold; this occurred several times, and

shortly afterwards he felt the left hip becoming stiff and painful. He felt pain in the groin and about the head of the thigh bone ; says the pain grew worse, and a day or two afterwards the right knee became painful. He soon felt feverish and began to perspire. No history of any injury to the hip at any time, and the patient knows of no cause for the present illness, except the sudden cooling when heated.

When admitted he was suffering very intense pain in the left hip-joint, and the pain did not appear to be eased by any position he could be placed in. There was great tenderness in the groin, and also just above and behind the greater trochanter. Any manipulation whatever causes the most intense agony. The right knee is also painful, and slightly tender to pressure on both sides of the joint. The whole body bathed in perspiration. Heart and lungs normal. Urine contains no albumen. Tongue slightly coated. Bowels constipated. Pulse 100 ; temperature $102\frac{1}{2}^{\circ}\text{F}$. Was ordered a purgative for the bowels, and put upon salicin gr. xv every two hours, with hot fomentations of a solution of sodæ salicylate to be applied to the affected joints. This treatment was pushed energetically for four days. The pain appeared to leave the knee, but was not lessened in the hip, which continued as tender and painful as ever. The temperature ranged between 101° and $102\frac{1}{2}^{\circ}\text{F}$., and the pulse never was below 100.

Oct. 21st.—Patient passed a very bad night ; was not delirious, but exceedingly restless the whole night. The morning temperature was 99°F , but the pain in the hip still severe ; no pain in any other joints. Still perspires freely. About noon had a severe chill, lasting twenty minutes ; following the chill was a sudden rise of temperature to 103°F . ; pulse 108.

Oct. 22nd.—Condition to-day is no better. Had quinine sulph. gr. x after the chill yesterday. The temperature this morning was 101°F . Pain still very severe. Appears to be slight flattening of the left buttock. No redness of the skin around joint. Quinine repeated.

Oct. 23rd.—No improvement in symptoms. On examination to-day, the left buttock is considerably flattened, with obliteration of the gluteal fold on that side. Just behind the great trochanter

is felt indistinct fluctuation, deep-seated. Just in front of the trochanter is also a point which seems soft and boggy. On exploring with a needle, no collection of pus was found. Pulse 112; temperature 103°F.; no return of rigors.

Oct. 25th.—Has had no relief of pain, and temperature has kept high, 102°F.; pulse rapid, 116. No more chills, but is very restless, especially at night. Patient was given ether to-day, and on introducing an exploring needle just in front of the trochanter major, a collection of pus was found. It appeared deep-seated, and closely connected with the bone. Dr. Roddick then made a free incision over this spot, parallel with the shaft of the bone, with strict antiseptic precautions. A large sub-periosteal collection of pus was opened, and several ounces of bloody-purulent matter escaped. On introducing a probe, the bone felt quite bare of periosteum, but it was not clear whether the abscess communicated with the hip-joint. A large rubber drainage-tube was introduced, and the incision dressed antiseptically. The patient rallied from the ether, and felt comfortable. Was ordered stimulants and small doses of quinine.

Oct. 26th.—A few hours after the operation the patient passed three or four stools in bed within a short time. There was no fall in temperature, still keeping about 103°F., with a miserably weak pulse, 120. Diarrhoea was checked with lead and opium pill. Towards night patient became delirious, and continued so till morning, delirium low and muttering, and appears to be failing fast. The hip was dressed again to-day; the swelling had gone down, but a large quantity of discharge from the opening. There is considerable swelling of the right shoulder, red and painful. Slight swelling and redness on the upper part of the right foot. Ordered quinine sulph. gr. xx, 6 ozs. whiskey, hot lead and opium fomentations to foot and shoulder, and opium at night, if needed.

Oct. 27th.—Patient is evidently failing very fast. Appears very low this morning. Pulse feeble and rapid, 130; temperature 102½°F. Takes no notice of what is going on about him. Passes urine in bed. Is perspiring moderately. Considerable tympanitic distension of abdomen. Both shoulder and foot more

swollen than yesterday. No distinct fluctuation in either place. The hip dressed again to-day; swelling gone down, discharges considerably. Towards evening became much weaker. Face assumed a bluish tinge. Respirations rapid and shallow, 30 per minute; pulse small and compressible, 136. Died of exhaustion during the night.

Autopsy 36 hours after death.—A large sub-periosteal abscess near the great trochanter, communicating with the joint, the whole articular surface being bathed in pus. A collection of pus on the right shoulder, but not communicating with the joint. Another small abscess in the right foot. Organs all healthy.

No. 3.—*Typical Progressive Muscular Atrophy—Rapid Progress.*

Patrick C—, aged 52, a coachman, admitted October 9th, complaining of weakness of the left arm and leg; also has severe neuralgic pains in the left side of the head and neck. Says he first noticed this loss of power in the arm four weeks ago. Was perfectly well before that time, and could manage his pair of horses with ease. The loss of power has been gradual. At the first he noticed that he could not carry or lift any heavy object with the left hand, and since that time he observed that the muscles of the left arm were wasting, and the power becoming less each day. Has also felt some weakness of the left leg, but not very marked. The pain in the head has not been continuous, but is very severe at times. Has always been a healthy man. Had an attack of rheumatism when young, but none subsequently. No history of any injury to the left arm or shoulder. No history of syphilis. Patient is a married man, and has several children living, and all healthy.

On examination, his appearance is that of a healthy man. Nothing peculiar about his gait. The left arm is observed to be much smaller than the right, the wasting involving the whole arm, from the shoulder to the fingers. Well-marked fibrillary tremor seen all over the arm and shoulder, and slightly below the scapula. The muscles of the arm feel soft and flabby; the deltoid and all the flexor muscles very much

wasted. The pronators of the fore-arm and adductors of the thumb appear to be atrophied to a greater degree than the other muscles. Cannot grasp anything firmly with the hand, but says the fingers often become cramped, and he is obliged to use the other hand to open them. Sensation is not impaired, and electrical excitability is good. Measurement shows the left wrist a half inch smaller than the right; just below the elbow the difference is $1\frac{1}{8}$ inch, and above the elbow joint, around the deltoid muscle, $1\frac{1}{4}$ inch. Feels no pain in the arm, but says it often feels numb and heavy. No tender points. There is no wasting of the left leg, but on examination, the muscular power is found to be decidedly reduced. No alteration in reflexes. Rectum and bladder act perfectly naturally. No change in sexual power. Chest and abdominal organs normal. Urine normal. Pulse 72; temperature 98°F .

While under observation in the hospital, he had severe pain in left side of the neck and head, often requiring morphia to get any rest. No special treatment was pursued beyond daily faradisation of the affected limb. No change was observed, and he was discharged at his own request.

SURGICAL CASES UNDER THE CARE OF DR. RODDICK.

CASE I.—*Mixed Chancre attached with Phagædena—Treatment by Hot Carbolized Baths—Secondary Symptoms.*

(Reported by Mr. B. W. BURLAND.)

George R—, brakesman, aged 21, was admitted Oct. 1881. He had always been healthy. Nine days after exposure, he noticed two small pimples on the prepuce, near the frænum. After cauterizing, these disappeared apparently, but a single sore appeared in their place, about the fourteenth day after connection. This at once began to spread rapidly, and the prepuce soon became swollen to such an extent that the sore could not be exposed.

On admission, the phymosis was found complete; the prepuce swollen, œdematous, and tender in one spot beneath. The day following, the prepuce was slit up, exposing a large, irregular, phagædenic sore, occupying the lower portion of the glans and

involving about one-third of that body and the meatus urinarius. The ulcer was thoroughly cauterized with strong nitric acid, and then dressed with warm water.

Oct. 5th.—Phagædenic action apparently arrêsted; is ordered fifteen grains of potassio-tartrate of iron thrice daily, and a lotion of the same of the strength of ten grains to the ounce of water; besides, is to sit for two hours, morning and evening, in a carbolized hip bath of the strength of about 1 to 200, and temperature of 90° Fahr.

Oct. 10th.—The treatment above described has been continued, and the general appearance of the ulcer has very much improved. The patient is most anxious that the baths should be continued, as he experiences great comfort from them in the way of allaying pain and preventing erections. To-day he remained in the water for seven hours, the same temperature being maintained as near as possible. He says he would like to remain all day in the bath, being so comfortable there, and free from pain. Two suspicious-looking spots near the edge of the ulcer were touched with the thermo-cauteré. The glands in both groins are found to be enlarged, but not tender. There is decided induration about the margin of the ulcer.

Oct. 20th.—The baths have been discontinued, as the sore is bathed with healthy pus and tending to heal. Black wash ordered.

During the fifth week after the appearance of the sore the patient complained of sore throat and slight fever, followed in a day or two by a roseolar rash, evidently syphilitic. For the iron mixture protoiodide of mercury pill in quarter grain doses was substituted. The disease subsequently ran a mild course, the throat symptoms being the most troublesome. As the phagædenic ulcer healed it became necessary to pass a bougie through the meatus each day in order to prevent undue contraction.

Remarks.—The above case is interesting from two points of view. In the first place, phagædena, in our experience, is rarely followed by secondary manifestations. It prefers to attack chancroids, and we doubt very much whether it ever attacks a pure infecting sore. It will, however, now and then, as in this

case, become engrafted on a mixed chancre. The second point of interest in the case has regard to the treatment of the phagædena by hot baths. Mr. Hutchinson, of the London Hospital, has long been a strong advocate of this method. He keeps the patient for eighteen and twenty hours continuously in the bath. We are not aware, however that he carbolizes the water, although we consider this most essential. The object is not only to soothe, but at the same time to wash away the contagious pus as rapidly as it forms, and if the sore can be made antiseptic at the same time, there is so much more gained.

CASE II.—*Vesico-Vaginal Fistula, considered incurable by ordinary measures, relieved by a novel operation.*

Elizabeth H., aged 47, was admitted Oct. 31st, 1881, complaining of inability to retain her urine, having suffered in this way more or less for many years. She states that about sixteen years ago she had a very severe and tedious labour, lasting over three days. She noticed soon after that the urine did not flow as before through the urethra, but came from the vagina, and that she could not retain it. Two months after confinement she went to Philadelphia, and was operated on three times, but she thinks the condition was rather aggravated than relieved. Some six years ago she came under Dr. Fenwick's care, and was operated upon by him for the closure of the fistula, but owing to the fact that nothing but cicatricial tissue could be obtained to fill the gap, the operation did not succeed.

Condition on Admission.—On opening the vulva a red tumour is seen, about as large as a small hen's egg, which in places is excoriated, and from around it the urine constantly trickles. When patient coughs the tumor becomes very much larger and more tense. With the finger, by gentle pressure, the tumour can be reduced within the vagina, and can be pushed through a large opening in its upper wall, through which gap two fingers can be readily passed. It is with difficulty retained *in situ*, and on withdrawing the retaining pressure it at once returns. The gap appears to be nearly circular, and is surrounded by firm cicatricial tissue. On passing the finger further up the vagina

you meet, first of all, a number of hard masses, which are phosphatic calculi; these are situated in the posterior cul-de-sac. The latter is of normal depth, but the anterior is quite obliterated. The uterus is found above the gap, and is fairly healthy. The meatus urinarius is absent; perineum is short and is spotted with excoriations, due to the irritation of urine.

The red tumour described is the mucous membrane of the posterior and upper wall of the bladder prolapsed through the fistula, resulting from destruction of a large portion of the anterior and lower wall of the bladder and roof of the vagina. The patient complains that when she stands or walks this tumour protrudes beyond the line of the vulva, and is then constantly irritated by her clothing, and made to bleed. The patient is most anxious that some operation shall be performed for the relief of her condition. It is not thought possible, on account of the presence of so much cicatricial tissue, to close the gap in the ordinary way; but with a view simply to covering in the raw mucous surface, the following operation is devised and carried out:—

Dec. 10th.—Patient being etherized, the labiamajora and intermediate portion were dissected upwards for a distance of about two inches, the orifice of the urethra being cut through and removed with the flap. A quadrilateral flap, longer on the upper than the lower border (about $2\frac{1}{2}$ by 3 inches), was dissected from the inner side of either thigh, taking skin and subcutaneous tissue and everything down to the deep fascia. These were made to meet in the middle line, where they were found to cover the vaginal orifice and the extroverted bladder without tension. The edges in the middle line were brought together by wire and cat-gut sutures applied on the under or skin surface, the cellular tissue above being held together by an uninterrupted cat-gut suture. The upper edges of the flap were secured in the same manner, and subsequently strengthened above by bringing down and attaching to them by wire the flap consisting of the labia above mentioned. The gaps on either thigh were approximated as nearly as possible by means of wire and hare-lip sutures. The parts were then ordered to be dressed

every three hours with lint saturated in warm carbolic lotion (1-80), the cavity being syringed out with the same. A piece of oiled silk was introduced from below, and passed up beneath the flap, to prevent the irritation of the urine. Patient was removed to bed, and placed on a circular rubber bed-pan distended with air, and in a semi-recumbent position.

