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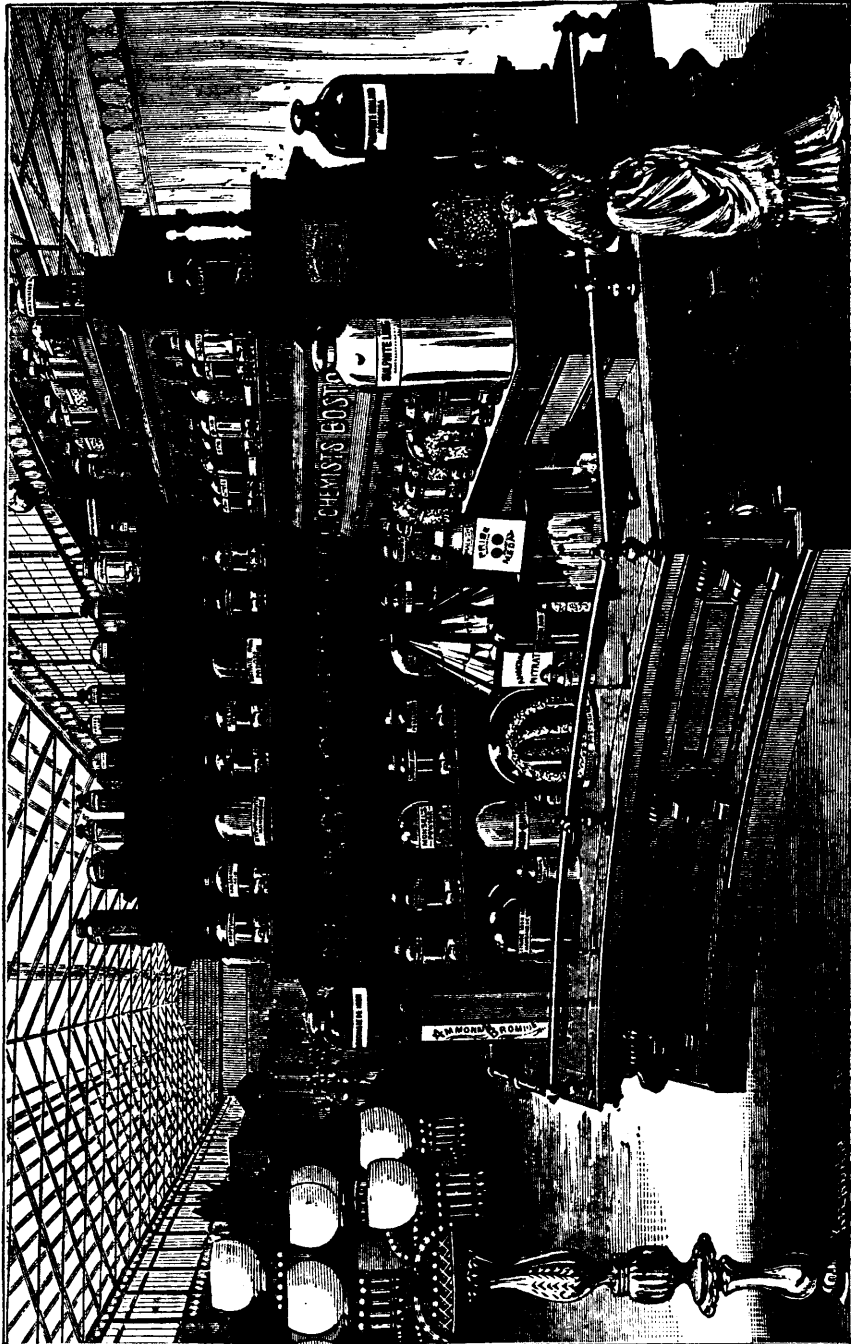
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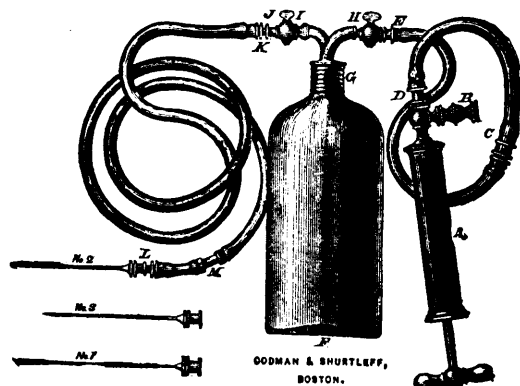
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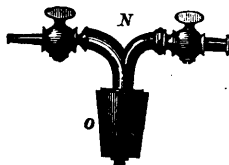


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For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

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At the end of the first year—Anatomy, Physiology and General Chemistry.

" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

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# DETROIT MEDICAL COLLEGE,

DETROIT, MICH.

## SESSION OF 1877-78.

### FACULTY.

#### Preliminary and Regular Sessions.

EDWARD W. JENKS, M.D., President,  
Professor of Medical and Surgical Diseases of Women and  
Obstetrics.

GEORGE P. ANDREWS, M.D.,  
Professor of Principles and Practice of Medicine.

JAMES F. NOYES, M.D.,  
Professor of Ophthalmology and Aural Surgery.

ALBERT B. LYONS, M.D.,  
Professor of Chemistry and Toxicology.

THEODORE A. MCGRAW, M.D., Treasurer,  
Professor of Principles and Practice of Surgery and Clinical  
Surgery.

C. B. GILBERT, M.D.,  
Professor of Materia Medica, Therapeutics and Clinical Dis-  
eases of Children.

N. W. WEBBER, M.D.,  
Professor of General and Descriptive Anatomy and Clinical  
Surgery.

LEARTUS CONNOR, M.D., Secretary,  
Professor of Physiology and Clinical Medicine.

#### Recitation Session.

H. O. WALKER, M.D.,  
Lecturer on Genito-Urinary System and Rectum.  
DANIEL LAFERTE, M.D.,  
(Demonstrator of Anatomy) and Lecturer on Orthopædic  
Surgery and Tumors.

J. G. JOHNSON, M.D.,  
Lecturer on Diseases of the Mind and Nervous System.

DAVID INGLIS, M.D.,  
Lecturer on History, Curator of Museum and Librarian.

J. H. CARSTENS, M.D.,  
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,  
Lecturer on Diseases of the Throat and Lungs.

F. A. SPALDING, M.D.,  
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,  
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,  
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,  
Demonstrator of Practical Microscopy.

The Collegiate year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 5th, 1877, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 3d, 1877, and continues five months. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

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The RECITATION SESSION begins second Wednesday in March, 1878, and continues four months. Daily during this term there will be held a lecture, recitation, and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can, will avail themselves of their manifest advantages in supplementing the regular Winter course.

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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, JUNE 1ST, 1877. No. 10.

## ANIMAL VACCINATION.

BY H. A. MARTIN, M. D., BOSTON, U. S.

I have this moment finished reading an editorial article in your issue for the present month, entitled "Vaccine Lymph." I most cordially agree to most of the statements in that paper, but from a criticism on the virus obtained by the method of animal vaccination I must ask your permission to dissent most absolutely, and also request, in justice to an innovation in practice, the importance and inestimable value of which will most surely be fully appreciated before many years, that you will publish my reasons for thus dissenting. The criticism to which I allude is as follows :

"It has, however, a compensating disadvantage of a very serious kind, in the fact that even when used fresh it is much less certain than human lymph. The complete failure of direct vaccination from a calf is, perhaps, only a little more common than complete failure when the lymph is taken from an infant ; but partial failure is very much more common. This aspect of the question has been very carefully investigated by Dr. Seaton, whose results will be found in the 12th Report of the Medical Officer of the Privy Council. Counting not cases but punctures, Dr. Seaton found that the failures to produce a vesicle were somewhere about 40 per cent., so that as a general result, a great deal of the vaccination done in this manner might be expected to be imperfectly protective by reason of the insufficient number of vesicles that would be produced." It may possibly not be unknown to many of your readers that I have for nearly seven years given daily and indeed hourly attention and devoted an infinite amount of labor, to this subject of Animal Vaccination, having in September, 1870, inaugurated the practice in America, and having, since that time, vaccinated and superintended the vaccination of about six hundred young bovine animals,

virus from which to the amount of above 800,000 points, a very large number of crusts, and, formerly, many thousand tubes of fluid lymph (a method of preserving animal vaccine which I have now entirely abandoned) has been issued to physicians in every part of both American continents, the West Indies, and lately to England. During the last three months three of the London Medical Journals (*Med. Times & Gazette*, *Examiner*, and *Doctor*) have honored me by notice, long editorial articles, and the publication of three very long communications, and I am in receipt by every steamer of letters of eager inquiry from eminent members of the English profession, all of whom acknowledge a great want of knowledge in regard to the new method, and an ardent desire to obtain information. I mention all these facts that your readers may know that I do not write without ample experience, and to the same end I may state that in 1872-73 (during a severe epidemic) I vaccinated and re-vaccinated about 12000 patients, a large proportion of whom were seen again and completely inspected ; and I may also say that the vast number of physicians who have obtained virus of me (certainly during the last six and a half years far over 8000) furnish by their letters of gratification, or the reverse the most sensitive and perfect test of the degree of success which has followed the employment of the virus they have received.

