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CANADA

MEDICAL & SURGICAL JOURNAL

OCTOBER, 1879.

Original Communications.

ADDRESS OF JOHN DUFF MACDONALD, M.D.,
L.R.C.S., EDINBURGH.

President of the Canada Medical Association.

(Delivered at the Twelfth Annual Meeting held at London, Sept. 10, 1879.)

BRETHREN,—Since your kindness has conferred upon me the honor of presiding in this meeting of our Association, I have come to apprehend, to some extent, the responsibility of the office which I have been called upon to occupy, and to see that this responsibility increases from year to year.

From the President's address it is reasonably looked for, that it should satisfy a just comparison with those delivered by brethren who have already filled this chair, and that it should equally with those addresses commend itself to the judgment and good taste of those who have to hear it.

It is right that such an address should have for its theme a subject which is of immediate practical interest, not necessarily to the medical profession alone, but also to the general public, and also that it should afford an indication of the way in which professional opinion may deal with that subject.

My respected predecessor of last year made allusion to those institutions, with the working of which his experience has made him familiar, and considering the admitted necessity for the increase of those institutions, as well as the increasing obligations devolving upon the medical profession in connection with the

care of lunatics, there can be no doubt that Dr. Workman did well in directing our minds, among other things, to the construction and location of asylums for the insane. I believe that it will not be out of place for me to bring under the notice of the brethren a subject which has had a good deal of interest for me, as well as for others, for some years past, and to speak of another class of institutions which, in my opinion, deserves, though they have not secured, an equal degree of consideration with lunatic asylums—I refer to hospitals for the sick.

To what extent are these structures required, and how are we to get them?

I venture to bring these questions before the Association, because the subject of hospital accommodation is of undoubted importance to the profession and to the public, and is one on which physicians may possibly be afforded occasions of giving an opinion.

It must be admitted, in spite of the boasting in which we are prone to indulge regarding the improved state of the world in these later days, and the increased well-being of society, that our social condition renders hospital provision, at least, as great a necessity as it was when men spoke more modestly of themselves and their times than we do. The poor we have always with us, they do not cease out of the land, and no doubt we may say that they never shall,—all optimist and communistic theories to the contrary notwithstanding. Even in our country, largely filled as it has been, within the memory of living men, with fresh young blood; free as it is, as yet, from the semblance of what has been regarded by some as the oppression of class, a hospital population is springing up all around with wonderful rapidity, and that not from amidst unprovided strangers only, but also from among those born in the midst of us, and who have been surrounded from their infancy by the advantages of a land where labor is always in request, and sure of its reward; where all that is required of *any man*, in order to secure independence, is devotion to honest work. From among these there come numerous applicants for hospital relief and shelter, persons who have not made provision for one week's sickness. It is not necessary to discuss here the causes

of this spectacle, the early rise of pauperism in the midst of us, but this much may be said, that with pauperism existing everywhere in the land, and with its sources well known to all, there does not seem to be, on the part of sick poor, an excuse for their condition sufficient to touch and cause to flow those springs of benevolence which are latent in the community.

When hospitals and refuges were founded and endowed by wealthy individuals in times past, the condition of the poor was more pitiable than it is now, their prospects seemed absolutely hopeless, and to provide for their succor in their time of sickness was a worthy aim in the eyes of all; on the other hand, in our days, and in this community at least, we are not so satisfied with the powerlessness of the poor. Nay, by many who are giving daily proof that they are not selfish and hard-hearted, the poor are thought to have their place made too soft for them; indolence and dissipation are thought to be receiving their most direct encouragement from the charitable, and it is difficult to present the claims of a hospital to our wealthy neighbours on the score—the beneficence of the object.

And yet, let the cause of poverty be what it may, vice or misfortune, the act of lightening its weight, of lessening its attendant suffering, is, when discrimination is used, certainly an act of beneficence, and though our aid to a strong and healthy idler may lawfully be limited to good advice, to the same man when he is sick, or maimed, our help must be of a more substantial kind.

It may be allowed that private benevolence, though it has done much at various times, and in various places, has never been equal to the help of this sort which has been required, and it may hardly be expected that it ever can be; its efforts are necessarily limited and fitful, while the evil to be met is on every hand, and is always growing.

Hospitals to serve the purpose required of them should be numerous, placed within easy reach of those who need their service, not so few and far between as to render it necessary for sick people to make long and painful journeyings in order to get them. It is not too much to say that every town of

eight or ten thousand inhabitants should have a well appointed hospital for itself and its environs. The great usefulness of these institutions thus scattered over the land surely cannot be questioned, whether we regard the relief to suffering which they are fitted to afford, or the centres of useful information to the public which they would form, and this Association may surely add the very valuable opportunities for observation and experience to our own profession which would thus be multiplied.

To be thus numerous, and to be efficiently equipped, the institutions must be supported at the public expense, and why should we not regard them as legitimate objects for employment of the public money. The public funds are already employed in constructing hospitals in certain favored localities. These are buildings very splendid and very expensive, highly ornamental to the places in which they are to be seen, and are sources of very natural satisfaction to those who dwell around them, or who own property there, but not by any means the most useful or even the safest retreats for those who are to have their residence in them during the seclusion made necessary by sickness or by an injury.

If we are to convince our public bodies that they have at all a duty in this matter, we must present to them an ideal of a hospital very different from that which at present prevails. The palatial style thought to be that which ought to mark these refuges for the sick poor, who when they are in health do not live in palaces, must give place to one which is more sober and less costly, and so it is that lighter and less extravagant buildings would be in every respect more suited to the objects chiefly aimed at.

The one-storey pavilion seems best to our means and wants. The simplicity and the economy of its construction must recommend it to those who are interested in the question of cost; the convenience of its arrangement must give it favor in the eyes of those who have to do with administration; while the purity of air which can be secured by its means is of such advantage in the treatment of disease and of injuries, especially such as are accompanied by open wounds, that one would suppose that

the brethren of our profession can have but one mind in their advocacy of this description of building. Separation of cases infectious from non-infectious would thus be complete. "Hospitalism," that frequent and readily accepted excuse for events which should not have happened, would be less heard of; the surgeon, in instances of grave injuries, wherein his skill and care seemed about to triumph, would less frequently have to suffer disappointment from the septic infection of perhaps some trivial and forgotten scratch, and the physician would be saved the now not unfrequent mortification of seeing a patient who is under treatment for a trifling ailment attacked by a deadly affection, which would not have appeared if the case had been treated in the individual's home.

It is not necessary in this Association to give any description of the one-storey pavilion, such a description could contain nothing not already known. No doubt the essay of Dr. Gill Wylie, published three years ago, and which treats on this subject, is familiar to most of us, but I may be allowed to say a word or two on the excellent fitness of this kind of hospital to our Province.

And first I would say that everything in the condition of our people and in the features of the country is hostile to the indulgence in what is florid and extravagant. Let us not in anything make ourselves ridiculous by manifesting that we aim at a display which is not always becoming in older and more wealthy people; nor let us forget that good taste and regardlessness of expense are not all times close associates.

In the long and narrow strip of country which is for us practically Canada, there is not much likelihood that there shall be at any time towns of great size; the configuration of the country and the fewness of its resources make such an expectation improbable of fulfilment. On the other hand, among a prosperous agricultural population such as we hope that of Canada is to be, a considerable number of market towns of moderate size is a prospect which seems likely and near, and all of these, however thriving, will always have their poor, needing aid in sickness.

To small towns, the construction of a hospital, according to

present ideas, will be an enterprise of insurmountable difficulty. They will forego the hospital altogether, or else convert to the purpose some old disused tavern or factory, while a one-storey structure of wood or brick could be provided by them with perfect ease, cheaply, that in the event of its showing signs of becoming infected, there need be no hesitation, on the score of expense, in having it torn down and removed, and erecting a new one in its place.

I do not know that I would have brought this subject before the Association, if it was not that it was, so to speak, ready to my hand, and that I have had for many years before me proof of the evils resulting from using, for hospital purposes, old buildings, charged with septic matter, and of the impossibility of obtaining safe accommodation for the sick poor, because of the unwillingness of those in authority to look at the financial responsibility of such buildings as in their opinion hospitals ought to be; and I will have reached the end I seek if, the matter having been brought before them, the brethren will lend their influence to enlighten the community on the subject of the building of hospitals; to impress on those in authority, that the sole purpose of a hospital should be to afford to those who are in poverty, shelter in sickness, and the means of recovery; that everything which may render this purpose more difficult of attainment is to be conscientiously avoided; and that the difficulty at present in the way is that offered by extravagant customs and vain tastes, which lead us to suppose that a building for a charitable object has been allowed to miss its greatest end if it does not serve to adorn a neighbourhood, or to keep, for a time, the name of some rich man from sinking into the common oblivion.

DERMOID CYST OF THE OVARY.

BY JAS. A. GRANT, M.D., F.R.C.S., ED.

Consulting Physician General Protestant Hospital, Ottawa.

[From Proceedings Canada Medical Association.]

The brief report of the following case of ovarian dermoid cyst, which presents some points of interest, I thought well to

bring under the notice of the Association, and more especially as the subject of dermoid tumors is one in which there is still considerable diversity of opinion and is the chief apology I offer for occupying your valuable time, fully aware of what Bryant has so well stated, "*That the publication of isolated cases, however good, proves nothing, whereas the withholding of the whole suggests much.*"

Ann M., æt. 47, married, native of Galashields, Scotland, arrived in Canada 1st May, 1878. Father and mother healthy, the former died at 60 and the latter at 80. According to her own statement she has usually enjoyed good health. Married about 20 years, and had one child, aged 18 years. Labor was very severe and lasted 48 hours, in consequence of which she was obliged to keep her bed for a period of fully three months.