No feverish symptoms supervened, while the flaps remained vigorous and became rapidly covered with healthy granulations. On the 16th January, 1882, we find the following note:—Flaps look remarkably healthy, while the wounds in the thigh from which they were taken have quite healed, leaving a simple linear scar. About a dozen skin-drafts were planted on the "bridge" to-day. There is no longer any bearing down feeling, and the prolapse of the mucous membrane is barely noticeable.

The patient was ordered up February 10th, and left the hospital soon after. She has been going about all summer with comparative comfort, and presented herself at the hospital for examination on October 20th. The bridge was found to be strong, and at the same time deep enough to cover thoroughly the prolapsed bladder. In fact, it has taken the place of the anterior wall of the bladder to some extent, so that when the patient is lying down she can retain as much as a wine-glassful or more of urine, and will eject it at pleasure, thus keeping the clothing dry.

Altogether, we look upon the result as most gratifying, and we are confirmed in this opinion by the expressions of relief which have fallen from the patient herself. We have been asked why we did not simply close the vagina at once? That was thought impracticable, both on account of the cicatricial tissue present, and because the bladder bulged out beyond the vulva, and by its pressure was sure to burst open the flaps.*

* We are indebted for much of the above report to Dr. McLean, one of the Assistant Surgeons of the General Hospital.

Reviews and Notices of Books.

Transactions of the American Otological Society.
15th Annual Meeting. Vol. 3; Part I.; pp. 74. A.
Williams & Co., Boston. 1882.

The American Otological Society consists of more than fifty "Ear Specialists," and meets yearly, in midsummer, at one of the fashionable resorts. This year the meeting was at Lake George, where the beauty of the surrounding scenery and the "awful silence of nature" must have added zest to the otological discussions. Societies of specialists are annually increasing, and they all publish transactions. The present volume is so small a one to emanate from a society of specialists, who are usually so prolix, that we readily excuse its appearance. The poor general surgeon will soon be improved out of existence, and no part of the body will be left for him to try his skill on. The head has already been taken possession of by a triumvirate of specialists who devote themselves entirely to the eyes, ears and teeth (and all the territory immediately adjoining.) The abdomen is almost a lost province, the low countries having already been surrendered to the ever-conquering gynecologist. The backbone and lower extremities belong to the orthopœdic surgeons, some of whom are even claiming the penis, and practise circumcision as a necessary preliminary treatment to the cure of deformities. These surgeons would leave but little practice in the hands of the prophets Moses and Mahommed.

But we are wandering from our subject. In the volume under consideration are eight papers. The first, by Dr. Pomeroy, of New York, advocates the use of *soft india-rubber drainage tubes in chronic suppurative inflammation of the tympanum, with narrowing of the Meatus Externus*. He has had greater success with this mode of treatment than with any other. This paper excited considerable discussion, and each member had an equally valuable means for treating the same affection.

The next three papers treat of ear disease in connection with brain disease. (1.) Dr. Mathewson, of Brooklyn, read a case

of cerebellar abscess following otitis media; and Dr. C. S. Merrill, of Albany, a case of acute middle ear inflammation, with death on the fourth day from extension of the disease to the brain. (3.) Dr. Reid McKay, of Wilmington, read a paper on a case of *aural polypus, facial paralysis, mastoiditis, chronic meningitis and optic neuritis*. The patient could not, of course, recover from all these affections, but under small doses of calomel, given until ptyalism was produced, he got rid of the mastoiditis and meningitis.

Paper No. 5 is by Dr. E. E. Holt, of Portland, Me. It treats of boiler-makers' deafness and hearing in a noise. He says all boiler-makers are more or less deaf; the affection induced in the ears does not differ materially from catarrhal otitis media. Dr. Holt does not believe deaf people hear better in a noise if the same tone of voice is adopted in a noisy place as is used in a quiet one. They hear better in a noise because people speak louder.

Dr. Theobald, of Baltimore, gives a case of complete closure of the external auditory canals, following otorrhœa.

Dr. Knapp, of New York, next gives a short paper on *The Treatment of Aural Polypi*. He says that the experience he gained in treating polypi of the eye for many years guided him in handling aural polypi. His method is to cause the polypi to shrink by the application of alcohol, or to let them grow till they become pedunculated, and then remove them with a forceps or snare. Repeated cauterizations, he says, only stimulates their growth. The subject of this paper seems to have much the same effect in exciting discussion among otologists as gynecological subjects have when introduced into a meeting of general practitioners. No less than thirteen out of nineteen members present took part in the discussion, which occupies nine pages of the transactions. In fact, out of the seventy-four pages, only thirty-nine are taken up by papers.

The last paper is by Dr. Brandeis, of New York, on exhaustion *versus* inflation in the treatment of some of the diseases of the middle ear and membrana typani. Most of the papers are very interesting, but not of the character to be sent out in the

form of transactions. They would have been much more suitable for insertion in medical journals, but then, of course, the record of the discussions would have been lost, and the object of the meeting to some extent impaired.

Syphilis.—By V. CORNIL, Professor Faculty of Medicine, Paris. Translated, with notes and additions, by J. HENRY C. SIMES, M.D., Demonstrator of Pathological Histology, University of Pennsylvania, and J. WILLIAM WHITE, M.D., Lecturer on Venereal Diseases, University of Pennsylvania.

Already we have several excellent works on venereal diseases, but this is perhaps the first attempt made by any author to treat of syphilis independently of other diseases of the genital organs. Professor Cornil's position as one of the medical staff of the Lourcine Hospital of Paris, has enabled him to collect a vast amount of original material. The book was first published in the form of "Leçons," but the translators, for the sake of uniformity, have changed the form of lectures into that of chapters, and have besides materially enhanced the value of the work by interspersing here and there clinical illustrations of subjects under discussion.

Professor Cornil appears to have studied the subject of syphilis from a purely anatomical and histological standpoint more thoroughly than perhaps any living authority. Thus, his microscopical observations have almost invariably been made upon tissues removed during life, or before they had time to undergo the slightest cadaveric change. His study of the various syphilitic lesions has been most accurate and complete. The important question of excision of chancre as a method of averting syphilis is fully and fairly discussed, although the author is himself inclined to be non-committal in his opinion. He thinks that while the results of the operation give support to the theory that syphilis is not at once generalized in the system before any apparent manifestations, still he cannot in the present state of knowledge regard it as proved. Visceral syphilis and syphilis of the nervous system are both discussed at considerable length. The

translators have added some very interesting notes on syphilis as a cause of locomotor ataxia. They conclude their remarks on this important question by saying "that although not quite prepared to accept the positive opinion of Dowes that locomotor ataxy is, with few exceptions, due to syphilis, we may unhesitatingly, in the light of our present knowledge, coincide with Erb in believing that the results of investigation justify us in concluding that there must be some not very indefinite etiological connection between syphilis and locomotor ataxia." In the chapter on treatment a number of excellent rules are given for the administration of anti-syphilitic remedies. Altogether the work is a valuable contribution to the literature of the subject, and will be found useful to the general practitioner as well as student of medicine.

Essentials of Vaccination: a compilation of facts relating to Vaccine Inoculation and its influence in the prevention of Smallpox.—By W. A. HARDWAY, M.D., Professor of Diseases of the Skin in the Post-graduate Faculty of the Missouri Medical College, St. Louis, &c. Chicago: Jansen, McClurg & Co.

Many things connected with the subject of vaccination are not generally known, and about others the knowledge of a great many is of a very hazy description. Nevertheless, these things are often of much, and sometimes of vital, importance. This little monograph furnishes concisely an account of what it is essential to understand about the theory and practice of effectual vaccination. Starting with a short description of the original discovery of Jenner, the facts are given about the normal course of the artificial disease, Vaccinia, in man. A very good chapter is devoted to the abnormal modifications and complications which may be witnessed in a vaccinated person. The author is a firm believer in re-vaccination. He impresses upon us the necessity for a repetition of the operation after puberty, but would go further, and recommends its performance at intervals of five years, and, if the person be exposed to known infection, would even recommend its renewal after a few months. He inquires

into the kinds of vaccine virus and the methods of obtaining them, and discusses the various considerations connected with the operation itself; and finally disposes of the arguments of the anti-vaccinators by an irrefutable array of figures and a convincing logic. It is a useful and seasonable little book, and contains many things not easily turned to by the general reader, and being eminently practical and thoroughly sound, will no doubt find many appreciative readers.

Journal of Cutaneous and Venereal Diseases.—

Edited by HENRY G. PIFFARD, A.M., M.D., and PRINCE A. MORROW, A.B., M.D. New York: William Wood & Co.

We have been favored with the first number of this, the last-born of our already overstocked family, but we see in it evidences of a more than ordinary amount of vitality, and we hail its birth with pleasure. Besides, the well-known ability and energy of the editors is a sufficient guarantee of its success. The number before us is very neatly got up, and, besides a wood-cut or two, has a very beautiful coloured drawing of a case of *Trichophytosis Cruris (eczema marginatum)* which recently occurred in the the practise of Dr. Fox, of New York. The journal is to be issued monthly, at the very moderate figure of \$2.50 a year.

The Diseases of the Rectum, including Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, &c., with Diagnosis and Treatment.—By WM. ALLINGHAM, M.D., F.R.C.S., surgeon to St. Mark's Hospital for Fistula and other Diseases of the Rectum, &c. Fourth revised and enlarged edition. With illustrations. Philadelphia: P. Blakiston, Son & Co.

This certainly is the day for cheap literature, and the medical profession is beginning to get the benefit of the keen competition amongst various publishing houses. The above standard work, one of a series, is now to be had in a neat paper cover for the sum of 75 cents. One could hardly expect to pay less than that. The book is too well known to require any special comment. It is, in fact, well recognized as one of the most complete monographs

on the subject in the English language. It is only necessary, therefore, to draw attention to the issue of an edition so cheap as to place it within reach of every one. Every practitioner knows the importance of these, often troublesome, rectal affections, and he should not fail, therefore, to have in his possession the best literature obtainable upon these special complaints.

Nitro-Glycerine as a Remedy in Angina Pectoris.—

By WM. MURRELL, M.D., M.R.C.P., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital; Senior Assist. Physician to the Royal Hospital for Diseases of the Chest. Detroit: George S. Davis.

The considerable degree of success which has been obtained by the employment of nitro-glycerine as a remedy renders it advisable for every one to have some knowledge of the properties and mode of administration of this powerful medicine. That it possesses a very decided influence over that dreadful disease, angina pectoris, is now attested by numerous cases. Dr. Murrell was one of the first to direct attention to its therapeutical properties, and he has conducted many experiments and observations with the view of elucidating these still further. In this little treatise he conveys very clearly the results he has arrived at. The cases suitable for its use, complicated and simple, the dose, and the best methods of administration, are all laid down in full, and, what makes it much more interesting, detailed reports of twelve cases of angina pectoris so treated are given. The conclusions of Dr. Murrell must be accepted as authoritative, considering the great attention he has for a long time given to the subject, and every physician should have the book by him as a useful guide to aid him in gaining with safety the assistance of a very valuable drug with which to oppose one of the most painful of all known diseases.

Books and Pamphlets Received.

A SYSTEM OF HUMAN ANATOMY, INCLUDING ITS MEDICAL AND SURGICAL RELATIONS. By Harrison Allen, M.D., Professor of Physiology in the University of Pennsylvania. Illustrated with three hundred and eighty figures on one hundred and nine plates, many of which are beautifully colored.

The drawings by Hermann Faber, from dissections by the author. Also, upwards of two hundred and fifty wood-cuts in the text. Section I.—Histology, by E. O. Shakespeare, M.D., Ophthalmologist to the Philadelphia Hospital. Section II.—Bones and Joints. Philadelphia: Henry C. Lea's Son & Co.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY.—AUTHORS AND SUBJECTS. Vol. III. Chal-Dzon. With a list of titles of periodicals indexed. Washington: Government Printing Office.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Sept. 22nd, 1882.