Dr. Seaton's famous report on Animal Vaccination was published in 1869. It is based on observations made in those cities of Continental Europe, in which, at that time, Animal Vaccination was practised. We all know the eminent fitness of Dr. Seaton for an investigation of this sort, nor can it be at all doubted that the report is a candid, impartial statement of the method as it was then practised and understood. If, however, Dr. Seaton, or any other equally accomplished vaccinator, would *now* investigate the method, a very different report in very important particulars would be the result. The great and all important fact ascertained by Dr. Seaton was that animal virus (by which must always be understood, not the virus of *Retro-Vaccinia* or *Variola Vaccine*, but that obtained by transmission of original cow-pox virus through a series of selected bovine animals) exhibited a *reluctance* to affect the human system, that in consequence a very large proportion of the patients vaccinated failed to exhibit the phenomena of vaccinia

and in those in whom vaccination was successful, vesicles failed to be produced on all the desired points in a very considerable proportion. This uncertainty of action on the human subject and a want of certainty, too, in the vaccination of animals, one from the other, were the great, indeed the only real objections which Dr. Seaton found to animal vaccination. If these had not existed and constituted in his estimation permanent and insuperable objections, there can hardly be a doubt that Dr. S. would have become an ardent advocate of the innovation.

I am very happy to state with perfect confidence and as a result of an experience which, so far as I have been able to ascertain, is probably not equalled, certainly not surpassed, that the objections alluded to no longer exist. True, animal vaccine properly employed "takes" in primary vaccinations of the human subject in even a larger per centage of cases than the old long-humanized virus. In re-vaccinations it induces the more or less modified but unmistakable vaccinal effect with much greater certainty, and in a very much larger proportion of cases than the old long-humanized stock, and its use on bovine subjects may be said to be absolutely infallible; the only apparent exception in the latter case being where animals have been previously casually or intentionally vaccinated, or where the animal has been laboring under some slight cutaneous or other ailment which has prevented the development of vaccinia. My own early experience corresponded with that of Dr. Seaton. I was an advocate of the new method, but it was *in spite* of the objection. I considered that animal vaccination offered such undoubted advantages in the much greater perfection of the disease its use induced, and in its perfect immunity from all possible syphilitic or other contamination, that I accepted and practiced it *maugre* this great objection to its use. It was more than two years before I ascertained that the objection was not real, but a result of using the animal virus in the same way in which we had always successfully employed the old virus. The one great reason for the frequent failure of animal vaccine was that it was not introduced into the patient's system at all. The reason for this is to be found in the very insoluble character of the bovine albumen. If any one will simply moisten with cold water the charged portion of a point each of the old virus, or

even that of one human remove, and one of the true animal vaccine, he will observe that the vaccinal varnish on the one is instantly dissolved, while on the latter it does not give evidence of even partial solution. If saliva or warm water is used, the albuminous coating yields perhaps a little more readily; hot water dissolves it at once, but, of course, would impair the reliability of the lymph. All that is necessary is to apply a small drop of water to the charged surface of the point and by rubbing with another point on the point of a lancet, partly by solution, partly by mere mechanical trituration, a mucilaginous sort of mixture is obtained. This is to be applied to, and rubbed *into* little groups of transverse, short, minute, incisions, the number of which should correspond with the number of vesicles desired. Care should be taken that the little incisions be wiped clean of any effusion of blood, however slight, before application of virus. The whole operation, done in the best possible way, need not take more than three minutes; and in my opinion vaccinations done in less than that time are done with inexcusable haste, whatever the means employed. It is now one of the very rarest things for me to receive a complaint of failure, and I cannot remember a single failure in my own vaccination for certainly two years, or more. The fact is, that if virus is reasonably fresh, has been properly kept, and is used properly in the way I have indicated, failure, when it does occur, is due to some rare idiosyncrasy of the patient, some want of susceptibility, permanent or transient, something in fact quite outside of the merits of the virus employed. In vaccinating the calf, failure has also resulted from a want of perception that each sort of vaccination has rules of its own, failure to observe which will be followed by want of success. One reason for the want of success observed by Dr. Seaton was the almost universal employment of fluid virus prepared in tubes. This is the worst possible method of preserving animal virus, and has now been almost entirely abandoned. I advised my correspondents of this almost from the first, and have now long ceased to collect lymph in that form. Not more than 30 per cent. of such tubes will prove efficient, however carefully collected and secured. The best possible method of collecting and using animal vaccine is on the large ivory points, first employed by myself and now