On recovery she experienced no bad effects, excepting a considerable degree of irregularity as to menstruation. About seven years ago she observed that the abdomen was enlarging, but no pain in particular was experienced. About five years ago, her family physician diagnosed a tumor, and advised her to enter the Royal Infirmary, Edinburgh, which she did in October, 1877, under the charge of Dr. Simpson. At this date the tumor had increased to a very considerable size. She remained in Edinburgh until March, 1878, at which date she returned home. While in the Infirmary, the tumor discharged a quantity of serous fluid twice, from an opening at the umbilicus, from which spontaneous result she experienced considerable relief. The quantity of fluid which escaped during the first discharge was about six quarts, and the second, fully four quarts. Shortly after leaving the Infirmary there was a third discharge of about four quarts. August 25th, 1878, in consequence of considerable inconvenience and moderate suffering and at the earnest solicitation of Mrs. M., she was admitted as a patient into the Ottawa General Protestant Hospital. I examined the case most carefully, as from the history, it presented unusual features of interest. She was much larger than a person at the full period of pregnancy, and the abdomen presented no enlarged or dark-colored veins, such as frequently observed in fibro-cystic

uterine tumors. There was a dull percussion sound generally, but no solid deposit anywhere in particular. The abdomen was moderately soft and elastic in its entire extent, and fluctuation could be detected without any difficulty. On examination, per vaginam, the uterus and bladder presented no abnormality, beyond what was the result of an unusual degree of pressure. The rectum was healthy, and in the pelvic viscera, no indication of malignant disease, thus supporting strongly the outward signs, as to the absence of organic cancerous change of structure being in progress in any part of the system. The results from a careful examination of the heart, liver and kidneys, were quite satisfactory.

After consultation of the hospital staff, the 29th was appointed for operation, which was decided upon at the request of the patient. Chloroform being administered, the usual incision was made through the abdominal walls, which were quite thick and fatty, and the structure of the tumor in the mesian line sufficiently exposed to define in a degree its character. The large trocar of "Spencer Wells" was used ineffectually, the contents of the cyst being too viscid and dense to flow through the canula, which being removed at once gave forcible exit to the chief liquid contents of the tumor. The cavity of the cyst being well exposed by a free incision, was entered by the hand and the contents removed down to either side of the uterus, no perceptible tumor being observed during the entire exploration. The sac or cyst was attached by its entire posterior surface to intestines, abdominal walls, pelvic surfaces, and in fact to all the contiguous structures, no portion of intestine being at any time visible. The entire contents, weighing fully 25 lbs., and having somewhat the feel of *bran mash*, were carefully removed with the hand and the cavity sponged out with warm carbolized water; the incision closed with silk sutures, and over the adhesive plaster, a compress, saturated in carbolized water, protected by a thick layer of cotton batting, the whole held in position by a firm flannel roller. The operation was not in any way complicated by either bleeding or vomiting, and owing to the peculiar character of the case,

occupied a shorter time than previously anticipated. A large-sized india-rubber drainage tube was passed deep into the cavity of the sac; and free vent given to its external end by an opening through the entire dressing, thus affording escape to any accumulating secretion, and an opportunity for repeated washings, which were found to be of great importance, throughout the treatment. The quantity of purulent fluid which escaped from time to time was very considerable, but by regulated pressure over the abdominal walls, the frequent injection of warm carbolized water into the drainage tube, and supporting the system by milk diet, beef tea, quinine and iron, and occasional stimulants, the discharge lessened gradually, and the constitution gained in strength as it changed from the serous character to that of laudable pus. For fully two weeks prior to leaving hospital, very little discharge was observed, beyond what would moisten the light dressing at the time. The india-rubber tube was gradually shortened as the sac closed, and at the end of the fourth week was entirely removed. The incision healed throughout the greater part by first intention, and the left side of the sac was the chief source of difficulty, the right affording very little discharge indeed. Returned to her home 28th October, 1878, since which date enjoyed very good health and performed her usual household duties with comparative comfort and freedom.

The contents of the tumor presented a dark grayish appearance, quite thick, and having long black hairs scattered throughout in various directions, but not any bone structure or teeth. On closer examination it presented the usual constituents: free fat, pavement epithelium, fatty cells, and crystals of cholestearine, having a glittering appearance, the whole saturated in a thick quasi-gelatinous fluid, quite devoid of odor.

Remarks.—During the progress of this case but two important complications took place: septicæmic symptoms and dysentery. September 23rd, on entering the hospital ward there was an unpleasant odor from the discharge, which was of a dark brown fluid character, and more copious than usual.

During the night of the 25th September, there was also an attack simulating unilateral mumps. Temperature 103° ; pulse 96; all of which pointed to *septic poisoning*. On careful examination, moderate bulging was observed below the left hypochondriac region, and on firm pressure over this space, quite a quantity of foetid, thin, dark-colored matter escaped, both through the tube and the opening, the patient at the same time being turned upon her side, so as to make the drainage as efficient as possible. At this stage of the case the stomach was very irritable, and even the milk diet was retained with considerable difficulty. By constant care and frequent dressing, the septicæmic symptoms yielded and the swelling in the neck gradually subsided by the application of warm poultices. The dysenteric attack, which took place on the 18th October, was only of short duration and gradually yielded to treatment. The daily register of the House Surgeon, Dr. McKinnon, conveys more than I could otherwise express. The history of this case, from the fact that on three separate occasions a quantity of fluid escaped, by a communication established through the abdominal walls, evidently pointed towards "*dermoid cyst*" of the ovary. This, however, I had not anticipated, and having been taken unawares, had recourse to the method of treatment adopted under the circumstances. Barnes' Clinical History (Diseases of Women,) p. 338, says: "So long as the fluid is confined in the ovarian cyst it is beyond the influence of absorption." The converse, however, is not unlikely, when suppuration takes place after operation, as in the present instance. The transmission of septic influence to distant parts, such as the glands of the neck, (the peritoneum, on which the very sac rests, being thus passed over,) is a point of much interest, and more especially so, when we consider the rapidity with which the poison of scarlet fever or other zymotic influence, centres on the parturient peritoneum. The power of accommodation may here be at work and the very strain the result of contiguous abnormal adhesion, so have modified susceptibilities as to render the parts less liable under these circumstances to direct inflammatory action. Gross (System of Surgery,

p. 931, vol. 4,) remarks: "One of the great obstacles to success in ovariectomy, grows out of the difficulty, if not utter impossibility, in many cases in arriving at a correct diagnosis, no matter what pains may be taken in the investigation, hence it is not surprising that in at least three-tenths of the cases subjected to the knife, the operation had to be abandoned, while in quite a number of others no ovarian tumor of any kind was found." Again, p. 931, he states: "I should consider an operation as unjustifiable when the tumor, *whatever* be its structure, is strongly and extensively adherent." Thomas (Diseases of Women, p. 700) states: "Although such tumors are innocuous, and not likely to increase rapidly or attain any great development, they sometimes set up very serious and even fatal disturbance—the case in point being one of the three varieties defined, viz, the cyst which contained the histoid elements, secreting fluid and changing its character to that of a fluid or rather semi-fluid character. In such cases, he is of opinion, no treatment is required, since none would be at all effectual except extirpation. This would be eminently inadmissible, since there are not sufficient dangers attendant upon the tumor to warrant a resort to so hazardous a procedure. Dr. Graily Hewitt records a case in which Dr. Alexander Simpson injected with iodine, but not with a favorable result. Dr. Atlee, on Ovarian Tumors, p. 183, records a case of Dermoid Cyst, in which, by passing a sound into the cavity of the cyst through an umbilical opening, the diagnosis was determined, and an operation for the extirpation of the tumor was pronounced impracticable, and consequently abandoned. Subsequently iodine was injected by Dr. Hayes, however, with no favorable result. Page 180, a second case of dermoid cyst is recorded by Dr. Atlee, which being diagnosed by paracentesis, all idea of extirpation was abandoned, death taking place shortly afterwards. In the former, *post-mortem* examination demonstrated very extensive adhesions; in the latter, no after examination was made. Barnes (Clinical History of the Diseases of Women, p. 334) says, "These tumors are exceedingly apt to contract intimate adhesions with the viscera amongst which they are

imbedded." And again, p. 340, two cases of much pathological interest are recorded from Guy's Hospital Museum, in which the possibility of an "ovarian cyst" healing after rupture was most carefully demonstrated, thus clearly supplying a *post-mortem* verification of vast importance. 'Tis true, these were ordinary ovarian cysts, not of the dermoid character; still, the manner in which, in these cases, spontaneous rupture and subsequent cicatricial power effected a cure is marvellous evidence of the method in which *nature* heals, and a stimulus to carry out in practice the lessons deduced from such spontaneous efforts. Bryant, p. 679, records a case from Guy's Hospital Reports for 1868, in which a woman *æt.* 34 was successfully treated in a case of extensive adhesion, by turning out a considerable portion of the parent cyst, and the remaining part stitched to the margins of the wound, a drainage tube used, and the suppurating cavity washed twice daily. This was an ordinary ovarian cyst, with partial evacuation of the contents. Byford, in the Transactions of the American Gynecological Society for 1878, records four cases of recovery after operation in Dermoid Ovarian Tumors, in all of which there was no recorded complication from adhesions; and Dr. Hingston, of Montreal, has informed me that such was his experience in some cases of dermoid tumor that came under his observation.

From these various facts, we observe, there is considerable diversity of opinion even with the master minds of the profession, and in those cases of doubt and uncertainty, we must be guided by surrounding circumstances. As to the histology of dermoid cysts, the profession is much indebted to Dr. Julius Pauly, of Zduny, Prussia, and Dr. Byford, of Chicago, for their recent contributions, which may be considered as valuable additions to the writings of the various authors who have already achieved a well known celebrity.

Hospital Reports.

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

MEDICAL CASES UNDER CARE OF DR. OSLER.

CASE VIII.—*Chronic Pleurisy; flattening of sides of Chest.*

Reported by Mr. W. McEACHRAN.

J. G., labourer, æt. 43, admitted April 15th, 1879.

Past-history.—Has been a healthy man; is a moderate gin-drinker—never to excess. Is married—no family.