GEORGE ROSS, M.D., PRESIDENT, IN THE CHAIR.

Pathological Specimens.—Dr. Shepherd exhibited a specimen of ossification of the sacro-iliac synchondrosis. On separation of the bones, the articular surfaces appeared quite healthy, but those of the lumbo-sacral articulations were somewhat diseased. This condition is sometimes found to be congenital, but in the case under notice Dr. Shepherd thought it was of rheumatic origin.

Subject of Paper.—Dr. Alloway narrated the following case: The patient, a woman, aged 24, was attended by himself and Dr. Rodger in her confinement. She had been in labour about 12 hours. Occipito-posterior position. Ether was administered, and Simpson's long forceps applied. During traction the head suddenly slipped from under the pubic arch and carried away the perineal body, sphincter ani and the recto-vaginal septum for fully two and a half inches in its extent upwards (length of index finger.) The immediate operation was done, which was a combination of Simon's and Emmet's. The rent in the bowel was first united by interrupted sutures of strong grey thread, the only material obtainable at the time. The perineum was united in the ordinary way, care being taken that the lower or Emmet's suture was entered low down on a level with the lower margin of the anus, on the left side, passing upwards and inwards over to the opposite side, and downwards to a point corresponding to its entrance on the left side. The vagina was well washed

out with carbolized warm water, the parts anointed with vaseline, and the patient's knees tied together. The carbolized injections were continued every two hours by a very faithful nurse in attendance. On the fourth day diarrhoea set in, which could not be arrested until several days had elapsed, it being due to the milk the patient was taking. The fluid fæces passed between the sutures into the vagina. Patient became very despondent, thinking she was ruined for life. On the 10th day carbolized injections reduced to twice only. On the 15th day removed all the perineal sutures, except Emmet's. This was left until the 18th day, when it and all the internal sutures were removed through the bowel. There was still a small fistulous opening in front of the sphincter. This, however, had completely closed by the 22nd day. From this out the patient made a perfect recovery. Was examined some months afterwards, and exhibited no laceration of the cervix, unless it had completely healed, and had a perfect perineum. Uterus normal depth. Dr. Alloway drew attention to the fortunate accident of diarrhoea having set in shortly after the operation, and alluded to a paper just then published in the *New York Medical Record* (July) by Dr. H. T. Hank, of the Women's Hospital, New York, upon the advisability of intentionally keeping the bowels loose during the whole period of treatment, from the second day after operation. Dr. Alloway attributed much of the successful issue to this circumstance.

Discussion on Paper.—Dr. Kennedy spoke of the great frequency of laceration of the perineum, especially in occipito-posterior positions of the head, in spite of the most skilful precautions on the part of the accoucheur. In such cases he favoured the method recommended by Dr. White, of Buffalo, of making lateral incisions on both sides as soon as the perineum becomes distended, thus preventing laceration through the perineal body, which is always more slow to heal. His experience was limited to laceration through the sphincter, which he always treats by immediate operation, and with success in the majority of cases. He mentioned having seen one case in which the septum was destroyed, and the patient had recovered to her own perfect

satisfaction, without operation. No opportunity offered for a subsequent examination in this case. He favoured keeping the bowels loose during convalescence, and was inclined to ascribe much of the good result in Dr. Alloway's case to this condition. In conclusion, he asked why ether was used in preference to chloroform. He personally favoured the use of chloroform, as the voluntary muscles are more relaxed by its use, and lying-in women appeared to enjoy immunity from its poisonous action. If pushed to its full action it tends to favour flooding, but he thought this action was due more to its lessening reflex irritability than from any other cause.

In reply, Dr. Alloway said he invariably uses ether, feeling much safer with it, and has never met with that relaxation of the uterus which he has frequently noticed after using chloroform.

Dr. Cameron also favoured immediate operation in these cases, as the difficulties are increased the longer it is put off; he thought sutures of silver wire were preferable to those of silk in the rectal tear, and these were easily applied by means of Pean's needles.

Dr. Roddick thought sutures of catgut were specially advisable in the rectal tear, as they required no further attention; he also recommended the use of intermediate sutures of catgut in the perineum as being preferable to all wire. Accidents with chloroform are rare in midwifery practice owing to the minor degree of anæsthesia induced, and the eagerness with which it is taken as a rule, whereas in general surgery the patients frequently resist, and thus, possibly, the danger is increased.

Dr. Ross complimented the reader of the paper on the readiness with which he had made use of the means at his disposal in the emergency, but thought he was singular in the use of ether in preference to chloroform, and that he had shown no special reason why the latter should not be used. The fact that flooding had followed its use was merely a *post hoc* argument, and it might also occur with ether; at the same time, he recognized the great danger of using chloroform in ordinary surgical practice. The great inflammability of ether, its bulk, and the offensiveness of its odour, all argue strongly against its use in midwifery practice.

Drs. Macdonnell and Mills also took part in the discussion, after which the meeting adjourned.

Stated Meeting, October 6th, 1882.

GEORGE ROSS, M.D., PRESIDENT, IN THE CHAIR.

This being the first meeting in October, was also the annual meeting.

President's Address.—The President, in delivering his address, gave a short *resumé* of the work of the Society during the past year, but, before proceeding to do so, made allusion to the removal by death of Dr. George W. Campbell, one of the Society's oldest and most respected members. He had always taken an active interest in the work of the Society, until failing health compelled him, unwillingly however, to absent himself from its meetings. The Society has had to mourn his loss, but by his example should be stimulated to further exertion in its work. The question of public health was next referred to. During the past year a draft of a bill was prepared by the City Health Officer and the advising attorney for the purpose of seeking for the incorporation of a complete system of supervision of public health; this was submitted to a joint committee from the Board of Health and from the Medical Societies. This bill has not yet become law, but there is a prospect of its soon passing the Legislature. In August last the city was honoured by the presence of the members of the American Association for the Advancement of Science, among whom were many medical men from the United States and Europe. The meetings have been regularly held, the attendance has always been good, and the amount of work done has been very satisfactory. A number of interesting papers have been read by members, the topics of which have been extremely varied, and in most instances have given rise to animated and profitable discussions. The pathological specimens and anatomical preparations exhibited during the year have also been both numerous and interesting.

At this stage of the proceedings, Dr. Osler announced that Dr. Workman of Toronto, who had been on a recent visit to this city, was about leaving, and before allowing him to do so, thought

the Society should in some way express to him its sense of his many excellent qualities and its high appreciation of the services rendered by him to the medical profession. He then moved the following resolution, seconded by Dr. F. W. Campbell:—"Resolved,—That the members of the Medico-Chirurgical Society of Montreal, in session this evening, cannot allow the opportunity to pass of expressing to you the pleasure your visit to this city has been to them. They feel that to you the medical societies of Canada owe much, your zeal and ability having always been liberally expended in promoting their welfare; and desire to express the hope that you may still be spared for many years to give them the benefit of your wisdom and counsel."

Subject of Paper.—Dr. F. W. Campbell then read to the Society the paper by Dr. A. H. David (who from severe illness was prevented from being present), entitled "Reminiscences connected with the Medical History of Montreal during the last fifty years." Dr. David's paper commenced with a reference to the establishment of the Montreal General Hospital and the Montreal Medical Institute, the former of which was opened for the reception of patients in 1822, with the following staff of attending physicians: Drs. Loedel, Lyons, Robertson, Caldwell, Stephenson and Holmes, all of whom were also associated in the formation of the Medical Institute, the first prospectus of which was issued on the 4th February, 1823, and which in the year 1829 became the Medical Faculty of McGill College. Of the thirty students who graduated in the following session, but five are still living—Drs. Roderick Macdonald, of Cornwall; Joseph Workman, of Toronto; Hamilton D. Jessup, of Prescott; Frederick W. Hart, in Louisiana, U.S, and the writer of the paper. Dr. David then proceeded to give short biographical sketches of some of the gentlemen connected with these two institutions from their commencement down to more recent times. The formation of the Medico-Chirurgical Society in 1845 was then referred to, and the establishment of the medical press in 1845 by the issuing of the *Montreal Medical Gazette*, by Drs. Badgley and Sutherland, and which was the first entirely English medical journal ever published in this country. Sub-

sequently, in 1851, the *Canada Medical Journal* was started by Drs. R. L. Macdonnell and David, and in 1854 the *Medical Chronicle*, by Drs. Wright and McCallum. All of these journals had but an ephemeral existence, actually dying from inanition. In 1865 the *Canada Medical Journal* was revived by Drs. G. E. Fenwick and F. W. Campbell, and was carried on successfully for twelve years, when it merged into two separate journals, the *Canada Medical Record* and the *Canada Medical and Surgical Journal*, both of which still exist in a prosperous condition. Reference was then made to some of the changes in the practice of medicine and surgery which the writer had seen during the last fifty years, chief among which was the introduction of anæsthetics, the hypodermic syringe, bloodless operations, and antiseptics. By the operation of ovariectomy alone, it is said, 40,000 years of life have been gained for women. Excision of the kidney or spleen, part of a cancerous bladder, or prostate, of the rectum, and of the pylorus, are now common, and attended with improving results. In concluding, Dr. David said, "The world has always been full of, and is still full of, hypotheses and speculation—full of new remedies, new instruments, and new appliances. Once in about every decade of years old things pass away, but amid all the revolutions going on in the intellectual, moral and scientific world, there is great comfort in the reflection that principles never change—they are immutable and eternal."

Extracts from British and Foreign Journals.

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

An Artificial Membrana Tympani made of Elastic Collodion.—Mr. Toynbee, of London, was the first who made an artificial membrana tympani. It was a thin india-rubber disk with a wire stem, to facilitate its introduction. It was at best a mere shield to the tympanic cavity, preventing the ingress of foreign bodies, but of no value to audition. Discs of paper were substituted, but with no better result. Of late small pellets of cotton, moistened with glycerine, were introduced, with marked improvement of hearing. But the greatest result in that line was achieved by the elastic collodion,

both as a protective to the middle ear, and as a conductor of sound, as the history of the following case will abundantly illustrate :—

A young lady, aged twenty, came to my clinic, suffering from a profuse fetid discharge from her right ear, with total absence of hearing from her fourth year. After cleansing the ear with water, the membrana tympani was found entirely wanting. Not a trace of the ossicles was seen, and the tympanic cavity was filled with a granulating mass, almost of polypoid growth, which bled at the most delicate touch. The auditory canal and the mastoid process were in a normal condition. I poured warm alcohol into the ear, which had the effect of shrinking up the granulations quickly. The use of alcohol for polypoid growths is now generally adopted, and, in my hands, has always proved satisfactory. These granulations were easily wiped out with a little cotton attached to the probe, and the cavity of the tympanum was plainly exposed. As stated, not a trace of the ossicles nor the tympanic membrane was seen, but the foramen avale and rotundum, with their membranes, were in clear view. There was no necrosis or mere roughness of the promontory or any other part of the cavity. Hearing distance of the watch, on the meatus, 0, the same on the process, the bone conduction of the vertex good, a proof that her deafness was not labyrinthine.

After treating the purulent otorrhoea for a few days, it occurred to me to try to improve her hearing by means of an artificial membrana tympani. I made a suitable pellet of absorbent cotton, moistened with glycerine, and adapted it carefully to the cavity. It improved her hearing about one inch. I left it in two days. Just about that time I read in the "Transactions of the International Medical Congress," in London, 1881, a report made by Dr. Krause, of Hamburg, Germany, about the use of elastic collodion in making an artificial membrana tympani. The idea struck me as being good and eminently practical, and I determined to try it at once with this patient. I followed strictly Dr. Krause's formula.