universally used by Warlomont, Greme, and other vaccinators of animals. One form of lymph preservation I wish to speak of—the crust, or scab. In England, and indeed Europe generally, the use of the crust is very much disapproved, and this, although so long ago as 1802, a famous writer on vaccination, James Bryce, of Edinburgh, commended it and perfectly proved that the true primary crust of a perfect vaccination after removal of layer of pus upon under surface, consists entirely of dried vaccine lymph and a certain small amount of inert epidermal tissue, and afforded an admirable method of preserving virus in an efficient state for very long periods. Although I long since found that a perfect, well-selected crust from the arm afforded virus of an efficiency not to be surpassed and that not one such crust in one hundred would prove inert, still I always recommended points in preference, knowing what bad results and disappointments might, and almost surely would, follow the use of the secondary and even ill-selected primary crusts. Nothing can be better than a perfect primary crust from a perfect vacciner, nothing worse or more dangerous than a crust from a syphilitic subject. Notwithstanding my failure to recommend them, the demand for the crusts of humanized virus was always equal and often quite beyond my means of supply. Since the introduction of Animal Vaccination I have always recommended the points and dissuaded from the use of crusts, but in spite of this they are more and more demanded, and I owe it to truth to say that I very seldom get a complaint from one of them. When a complaint comes it is always of complete failure, never of ill results, and I am sure that not one crust in one hundred is complained of. One of my correspondents has had twenty-seven crusts during the past five years, and all perfectly efficient and satisfactory. Many hundreds of physicians have had five, ten, or more, with equally good results. In a word, now that I know how to collect and issue virus either in crusts or on points, and my correspondents have learned how to use it, I have no trouble whatever and am very rarely troubled by complaint of failure of virus. When such complaints do come I simply send a new lot with emphasized request to read and follow enclosed directions, although I know from perfect success of points from same source, that the virus is not to blame. If the virus which I issue or ever

have issued should fail in anything like the proportion as noted by Seaton, or if the vaccination of animals were as uncertain and difficult as he intimates, my life would not be worth living for, if there is the slightest trouble about the virus, the slightest delay, I am sure to be bombarded by epistles in every degree and sort of explosive and complaining eloquence. I have had the pleasure of supplying a great many physicians in Canada and doubtless many of the readers of the LANCET. I think these gentlemen can confirm much of what I have written and that what they may say, would come with greater force than from an interested party like myself. I do hope that they may be induced to give in your columns their verdict on the animal vaccine virus, based on observation of its results.

Notwithstanding the length of this article, I must add a story which illustrates some things I have already written: A dear and lamented friend and physician, now "gone to the majority," was for a good many years dependent upon me for his supplies of the old lymph. When I began with the heifer-virus I gave him ten points and told him what good results I had obtained with it. In about two weeks he walked into my office saying, "Well, here's your new fangled stuff, it may be all very fine, but I cannot do anything with it." "There," said he, "I have made ten vaccinations and not one has taken." He handed me ten stained points and I gave him an equal number charged with virus of one human remove. After he had gone, I examined the returned points with a lens, and found the extreme ends tinged with blood. This I carefully and easily removed and beneath it found the quite perfect and polished surface of the virus.

I made three primary vaccinations with three of these points, and all of them successfully inducing every vesicle I tried for.

The old gentleman had always vaccinated by rubbing the quite dry virus over the slight transverse incisions, which I have always recommended, depending on the slight exudation of bloody serum to dissolve the virus which it always instantly accomplished, but such vaccinations with true animal lymph would never, except by a chance, be successful.

In looking over this article I find that I have not alluded to a fault found with animal vaccine, viz :

that it does not keep well. This error is also based on the former universal use of tube animal lymph, and its very frequent failure. During last summer, from the middle of June, I sent points of animal vaccine in lots of from 100 to 1000 to my agent in San Francisco. For the first thirty to forty days these lots were sent each day. Afterwards at different and longer intervals. When the demand for virus diminished, he had about 650 points on hand and I recommended him to return them and get fresh points as he needed them; he replied that he would do so as soon as he got a complaint; but he used the whole lot without receiving one. The last package he opened in October (about ten weeks after receipt) and used it himself in ten vaccinations, seven of which succeeded. All this virus sent to the San Francisco agent was sent in extremely warm weather, took a journey of seven days without any protection in the way of temperature beyond the peculiar packing—were kept in San Francisco simply in a cool closet, and all of it (some 8000 points) used with such success that only one package of ten points was complained of; and as hundreds of points from the same animal, charged with the virus succeeded, it is quite sure that failure in even that one case was from no fault of the virus. I could multiply instances, as when I sent 3000 points to Winnipeg in your own territory, which after that long journey were used with such success as to induce a most commendatory letter from Dr. Benson who had charge of the vaccination of that colony. This letter I took the liberty to quote from in my letter published in the *London Doctor* for April, 1877. I think, however, that it is needless to add anything to the proof yielded by such a test as the one of the virus issued by my San Francisco agent.