Present illness began in Christmas week of last year with a stitch in the left side, not confined to one spot, but shifting in character. Did not go to bed, but for about two weeks felt out of sorts and could not work. Does not remember that he was feverish. Throughout January and February got gradually weak and suffered from shortness of breath with a sense of oppression and weight in left side. Applied at Hospital in middle of March and was advised to come in, but would not. Has been able to work at light jobs, but shortness of breath and weakness increasing, he entered Hospital on April 15th.

17th.—Present condition: Patient a well-built man of fair musculature—not much fat; chest well formed, but on left side presents marked flattening in infra-clavicular and mammary regions, and on quiet respiration this side does not move at all; on deep inspiration it is drawn a little upwards to the right. Right side expands very fully. Intercostal spaces are visible on both sides. Measures 35½ inches; 17½ on left, 18 on right side. Expansion nil on left side, on right, ½ an inch on quiet, ¾ on deep inspiration.

Percussion full and clear on right side; on left, normal in front of lower border of third rib, and behind, to line corresponding with middle of scapula. Over rest of lung a dull flat note.

On palpation, tactile fremitus absent over dull region.

On auscultation, breath sounds exaggerated in left apex. In lower axillary, infra-scapular and lower half of inter-scapular

regions sound feeble, distant, and at extreme base, almost inaudible. Vocal resonance in these areas greatly diminished. On right side breathing sounds loud and breezy in character. Respirations 16 per minute when at rest; after walking up and down the room, 25-30. Has an occasional cough.

Heart.—Apex beat faintly visible in the 4th interspace, a little above and to the right of the nipple; felt most distinctly in same place. Area of dulness not apparently increased, merges in left side with chest-dulness in mammary region. Sounds normal. Pulse 76, moderate in volume.

Other systems present no symptoms of note. Appetite is good, bowels regular. Urine clear, normal in amount, no albumen; sp. grav. 1030. Sleeps well.

28th.—Has been kept under observation, without treatment, since 15th. Temperature has been nominal. Respirations about 20 per minute. Pulse 76-84. No change in the physical signs, line of dulness persists at same level. Was aspirated to-day and 10½ ozs. of slightly blood-tinged serum drawn off. No change in the measurement of the sides after operation; line of percussion dulness has sunk in front to lower border of 4th rib, and behind, nearly to point of scapula; but here it is still relatively dull. Very little change in auscultation.

29th.—Temperature rose to 100° last evening; is better to-day. Ordered potass-acetate, grs. x, three times a day.

May 15th.—No change of importance since last date; has been up and about; can breathe more freely. Pulse, respiration and temperature as before. Temperature has occasionally risen to 100° in the evening. Has been gaining flesh; weight, 146½ lbs. Amount of urine has ranged from 45-55 ozs. Line of dulness has gradually reached the former position.

23rd.—Was aspirated at angle of scapula again, and 4 ozs. of serous fluid drawn off. The needle was passed in several directions, but nothing more could be obtained. The point of the needle could be felt grating on the visceral layer of the pleura, and communicated to the fingers the sensation as if it was in contact with a dense fibrous structure. Ordered Pot.-Iodid, 30 grs. per day.

26th.—Scarcely any change since the tapping. Complains of a dull, heavy sensation in left side. Slight flatulent distension of abdomen.

June 3rd.—Physical signs not much altered. Weight, 154½ lbs.

18th.—General health has continued to improve. Can walk about and exert himself without getting short of breath. Right side measures 18; left, 17½ inches. Physical signs.—Dulness to level of 4th rib in front and to middle of scapula behind. Tactile fremitus absent. Respiration weak and distant over dull areas; difference between the two sides most marked in inter-scapular region. No adventitious signs; no change in position of heart. Discharged much improved.

August 24th.—Reported himself to-day. Was not able to do much for three weeks after leaving Hospital; since this time he has been doing light jobs on the wharf. On examination, some flattening and absence of expansion on left side. Mensuration, R., 18; L. 17. Expansion on right side, ½ an inch; on left, nil. On percussion, clear note to upper border of 5th rib in front, in axillary line to level of nipple; below this, gradually increasing dulness; behind, a clear note to 6th rib. Tactile fremitus absent in dull areas. Vocal resonance much diminished. Breathing feeble and distant in the same regions, somewhat exaggerated at apex. Heart sounds heard loudly round the left side to the spine. Apex beat in 4th space just to right of nipple. General health good. Pulse 72.

CASE IX.—*Fibroid Phthisis.—Dilatation and Hypertrophy of Heart.—Dropsy.—Amyloid degeneration of Liver and Spleen.* Reported by MR. T. W. REYNOLDS.

K. H., æt. 30; married; admitted June 10th.

Family and Previous Histories.—Father and all his family scrofulous. Two brothers delicate; one sister died of consumption. Has always been liable to take cold. 13 years ago had an attack of Bronchitis, since which time she has never been long without a cough, being specially liable during the winter. Has occasionally spat blood—never in great

quantity. Menses ceased three years ago. Cough and expectoration have increased much during this time, and she had hæmoptysis more frequently, especially in the spring of last year. Has lost flesh in the past two years. Has had night-sweats. For the past five weeks has had dropsy, beginning in the legs and gradually extending. During this period the urine has been scanty and very high colored.

11th.—General appearance of patient suggestive of cardiac disease. She cannot lie down; face suffused and of a sallow hue; abdomen a little swollen; moderate anasarca of legs as high as hips; fingers clubbed. Has lost flesh, but is still by no means emaciated.

Physical examination.—Chest fairly formed, slight flattening beneath the clavicles; expansion somewhat greater on right side. Percussion gives a dull note in clavicular, and in infra-clavicular regions on both sides, most marked on left side, where it reaches as low as 3rd rib. Dulness at apices behind; lower scapular and infra-scapular regions clear. On auscultation, inspiration and expiration at apices in front, coarse, somewhat hollow in character, and accompanied with mucous and bubbling râles. In right supra-scapular region breathing is tubular; in left supra-scapular and upper part of scapular regions, numerous coarse râles. At bases breath sounds more natural; few moist râles heard. Cough very worrying; expectorations nummular. Respiration 40. Heart's action tumultuous and irregular; apex beat not visible, can be felt in 5th interspace, $\frac{1}{2}$ an inch to right of nipple line. Area of dulness not much increased, transversely it extends a little beyond the right border of sternum. Sounds unaccompanied by murmurs, first is dull and weak, second is accentuated at pulmonary orifice. Pulse 102, weak and compressible. Visible pulsation in veins of neck. Amount of urine, 28 oz.; dark-coloured, acid reaction; sp. gravity, 1012; contains much albumen. Tongue is heavily coated; appetite bad. Has had slight diarrhœa. Liver dulness extends 3 inches below usual border. Spleen also increased in size.

15th.—General condition has not improved, legs are more

swollen, and there is slight œdema of the arms. She cannot lie down; is very drowsy. Pulse has been about 100. Respiration 40-45. No change in the physical signs. Amount of urine has ranged from 20-28 ozs., is highly albuminous, and contains granular casts.

18th.—Temperature rose to 101°, and sank the following morning. Vomiting came on yesterday. Bowels are moved 3 or 4 times each day.

21st.—Legs have increased in size; complains of great oppression in belly. Amount of urine a little diminished, 17-19 ozs. each day. Casts abundant, chiefly granular, a few hyaline. Pulse not so rapid, 80-90, but very weak. Vomiting continues.

26th.—Has remained in very much the same state. Last night temperature rose to 102°, this morning is 97°. On examination no important change in physical signs; area of heart's dulness has increased; no murmurs; 1st sound feeble. Urine is diminishing: 12 ozs. to-day. Anasarca remains the same. Is very drowsy; cough not so distressing.

28th.—Gradually sank and died to-day.

The treatment consisted chiefly in the administration of Digitalis and stimulants.

Autopsy.—In abdomen liver extends a hand's breadth below costal border; 12 ozs. of turbid fluid in peritoneum. On left side pleuræ universally adherent; on right side only at upper part; cavity in this side contains 8 ozs. of fluid.

Heart weighs 370 grammes (about 13 ounces). Chambers contain large dark clots, in left ventricle decolourized. Right auricle is dilated, walls thick, muscoli pectinati extend over whole sinus. Right ventricle dilated, from pulmonary ring to apex measures 11.5 centimètres; walls 5-6 mm. in thickness. Tricuspid orifice 15 ctrs. (6 inches) in circumference; valves normal. Left ventricle, chamber 9 ctrs. in length; walls 10-12 mm. thick. Mitral orifice 11 ctrs. in circumference; valves a little thick at edges. Aortic valves normal; arch

healthy. Heart muscle is pale and in a state of fatty degeneration.

Lungs.—Right, upper and inner half of middle lobes airless; pleura thick. On section these parts are found to be made of irregular cavities surrounded by dense fibrous tissue. The cavities are small, many are in communication with each other. At apex a few caseous nodules are seen. Anterior border of middle and whole of lower lobe are crepitant; tissue moderately dry, with exception of extreme lower edge, which is oedematous. Left: Upper lobe crepitant at anterior border; on rest of extent firm and airless, composed of fibrous tissue, scattered in which are a few small cavities in communication with dilated bronchi. A larger cavity exists at outer part of this lobe. Lower lobe crepitant, but contains a good many groups of small tubercles. Tissue is not markedly oedematous. Bronchi in fibroid areas thickened and somewhat dilated.

Spleen enlarged, moderately firm, slight traces of amyloid degeneration.

Liver greatly enlarged; weighs 3,500 grms., and is in state of advanced amyloid degeneration.

Kidneys large; right weighs 325 grms. Surfaces smooth, mottled, veins marked. On section, cortices swollen, lines of anæmic tubules and congested vessels run up from pyramids. Malpighian bodies very distinct, like little translucent sago grains; on application of iodine they give the characteristic reaction. Pyramids congested.

Stomach at cardia presents elongated lines of hæmorrhagic infiltration of mucous membrane. About middle of posterior wall is a small yellow slough, 6 x 10 mm., involving the mucous coat; at the pylorus is an ulcer, 25 x 8 mm., situated immediately upon the ring and extending to the depth of 3-4 mm., exposing the muscular coat.