The patient having been placed in an absolutely horizontal position, I instilled first a few drops of a solution of tannic acid

in glycerine—2 gr. to 5i—which, being an astringent, was presumed would act beneficially on the suppurative inflammation; a few drops of elastic collodion were instilled upon that, and suffered to remain undisturbed until it solidified. In ten minutes I found that the collodion was unevenly spread. Thicker inferiorly and very thin above, so that it gave way in the upper part and the glycerine oozed out. Most likely the level was not true, and the fluids, probably too large in quantity, gravitated downwards. So I took it all out, dried the ear carefully, and renewed my experiment. I was intent to have the level absolutely correct. I instilled only three drops of the solution of tannin in glycerine, and on the top of it three drops of collodion. In a few minutes solidification was effected; a beautiful membrana tympani, almost resembling a natural one, presented itself to my view, of equal colour and probably of equal thickness. It was solid and strong, vibrating on inflation by the Valsalva method. The test with the watch proved that she could hear it seventeen inches. The joy of the patient was only equal to my surprise and satisfaction, as well as to the pleasure of the numerous students and medical gentlemen. This was on Saturday. On the next clinic day—Tuesday—the artificial membrane was yet intact and hearing distance greater. But on account of the long existence of the purulent otorrhoea, I deemed it best to rupture the membrane, in order to enable me to cleanse the ear, and desepitise it. This was easily accomplished. A mere touch with the probe perforated it, let out the tannic solution and also some fetid pus. The same process was gone through as before, and a new membrana tympani formed in ten minutes, and with each renewal hearing improved, so that now hearing is normal—that is, my watch is heard forty-eight inches.

Please follow me in the different steps of the experiment.

1. The quantity of tannin and collodion must not exceed three drops each. A large quantity of tannin is too heavy and too bulky for a thin film of collodion to resist; a larger quantity of collodion will not spread evenly, solidifies slowly, and will be too thick for vibration.

2. The interposition of a fluid between the artificial mem-

brana tympani and the drum is indispensable in order to enable the membrana tympani to vibrate. I have tried once to instil the elastic collodion directly into the cavity. It solidified quickly, it adapted itself accurately to the uneven surface of the cavity, but there was no hearing whatsoever. It was no easy matter to remove the collodion then. I had to dissolve it by pressing against it absorbent cotton dipped in sulphuric ether, and gradually wipe it out. As soon as I returned to the first instilling of glycerine and tannin, hearing was at once restored.

3. The head must be on a perfect level while solidification is going on ; any deviation from it will make the artificial membrane of unequal thickness, rupture easily and vibrate badly.

The *rationale* of this extraordinary result appears to me to be that the labyrinthic part of the ear is perfectly healthy ; that the total absence of the drum head and ossicles are the chief cause of her complete deafness (caused probably by the otorrhœa purulenta) ; the artificial membrane is a fair substitute for the natural one, and the interposing fluid assumes, in part, the function of the ossicles. Instead of the membrane in the foramen ovale being driven in by the foot of the staples, it is somewhat impressed by the fluid, which is set in motion by the sound wave, and which displaces the otolymph and thus impinges upon the membrana Corti or the acoustic nerve.

This lady patient of mine is very intelligent and very amiable, and if desired, she would present herself, properly escorted, before the society ; I could then demonstrate, to the satisfaction of all, the really marvellous results of this new appliance in aural surgery,—Dr. S. Pollak, in *St. Louis Medical and Surgical Journal*.

Cazin on the Diagnosis of Hip-Disease by Rectal Examination.—Dr. H. Cazin (*Rev. de Chir.*, March, 1882,) refers to the difficulty of diagnosing the exact seat of the disease, especially with regard to the acetabulum. This difficulty is of much importance when the question of resection has to be considered, and is one of the strongest points of argument advanced by the opponents of resection. The author made researches in 98 cases of hip-joint disease, 64

being suppurative and 34 non-suppurative. Hitherto only incomplete evidence has been obtained by depending upon the seat of the pain, the seat of abscesses and fistulæ, and by exploration with the sound. Abdominal palpation enables us to detect enlarged iliac glands or pelvic abscesses; but if we also examine the patient through the rectum, the diagnosis will be much more sure. The hip-joint, from its deep position in the tissues, is not very accessible to ordinary methods of examination, but the finger can approach it most easily through the rectum. In the cavity of the pelvis, immediately above and a little behind the obturator foramen, is a quadrilateral surface of the bone, corresponding with the bottom of the acetabulum. In a child under 14 years, this part of the pelvis is partly cartilaginous. The Y-shaped cartilage is so situated that the area of the base of the acetabulum is divided by a transverse line of cartilage into two equal parts, and the lower half is again divided by the horizontal line of cartilage. In examining a patient, the natural extent of the cartilage should be considered, and the two sides should be explored for the sake of comparison. This mode of examination has afforded appreciable results in 49 of the 98 cases which Dr. Cazin has had under observation. Of the 64 cases of suppurative hip-joint disease, positive results were obtained in 37. Of the 34 non-suppurative cases, in 12 only was the examination *per rectum* diagnostic. The ages of the patients were between 3 and 18 years, and the majority were between 8 and 10 years; 41 were boys and 23 girls. Examination *per rectum* disclosed an alteration in the pelvis in 36 of the cases. Sex has no importance with regard to the facility of examination. Among the elder girls, the presence of the uterus has caused very slight trouble, and the position "on the knees" has facilitated the examination. In young adult females, recourse should be had at the same time, or exclusively, to examination *per vaginam*. The results of Dr. Cazin's examinations have been verified six times by resection, four times by necropsy, and twice by resection and necropsy combined. The symptoms elucidated by a rectal examination have been pain localized to the postcotyloid surface, produced by pressure; enlargement of the intra-pelvic

glands ; thickening of the bone ; depression, flexibility, mobility, destruction, or perforation of the postcotyloidean surface ; congestion of the soft parts ; and pelvic abscess. Pain upon pressure is the least certain of these symptoms. If the bone be penetrated, and the head of the femur be felt by the finger, a doubt in diagnosis may be removed if upon movement of the thigh the head of the femur is felt by the finger (*per rectum*) to move. Many cases are recorded. One was the case of a girl, 13 years old, in whom there were some symptoms of hip-joint disease, but it was thought by one of Dr. Cazin's colleagues that contraction of the muscles was the only affection. Under chloroform the deformity disappeared, and the joint became freely movable ; and it was only by a rectal examination, which disclosed a postcotyloidean swelling, that Dr. Cazin was convinced that particular disease existed. In conclusion, Dr. Cazin urges the adoption of this means of diagnosis, in addition to other methods, especially in reference to the subject of excision of the joint. He also maintains that *redressement force* should never be attempted until an examination *per rectum* has been made. The only other surgeons who, Dr. Cazin states, have referred to this method of diagnosis in hip-joint disease are Mr. Holmes, in his work on "Surgical Diseases of Childhood," and MM. Mathieu and Strauss, who have quoted Mr. Barwell.—*Lond. Med. Rec. ; Med. Gazette.*

Opposition to Koch's Theories as to the Bacillus Tuberculosis.—Before a largely attended meeting of the Philadelphia County Medical Society, held on Wednesday, Oct. 18th, Dr. H. F. Formad made a demonstration of the bacilli tuberculosis, and made some remarks in which he claimed that so far there had been no reliable demonstration of the etiological relation of these bacilli to phthisis. He did not dogmatically deny it, but did assert positively that it could by no means be considered as proved. He objected to the importance attached to the reaction of those bacilli to certain staining fluids, because from his own experiments he had found it not to be peculiar. The result of Koch's inoculation experiments he discredited, because the successful ones had been made only on animals that have a very strong predisposition to tuberculosis,

and contract it from inoculation of non-specific substances ; while others claimed to be successful, he regarded as cases of pseudo-tuberculosis. The view in regard to the bacilli tuberculosis to which Dr. Formad inclined was that they do not cause the disease, while it is likely that they do "condition the fatal issue."

The remarks, which will be published in full hereafter, were received with marked interest, and were followed by a brief discussion, participated in by Drs. Wood, Gross, Tyson, Bartholow, Cohen and others. None of the speakers seemed to have adopted Koch's views, and it was spoken of as a matter for congratulation that one so well fitted as the first speaker should have presented the arguments against them ; since the truth would be arrived at the more surely if the new doctrine were put upon its defence, and not allowed to establish itself without due scrutiny. —*Mich. Med. News.*

How to Make a Poultice.—At first sight the title of this paper may seem absurd to many of our readers, and the idea that medical men require any instruction in making a poultice preposterous, but we have been led to write it from seeing that many students and some practitioners do not distinguish between the proper methods of making a poultice for surgical and for medical use. Many, perhaps most, students spend a great part of their four years' curriculum in surgical study, and devote a comparatively small portion of it to medicine. This may partly be the reason why they do not learn the best ways of making poultices for the relief of internal pain : but another reason is, that in hospitals poultices are made in certain ways for the sake of cleanliness and economy, and these ways are not always the best possible for private patients, although they may be the best under the conditions which obtain in hospitals. Every one knows the relief which a poultice affords when the finger is inflamed, and has noticed how the painful throbbing diminishes after its application. Most people have noticed also that dipping the finger in cold water has a similar action, and it seems strange to many that the opposite conditions of heat and cold should have a similar effect. The reason probably is that both heat and cold

lessen the force of the impulse with which the blood is driven through the dilated arteries of the inflamed parts against the block which exists in the capillaries. Cold causes the afferent arteries to contract, and lessens the impact of the blood by diminishing the quantity sent to the inflamed part; a poultice lessens the impact by dilating the capillaries surrounding the seat of inflammation and affording a ready side outlet into the veins. In surgical cases we usually use the warmth and moisture of the poultice to act directly on the surface. We therefore make the poultice with crushed linseed or with linseed meal and oil, spread it on some tow and apply it to the skin without anything intervening. But useful though this method may be for wounds, ulcers and abscesses, it is not the best form of application in cases of inflammation of the thoracic or abdominal viscera, or where spasm is present without inflammation. In such cases we may, no doubt, do some good by applying the poultice to the surface exactly as in surgical diseases. We may draw off some of the blood to the surface; and we may also exercise a reflex action through the nerves upon the vessels of the inflamed organ below, but this will not be so great if we influence the surface only, as when we allow the heat to penetrate to the inflamed or irritated organs themselves. If we apply the poultice directly to the skin, it must be allowed to become tolerably cool before the patient can bear it, and thus half its advantage is lost. In order to relieve spasm, as in colic—intestinal, biliary, or renal; to relieve inflammation of the pleura, the lungs, the liver, or other organs, we want to apply the poultice as hot as possible, while we protect the skin from being scalded. In order to do this, a flannel bag should be prepared, a convenient size being 12 inches by 8; this should be closed at three edges and open at the fourth; one side of it should be about one inch or one inch and a half longer than the other, and it is convenient also to have four tapes attached at the points which form the corners when the bag is closed, in order to keep the poultice in position. Besides this, another strip of flannel should be prepared of the same breadth as the length of the bag, and long enough to wrap round it once or oftener. Crushed linseed, bowl and spoon should then

be got together, and the spoon and bowl thoroughly heated by means of boiling water; the poultice should then be made with perfectly boiling water, and rather soft. As soon as it is ready, it should be poured into the bag, previously warmed by holding it before the fire; the flap, which is formed by the longest side of the bag, should now be turned down and fastened in its place by a few long stitches with a needle and thread, it should then be quickly wrapped in the strip of flannel (also previously warmed), and fastened *in situ*, if necessary, by means of the tapes. It may be covered outside with a sheet of cotton wool. In this way the poultice may be applied boiling hot to the skin without burning; the two layers of flannel, which are at first dry, allow the heat to pass very gradually indeed to the skin; as the moisture of the poultice soaks through them, they become better conductors, and the heat passes more quickly, but the increase is so gradual as not to cause any painful sensations whatever, but only one of soothing and comfort. The poultice also naturally keeps much longer hot, and the necessity for changing it arises much less frequently. The difference between the effect of a poultice made in the ordinary way, and in the manner just described, is sometimes exceedingly striking. It is, perhaps, less marked in cases of inflammation than in those of spasm. We have seen a patient suffering from intense abdominal pain at once relieved by a poultice made in the way just described, although a succession of poultices made in the ordinary way had been utterly useless. This way of making poultices is one of the minutiae of medical practice; apparently extremely trivial, but really, we believe, very important. The relief which we have seen afforded by poultices made in this way, and the knowledge that *some* practitioners at least are ignorant of the method, must be our apology for drawing attention to such a trivial detail.—*Practitioner.*

The Oleates and Oleo-Palmitates in Skin Diseases.—In this abstract of a paper read before the Pennsylvania State Society, the author calls attention to the oleates prepared by Dr. Lawrence Wolff, of Philadelphia, as being chemical compounds of a definite and stable character—

true oleates—instead of mere solutions of oxides in oleic acid, heretofore manufactured. They are produced by the double decomposition of sodium oleates with solutions of neutral salts. For economy's sake, the oleo-palmitates, double salts of oleic and palmitic acids with the metals or bases required, may be employed as substitutes.