#### IMPACTION OF GALL-STONES, AND OBSTRUCTION OF THE BOWEL.

BY THOS. S. BARCLAY, M.D., DETROIT, MICH.

On the 1st of March I was called to see the late Hon. N. Avery, of this city. He had previously been under the care of Drs. McGraw and Brown and I was told that these gentlemen treated him for catarrh of the stomach. The history of the case as far as I could learn was, that for some ten years,

every few months he was subject to attacks of bilious colic with great pain, which would pass off under treatment. Otherwise his health was and had been good. His age was 59; 6 feet high; weight in health, 220 lbs; had been a lumberman all his life; temperate in all his habits.

Present condition. I found him with an anxious countenance; great tympanites; bowels had not moved but twice, and very little in five weeks; the stomach rejected food or medicine in every form, and there was constant belching of wind which was very distressing to the patient; pulse 80 weak and intermittent; temperature normal; tongue much coated; could not sleep but a few minutes at a time. I examined the abdomen carefully but could find no tumour or lump of any kind. Having made the above examination I requested them to call in his former medical attendants, which they agreed to do. As they did not come, however, I gave it as my opinion that he had obstruction of the bowel in the first part of the duodenum. I then put him under treatment, at the same time informing him that he was not likely to get better. I gave him gr. xv. sub. nit. bismuth, with gr. 3 hydrastin, every four hours. Ordered boiled milk with lime water, beef tea, jelly, and small quantities of wine, and to have the body bathed at night.

March 2nd.—Found patient much relieved of the belching; had not vomited since I saw him; was much relieved and slept well after bath, treatment continued.

March 3rd.—Feeling much better this morning, but had vomited during the night once, a green bilious matter; the bloating in the bowels nearly all gone; was taking his food with some relish, but only allowed a little at a time.

March 4th.—Not so well; did not rest so well last night; tongue much cleaner; no distress from wind; bowels had moved during night, a large discharge and very foetid and dark in color: treatment continued.

March 5th.—Much better. Slept well last night but pulse up to 92. Patient tells me that he feels as if something had given way in his bowels last night. I added to his treatment a simple tonic.

March 6th.—Much changed; vomiting often bilious matter. I then called in Dr. Farrand who agreed as to the trouble, but held out much hope to patient of getting better. Saw patient at noon;

no better; had troublesome hiccough. Dr. Farrand ordered large doses of the wine. Same evening, no better. Remained all night with patient. At four a. m. he was very sick; called Dr. Farrand. We gave him musk, camphor, &c., which had the effect of checking the hiccough, but he failed much, getting weaker every hour. The vomiting also increased and we were compelled to give beef-tea with brandy and quinine per rectum every four hours.

March 7th.—Somewhat better; in the afternoon we gave nothing by stomach except wine and bismuth; pulse 88; temperature normal; we continued injections per rectum.

March 8th.—Much better and his family much encouraged, and I also thought that he might improve.

March 9th.—About the same as the day previous. Would not let me leave him.

March 10th.—Feeling better; got shaved and was not troubled with vomiting but once or twice during the day.

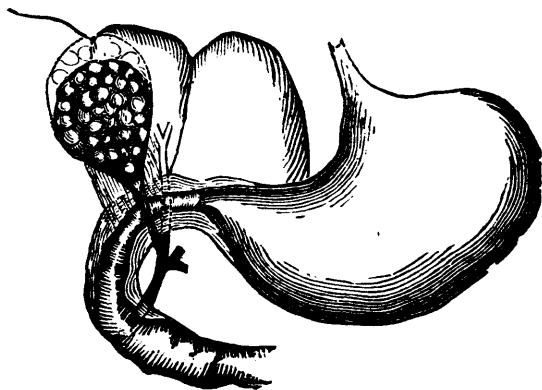
March 11th.—Not so well, treatment continued till at 9 p. m. the hiccough came on again, which gave him great distress. We had further consultation with Dr. Kaffer, but with no change in treatment; he did not sleep much that night till 3 a. m. when the hiccough ceased under the musk treatment.