Mucous membrane of small intestines pale and covered with an adherent mucus.

Nothing of special note in the other organs.

Reviews and Notices of Books.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Stirling Medical College, Columbus, O.; Surgeon to the New York Dispensary, department of skin and venereal diseases; Fellow of the American Academy of Medicine, Member of the New York Dermatological Society, the American Dermatological Association, &c. Forty-eight colored plates taken from life. New York: E. B. Treat, 805 Broadway.

These illustrations of skin diseases are to be issued in monthly parts, each containing four large-sized colored photographic plates. Each one of these is taken from a case representing the typical features of one disease. The author occupies an exceptionally good position for commanding the material necessary for this purpose, for at the Skin Department of the New York Dispensary upwards of 5,000 cases are treated annually, and further facilities have been afforded him of drawing also upon the other Dispensaries, both of New York and Brooklyn. We have received parts I. and II, which illustrate the following affections: Comedo, Aene Vulgaris, Lepra tuberosa, Elephantiasis, Keloid, Rosacea, Psoriasis nummulata, and Ichthyosis Simplex. The representations are most characteristic, showing admirably the minute features of the eruptions and diseased parts. They far surpass any, even the best, colored drawings. The coloring is a specialty of these plates: it is accurate and life-like, but never over-done. It is all done by hand, and is executed (we are informed in the announcement) by Dr. Gaertner, formerly a physician and student under Hebra, in the General Hospital of Vienna. Judging from the specimens now before us, we have no hesitation in saying that they are unequalled as faithful delineations of cutaneous diseases, and will be found invaluable to all teachers and students of dermatology. Two pages of letter-press accompany each illustration, giving a short account of the case, together with

concise directions for the most approved treatment of the disease.

A Manual of Midwifery for Midwives and Medical Students.

By FANCOURT BARNES, M.D., Aber. M.R.C.S., London.
Physician to the General Lying-in Hospital and the British
Lying-in Hospital, etc., etc. With illustrations; 8vo.,
pp. 201. Philadelphia: Henry C. Lea.

This volume covers well the ground it professes to occupy, and though short, is still very concise and thorough. The illustrations, which are numerous and clear, are taken principally from Playfair and Robert Barnes. At page 50 will be found a very convenient diagram, after Schultze, for quickly determining approximately the date of labor. Further on in the work will be found a table giving the symptoms of pregnancy for the different months. The different forms of labor are clearly described, as also their appropriate treatment. At the end of the book a series of questions will be found, which will give an idea of the amount of information required for the diploma of the Obstetrical Society of London.

Manual of the Principles and Practice of Operative Surgery.

By STEPHEN SMITH, A.M., M.D., Surgeon to Bellevue
and St. Vincent Hospitals, New York. Boston: Houghton,
Osgood & Co. 8vo. pp. 689.

There is constant and often very rapid advance being made in the ways and means of remedying surgical diseases and accidents. It is always requisite for every surgeon to be kept *au courant* with these various changes and modifications both for the sake of his own reputation and for the good of his patients. This handbook of Dr. Smith's will be found very useful, indeed, to all who practice surgery. It is exactly what its title professes it to be—a manual devoted to explaining the principles upon which different operative procedures are based, and then the different methods by which the desired end can be attained. By avoiding discussions on pathology, and by terseness of language, an immense amount of ground has been covered.

All the systems of the organism are taken up *seriatim*, and a rapid, but remarkably clear and complete account given of the derangements and accidents to which each is liable, together with the means best adapted for remedying these. A marked feature of the work, and one which is very commendable, is this: Wherever several different operations have been recommended by different writers, the author does not content himself with summarizing these and expressing an *ex cathedra* opinion upon their merits, but details the methods recommended in each case, leaving it often to the judgment of the reader himself to make his own selection. Besides this, there are copious references by means of foot-notes to the authorities referred to in the text. This is very handy, since in referring to any particular subject one can find at once the authors whom it would be desirable to consult if further particulars were required. The book is filled with excellent illustrations, many of which are quite original. It is well printed and gotten up in good style. We predict that this manual will soon become one of the best-known and most familiar works of reference both for students and practitioners of surgery.

Books and Pamphlets Received.

Analysis of the Urine, with special reference to the Diseases of the Genito-Urinary organs. By K. B. Hofmann and R. Ultzmann.—Translated by T. B. Brune, A.M., M.D., and H. H. Curtis, Ph.B. New York: D. Appleton & Co.

First Step in Chemical Principles:—An Introduction to Modern Chemistry, intended especially for beginners. By Henry Leffman, M.D. Phila.: Edmund Sterns & Co.

Vegetarianism, the Radical Cure for Intemperance. By Harriet P. Fowler. New York: M. L. Holbrook & Co.

Transactions of the Medical Association of Georgia, Thirtieth Annual Session.

Transactions of the College of Physicians of Philadelphia. 3rd Series. Vol. 4th.

On the Connection of Hepatic Functions with Uterine Hyperæmias, Fluxions, Congestions, and Inflammations. By L. F. Warner, M.D. Boston, Mass.: (Reprinted from the transactions of the American Medical Association, 1878.)

Transactions of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society, held at Dayton, June 3d-5th, 1879.

Report upon the Preventative Measures to be used in limiting the extension of Diphtheria within the Province of Nova Scotia.—(Medical Society of Nova Scotia.)

The Future Influence of the Johns-Hopkins Hospital on the Medical Profession of Baltimore. By John Van Bibber, M.D.

The Summer and its Diseases. By James C. Wilson, M.D. Philadelphia : Lindsay & Blakiston.

A Manual of Midwifery for Midwives and Medical Students. By Fancourt Barnes, M.D. Philadelphia : Henry C. Lea.

The Students' Guide to the Diseases of Women. By Alfred Lewis Galabin, M.A., M.D. Philadelphia : Lindsay & Blakiston.

A Guide to Surgical Diagnosis. By Christopher Heath, F.R.C.S. Phila. : Lindsay & Blakiston.

Clinical Medicine. A systematic treatise on the Diagnosis and Treatment of Diseases. By Austin Flint, M.D. Phila. : Henry C. Lea.

Physiology and Histology of the Cerebral Convolution; also, Poisons of the Intellect. By Chas. Richet, A.M., M.D., Ph. D. Translated by Edward P. Fowler, M.D. New York : Wm. Wood & Co.

Proceedings of Societies.

CANADA MEDICAL ASSOCIATION.

(We published last month a condensed Report of the proceedings of this Association at the London Meeting. In order that the *Journal* might appear on its proper day of publication we could not wait for the Secretary's minutes. After seeing them, we find that although the previous account contains substantially all pertaining to the papers, &c., there presented, still there are a few other items which we think it well to add here in order to make it more complete.—ED.)

Dr. Covernton, Chairman of the Committee on Medical Education, read a Report dealing chiefly with the desirability of maintaining a high standard of preliminary education. Some of the statements it contained were thought by many members to involve undeserved reflections upon certain of our principal Institutions, and it was therefore moved that the Re-

port be laid on the table. This course was approved by the meeting, and the Report was not adopted.

Dr. Cameron, of Toronto, Chairman of the Committee on Progress of Medicine, was not present, but sent a very carefully-prepared summary of the most important observations and investigations during the past year. (We hope to be able to publish this report in full or in a condensed form.)

Dr. Canniff also sent, on the part of the Surgical Committee, a lengthy Report on Progress of Surgery. Owing to lapse of time neither of these communications were read.

Dr. F. W. Campbell, seconded by Dr. Osler, gave notice of the following motion:—"That the time devoted to the reading of any papers—except addresses upon special subjects which at a previous meeting had been assigned to a member—shall not exceed thirty minutes."

The Secretary was voted his usual honorarium and allowed his travelling expenses. A vote of thanks was also given to the Treasurer and his travelling expenses allowed. Thanks were also voted to the Grand Trunk and Great Western Railways for issuing tickets to members at a reduced rate; also, to the Committee of Arrangements, and to Dr. Bucke for his attention and entertainment.

Drs. Mullin, Osler and Sloan were appointed a Committee to report at next meeting upon the question of members' fees, and the best means of publishing the transactions.

A cordial vote of thanks was also given to Dr. Macdonald for the able and affable manner in which he had conducted the meeting.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

SEPTEMBER 19TH, 1879.

A regular meeting of this Society was held this evening, the President (Dr. Henry Howard) in the chair.

There were present—Drs. Henry Howard, Perrigo, Reddy, Kerry, Spencer, Guerin, Trenholme, Kennedy, Simpson, Bessey,

Shepherd, F. W. Campbell, Proudfoot, Finnie, MacDonnell, Munro, Ritchie, Loverin, Wood, W. B. Burland, and Edwards.

The minutes of last meeting were read and approved.

Dr. Herbert L. Reddy was proposed a member by Dr. Henry Howard, seconded by Dr. Perrigo.

Dr. Sheridan was balloted for and elected a member of the Society.

Dr. John Reddy then read a paper unique in character and of great interest on "Pneumonia, with Embolism of the Right Femoral Artery." As far as could be ascertained, this is the first case of the kind on record. (The report of this case will appear in our next number.)

A vote of thanks to Dr. Reddy was moved by Dr. F. W. Campbell, seconded by Dr. Perrigo, and carried.

Dr. Finnie related a case in his private practice. He was called on the 28th of August to see a female patient *enceinte*, suffering with flow of blood. Considering it a case of threatened miscarriage, he ordered rest and opium. Two days after, an unusual amount of blood was lost, and there was, in addition, incessant vomiting. Next morning the womb was more dilated, and it was then judged to be a case of placenta previa. The case was seen in consultation with Dr. Kennedy, and labor was induced. Chloroform was given and the membranes ruptured, when an unusually large quantity of liquor amnii came away. It was a twin birth, one foetus being quite covered by its membrane. Stertorous breathing and convulsions followed, the patient dying two hours after the operation. There was but one placenta, it being of the kind known as placenta succenturia.