In the course of his remarks, the writer deals more particularly with the oleates of mercury—zinc, lead, copper, aluminium, bismuth, iron, arsenic, and silver—showing their modes of preparation and the special advantages enjoyed by each in the diseases to which it is applicable. Thus, the *oleate of mercury* is stated to be the best local stimulant and alterative of all the mercurials. It is employed with success in the inunction treatment of syphilis, in the chronic stage of psoriasis, and for the thorough destruction of parasites, both animal and vegetable.

Oleate of zinc is the remedy *par excellence* for excessive sweating, or in cases of hyperidrosis and osmidrosis, and is the most reliable application in that commonest variety of eczema—*eczema vesiculosum*.

Oleate of copper has effected rapid cures in cases of ringworm.

Oleate of bismuth is particularly useful pencilled over rosacea; it often subdues intractable cases of this disease; it has also been found very serviceable in sub-acute gonorrhœa and gleet, when smeared on a bougie, and thus introduced into the urethral canal for a few moments.

Oleate of iron will, no doubt, take the place of other chalybeates—particularly when the latter are not well borne by the digestive organs—and will probably constitute one of the best constitutional tonic and local astringent remedies.

Oleate of arsenic has been used satisfactorily in the ulcerating varieties of lupus and epithelioma.

Oleate of silver is a safe and efficacious remedy in erysipelas.

The superior advantages which the oleates possess over ordinary ointments are considered under the following heads:—
1. Their deep penetration. 2. Their freedom from rancidity. 3. Their cleanliness of application. 4. Their great economy; they only require to be lightly smeared or applied over the

surface in very small quantities. 5. Their antiseptic and deodorant action.

A great drawback to the general adoption of the oleates will be the lack of knowledge that the majority of pharmaceutical chemists have, at the present time, of their manufacture. Thus, after prescribing a certain oleate, and seeing no change in his patient, Dr. S. has frequently found that either some other article or an oleic solution had been substituted for the remedy ordered. Good, honest chemists, however, if they do not understand the manufacture of the oleates, will procure them for their customers, or will go to work and make them; but their products should always be examined and seen to possess all the physical properties of true and stable oleates.—*J. V. Shoemaker in Med. Bulletin.*

Goitre.—Dr. Danon, in his *thèse*, thus reviews the treatment of suffocating goitre: Medical treatment (*iodine intus et extra*) only succeeds in glandular hypertrophied goitre, and perhaps sometimes in the cystic tumor of recent date, small, soft, and superficial. When the goitre is recto-sternal mobile, the surgeon should endeavor to raise the goitre with his fingers and seek to retain it in that position by means of four pins thrust into the goitre, or by the metallic drain invented by Fauvel. This operation is termed “suspension” of the goitre. When the tumor is cystic, and does not present immediate danger of suffocation, the operator can choose between sub-cutaneous puncture, which is only palliative, cauterization, which occasions always great pain, prolongs the treatment, and leaves ugly cicatrices, injection of iodine, which produces for some days after a swelling that might be dangerous, interstitial or subcutaneous injection of iodine, according to the method of Velpeau, or finally, the metallic drainage, to be followed by the elastic drainage. In *solid* goitre, after having tried internal treatment, the choice will only be left between interstitial injection and drainage. In vascular goitre ligature of the thyroid arteries might be attempted, or injections of perchloride of iron. When the goitre is cystic, and suffocation imminent, it should be tapped

if it is soft and superficial, and a drainage-tube placed. If the tumor is solid, and the attacks of suffocation frequent, extraction of the thyroid gland is the only resource. Tracheotomy should be reserved for cases where the life of the patient is in immediate danger. Igni-puncture and interstitial injection of chloride of zinc have been recently employed with good results, but the cases require to be more numerous in order to be able to accept this treatment in a definite manner.—*Med. Press and Circular.*

Attempt at Suicide.—Dr. S. B. Ward read a report before the Medical Society of the County of Albany, of a case of serious but unsuccessful attempt at suicide :—

T. B., æt. 38, inmate of the Penitentiary, on 30 years' sentence for counterfeiting, on July 10, with suicidal intent, cut his abdomen, tried to divide the right carotid, and then severed the left brachial artery an inch above the elbow. He did this in his cell at night, and was not discovered till next morning. Dr. H. R. Haskins, surgeon to the penitentiary, found him exsanguinated to the last degree, with no pulse at the left wrist and very little at the right. There was a wound one and a quarter inches long over the left brachial, but the artery was not in sight; one in the abdomen seven inches long, extending from a little to the left of the umbilicus to the ensiform cartilage, through which protruded the stomach, large and small intestines with omentum, which was gashed in several places, and a distinct amount of fecal matter was on the skin, the viscera having been further cut after protrusion. The intestines were cold and dry, somewhat adherent, and had fuzz from the blanket sticking to them. Being apparently moribund, the parts were wiped with a dry handkerchief, and after an hour returned, immediate attempt causing hiccough and severe pain, and the wound closed with eight sutures, not through the peritoneum, broad bands of plaster being applied round the trunk. The other wounds, bleeding having ceased, were brought together with plaster only. He was kept steadily under the influence of morphia, and after forty-eight hours was removed to the prison hospital. For four days he did not raise his head or move hand or foot.

At the end of that time sutures were removed, the wounds having nearly healed by first intention, about an inch of the abdominal wound being still open, but healed at the bottom when I saw him, July 27, by the kindness of Dr. Haskins, who gave me permission to use the history of the case. This has gradually filled by granulation. He had had very little pain, and no evidence of peritonitis at any time. The tongue has been clean, the pulse always below 100, and the temperature never notably above normal. Morphia was discontinued on the 11th day, and the bowels moved voluntarily on the fourteenth. A firm cylindrical mass occupies the place of the brachial artery, where it is wounded, two inches above pulsation being felt. Pulsation is perfectly plain in the left radial, showing that collateral circulation is established. He was returned to duty Nov. 1. The knife used was one he had made from the steel spring which goes in the shank of a lady's gaiter, its blade $\frac{3}{8}$ of an inch wide, two inches long, thin, pointed and well ground. Suicide was probably attempted under an insane delusion. Death would probably occur in such a case from hemorrhage, shock or peritonitis. The completeness of division of the brachial, with a possible bending of the elbow, checked the hemorrhage probably; the warmth of the weather, with the covering by the blanket, prevented shock from cold; as to peritonitis, the intestinal wounds being inflicted after protrusion, no fecal matter probably entered the peritoneum, and from long exposure all oozing had ceased before their return, the wounds also probably being already closed by exudation begun, but the greatest factor in preventing peritonitis was the copious bleeding.—*Med. Annals.*

The Significance of Koch's Discovery.—

In a recent letter to the Berlin Reichsgesundheitsamte, Professor Billroth discussed some of the practical aspects of Koch's discovery. He pointed out how the accumulating knowledge of the coarser pathological relations of tubercle have led to the conviction that the discovery must shortly come, and he paid a tribute to the investigations of Villemin as having constituted the first and greatest step in the discovery—the step of demonstrating that tubercle is inoculable. This proved its dependence on a

transferable virus, although we are only now able to eliminate the possibility that the virus might be of simply chemical nature. The various degrees of individual proclivity to suffer, observed in man, render it very important to study the variations of proclivity which are observed in animals. As a rule, it appears that the carnivora are less susceptible than the vegetable feeders (an unpleasant fact, by the way, for vegetarians). In the case of man, the only safeguard is the normal unsuitability of the soil, apart from the existence of inherited fitness. But another reason why local tubercle often exists without general infection—why, for instance, scrofulous caries of a rib so often exists without a general infection—is due to mechanical conditions. At the periphery of such a tubercular focus, in a bone or a lymphatic gland, there is an induration which probably hinders the exit of the tubercular organism and its passage into the blood-current. The necessity of a high temperature, such as that of the blood, for the growth of the organism, probably lessens very much the extent of the disease in man, since, if the germs could develop out of the body, they would probably be ubiquitous. While the discovery of Koch raises even into greater importance than before the inherited predisposition, it will probably lead to some modification of our views as to the influence of that predisposition. Cases may be due to infection which are regarded as the result of inheritance only. A consumptive mother, for instance, may infect a child through a pocket-handkerchief; moreover, the germs may be received by eating the flesh of infected animals. Certainly the conclusions are sufficiently probable to make it incumbent on us to treat consumption as in a measure an infectious disease.—*Practitioner.*

The Antiseptic Treatment of Typhoid Fever.—At a meeting of the Société Médicale des Hôpitaux, June 9th, M. Ferrand presented the candidate's thesis of Prof. Desplat of Lille, upon the comparative action of carbolic acid and salicylate of soda. The views presented were that the above drugs were excellent antipyretic and antialgesic agents—sure, rapid, and permanent in their action, but, at the same time, easily eliminated, and, therefore, but slightly dangerous. Except in

acute rheumatism, M. Desplat did not find any marked difference in their action. The discussion which ensued turned upon the use of carbolic acid in typhoid fever. Thirteen members took part and related their experience. Three or four did not commit themselves; the remainder agreed in saying that the drug in question, used as recommended, had a dangerous tendency to depress the system, and to produce pulmonary congestion, exhausting sweats, and albuminuria or polyuria. It was unanimously voted that the use of carbolic acid in typhoid fever, when given as recommended (in half-gramme or gramme doses by enema twice a day), was dangerous, and without effect upon the course of the fever.

Dr. Ramonet, Physician-in-Chief at the Military Hospital of Boghar, in Algeria, has contributed an article upon the use of carbolic acid in typhoid fever, expressing directly contrary views to the above. He is a follower of Desplat, except that he uses smaller doses, generally not more than two grammes per diem, by injection. The effect, he says, is to lower the temperature nearly 4°F., and to produce a most favourable change in the progress and symptoms. He has treated forty-one cases, with a mortality of only two, or 4.0 per cent. The average mortality from this disease in the army is 21 per cent.

On August 22nd, at the Academy of Medicine, M. Vulpian read a paper upon the use of salicylic acid in typhoid fever. M. Vulpian based his therapeutics upon the theory that there is a *bacillus* of enteric fever in the intestine, and that this *bacillus* ought to be ferreted out and killed with an antizymotic. Having tried iodoform, boric acid, phenate of soda, and salicylate of bismuth with no effect, he finally settled upon salicylic acid. This in daily doses of two or three grammes was ineffective, but in doses of six or seven grammes daily (gr. xl. to gr l. every two hours!) most satisfactory results were obtained in a lowering of the fever and a general amelioration of the symptoms. M. Vulpian concluded that this drug, without being curative, had an undoubted modifying influence upon typhoid fever. He thought also that salicylic acid taken by the mouth might act as a prophylactic. The discussion which followed brought out very little.

It was only evident that M. Vulpian's views were theoretical, and that the clinical tests of his reputed remedy were not at all conclusive. Salicylic acid has been tried in Germany and America with no very good results, as yet reported.

A New Test for Albumen in the Urine.—

When an albuminous urine is treated with a saturated solution of common salt, not the slightest reaction takes place; but if the brine be slightly acidulated with hydrochloric acid, according to Dr. Wm. Roberts, the albumen is thrown down as a dense white cloud. This reaction constitutes a most delicate test for albumen in the urine. The best degree of acidulation for this purpose is obtained with about 5 per cent. of the dilute hydrochloric acid of the Pharmacopœia. A little more or less acid makes no appreciable difference in the sensitiveness of the test. Common salt dissolves in about two and a half times its weight of water at 60° F., and an increase of temperature does not sensibly increase its solubility. The salt of commerce is always more or less dirty, and the solution requires filtration to fit it for use as a test. The salt solution should be fully saturated, otherwise the observer is apt to be led into error. In preparing the test with our common English measure, the readiest plan is to mix a fluid ounce of dilute hydrochloric acid with a pint of water, and to saturate this with common salt, and filter. Dilute hydrochloric acid may be replaced by dilute sulphuric, dilute nitric, or dilute phosphoric acid. All these acids are of the same saturating strength in the British Pharmacopœia, and all of them yield with saturated salt solution an equally sensitive reagent for albumen. Even acetic acid may be used, but the delicacy of the test in that case is not quite so great as when it is prepared with one of the mineral acids. The method of applying the briny test is similar to that followed with nitric acid. A portion of the suspected urine is placed in a test-tube, the test-tube is then held very much aslant, and the salt-solution is allowed to trickle along the sides of the tube to the bottom, so that it may form a distinct layer below the urine. If albumen be present, a white cloudy zone appears at the junction of the

two fluids. Or the proceeding may be reversed. The salt solution may be first introduced into the test-tube, and then the urine added with the same precautions as before, so as to obtain two distinct layers, one above the other, in the test-tube. It is important to be aware that the precipitation of albumen by acidulated brine is not due to a true coagulation. In this respect the brine test differs from nitric acid and boiling. In the two latter cases the albumen is transformed into the insoluble modification, which is known as "coagulated albumen." But when albumen is thrown down from urine by acidulated brine, the precipitate is not insoluble; on the contrary, it is redissolved by free addition of water, or even by free addition of the albuminous urine itself. It is therefore essential to the efficient application of the test that the salt solution should be in excess at the point of expected reaction. This end is obviously secured in the above described methods of testing. In point of delicacy the salt test stands on a par with nitric acid. The minutest trace of albumen detectable in the urine by nitric acid is also detectable with equal ease by acidulated brine. In high-coloured urine the brine test is distinctly superior.—*Lancet*, October 14, 1882.—*Med. News*.