March 12th.—I left him for two hours to attend to some other patients, Dr. Farrand promising to be with him till I returned. On my return at 12.30 p. m., I found his family in great distress; he had the hiccough again, but much more distressing. On entering the room I found that Dr. F. had not been with him. The patient begged of me to do something to stop the hiccough. The musk had failed to arrest it. I at once gave with the beef tea half a teaspoonful of chloroform per rectum, which stopped the hiccough at once, but immediately afterwards he fell back on his pillow with the eyes turned up, and pulse stopped at the wrist. I at once got hold of his tongue, gave him a little brandy and he came to again, but he was much prostrated. In the evening he desired to get up to procure a passage from his bowels. I objected to his getting up, but Dr. Farrand thought he might try. I left the room to get two of his sons to be near, for fear of his again becoming faint. I had only time to get back when he had his feet over the bed and sat down on the chamber, but again his

head fell back, the eyes turned up, and the pulse stopped. I got hold of his tongue and with some brandy, and having put him into bed at once, he revived. At 12.30 a. m. he fell into a sound sleep, and slept all night except when we disturbed him to give him his enema.

March 13th.—I remained with him all night. This morning he felt comfortable, but weak, and wanted to sleep. At 10 a. m. his pulse was failing. I told him that I thought his end was near, and if he had anything to do for this world or the next to lose no time. He was free from pain, and continued to sleep during the most of the day. He died at 7 p. m.

AUTOPSY.—The post mortem examination took place forty hours after death. Prof. McLean, of Ann Arbor, was called in to assist me. Drs. McGraw, Brown, Farrand, Foster, Kaffer, and others, were also invited to be present. On opening the abdomen we found the gall-bladder packed full to distension with gall stones, which we removed to the number of 700, of various sizes from a pin's head to a bean. The cystic and common ducts



were entirely occluded, and fibrous bands were attached from the gall bladder to the bowel, causing constriction of the duct. The smallest probe would not enter the common duct, and the bowel would not admit a common quill. The constriction of the bowel extended from the stomach down to the middle of the descending portion of the duodenum. The liver was somewhat enlarged; the heart small and soft, but no valvular trouble. The stomach was perfectly healthy; all the other organs normal.

REMARKS.—This case was very interesting from the fact that there was a difference of opinion

among the medical attendants as to the nature of the trouble. This was entirely cleared up by the post mortem examination. One lesson which may be drawn from the case is, the importance of a careful examination of the fæces for the presence of gall stones, after these so-called attacks of bilious colic. It is very likely that he passed numbers of them from time to time, but finally their accumulation in the gall-bladder, and consequent pressure, produced inflammation, which resulted in what we found after death. I am persuaded that there are more cases of this kind than generally supposed. Within the past three years I have met with no less than twenty-three cases. The succinate of iron has been very successful in my hands in arresting the formation of these stones.

#### REMOVAL OF A LIPOMATOUS TUMOUR FROM THE LEFT SIDE OF THE NECK.

BY A. MCKAY, M.D., L.R.C.S., ED. & C. INGERSOLL, ONT

The patient, Mr. J. Forman, of Centreville, æt. 51, native of England, consulted me last fall regarding a tumor on the left side of his neck, which commenced as a very small lump about eighteen years ago. Its growth was slow until within the last twelve months, when the increase in size became somewhat more rapid, causing him a good deal of anxiety. He also latterly experienced sensations of pain, more especially at night, which might possibly be due to pressure on the branches of the cervical plexus or spinal accessory nerve.

As the history was that of a benign growth, and as it was becoming so large that it interfered with his occupation, I advised its removal, to which he consented. The operation was performed on the 18th of December last. The patient was brought well under the influence of ether by Dr. Kearns, and an incision was made commencing at a little behind the mastoid process, and extending downwards about nine inches. After cutting through the integument and superficial fascia, I dissected carefully on either side, and then changed the line of incision in the direction of the muscular fibres of the trapezius, in order not to impair its usefulness. After getting through the muscle, the tumor was partly exposed by using retractors. It occupied the greater portion of the left posterior superior triangle, being enclosed in a strong fibrous capsula, which was firmly adherent

to the upper portion of the sterno-mastoid, and the structures forming the floor of the triangle, also to the ligamentum nuchæ and spinous processes of the cervical vertebræ. It was found necessary to divide only the adhesions in connection with the vertebræ for by using considerable force the handle of the scalpel answered every purpose. Only one vessel sufficiently large to require a ligature was met with.



The tumor weighed  $2\frac{1}{2}$  lbs., and proved to be lobulated, with numerous spiculæ of bone in its substance, one about the size of an English walnut. The parts having been approximated with silver wire suture and plasters, a layer of lint saturated in a solution of carbolic acid 1 to 40, and covered with oiled silk, completed the dressing.