A discussion followed, in which Drs. Kennedy and Trenholme took part.

Dr. Kennedy mentioned a case which had been brought to the Woman's Hospital, St. Antoine Street, the indications being those of miscarriage: half an hour after her admission a foetus was expelled. There was retained placenta, which Dr. Kennedy removed. Her face was swollen and covered with an urticaria rash; opium was administered to quiet her. Next day the eruption was gone, but over the abdomen were a

number of small purpuric spots. She died at 6 that evening—death supposed to be from rupture of a blood vessel in the lung.

Dr. Shepherd mentioned a case seen by him in the out-door department of the General Hospital. An individual presented himself complaining that he was debarred cohabiting from the presence of a small excrescence on the base of the glans penis. It had the appearance of an apple seed, but on removal proved to be a small sebaceous cyst.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.

Secretary.

At the Annual Meeting, held in the Rooms of the Society, on the 4th October, the following officers were elected for the ensuing year, viz:—

President, Dr. R. P. Howard; 1st Vice-President, Dr. J. Reddy; 2nd Vice-President, Dr. Hingston; Council, Drs. F. W. Campbell, T. G. Roddick and H. Howard. The Secretary, Dr. O. C. Edwards, and the Treasurer, Dr. Proudfoot, were unanimously re-elected.

Extracts from British and Foreign Journals.

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

Chancres OF THE TONSILS AND THE BUCCAL CAVITY.

—Mr. Spillmann has published in the *Revue Médicale de l'Est*, two cases of chancre which are very remarkable, both for the peculiar circumstances attending the infection, and for the difficulty of making a diagnosis.

The first was that of a lady, aged 59, whose position in life was such as to exclude all suspicion of syphilitic infection. She consulted M. Spillmann for a slight sore throat which she had for about a fortnight, the pain being more violent during the act of swallowing. There was also a considerable swelling of the glands at the angle of the right maxilla. On examination

of the throat, a wound of the size of a threepennypiece was seen on the surface of the right tonsil, slightly depressed, and of a grayish hue. The mucous membrane around it was oedematous, and the parotid glands enlarged and tender to pressure. No other lesion could be discovered either in the mouth or throat, nor was there any external redness of the skin. The patient herself did not complain of any particular feeling of ill health, and seemed to consider her disease as a very trifling matter. M. Spillmann, who was well acquainted with his patient's way of living, could not conceive the existence of syphilis; but, a few days later, the characteristic syphilitic rash broke out, so that there could be no doubt as to the nature of the affection. The only difficulty to solve was the etiology of the case; after a great deal of trouble, it was discovered that the patient had adopted a baby which she was bringing up by hand, and that, in order to see if the temperature of the milk in the feeding-bottle was right, she often used to try it by drinking from the rubber mouthpiece. The infant being examined, was found to be suffering from hereditary syphilis, with ulcerations of the mouth and the genital parts.

The second case is not less interesting respecting the way in which the infection had been communicated. An upholsterer's apprentice, aged 13, had had for some days previous to his consulting M. Spillmann, a small red patch of the size of a threepennypiece on the lower lip; this patch was indurated at the base, the glands were enlarged—in short, it was an undoubted chancre of the lip. It seemed impossible at first to discover the cause, when it was discovered that the boy used to work with a man who was suffering from syphilis, and took his nails from the same bag as this man. Upholsterers, it seems, are in the habit of putting into their mouths handfuls of the small nails which they use for their work, putting back the surplus nails into the bag. The workman was examined and found to have syphilitic patches in the mouth, and there can, therefore, be no doubt that the boy was infected by putting into his mouth nails which were impregnated with the saliva of this man.—*London Med. Record*, July 15, 1879.

The Alcohol Controversy.—A striking instance of the proverb “doctors will differ” is found in London among medical men as to the question of alcohol as a beverage. Fothergill, the brilliant and eloquent and ardent and strong, says it is not only wholesome, but necessary to the human organism, and that a nation of teetotalers is invariably a static nation, if not possibly degenerating. And he declares that to Kentucky whisky is due the excellence of its people. The great and dashing surgeon, Sir Henry Thompson, declares that the use of alcoholic drinks is poisonous, and that their use except as medicine is wholly and terribly evil. Mr. Erasmus Wilson, distinguished as an anatomist, as a surgeon, and certainly the wisest of dermatologists, and a successful author and teacher, pools pools as nonsense and denounces as fanaticism the war that is waged against alcoholic beverages. He says you might as well say that cod-liver-oil is poisonous. Dr. Richardson, great as a discoverer, as an inventor, as a writer, and whose influence in the profession and with the people is second to no man’s in Great Britain, holds alcohol to be the most abundant of all sources of disease, and especially the most terrible enemy to those who live by their brains. He says it mows down more men in the professions of medicine, law and journalism than all the other causes of disease, killing them by gout and rheumatism and heart and arterial troubles and brain-disease, and so on. Dr. Bucknill, the great alienist and truly great man, has no patience with the total abstinence movement. Wine or beer, or some form of alcoholic stimulant, he declares, is necessary to health.—*L. P. Yandell’s London Letter in Louisville Medical News.*

Sea Water IN TREATMENT OF CHRONIC CATARRH OF THE THROAT.—Professor Mosler, of Griefswald, says in the *Berlin. Klinische Wochenschrift*, June 2, 1879, that he has for some years most successfully treated patients with chronic catarrh of the throat by gargling with sea water. Special rooms for gargling have been erected on the seashore in some watering places, according to his directions. It is, however,

essential that the patients should be given directions how to gargle. As the affection is generally located in the nasopharyngeal space, it is necessary that part of the water should come in contact with the nasal cavity. In order to attain this, the gargling movements must be confined with movements of deglutition. A marked improvement in the state of the patient follows as soon as the latter has acquired this particular art of gargling. Patients who suffer from chronic pharyngitis, and who are exposed to much fatigue through singing, preaching, etc., have been completely cured by gargling twice a day for many months with a tumbler of cold water, to which is added from one to three tablespoonfuls of a twenty or twenty-five per cent. solution of sea-salt. To protect the teeth from the influence of the salt water, they must be cleaned immediately after the gargling with a tincture prepared by the author. Another of the advantages of this method is that the disposition to relapse gradually decreases, especially if the patients be directed to wash their face, neck, and forearms with cold water, and rub them dry before gargling in the morning and at night. After this has been kept up for some time, the mucous membrane of the nasal cavity and the pharynx changes entirely, and the disposition to diphtheria which predominates in certain families is greatly diminished.—*British Med. Journal*, Aug. 2, 1879.

Defibrinated Blood FOR RECTAL ALIMENTATION.

—(*N. Y. Medical Journal*, April, 1879.) During the sixth stated meeting of the Therapeutical Society of New York, the committee on resolutions, through its chairman, Dr. A. H. Smith, presented a report, a summary of which is thus given: The report covers sixty-four cases. Thirty-eight were of phthisis. Of these, in eight the treatment was not well borne; ten were not noticeably benefited; twenty received benefit—some of them slight, others very decided. One case of diarrhoea in a phthisical patient was made worse. Nine cases were of anæmia. Of these, one was not benefited; eight were greatly improved or cured. Five cases were of dyspepsia. All

benefited, some of them remarkably ; several apparently cured. One case of dyspeptic asthma entirely relieved while the treatment was continued. Four cases of exhaustion, from various causes ; all benefited. Three cases of neuralgia ; one not benefited, two decidedly improved. Two cases of gastric ulcer ; one not benefited, death taking place from hemorrhage ; one recovered when apparently moribund.

From the facts before them, the committee feel warranted in the following conclusions :

1. That defibrinated blood is admirably adapted for use for rectal alimentation.

2. That in doses of two to six ounces, it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

3. That, administered in this way once or twice a day, it produces in about one-third of the cases, for the first few days, more or less constipation of the bowels.

4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.

5. That in a very small percentage of cases, irritability of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

8. That, in favorable cases, it is capable of giving an impulse to nutrition which is rarely, if ever, obtained from the employment of other remedies.

9. That its use is wholly unattended by danger.—*Virginia Med. Monthly, May, 1879.*—*Detroit Lancet.*

Pilocarpine AS A UTERINE MUSCULAR STIMULANT.
—A writer (*Boston Medical Journal*, June 12, 1879,) says that Dr. Schanta, having heard of some cases of abor-

tion, produced accidentally by the use of pilocarpine, tested it as follows: To a pregnant woman he gave a hypodermic injection of pilocarpine, and she aborted. Continued experiments with the drug confirm the idea that pilocarpine acts on the uterus in a manner similar to ergot. Good results were lately obtained in those cases in which ergot was contra-indicated from the fact that the os was undilated.

Rational Treatment of Gonorrhœa.—

Dr. L. Bauer (*St. Louis Clin. Rec.*, June, 1879) gives the results of emollient injections in gonorrhœa as follows:—"In seven cases of recent infection relief was obtained within the average time of six days and nine hours, discharge and tenderness having ceased. Some of the patients were attacked for the first, others for the second and one for the third time." He reports a case, a first attack of infectious gonorrhœa. Diagnosis confirmed by inspection of the girl, who was suffering from a moderate erythematous vaginitis. His treatment was an injection of infusion of flaxseed, to which three drops to the ounce of tincture of opium had been added. In six days there was no discharge or tenderness on pressure. Urination was free and painless. Rest perfect. Then, with the full understanding and consent of the patient, sulphate of zinc, one and one-half grains to the ounce, was added to the injection, which soon resulted in an increase of tenderness and irritability, a return of the discharge and general discomfort. Thirty days from date of beginning sulphate of zinc injections the patient was still under treatment and far from being well. The uniform success of the flaxseed injections, as compared with the stimulating treatment, speaks volumes in its favor.—*Detroit Lancet.* . . .