Two New Antiseptics.—M. G. Le Bon has just presented to the Academy of Sciences two new and very effective antiseptics, the glyceroborate of calcium and the glyceroborate of sodium. Both of these compounds have the advantages of being very soluble, destitute of odour, and free from all toxic action. When exposed to the air they both deliquesce with great rapidity, absorbing from the air an equivalent weight of moisture. Both alcohol and water dissolve twice their own weight of these salts. They are powerful antiseptic agents even in very dilute solution; the most effective in a therapeutic point of view appears to be the calcic salt. It is absolutely innocuous, and it can be applied in strong solution to so delicate an organ as the eye without bad results. In a hygienic sense both can be employed with advantage as disinfectants and as preservers of meat and other alimentary products. M. Le Bon has transmitted meat

simply coated with a varnish of the glyceroborate to La Plata, and it has arrived in a perfectly fresh and sound condition. He thinks both salts will prove very useful as antiseptics in Lister's mode of dressing wounds.—*Medical Gazette*.

Fat Embolism after Fracture.—From a careful study of the cases, and a review of the literature of fat embolism, Dr. A. Minich (*Lo Sperimentale*, 1882, No. 3) has been led to consider that the condition is much more frequent than has been supposed. He concludes as follows: 1st, In every fracture there is more or less fat embolism, though in children it may be wanting or very insignificant, on account of the small amount of fat contained in their bones. 2nd, Very seldom is fat embolism by itself the cause of death or alarming symptoms. 3rd, Non-infectious fat gives rise neither to pyæmia nor inflammation. 4th, Death depends principally upon the suspension of function of the nervous centres, which is reduced by ischæmia. 5th, The presence of pure or emulsified fat in the urine occurs chiefly in severe and dangerous cases of embolism. It may often appear without grave symptoms. 6th, The occurrence of death from fat embolism after fracture must be borne in mind. 7th, The therapy is merely, thus far, symptomatic, and of very little effect in preventing a fatal result.

Treatment of Burns.—Dr. A. H. Buckmeister, ambulance surgeon, Brooklyn, L.I., furnishes us with the following as the treatment he uses in burns. He says: "After trying the various dressings for burns in vogue, and all of them proving unsatisfactory, the following, improvised by the writer, has proved efficacious: To equal parts of linseed oil and water, to which lime has been added (making it about three times the strength of the aqua calcis), there is placed enough sodium bicarbonate to make a thick pasty mass (in severe cases morphia may be added); this mass is applied with loose bandages in the usual way. This dressing has all the advantages of the sodium bicarbonate alone, and does not adhere to the skin. Dr. Brown, House Surgeon to Long Island College Hospital, states that cases brought to him with this dressing gave very good results."

The Last Thing in Incubation.—The *Lancet* is authority for the statement that M. Tarnier, of the Maternity Hospital, in Paris, has had constructed a box which is very similar to the incubators used for poultry. Into this he places all the weakly and sickly children. This box is divided into two compartments, the lower one being used as a reservoir for hot water, while the infant is placed in the upper one, which is well stuffed at the sides, and fitted with a sliding glass cover. The temperature is maintained at 86 degrees, Fahrenheit, and M. Tarnier has found that by keeping infants in the incubator for periods varying from two days to six weeks their vitality is enormously improved. He has made experiments upon five six-months' children, six seven-months' and thirteen eight-months' children, and he has only lost two of them, whereas, according to his statement, three-fourths of them would have died but for this adventitious aid to vitality.

Dr. Holmes on Physical Diagnosis and Specialism.—I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too fatal gift of science? *A prognosis of despair.* "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest, when a *very* wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Boston Medical and Surgical Journal.*

Paget's Disease of the Nipple.— It is of the utmost importance to come to a definite conclusion with regard to the nature of this disease, whether it is primarily of an eczematous nature ultimately terminating in cancer, or whether it is of a malignant nature from the outset, as the treatment, of course, must vary according to the view we adopt. Prof. McCall Anderson has seen a number of cases of this disease, and believes that in persons predisposed to cancer, any local irritation may determine an outbreak of the disease at the part irritated; thus we have frequently seen an undoubted syphilitic disease of the tongue followed by cancer of that part, as the result of the long-continued irritation; and just in the same way it is possible for a simple eczema of the breast to prove the exciting cause of, and to be followed by, cancer of the mammary gland. But if we exclude these exceptional cases, we can arrive at no other opinion than that "Paget's disease of the nipple" is from the first of a malignant nature, and bears a somewhat similar relation to cancer of the breast that the so-called tylosis (or psoriasis) linguæ does to epithelioma of the tongue. Such being the case, it is of the utmost importance to distinguish true eczema of the breast from "Paget's disease of the nipple," towards which the following may be of assistance:—

1. "Paget's disease of the nipple" occurs especially in women who have passed the grand climacteric. Eczema of the nipple and areola occurs especially in women earlier in life, and particularly during lactation, or in persons labouring under scabies.

2. Affected surface, in typical cases of Paget's disease, of brilliant red colour, raw and granular-looking after the removal of crusts. Surface not so red and raw-looking in eczema, and not granular, but often punctated.

3. When grasped between the thumb and forefinger, superficial induration often felt, in Paget's disease, as if a penny were laid on a soft elastic surface and grasped through a piece of cloth (Thin). Eczema is soft, and no induration.

4. Edge of eruption abrupt and sharply cut, and often elevated, in Paget's disease. Edge not so abrupt, and not elevated, in eczema.

5. Paget's disease is very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally. The other disease, although sometimes obstinate, yields to treatment applicable to eczema.—*Glasgow Med. Jour.*, Oct., 1882.

Specific for Sore Throat.—After a large number of observations, Dr. Robt. N. Hornazdji, of Cheltenham, has come to the conclusion that in all acute cases of tonsillitis, salicylate of sodium is a specific, while in chronic cases it seems to possess no effect whatever. He recommends about 15 grains of the remedy every hour, till the most urgent symptoms are relieved, when only half the dose is administered. At the same time he employs a gargle, consisting of about 10 grains of the salicylate of sodium, one ounce of glycerine and three ounces of water. He found the remedy specially specific in its effect in very acute and severe cases, as also in the angina of scarlatina and of erysipelas.—*Medical and Surgical Reporter*.

Cholera and Filth.—The exact nature of the relation between cholera and filth is a subject admitting of speculation and discussion, and the question will not be satisfactorily solved until the precise cause of cholera has been demonstrated; but of the reality of the relation as a matter of fact there can be no reasonable dispute. Strong evidence exists in Calcutta which goes to support the doctrine that, whatever the nature or cause of cholera may be, filth has much to do, if not with its origin, certainly with its propagation—filth in air, water and food; filth due to neglected conservancy; filth consisting mainly of the decomposing excreta of men and animals. The history of cholera in this town points to a marked abatement of the disease coinciding with important sanitary improvements, more especially with the introduction of a supply of pure water, and its distribution in such a manner as to prevent contamination in transit. The most important fact shown by the report of the Health Officer of Calcutta is that the sections which exhibit the lowest general death rates are those in which the sanitary conditions are most favourable, in which the streets are widest and best

kept, the houses largest and sparsest, the drainage most complete and efficient, pure water universally used, and the inhabitants most observant of the rules of hygiene, domestic and individual; while, on the contrary, the sections with highest death rate are the most crowded and filthy, with narrow, muddy streets, often heaped with refuse and rubbish, foul pits and ditches, ill-kept stables and byres, wells and tanks filled with diluted sewage, with numerous *bustis* or villages ill-ventilated, over-crowded and filthy, in which the poorer classes, ignorant and careless as regards cleanliness, mass themselves together in poverty and squalor.—*Indian Med. Gazette*, Sept. 1, 1882.

Transplantation of Muscle from the Dog to Man.—After the removal of a large fibro-sarcoma from the biceps of a woman, aged 36, Helferich filled the gap with a freshly-cut piece of muscle from a dog, fastening it with six lower and thirty upper catgut ligatures. Cure followed antiseptic dressing. The patient can readily flex and extend the arm. Electrical examination by Ziemssen showed no abnormality, and the transplanted muscle seems to have retained its vital functions.—*Berl. Klin. Woch.*, No. 26; *Cin. Lancet and Clinic*.

Egyptian Treatment of Syphilis.—In the course of an article on “Medical Notes of Travel in Egypt,” by Dr. Josiah Williams, in the *British Medical Journal*, occurs the following:—“The native treatment of syphilis in young girls is very primitive and very barbarous. Close to the town (Souakin), in the Red Sea, is a little island, called originally Sana Gin, and from which the town takes its name. The girl is taken across to this island by six women; she is then laid naked on her back; on each arm and each leg sits a woman, another on her chest. The operator, another woman, who is provided with a sharp sea-shell, scrapes away in the vagina until she is satisfied that all diseased parts are removed, and then, utterly regardless of the shrieks of the girl, gets a handful of sand from the sea, and rubs that in. The disease is then supposed to be cured by this rather rough operation.

New Method of Treatment of Hypertrophy of the Tonsils.—Prof. Moresco of Cadiz read a paper before the Congress of Seville (*Revista de Med. y Cirurgia practica*) in which he recommends the treatment of hypertrophy of the tonsils by interstitial injections of acetic acid; he reports two cases perfectly cured by this method. He gives the following as the advantages of this method: 1. Its facility of performance. 2. The impossibility of causing any serious results. 3. The gland preserves its functions. 4. It requires no interference with the patient's occupation. 5. It is absolutely painless.—*Rev. Mens. de Laryngol., d' Otol. et de Rhinol.*, Oct. 1, 1882.

Trichinosis.—The Vienna correspondent of the *Maryland Medical Journal*, describing a recent fatal case of Trichinosis, remarks:—"An interesting point in the history of the case was the fact that the girl had not eaten any pork, but had lived on horse-flesh and raw liver. The last is not an unusual dish made up into sausage. Authorities have said the horse was not subject to trichinosis. Unless the liver is to blame in this case, the horse can no longer be exempted from this horrible disease. Among the poor classes on the continent horse-flesh is a very common food. I have heard it said that they get no other kind of beef."

A Poison for the Bacilli of Tubercle.—A paper has been recently communicated by M. de Korab to the Paris Academie des Sciences on the action of a substance called *helenine* upon the bacilli of tubercle. He cultivated the *bacilli* according to Koch's method, in bovine serum, which was daily heated for a week, in order to sterilize it. Tubercles from a guinea-pig were then introduced into ten tubes, to three of which the helenine was added. All were kept at a temperature of 37° C. for a week. It was then found that the tubes having no helenine caused tuberculosis when inoculated. Those containing the helenine were innocuous. Some glowing inferences are drawn by M. de Korab from his experiments.—*N. Y. Med. Record.*

CANADA

Medical and Surgical Journal.

MONTREAL, NOV., 1882.

MCGILL COLLEGE ENDOWMENT.