Dec. 19th.—A good deal of depression. Pulse rapid, tongue dry and coated, temp.  $140^{\circ}$ . Ordered brandy  $\frac{1}{2}$  oz., milk 2 oz., every two hours.

Dec. 20th.—Found an improvement in the general symptoms, but a great deal of swelling in the neck, with fluctuation. I removed the three lower sutures and inserted a drainage tube. The discharge was very profuse for the first week, but the patient made an excellent recovery, and is now able to attend to his duties.

I am indebted to Drs. Joy, of Tilsonburg, Scott and Kearns, for their kind assistance during the operation.

PROFESSOR JOHN WOOD has accepted the chair of Clinical Surgery in King's College, made vacant by the death of Sir William Fergusson.

## Correspondence.

## WHAT DOES IT LOOK LIKE?

To the Editor of the CANADA LANCET.

SIR,—The public prosecutor in the interest of the medical profession appears to proceed very leisurely in what I call his speculation and if I construe the 'Medical Act' properly I infer the fine in full, of all unlicensed practitioners goes to the complainant. If then, each 'quack' is once fined (and prevented from further practising which is the intention of the law), the fine itself is ample remuneration for his services particularly as (according to his own shewing), there are scores if not hundreds to fine. Instead of doing this he goes to the empiric, gets him to acknowledge judgment, pockets the smallest fine admissible by the act, and in the discretion of the magistrate, and then leaves with the intention of calling again at some future time best suited to his purpose of making another "lift."

Now this looks to me like not killing the 'goose that lays the golden egg' and if the Detective did not believe the fine would be ample reward why did he accept the position? In his way of proceeding, it neither benefits the regular profession nor the people who are duped by quack's. It does not seem just the thing to have those humbugs pay a small fine every few months to suit the caprice of the detective and still be allowed to run at large. Let my medical brethren speak; are we getting justice?

April 23rd, 1877.

M. D.

## ANNUAL EXAMINATIONS.

To the Editor of the CANADA LANCET.

SIR,—Having on several occasions been questioned by students in reference to the Annual Examinations of the College of Physicians and Surgeons of Ontario, I am anxious to know whether it is compulsory for these gentlemen to present themselves annually, or whether they will be admitted to examination at the end of the third and fourth years as heretofore.

If they have not the option of either mode of obtaining their license, it appears to me to be rather a stringent law upon those gentlemen from

the Eastern portion of the Province who select a Medical School for their studies outside the Province of Ontario.

It is a point not well understood by students, and it is a matter of some importance which many would like definitely settled. This must be my apology for trespassing on the space of your valuable and impartial journal.

Yours very truly,

Ottawa, May 5, 1877.

"MEDICUS."

## Selected Articles.

## THE MEDICAL USE OF BATHS.

Prof. Hebra says on this subject, in a lecture translated in the London *Medical Record*—

The rule for the duration of a cold bath must depend on the feelings of the individual, and on the actual effect produced upon his skin. Theories grounded on the actual physical withdrawal of heat from the body by cold air or cold water are refuted, not only by the experience of travellers, but also by careful observations at the bedside. I will only say, in passing, that the mortality in enteric fever, and in scarlatina, is not lower when the patients are bathed in cold water, or wrapped in wet sheets, than when the treatment is purely expectant.

The proper time to stay in a warm bath has also been recently discussed. There are physicians who will not allow more than ten minutes, and stand anxiously over the patient, watch in hand, lest the period should be exceeded. How far this may be in the interest of the patient, or what is the use of these short baths, I do not know. But the facts that a patient often feels comfortable when in the bath, and soon afterwards, but in a few hours begins to suffer from tension of the skin, itching, and smarting, and that at many watering places, as at Leuk, the patients are prescribed several hours in the warm bath, have led me to make experiments, in order to answer the question how long a man may stay in a warm bath without injury to health.

I began with two hours; increased these to twenty-four; then advanced to days; and at last extended the duration of the warm bath to from one to nine months. I found that people can eat, drink, and sleep just as well in a continuous warm bath as out of it; that nutrition, respiration, and excretion go on as before; that they are not troubled with skin diseases which are painful and obstinate out of water; and that affections are thus cured which have resisted the most persevering and varied treatment. These experiments, which I have carried on since the year 1862, have also



proved that baths may be employed continuously in cases in which they were supposed to be most dangerous—during menstruation in the case of epileptics, and in spite of an access of pleuropneumonia.—*Medical and Surgical Reporter.*

### THE PREVALENCE OF NERVOUS DISEASES.

The following is taken from the report of a paper read by Dr. Althaus before the Royal Medical and Chirurgical Society of London, January 25, as given in the *Medical Times and Gazette*, February 12.