Quinine in After-pains.—A discussion in the Richmond (Va.) Academy of Medicine brought out strongly the value of quinine in subduing after-pains. Dr. James B. McCaw said that recently he has found quinia in full doses one of the most potent remedies for labor after-pains. He mentioned the case of a lady lately under his charge who had borne six children; always having an easy delivery, but suffering after-pains

of a most painful character for five or six days. Formerly he used camphor, opium, enemata of morphia, etc., but could not succeed in cutting them short. In her last confinement he determined to test the quinia treatment, and gave her 5 grains sulph. of quinia after the first after-pain, which was very severe, and repeated the dose at the end of four hours. The remedy acted like a charm, perfect relief from these pains resulting. Dr. O. Fairfax stated that in his hands quinia had yielded the same results as spoken of by Dr. McCaw, being much more certain in its action, and not followed by the train of unpleasant symptoms so frequent after the use of opium. Dr. L. B. Edwards had used quinia regularly for the purpose named ever since its recommendation in the year 1874 by Dr. William Goodell, of Philadelphia. Dr. O. A. Greenshaw had used quinia for after-pains, and was satisfied no better remedy existed.—*Virginia Medical Monthly*.—*Louisville Medical News*.

Summary of the Results of Fifteen Cases of Battey's Operation.—By ROBERT BATTEY, M.D. (Rome, Georgia, U.S.)—The writer opened his paper with a tabular statement of his cases, gave certain deductions drawn therefrom, and appended a more full statement of the present condition of the several patients. The mortality had been $13\frac{1}{2}$ per cent. Regarding the results obtained at the end of six months, separating the recovered cases into three classes, there were three cases (*a*) of removal of but one ovary, three cases (*b*) of imperfect removal of both ovaries, and seven (*c*) of complete removal of both ovaries, which compared as follows: Morbid conditions wholly disappeared in class *a*, 1; in class *c*, 6; partly disappeared in class *a*, 2; in *b*, 1; not benefited, class *a*, 1; class *b*, 2; too recent to determine, class *c*, 1. *Present condition*—Perfect health, class *a*, 1; class *c*, 4; comfortable health, class *a*, 1; class *b*, 1; class *c*, 2; not benefited, class *a*, 1; class *b*, 2; too recent to determine, class *c*, 1. The objects of the operation were described as fourfold, viz.: 1. To obviate the effects upon the general system of a vicious ovulation; 2. To obviate the effects of unrelieved men-

strual molimen; 3. For the control of exhausting uterine hæmorrhages incident to ovulation; 4. To produce the vascular and nervous revolution which attends upon the change of life. As regards the warrant for the operation, it is difficult to define exactly the field. The writer was accustomed to ask himself three questions, viz.: 1. Is the condition to be remedied a grave one? 2. Is it incurable by other and less radical means? 3. Is it curable by the arrest of ovulation or change of life? If the three questions be answered affirmatively, the case is a proper one; but if either of them had a negative answer, it is not. Two methods of incision had been followed, viz., the abdominal and the vaginal. The writer had had three cases of the abdominal without fatality, and twelve of the vaginal with two deaths. This, however, did not accord with the experience of others; for, in fifty-four cases tabulated, thirty-four were abdominal with a mortality of $35\frac{1}{2}$ per cent., and twenty were vaginal with a mortality of only 15 per cent. In dealing with the pedicle, in but two cases was the ligature employed; in twelve, the pedicle was simply crushed by the *écraseur*. The latter method was deemed safe and most desirable. In but one case was the method of Mr. Lister employed, and Dr. Battéy was favorably impressed with the result. Without exception, when but one ovary was removed, or both ovaries in an incomplete way, the menses continued; and without exception, when both ovaries were completely removed, the menses ceased entirely. The writer concluded with a series of notes, giving personal communications and extracts from letters, to show more fully and satisfactorily the present status of each case.—*British Medical Journal*.

—The microscopic examination of American pork is carried out extensively in Berlin. An official report lately issued shows that from August 1st, 1878, to August 1st, 1879, about 5,000 hams, 600 sides of bacon, 500 shoulders of pork, and 125 *roulades*, were examined. Of these, there were reported to the police authorities as containing trichinæ, 109 hams, 16 sides of bacon, 7 shoulders, and 4 *roulades*. Trichinæ were also found in two pigs slaughtered in Berlin.

Tetanus.—The results at which Prof. D. W. Yandell arrives, from a careful analysis of three hundred and eighty-five published and thirty unpublished cases of tetanus, are as follows :

1. Traumatic tetanus is most fatal during the first decade of life.

2. It usually supervenes between four and nine days after the injury.

3. The largest number of recoveries are found in cases in which the disease occurred after the lapse of nine days from the injury.

4. When tetanus continues fourteen days, recovery is the rule, death the exception, *apparently independent of the treatment.*

5. Tetanus arising during the puerperal state is the most fatal form of the disease.

6. Chloroform has, up to this time, yielded the largest percentage of cures in acute tetanus.

7. The true test of a remedy for tetanus is its influence on the history of the disease : (a) Does it cure cases in which the disease occurred prior to the ninth day after the injury ? (b) Does it fail in cases whose duration exceeds fourteen days ?

8. Tried by these tests no agent has yet established its claims as a true remedy for tetanus.—*Birmingham Review*, July, 1879.—*Louisville Med. Herald.*

Treatment of Ozœna.—With the following treatment of ozœna, Dr. Witthauer, of Eisenach, has had great success : He first removes, with the help of the nasal mirror, all scabs as far as possible, and then makes a local application of a two per cent. sol. nitr. silv. to the surface from which the scabs have been taken. Should there be a tendency to bleed, however, he substitutes chloride of iron for the nitr. silver. Having repeated this treatment several times, he, at night inserts a tampon—which has first been soaked in glycerine and then sprinkled with powdered alum—into the nasal cavity. Next morning the tampon is removed, and either a sol of potas.

hypermang, or zinc sulph. injected. Under this treatment the bad odor quickly disappears, crusts cease to form, and the secretion soon becomes normal.—F. W. KOEHLER.—*Louisville Med. Herald*.

The Sphygmophone.—In this age of invention, a discovery that may perhaps revolutionise a trade and overturn our dearest belief, is of such ordinary occurrence that it excites little attention. One of the latest of these inventions is the sphygmophone, a useful adaption of the telephone to the pulse, by Dr. Richardson, F.R.S. The needle of the sphygmograph is made to move upon a metal plate, which is connected with the zinc pole of the Leclanché cell. The metal stem of the sphygmograph is then united to one terminal of a telephone, and the other terminal is connected with the other pole of the battery. The needle is permitted to traverse the plate with every pulsation, and the result is to give three distinct sounds from the telephone, one long and two short utterances, somewhat resembling the words "bother it," says Dr. Richardson, which correspond with the first, second, and third events of the sphygmographic tracing. By these means the pulse can be heard by several hundred persons, and if the wires were extended the patient's beats could be heard at a considerable distance.

Thymol.—SOME OF ITS ADVANTAGES OVER CARBOLIC ACID.—Dr. C. H. Williams (*Boston Med. Jour.*, Feb. 13th, '79) states that thymol produces less secretion than carbolic acid. Hence the wound has more rest, as the bandages need not be changed so frequently, and the healing process can advance more rapidly. It has no poisonous effect; does not irritate the skin or edges of the wound, which requires no protection under it; does not cause anæsthesia or desquamation of the operator's hands, or irritation of the air passages; has an agreeable odor; and does not injure the instruments immersed in it. As thymol is soluble in about one part to one thousand of water, it can readily be employed as an antiseptic spray. Still it is better to add a little alcohol and glycerine.

A New Test FOR THE PRESENCE OF BILIARY COLORING MATTER IN THE URINE.—Nitric and hydrochloric acids, according to M. Masset, are not as delicate tests for the coloring matter of the bile as nitrate of potassium. The urine to be examined should be acidulated by two or three drops of concentrated sulphuric acid, and a small crystal of the nitrate dropped into it. The reaction is immediately established, a beautiful grass-green color being produced, if the quantity of the biliary coloring matter is large. On shaking the liquid the color becomes uniform, and of a deep tint; boiling does not change it, and it may be preserved for several days without alteration. The addition of water simply diminishes the intensity. If the biliary matters are present in but small quantity, the liquid takes, in a very short time a pale green color, which also is persistent; it can easily be perceived by placing the tube between the eye and daylight, or in front of a white background. In these circumstances normal urine should present a light rose color. At the beginning of certain maladies, where the ordinary tests are useless, this reagent, it is thought, will be of service on account of the facility of its application and the distinctness, delicacy, and constancy of the reaction; further, it is not subject to the errors of observation, or the uncertain or erroneous interpretations attendant on the usual methods of examination.—*Journal de Médecine*, May, 1879.

Medicated Ice.—Dr. Edwyn Andrew, at the meeting of the British Medical Association, called attention to the use of medicated ice. He pointed out the advantages in certain surgical and medical cases of employing moulded or unmoulded ice; the cold being rendered more effective by being combined with the active principles of drugs, and this combination obtained by freezing various medical solutions. In operations, ice by this means may be rendered highly antiseptic, caustic, or styptic, etc., or these properties may be combined; it may be moulded into various forms, which can be readily handled and applied to parts of the body not easily reached. In medical cases, especially of the throat, stomach, and hemorrhages.

from internal organs, ice may be thus pleasantly used to relieve symptoms, and convey at the same time medicine and food to the stomach, when the latter would resist them in any other way.—*Med. and Surg. Reporter.*

For Sore Nipples.—Dr. Brochard, of France, in the *Rev. Med.*, says, discarding all the usual lotions and greasy applications: “Instead of these, however deep or extended the chaps may be, wash the nipple in pure water, and carefully dry it, and then powder it and the sores well with suberine, *i. e.*, the impalpable powder of cork. This, too, is much to be preferred in the hygiene of infancy to the inert powder lycopodium, for it is cheaper and contains some tannin. Over the suberine is to be placed a portion of gold beater’s skin cut star fashion, in the centre of which some apertures have been made by means of a very fine needle. Whenever the infant is about to suckle, the suberine is to be washed off and the gold beater’s skin reapplied, by means of which the child will suck without causing any pain. When it has finished, the suberine and gold beater’s skin are to be replaced, and so on every time.”