In our last number we alluded to the announcement made by the Dean of the Medical Faculty of McGill University that a wealthy citizen had promised, conditionally, the handsome sum of \$50,000 towards a permanent endowment of that Faculty. The only condition attached is that, before the month of August next, a like sum shall have been subscribed by others towards the same object. We sincerely trust, and we have every confidence, that this noble generosity will have the effect of stimulating others to co-operate in the same direction. Montreal possesses many wealthy men, and McGill many prosperous sons, who will be glad and willing to help as far as in them lies. They only require to have it clearly shown that this money is really required in a good cause, and we know they will cheerfully respond to the call. There prevails amongst some, even of our thinking men, the erroneous idea that a Faculty of Medicine is, and should be, self-supporting, and that they should give only to those allied departments which furnish a non-professional education to the student. But how far is this from being the case. Of course, a Medical Faculty must, to keep out of debt, govern its expenditure by its receipts, and that of McGill College has always endeavoured to employ all the means at its command, so as to ensure to its students the greatest possible educational advantages; but, how often, how constantly, have they felt that they were hampered, let, and hindered in supplying that thorough scientific education which is looked for at the present day, through want of a sufficiency of means. In some instances, notably the recent complete furnishing of a Physiological Laboratory, the

funds had to be procured by a private subscription from the professors themselves. Dr. Howard, in his admirable address at the opening of the Session, alluded to a few of the more urgent requirements of the Faculty at the present time, and it is matter for the most sincere congratulation that his timely words should have fallen on such good ground and brought forth fruit so rapidly. This, the oldest of our medical teaching bodies—one which has now for half a century yearly sent out practitioners of the healing art to carry the good effects of their early training throughout the length and breadth of the country—has special claims upon the citizens and the old graduates for support. It has been doing a noble work, and will continue to do so. But the importance of the trust confided to it demands that it shall have the ability, as it has the desire, to give, in every branch, such facilities for the prosecution of purely scientific studies as are expected at the present time from any school wishing to hold a front rank. A permanent endowment will accomplish this, as nothing else possibly can. It will allow of some of our ablest men devoting themselves exclusively to scientific pursuits, as is done in England, on the Continent, and in a few places in the United States. It will allow of numerous clinical assistants to carry on special hospital work with divided classes. It will help to build up a medical library of reference, invaluable to the whole community. It will permit of the extension of the practical laboratories, both chemical and physiological, which can then be provided with still more much-wanted assistants. It will furnish the means for retaining the services of curators for the better arranging and enlarging the Museum. Thus will be built up an establishment for the education of scientific and truly practical physicians—an institution to which the country can point with pride.

An appeal is being made to the old graduates of McGill College to subscribe to this fund—to be called “The Campbell Memorial Fund.” We hope many of the old alumni—prosperous as we are glad to know the great majority are—will feel it both a pleasure and a duty to assist in placing their *Alma Mater* in a firm position, and by thus increasing the facilities for future

generations, they will in a measure have repaid some of the benefits they themselves are conscious of having received at her hands.

POISONING BY EXTRACT OF MALE FERN.

It is well to be reminded that this favourite remedy for tapeworm has poisonous properties, and should always be prescribed with due care, especially with regard to individual peculiarities. A case in which death followed its administration recently occurred in India, and might have resulted seriously for the unlucky physician. As it was, a charge of manslaughter was brought against him, but the jury accepted certain explanations and the case fell through.

It appears that Dr. Coghill of Colombo ordered a Mr. Aitken, 30 years of age, a four-ounce mixture containing *an ounce and a half* of the ethereal extract of male fern. The chemist considered it a large dose, but thought it might be dispensed with safety. Half the quantity (representing six drachms of the fern) was taken at bedtime. This caused considerable distress, but as none of the joints were passed, he was instructed to take the remainder of the mixture about noon of the following day. Dr. Coghill was summoned soon after, and found that his patient had purged and vomited a great deal, although he had eaten nothing for some hours. He had, however, passed a large quantity of the worm. Choleraic symptoms continued, the pain only being relieved by a hypodermic injection of morphia, and the patient died about twelve hours after the administration of the second dose. At the autopsy, patches of congestion, and here and there actual extravasations, were found over the stomach and small intestines, the mucous membrane being smeared with a dark-brown fluid having the smell of ether.

At the inquest, it came out that Dr. Coghill was blindly led in his prescribing by the work known as "Naphey's Modern Medical Therapeutics." In a prescription in this book, credited to Dr. William Brinton, it will be found that *ounce and a half* has been substituted for *drachm and a half* as the dose of extract of male fern, and it was this that misled Dr. Coghill.

Of course he can hardly expect to be held blameless on this account, but, undoubtedly, the responsibility should be largely shared by the book in question ; and our object in penning this article has been, as much as anything else, to warn unwary members of the profession, who may be in possession of Naphey's book, against the egregious error above referred to.

Dr. Cobbold, perhaps the greatest living authority on the subject of intestinal worms, referring to this case in a recent number of the *Lancet*, states that he seldom prescribes more than one drachm of the ethereal extract of male fern for a single dose ; but he has known two separate one-drachm doses to cause jaundice in an adult, and half that quantity to produce mental confusion in a child of seven years. He writes further that he has heard of an instance in which three drachms sufficed to produce alarming symptoms. He puts in a strong plea for the drug, and trusts that its fatal employment in the case under consideration will not deter the profession from resorting to it in the treatment of tapeworm. We might add that in our own limited experience, we have found no anthelmintic so efficacious as this in the treatment of tœnia.

THE PUBLICATION COMMITTEE.

Ever since the foundation of the Canada Medical Association, it has been customary for the readers of papers at the annual meetings to send their communications to a medical journal for publication. Generally speaking, they have been received by some of our own Canadian journals, but occasionally they have been given to American or English periodicals. It has always, however, been believed that the reader had a perfect right to select for himself the medium through which it should be made public. The only exception that we are aware of was upon the occasion of one of the meetings in Montreal, when all the papers appeared together in a volume of transactions. As almost every member of the Association is aware of these facts, many must have been surprised to find the *Canada Lancet*, in its last number, assuming that, because some of the papers have been

published in this journal, it therefore "has taken upon itself, unsolicited, and without the sanction of the Printing Committee, the self-imposed task of printing the most important papers read at the recent meeting," and suggests that some might look upon this as betokening an aspiration on the part of this journal "to become the organ of the Association." As for years past every Canadian journal has (and very properly) published any of these papers which have been sent to it, without any reference to the Publication Committee, we fail entirely to see the point of our contemporary's remark. As a matter of fact, the Publication Committee has performed no functions and made no report, except on the occasion referred to. But further, the duties of that Committee are thus laid down in the By-Laws: "It shall have charge of preparing for the press and of publishing and distributing such of the proceedings, transactions and memoirs of the Association, as may be ordered to be published." If the *Lancet* really did believe that Committee to be in operation, perhaps it will explain how it occurred that a special report of a very important matter was printed before the meeting, distributed to the members headed "*The Canada Lancet*," and subsequently appeared in its pages, without the sanction of the Committee! The beam in the eye of the *Lancet* has surely caused such distorted vision as produced the semblance of a mote in our eye.

L'UNION MEDICALE AND BISHOP'S COLLEGE.

A little unpleasantness, which threatens to come before the Courts a second time, has been in progress between the parties above named. Some months ago *L'Union* published an editorial article stating that a certain individual asserted that he had been given a private examination by members of the Faculty of a Medical College in this city. From certain collateral evidence, the professors of Bishop's College believed that they were the persons alluded, and with the view of clearing themselves of the accusation, entered an action for criminal libel against the editors of the papers. The grand jury, before whom the case came, brought in a "no bill." The editors, therefore, now retaliate by bringing an action against several members of the Bishop's

Faculty for damages, rated at \$10,000 each. If the case goes to trial, no doubt some interesting points will be developed.

HOLOCAUST IN HALIFAX.—A most destructive fire occurred in the Poor Asylum building in Halifax on the night of the 6th inst. The flames appear to have spread with great rapidity, and soon cut off all escape from a part of the building which was occupied by the sick and infirm as a hospital. It is stated that over thirty of these unfortunate creatures perished in the flames. It is hard to condemn without being in possession of full particulars, but it does certainly seem as though sufficient care and forethought had not been exercised in placing a large number of sick and infirm persons together at the top of a building, in rooms from which there were no adequate means of escape in case of fire. This is certainly a point upon which Government inspection ought to be most stringently brought to bear.

—A new edition of the *Ontario Medical Register* has been issued, and presents the usual creditable appearance of the publications of the Ontario Medical Council. We cannot help contrasting it with the carelessly prepared and atrociously printed *Quebec Medical Register*. We gather that there are 1919 names on the register in Ontario, of whom 175 practice outside the Province and the residence of 86 is unknown; so that there are about 1700 legally qualified practitioners in the Province, giving about one to every 1125 of the inhabitants.

—The corporation of McGill University has under consideration the question of the admission of women to the Arts course. The matter has been referred to a special committee. The University of Pennsylvania has decided against their admission, but would be very willing to organize a special department so soon as the necessary funds are forthcoming.

—Mr. T. Berthiaume is suing the *École de Médecine* for \$5,000 damages, which he alleges he has suffered through the non-publication, during the last nine months, of *L'Abeille Médicale*. The suspension is stated to have been necessitated by loss of support, the defection of subscribers being due to the extent to which the journal devoted itself to politico-religious matters (the Laval controversy), thus having but little space for scientific medicine.

Obituary.

AARON HART DAVID, M.D., ED., L.R.C.S.E., D.C.L., &c.

It is with sincere regret that we have to chronicle the death in this city, on the 5th inst., of Dr. A. H. David, the Dean of the Medical Faculty of Bishop's College, and one of the oldest and most respected members of the profession in this country. Dr. David had suffered for nearly two years from a cancerous affection of the abdomen, and fully recognizing the nature of his complaint, had long since calmly resigned himself to what he knew was the inevitable end. Though sometimes he suffered acutely, he retained a degree of cheerfulness which was surprising to his friends. Within the last few weeks, even, he had occupied himself writing out some of his early recollections of medical matters in the city of Montreal, and sent it through his friend, Dr. F. W. Campbell, to be read at the Medico-Chirurgical Society.

Dr. David was the second son of Samuel David, a leading merchant of this city, and was born on the 9th October, 1812. He married, in 1836, Catherine, daughter of the late Henry Joseph, who died in 1876. His first initiation into the study of medicine was as a pupil of Drs. Caldwell and Robertson. He then entered the newly-organized medical school of McGill College. In 1831 he went to Edinburgh, and graduated with honours in 1835, his thesis being upon "The Medico-Legal Proofs of Infanticide." After travelling for a short time on the Continent, Dr. David returned to his native city and commenced the practice of his profession. He served as surgeon to the "Montreal Rifles" during the whole of the rebellion, 1837-39. In 1841 he removed to Three Rivers, where he soon enjoyed a large and lucrative practice. He always followed up his profession with zeal and energy, and resisted many requests to enter the field of politics. He returned to Montreal in 1844, where he had the respect and esteem of a large *clientèle* for a period of nearly forty years. In 1852 he aided in the formation of the St. Lawrence School of Medicine, which, however, fell through after an ephemeral existence of only two sessions. In the same

year, in conjunction with the late Dr. R. L. MacDonnell, he started and edited the *Canada Medical Journal*, which, for want of support, was discontinued after two or three volumes had appeared. In 1849 he was made an attending physician to the Montreal General Hospital, retaining the post, however, only two years, when he resigned in order to occupy a similar position in connection with the St. Patrick's Hospital. In this institution Dr. David also lectured upon Clinical medicine until it was finally merged in the present Hotel Dieu. Upon the establishment of a Medical Faculty in connection with Bishop's College, Dr. David was made Dean and Professor of the Theory and Practice of Medicine, which honorable appointments he held up to the time of his death. In 1871, this University conferred upon him the degrees of M.D. (*ad eundem*) and D.C.L. (*honoris causâ*). He took much interest in the medical branch of the Volunteer Militia service, and did duty as surgeon of the 6th Fusiliers during the Fenian disturbances on the frontier. Having held a commission for the long period of 46 years, he was granted, on resignation, the honorary rank of Lieut.-Colonel.

Dr. David was noted for the great interest he always took in matters pertaining to the general welfare of the medical profession of this country. He was amongst the original founders of the Canada Medical Association, and was always one of the strongest supporters of this general Dominion society. He was elected general secretary in 1869, and most regularly and faithfully fulfilled the duties of that office until 1881. At all meetings of the Association his business knowledge was of the greatest service, whilst his geniality and amiable character made him a general favourite. He was for many years a governor of the College of Physicians and Surgeons of the Province of Quebec.

Dr. David was noted amongst his *confrères* as a man of the strictest integrity and the highest sense of honour, and in these respects he was always an example to young men. He was an able and conscientious practitioner, full of zeal for his profession and anxious for the advancement of the cause of medical education. He was a good citizen, and took an active part in public meetings and in the promotion of charitable objects. He

had an excellent memory, and was always resorted to by his friends when anything concerning the profession long ago needed to be recalled. With Dr. David has gone one of the now few-remaining links connecting the present generation with a past one. He lived a busy and useful life, and died at a good old age, respected and honored by all.