Salicylic Acid for Tapeworm.—After trying almost all other remedies in vain, Margnowski (*Apoth. Zeitung*, Jan. 11, 1879,) administered to a patient who had suffered for nine years from *tænia solium*, four eight-grain doses of salicylic acid, at intervals of one hour, following these with a full dose of castor oil. The treatment proved painless and perfectly successful.

Sulphur in Acne Punctata.—The acne which occurs in the face of young persons is often very distressing to them. Dr. J. G. Parsons tells, in the *British Med. Journal*, a simple and efficient remedy—It is to dust the face with pure precipitated sulphur every night, with an ordinary toilet puff. This will usually effect a cure in about a week.

CANADA

Medical and Surgical Journal.

MONTREAL, OCTOBER, 1879.

CANADA MEDICAL ASSOCIATION.

We have always strongly supported this our Dominion Association as being the possible instrument of great good,—any criticism we may offer upon the proceedings at its recent meeting is therefore intended solely to endeavor to assist in promoting its best interests. In the first place, we think it is a mistake to make a postponement of a meeting of that kind, except absolutely compelled by necessity so to do. The meeting this year was held over from the 3rd to the 10th September, at the request of certain members in Toronto. On the first day, that city was almost wholly unrepresented, and it was only on the second day that some three or four Torontonians appeared. Now, gentlemen often at a great distance from the place of meeting make their arrangements long beforehand to attend, and we do not think it wise to alter this to please any one locality.

One of the main objects of the Society, certainly, is the promotion of discussion upon various subjects. On this occasion discussion was entirely wanting. It is true that on some of the papers a few remarks were made by other members, but in no case was the subject brought up, sifted, examined and commented upon as it should have been. The reason for this is obvious: the mere reading of the papers and reports occupied the whole of the time, and as it was clear to all from the commencement that this must be so, any full or free discussion never was attempted. The remedy for this is equally plain.

To secure a fair hearing for the papers, and to afford time for their discussion, the Association must be divided into sections. We are not sufficiently numerous, nor is it requisite, to divide into more than two—Medical and Surgical. This just doubles the amount of work that can be accomplished, and then it will be done with much more profit to all concerned. This plan was followed at Montreal two years ago, and answered very well. The reason given this year for not doing so was want of accommodation. We hope the Ottawa local committee will bear this in mind next September.

Again, it is a grievance much complained of that some of the papers are of such inordinate length, that one only will consume the greater part of a session. This should not be: it puts out the whole business of the meeting, and often leads to a rapid thinning out of members whose patience has been exhausted. We hope that, in the interests of all, although Dr. F. W. Campbell's motion cannot be passed till next year, yet at that meeting its spirit will be acted up to by the President and other officers. With a division into sections, and the time for each reader and speaker strictly limited, our meetings will assume a much more practical and useful character than hitherto, and will be by so much the more popular and well attended.

THE MURCHISON MEMORIAL.

It has been suggested that some contribution to the Murchison Memorial Fund, now being raised, might well come from Canada.

St. Thomas' Hospital has always from the first extended a warm welcome to Canadian students, allowing them privileges which none of the other metropolitan hospitals would grant; and among the many eminent men on its staff, to none are Canadians more indebted than to the late Dr. Murchison. Many now in active work in Ontario and Quebec can still remember their first "grind" in his wards—how the seemingly inextricable array of symptoms were slowly, but surely, unravelled by his assistance—how his method of diagnosis by

exclusion was kindly, but firmly, insisted on—and how at last the case stood out, clear and distinct, before the student's eyes, its salient points firmly imprinted on the memory to serve as guide-marks in after cases of difficulty. All, we are sure, will remember the pains he took to explain the slightest difficulty or to set right the smallest error. Nothing was overlooked—no partiality was shown, for with each and every one the same care and kindness was exercised.

Although times are hard and money scarce, still we hold that some expression of the esteem in which he was held is but justly due from Dr. Murchison's old pupils in Canada, and will doubtless be well received in England.

Subscriptions will be gladly received and acknowledged by either Dr. R. L. MacDonnell, 1433 St. Catherine Street, or Dr. Molson, 61 Union Avenue.

PAROCHIALISM IN ONTARIO.

We subjoin the editorial comments of the London *Lancet* upon the recent action of the Ontario Council with reference to British Graduates. There can be no doubt that the view there taken of that eminent piece of petty parochialism is that entertained by the whole profession in Great Britain, and is widely shared in by the practitioners of the other Provinces of the Dominion, as well as many of those of Ontario itself. Just when the current of feeling was setting strongly in our favor, nothing could have been better calculated to mar the success of our efforts towards recognition in England than this most unfortunate and ill-judged proceeding. If Ontario alone suffered, we should not perhaps have so much cause to complain, but Canada as a whole necessarily bears the odium, since there are very few people indeed in England who have any idea that our country is composed of provinces separated by entirely distinct jurisdiction as far as educational matters are concerned:—

“Not only the rights of government and legislation, but the progress of medical science itself, in the Province of Ontario, are said to be in jeopardy. Our readers will be as curious to

know the causes of this painful state of matters, as they will be surprised when they learn the nature of the circumstances which are jeopardising the rights of our fellow-subjects in the province of Ontario and the progress of medical science. The one cause of such a distressing condition of things is that gentlemen who have satisfied the examining authorities of Great Britain and been registered in the Imperial Register have, under the Act of 1858, the right of practising in all Her Majesty's colonies and dependencies, subject to a power of the said colonies, under the Act of 1868, to enforce the registration of persons already registered under the Imperial Act. We all know that great disasters often depend on very inadequate or unlikely causes. But we could not have imagined, without reading carefully the correspondence on this subject, that such grave evils would follow by allowing members of the medical or surgical corporations in England, Ireland, and Scotland to practise medicine amongst Her Majesty's lieges in Canada—or rather, to speak accurately, in the Province of Ontario. But it is even so. At least, so it is gravely set forth in a petition of the College of Physicians and Surgeons in Ontario; in a report of a Committee of the Honorable the Privy Council of Canada; and in a letter written by no less a person and no less liberal a statesman than his Excellency the Governor-General, the Marquis of Lorne. The said College of Physicians and Surgeons of Ontario was incorporated in the year 1865 by an Act of the late Province of Canada, and by it made the sole portal to practice in that province. It is now only fourteen years old; and yet it ventures to work upon the fears or prejudices of the Privy Council of Canada by setting forth that, unless men that are fit to practise in all parts of Britain pass “our Provincial Board,” as the *Toronto Mail* puts it, “a most harmful effect on the progress of medical science in Ontario will be exercised, besides the compromise of colonial rights and liberties.” It is really astonishing to see a Provincial Board so thoroughly despise the *testamurs* of the College of Cooper and Brodie, of Syme and Alison, of Crampton and Stokes and Marsh; and it would be amusing were it not that the Privy Council of Canada has been

so far misled as to endorse its complaint, and that the Marquis of Lorne has given the weight of his authority to it. We have never been blind to the fault of our British system of examinations, and we are hearty supporters of the present legislative attempts to make it more perfect. But it is simply absurd to represent that the progress of medical science in Ontario will be arrested if those registered at home are allowed to practise in Ontario, and it is a most lamentable exhibition of parochialism in a thriving colony like Canada to wish to subject medical men of the mother country to the indignity of an examination by "our Provincial Board." The demand is not made more reasonable by closely examining the grounds on which it is based. We have alluded to the first, that the progress of medical science will be hindered. The second is that physicians and surgeons are distinct professions in the United Kingdom, and that, being registered in one capacity, they may claim to practise in both. They can only claim in England to practise in that capacity in which they are registered. Ontario might reasonably make the same limitation. But at the very most this objection cannot be made to those who have their double qualifications, who are the majority.

"These reasons for complaint on the part of Ontario are so incredible that we must look for others. We would rather believe that the real reason is a sort of resentment at the non-recognition on the part of the home authorities of colonial qualifications. Possibly, too, Canadian authorities are deluged by practitioners from other countries where examinations are more loose than here or in Canada. These are reasons for dissatisfaction, but they are not reasons for complaining of the rights of persons registered in the Imperial Register. Canada lately complained that persons holding Canadian qualifications were not allowed to hold appointments in British ships, or even in Canadian ships trading to Britain. This is a fair ground of complaint and remonstrance, but it has been, we believe, already remedied. A yet larger recognition of colonial qualifications will be accorded in the coming Amending Act. But it is a poor way of helping generous legislation to devise such

complaints and demands as those on which we have been commenting, and which we cannot help regarding as proceeding from the jealousy of schools rather than from the great body of the profession in Canada."

ENGLISH UNIVERSITY DEGREES.

There is evidently a strong and growing feeling in Great Britain towards making provision for a popular M.D. examination which shall test a man's practical knowledge of his professional duties without forcing him through the excruciating tests demanded by the London and Edinburgh Universities. We published last month Dr. And. Clarke's forcible remarks on this subject. The following is from a letter in the *British Medical Journal* by Dr. Banks, Chairman of the Council of the Liverpool School of Medicine:—

"I have no hesitation in condemning the examinations of the London University as radically false in principle. The examiners seem to think that the medical practitioner ought to be a peripatetic encyclopædia of botany, organic chemistry, mathematics, natural philosophy, zoology, and metaphysics;—an excellent preparation, no doubt, for enabling the future doctor to treat the measles, manage a forceps case, or amputate a leg. I remember being pretty well dosed with these subjects myself. What Edinburgh man can ever forget the terrors of the botany examination? All I can now say of the matter is, that my teachers did me a great injustice in wilfully compelling me to throw away a vast amount of valuable time and brain-power in painfully burdening my memory with a collection of facts, not one of which has ever enabled me to do a patient a halfpenny-worth of good so far as I can remember. Ah! we are told, but look, what a splendid mental training this is! Very likely. We used to be told that when we were small boys, and had to excogitate from our wearied pates stumbling Latin hexameters and cranky Greek iambics, while we could not point out Dresden on the map, and knew as much about the French Revolution as we did about the Justinian Pandects. Mental gymnastics, forsooth!