Personal.

Dr. Belfield, of Chicago, will deliver the Cartwright lectures in New York this winter.

Prof. Du Bois Raymond has been made Rector of the Friedrich-Wilhelms University, Berlin.

We regret to learn by the papers that Prof. Virchow is seriously ill; the nature of the illness was not stated.

Dr. Solly, of Colorado Springs, son of the late Mr. Solly, the celebrated London surgeon, was in town for a few days last month.

The death is reported of Devaine, the discoverer of the Bacillus of Anthrax, and the author of an important work on Parasites.

Dr. J. W. Holland has resigned the editorship of the *Louisville Medical News*, and has been succeeded by Drs. Yandell and McMurty.

Dr. Lefebvre ('78) has left Brockville, having been appointed surgeon on one of the eastern sections of the Canadian Pacific Railway.

H. E. Heyd, M.D. (McGill, '80), and Kenneth McKenzie, M.D. (McGill, '80), have returned from Europe, where they have been studying for the past two years.

Dr. Harvey, of Cleveland, Ohio, has been in town for a couple of weeks. We are glad to hear that he has regained his sight after a successful operation for cataract.

Dr. Stewart, of Brucefield, sailed for Europe on the 17th ult., and intends spending seven or eight months at the chief conti-

mental clinics. The members of the Huron Medical Association presented him with an address and a handsome gold watch, in acknowledgment of their appreciation of his services to the Association.

Medical Items.

—Mr. Clover, the well-known chloroformist of London, is dead.

—Surgeon-Major Boileau reports a very heavy brain, 59.72 ozs., from a highly intellectual man.

—We notice in the *Medical Record* of the 14th ult. that Dr. Leslie, of Hamilton, Ont., has a case of Locomotor Ataxia, with well-marked tendon reflex.

—Helenine, M. de Korab claims, is an antidote to the effects of the bacillus of tuberculosis. He has found that this drug hindered the development of the bacilli in culture fluids, and that its administration will prevent the symptoms of tuberculosis in animals inoculated with the bacillus.

—“How’s your rheumatism, Bill?” “Oh, it’s lots better.” “Ha, ha! glad to hear it.” “Yes,” Bill went on mournfully, “you may say it’s lots better; it gets stronger and stronger every day. But then, I’m a heap worse myself. The rheumatism’s all right.”—*Hawkeye*.

—184 students have enregistered in the Medical Faculty, McGill College, of whom 62 are new men. Arranged according to Provinces, there are from Ontario, 91; Quebec, 44; New Brunswick, 15; Prince Edward Island, 9; Nova Scotia, 7; United States, 13; Newfoundland, 2; Manitoba, 3; West Indies, 2. The class in attendance is the largest in the history of the school.

—Philadelphians are now advancing reasons calculated to establish their city as the cradle of American medicine. The first practical instruction in anatomy in America was by Dr. Thomas Cadwalder, in 1750; the first permanent general hospital was founded there in 1752; the first clinical instruction in America was given there by Dr. Thomas Hurd, in 1756;

the first medical library in America was founded there in 1763 ; the first medical society in America was organized there in 1766 ; the first medical dispensary in America was established there in 1786 ; and the first American medical college was organized there in 1765.—*Mich. Med. News.*

CASES OF REMOVAL OF A PORTION OF INTESTINE.—Dr. Wm. Fuller reports, in the *New York Med. Record*, October 14th, three cases of partial intestinal resection for strangulated hernia ; recovery took place in all.

IRONY OF CIRCUMSTANCES.—In Indianapolis, it so happened that the doctors' convention was held first, then the druggists', and lastly the undertakers'. That is generally the way it goes ! First doctor, then druggist, then undertaker.—*Indianapolis Pharmacist.*

A PATTERN PATIENT.—A physician, much attached to his profession and his own skill, during his attendance on a man of letters, observing that the patient was very punctual in taking all his medicines and following his rules, exclaimed in the pride of his heart, " Ah, my dear sir, now you deserve to be ill !"

DERMATOLOGY SIMPLIFIED.—A century ago John Hunter divided all skin diseases into three classes : one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria—ergo, quinine is the remedy for all skin eruptions.—*Mich. Med. News.*

A MAN OF GREAT BRAIN.—According to our excellent contemporary, *Knowledge*, the " heaviest brain ever weighed in the United States was taken from the skull of James H. Madden, who died at Leadville on July 6th. The doctor who attended him during his last sickness had observed the immense frontal and lateral development of his head, and determined to weigh the brain, but his astonishment was great when it brought down

the scales at sixty-two and a quarter ounces. Cuvier's brain weighed sixty-four and a half ounces, considerably surpassing all other records ; but the brain of Napoleon, Agassiz and Webster, although phenomenally heavy, were much lighter than Madden's. It is an interesting circumstance that Madden was not a naturalist, a soldier or a statesman, but a gambler."—*Mich. Med. News.*

DOMESTICITY AS A CAUSE OF INSANITY.—Mrs. —, aged 44, mother of eight children, had acute mania. The husband, when asked if he could suggest any cause for her illness, exclaimed with much animation that he could not conceive any reason. "She is a most domestic woman ; is always doing something for her children ; is *always* at work for us all ; *never* goes out of the house, even to church on Sunday ; never goes gadding about at the neighbours' houses, or talking from one to another ; has been one of the best of wives and mothers, and was *always* at home." The superintendent, in commenting on this case, says : "This appreciative husband could hardly have furnished a more graphic delineation of the causes of his wife's insanity, had he understood them never so thoroughly."—*Report of Hartford Retreat for Insane.*

SURGICAL OUTFITS FOR RAILWAYS.—The Pennsylvania Railroad Company has purchased two thousand tin boxes containing a few simple surgical materials likely to be used in case of accident. The boxes are kept on the locomotives. Each box contains 1 rubber compress, 1 package of absorbent cotton, 6 rolls of bandages, 1 pyramid of pins. This outfit must always be kept up, and when anything is needed requisition should be made at once. With the box are the following simple directions :—When an arm or leg is crushed, causing hemorrhage, pass compress around limb immediately above the injured part. In case of rupture, if a vein, tying it lightly until arrival of a surgeon. The rupture of an artery can be distinguished by the colour of the blood, which is red, and spurts out, while a vein has black blood and flows continuously. For wounds on the head or face, apply absorbent cotton, and bind with a bandage. The com-

pany deserves great credit for the humanity and forethought shown in the adoption of this scheme.—*Med. Record.* Other railways might with great propriety follow this good example.

AN IMPROBABLE INTERVIEW WITH MRS. LANGTRY.—It is rumoured that Mrs. Langtry, the English beauty, has been interviewed by a medical reporter. She said that she was not a homœopathist, as had been stated; she believed in the New York code, however. Her impressions of American medical men had so far been very favourable, and confirmed previous anticipations formed by a constant reading of the *Medical Record*. The branch of medicine in which she had been chiefly interested was dermatology; in this America easily led the world, and she was sorry she could not have got over in time for the Newport meeting of the Association. She attributed the beauty of her complexion to a constant study of American dermatological literature. Mrs. Langtry was hardly prepared to give her opinion of Post-Graduate Schools, but thought they were very nice. She would send tickets, she said, to any doctors not connected with some medical school—it seemed such a pity. The reporter told her, however, that there were none such. Mrs. Langtry preferred to take her medicines in pill form. She liked the oval-shaped, sugar-coated ones best. Mrs. Langtry asked about our insane asylums, and strongly urged the use of the tight-fitting jacket called the “Jersey,” as a substitute for camisoles and straight-jackets.—*N. Y. Med. Record.*

THE CALAMITY IN THE SEGUIN FAMILY.—On Wednesday morning the public were startled with the dreadful announcement that the lovely wife of Dr. C. E. Seguin, of this city, had, in a fit of temporary insanity, shot all of her little children—three in number—and afterwards herself. She had taken them to an upper room, tied their hands behind their backs, and then, under the pretext of playing “blind man’s buff,” first killed the eldest, a beautiful boy of six years, then two sweet little girls, aged respectively five and four years, and evidently in an instant afterwards took her own life. When found in the even-

ing, some time after the commission of the deed, all were dead. The lady was of a most lovable disposition, had been devoted to her husband and family, and had shown no symptoms of insanity except occasional attacks of melancholia, for which she could not account, and which she bravely endeavoured to overcome. Her devoted husband, with an affectionate concern for her condition, had arranged to have her accompany him on a pleasure trip the next day; but he came home in the evening to find himself suddenly deprived of his entire family. A greater calamity could not befall any one, and coming thus upon Dr. Seguin, calls forth the deepest and most heartfelt sympathy of his many friends. May he have the strength to bear this terrible affliction.—*N. Y. Med. Record.*

NEW PARASITES.—We have before us a clipping from the editorial columns of a daily paper, in which the recent investigations of Koch are humorously referred to. The editor then goes on to state that, “While Germany has thus given to the world a discovery of presumably vast importance, Wisconsin has not been idle. Dr. Buhl, a distinguished physician of that State, has just made a discovery as to the origin and proper treatment of broken legs, which is, on the whole, rather more valuable than the discovery of Professor Koch. It has long been noticed that broken legs prevail in thickly settled parts of the country much more generally than in thinly settled regions. It is also undeniable that wherever railroads penetrate, broken legs become common. These facts are sufficient to enable us to assume that there is something in thickly settled regions that is favourable to the development of broken legs, and that this something—whatever it may be—is carried far and wide by railway trains. Dr. Buhl, who is an ardent believer in the germ theory of nearly all diseases, claims that he has discovered a vegetable parasite which infests the human trousers and causes broken legs. Within the past year he has examined with the microscope 36 cases of broken leg, and in every case has found this parasite in the accompanying trousers. In the course of the last six months he has placed garments cut after the manner of trousers and inoculated with the parasite in question upon the fore-legs of

18 cats, 13 of whom were afterwards found in a steel-trap, set for the purpose in the doctor's back yard, each with a fore-leg broken. He also tried a similar experiment upon seven cows belonging to his wife, six of whom were afterwards run over by railway trains—the White River and Sheboygan Railroad running directly through the cow pasture—and sustained compound fracture of more or less of their legs. Having thus fully established the fact that broken leg is produced by a parasite infesting the trousers, Dr. Buhl maintains, and with much plausibility, that by inoculating human trousers with this parasite after it has been artificially bred in trousers supplied for the purpose to cattle, men will be fully protected against broken legs. So far as the non-scientific mind can perceive, the Doctor's plan is an admirable one. If we can by so simple a measure as the inoculation of trousers put an end to the widespread havoc yearly wrought by broken legs, humanity will owe to Dr. Buhl a debt which it can never repay, and the name of Buhl will be inscribed on all sorts of monuments by the side of the equally revered names of Koch and Jenner.—*Medical News*.

VASELINE.—This article has become almost indispensable. We are, however, most familiar with its external employment. It is not unlikely, though, that it may prove to possess valuable properties when administered internally. It has recently been very highly recommended by a competent observer as a prophylactic in diphtheria and whooping cough. It deserves a trial in these diseases.

SUBACUTE ATONIC DYSPEPSIA.—By J. R. BLACK, M.D.—“The preparation I have found to answer a most admirable purpose in such instances is neither strictly a food nor a medicine, but a sort of nondescript, betwixt and between. I allude to maltine, pepsin and pancreatine. As is well known, it is the half-way digested albuminoids and saccharine elements of wheat, barley and oats. Largely abounding in diastase, and charged with the elements needful for carrying on the digestive process, all that is needed to complete the gastric process on a small quantity of appropriate food is heat and the vermicular action of the stomach. On more than one occasion have I noted, during the past few years, the invaluable properties of the above preparation, after all other resources had failed. For the debility succeeding the acute diseases of those whose stomachs are inherently weak, or for the irritable and weak state which the long-continued administration of medicines for some other disorder oftentimes engenders in the digestive organs, for the failure of energetic action during exhausting processes—as lactation, or large suppurative discharges, as well as for the gastric feebleness often attendant on tuberculosis—peptic maltine fills a place that no other preparation does, and in a truly satisfactory manner. It is altogether constructive; it is bland, even more so to the stomach than any food; it is not nauseating.”—*Cinn. Lancet and Clinic*.