When a man is nineteen or twenty years of age, it is time he dropped these, and began to learn something useful. Think of the nonsense of obliging anybody, who has, by a severe matriculation examination, proved himself a well educated man, and an accomplished mental gymnast, to spend a whole year of the most valuable part of his life in cramming himself with convection, transverse vibration of strings, refraction at plane and at spherical surfaces, the distinctive character of the amantacææ, or the history of the embryonic development of the frog! Three years after his matriculation, what object can there be in tormenting him with compound radicals and the products of destructive distillation? My idea of the London University is, that it is an institution for finding out what men among the medical students of this country can digest the largest number of scientific text-books, and spin them forth in the shortest time by the clock. From a careful study of successive relays of London University students, I compute that about two-thirds of their time is spent upon work, the bearing of which upon the real object of their lives is infinitesimal."

SALE OF PARIS GREEN.—The sale of Paris Green by nearly every grocery store in this Province has considerably excited our pharmaceutical friends of late, and we certainly think that those of them who propose a more stringent enforcement of the poison clauses of the Pharmacy Act are right. Paris Green is a combination of arsenic and copper, more or less pure according to quality. It is said to contain at least 50 per cent. of arsenic. Such a chemical comes directly under the head of arsenical preparations mentioned in Schedule A of the Act, consequently until this Act is amended or repealed none other than Licentiates of Pharmacy can legally sell it.

MONTREAL COLLEGE OF PHARMACY.—We have received a copy of the Annual Announcement of the Montreal College of Pharmacy, which we are glad to see is now Incorporated by Act of the Provincial Legislature.

Mr. H. Sugden Evans, who is an ex-president of the Phar-

maceutical Society of Great Britain and Member of the Chemical Society of London, opened the courses by an introductory Lecture, on Wednesday evening, October 1st. Professors Reed and Bemrose are the Lecturers for the present Session.

It is with the greatest pleasure we notice the advancing usefulness of this Institution, and we wish the promoters every success in their efforts to educate rising pharmacists to a proper appreciation of the great responsibility of their position as dispensers of medicine.

OPENING OF THE MEDICAL SCHOOLS.—All the medical schools of Montreal were opened on Wednesday, 1st October, by introductory lectures. That at McGill University was delivered by Prof. Gardner. The attendance of students was larger than usual, and the Doctor's able and interesting address was listened to throughout with marked attention. We shall publish a condensation of this lecture in the November number of the *Journal*.

At Bishop's College, by Prof. McConnell. The address dealt principally with the subject taught personally by the speaker—Botany—and continued with an exposition of the value and importance of the study of the natural sciences to intending medical men.

At the Victoria School of Medicine, by Prof. G. O. Beaudry.

At the Laval University—opened for the first time in the city of Montreal—by Prof. Rottot.

Medical Items.

PRECIPITATE BIRTH.—The following case is worth placing upon record as facts of this kind are often useful for reference in medico-legal cases involving the questions of infanticide or concealment of birth. It has been sent us from Dr. D. F. Gurd, who has recently been acting as Obstetric Clerk at St. Thomas' Hospital, London :

At 5.15 A.M. on 11th August last, I received a summons to

attend Mrs. R., Hubert's Buildings, Waterloo Road. The messenger said to hurry as the child was born. I therefore hastened to the place and found the woman in bed, looking very anxious, and lying with a quantity of blood about the buttocks. She stated that at about 4 o'clock she got up out of bed and *sat on a pail* to make water, and that while doing so "felt a gush" come from her; this frightened her, as she thought her "water had broke." So she at once jumped up and got into bed. In a minute or two she heard a cry come from the pail, and screeched out to a woman in the room, "My God! the baby is in the pail." The cord broke off about four inches from the umbilicus. On enquiring, the woman told me the cord was not bleeding when she lifted the child out, but she nevertheless tied it. The placenta had been retained an hour and a-half when I arrived, but came away without any difficulty, and the uterus contracted firmly. Both mother and baby did well. The child, a boy, was full time, but rather under the average size. The mother is of medium height, thirty-two years of age. She had been in labour since the day before. This was her fourth child. She said her labours were always very lingering, and that the doctor had to use instruments with her third baby.

A PHYSICIAN'S DANGERS.—A Bordeaux paper tells of the serious injuries sustained by a physician of that town under singular circumstances. Called by night to attend a sick child, he found an infant in convulsions. On inquiry he learned that it had been attended from the commencement by another physician, and suggested that the latter should be summoned instead of himself. Enraged at this apparently reasonable proceeding, the father violently assaulted the doctor, and was aided by four or five women friends, who endeavored to do some eye-gouging with pairs of scissors. A luxation of the thumb and other severe and painful injuries resulted. The aggressor is stated by the *Bordeaux Journal de Médecine* to have been "un Anglais," and also "un boxeur," (the latter coiner showing that it has no proper French equivalent); and hints its belief that such breaches

of courtesy may be common enough in England and in America, but are not often to be found in "La Belle France." The *Journal* may be right, but if so, why is the "service de nuit" of Paris necessary, in which every physician is accompanied by a police officer? Such an escort is quite unnecessary in the worst parts of London or New York.

DESQUAMATION IN AN INFANT.—Mr. Chanier reports a singular, perhaps unique, case of casting of the skin in a new-born infant, without any disease of either mother or child. "Immediately after birth, the whole epidermis came off with the slightest degree of friction, and was removed just as though from the body of a foetus which had been dead six or eight days. The skin of the feet was detached exactly like a glove. The following day the whole epidermis had been removed, except at two or three small spots on the left leg, the back, and the right arm. The child then presented a natural color, and the heat of the surface was normal. It sucked vigorously, and has enjoyed excellent health ever since."

CONGENITAL ABSENCE OF THE SPLEEN.—Koch and Wachsmuth relate a curious instance of this fact observed at the Hospital of Altona. It occurred in a man of 49 years suffering from Typhoid Fever. On percussing the region of the spleen for the purpose of confirming the diagnosis, it was impossible to find any area of dulness at all in the usual situation. The patient died, and no trace of spleen whatever could be found; the splenic artery also was completely wanting. The other abdominal organs were quite normal. (Berl. Klin. Wochen.)

ST. THOMAS' HOSPITAL.—Mr. Simon publishes in the *Lancet* his views concerning the proposed reception of paying patients in considerable numbers in St. Thomas' Hospital. The object of this move is to relieve the institution from its present financial difficulties. Mr. S., however, doubts very much if it would really have this effect, and believes that much better could be done by a forcible appeal to the public. They require £100,000 to place the Hospital once more in a prosperous condition.

—The London correspondent of the *Louisville Medical News* does not put much faith in the prevalent idea that the great metropolitan physicians and surgeons confine themselves in practice strictly to their own department. He says: "Few surgeons refuse good medical cases. When Mr. Erasmus Wilson is asked by a client, 'You go in for the skin, especially, do you not?' He replies, 'Yes, and for all that it (the skin) contains—the muscles and bones, and blood and nerves, and lungs and heart, and uterus, and all the rest.'" The same correspondent further remarks that "manners and machinations, the Sunday school and church dodge, the total abstinence game, and judicious lying and stealing—(lying about skill and success; stealing other men's ideas and putting them in print)—are roads to prosperity no more, neglected there than in our own enterprising country."

—The Bellevue Professors are getting to be very rigid in their examinations, if report be true. A candidate was lately plucked because he answered the question: "How would you treat post-partum hæmorrhage?"—"I would tie the post-partum artery."

—Dr. Pretssman (Wien. Med. Presse) strongly recommends the use of salicylic acid in the treatment of Psoriasis. A little cotton wool or lint is soaked in a tincture of one part of salicylic acid and sixteen parts of rectified spirits, and the affected parts of the skin are rubbed with it. The crust soon falls off, leaving the surface of the skin red, shiny and smooth.

—Dr. Bulkley gives notice to the profession that he will give a third course of Lectures on Diseases of the Skin, in the Pathological Amphitheatre of the New York Hospital, 7 West 15th Street, on Wednesday afternoons, from 2.30 to 3.30 o'clock, commencing October 8th, 1879. The course will consist of twenty-four Lectures and will be free to practitioners of medicine and medical students.

—Three medical celebrities met together to consult, at the sick bed of General X. After they go, the General rings for

his man-servant: "Well, Jacques, you showed those gentlemen out; what did they say?" "Ah, General, they seemed to differ with each other; the big fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."

—We regret to hear that M. Chassaignac, to whom surgery is indebted for the introduction of the drainage-tube into practice, died on August 26th. He had for some time retired from active life.

—Koebler, having had long experience in the use of this form of treatment, recommends hot applications to the head in uterine hæmorrhages. He uses bags of sand of such high temperature that the hand can hardly bear it, but the patient bears it well. In any form of acute anæmia, the treatment is equally successful. Hot oats would answer as well, and be much lighter.

—The following is recommended for night sweats of Phthisis:

R	Morph. Sulphat.	. . .	gr. v
	Atropiæ Sulphat.	. . .	gr. ss
	Pulv. Capsici		
	Quinæ Sulphat.	. . .	aa ʒi
	Pil. Aloës et Myrrh	. . .	ʒj

M. ft. pil. No. xx. Sig. One pill at bed-time every night till sweats are checked.

THE SANITARY INSTITUTE AND POISONOUS PAINTS.—A special medal, offered by Dr. B. W. Richardson for an exhibit selected from the entire exhibition, was awarded at the anniversary meeting of the above Institute to "Griffiths' Patent White" paint, which in our opinion amply deserves both this most honorable distinction and the glowing encomium passed upon it by the President of the Institute. "I have," said the Duke of Northumberland, "the pleasure of saying it is the greatest invention ever produced for preventing the dreadful suffering caused by the use of lead paints." "Griffiths' Patent White," we may explain, is made from zinc, and while it is a perfect weather resisting paint, is altogether innocuous either to the persons engaged in the painting or to those who live in the rooms, &c., afterwards.—*The Sanitary Register.*