The paper was based on an analysis of the vital statistics contained in the British Registrar-General's reports from 1838 to 1871. The points studied by the author were the frequency of nervous diseases, whether or not they are on the increase, their relations as to race, sex, age, and locality. As to the first of these, he found that for six successive periods of five years each, the death-rate from all forms of nervous disease had varied only between 26 and 28 to each 10,000 of population. Taking, however, the number of deaths from nervous diseases as compared with those from all other causes, we find a still more constant ratio, the average for thirty years being 12.26 of the whole. This average clearly shows that for thirty years, (a period in which so much has been said of the increase of these diseases) there has been no increase of nervous diseases in England. We give the remainder of the article, though it does not apply to the point in discussion, but because it gives valuable statistics of other diseases.

As compared with the relative mortality from other disorders, he found that nervous diseases occupied a fourth place among the maladies destructive to human life; zymotic affections heading the list with 22.90 per cent.; next, tubercular disorders, with 15.94 per cent.; followed closely by respiratory troubles, with 14.16.

As regards the constancy of the ratio of nervous diseases to other affections, and their relative ratio one to another, it was found that there had been an increase in all diseases of the brain and spinal cord, and their membranes, with the exception of hydrocephalus, and also of apoplexy and paralysis. Delirium tremens appeared to be decreasing, while an increase was perceptible for chorea and tetanus. Epilepsy had decidedly diminished for the past ten years, while the mortality from insanity was increasing. Infantile eclampsia showed the greatest decrease, its mortality having diminished 18 per cent. in thirty years, but the increase in other nervous diseases occurring at the same time had left the proportion of the whole mor-

tality unchanged. They could be ranged, according to their fatality, as follows: convulsions, 48.70; apoplexy, 16.19; paralysis, 15.96; disease, etc., 6.98; cephalitis (including all inflammatory diseases of the brain and cord and their membranes), 6.64; epilepsy, 3.79; insanity, 1.00; delirium tremens, 0.83; tetanus, 0.26; and chorea, 0.10.

The investigations seemed to show that the common idea that these affections are more common among inhabitants of towns than among dwellers in rural districts is erroneous. The extraordinary prevalence of nervous diseases in Wales could not well be explained. Dr. Althaus suggests that the Celtic race is less resistant to such influence than the Saxon.

As regards the influence of sex, it was found that the mortality from these disorders was always greatest among males, the ratio for a quarter of a century being 12.94 against 11.62. The males died more from cephalitis, delirium tremens, infantile convulsions, tetanus, epilepsy, and disease of the brain, while chorea and insanity were more frequent in females, and apoplexy and paralysis were about equally fatal to both sexes. The entire percentage of deaths amounted to 54 for males and 46 for females; thus showing an excess of 8 per cent. for males.

The relation of age to the prevalence of these affections is as follows: there is an immense maximum in the first year of life; then a rapid descent until four years of age, but still the mortality in the first lustrum is greater than of all the other periods taken together. From five to thirty years of age the fatality from nervous diseases is slight; at thirty-five there is a rise, which becomes large at sixty, and reaches its maximum at seventy. This maximum is, however, only one-tenth as great as that of infancy. The first maximum is due to convulsions, the second to apoplexy and paralysis.

The relative mortality to frequency of the different diseases was discussed with the following results: of insanity there were eighty-eight living cases to one death; the prevalence of cephalitis Dr. Althaus thought only slightly higher than its mortality; in paralysis the deaths were about one to twelve; chorea was fatal in about 1 per cent.; delirium tremens about 25 per cent.; in tetanus about one to three recovered; in epilepsy about 2 per cent. of cases were fatal. Hysteria, though very prevalent, was hardly ever fatal.

Dr. Althaus closed his paper with some remarks on the progress and prospects of therapeutics. He thought that we will be able in the future to considerably reduce the mortality of such diseases as convulsions, epilepsy, and tetanus. (*Journal of Nervous and Mental Diseases*, July, 1876, pp. 518, 519.)

Our own people, it appears, are less subject to apoplexy than emigrants from other lands, with the exception of the Irish.

The percentage of deaths from insanity on the whole mortality is 0.537.

It must be admitted that the "mortality statistics" from which we have gathered the figures we have used in this report furnish important and reliable matter in vital statistics. The number of persons insured by the company which has furnished the statistics is 101,967. These are all carefully examined before a policy is granted; and the reports of deaths are obtained under the oath of the reporter. It will be seen, therefore, that we are made as sure of correct statistics as it is possible to be.

A table of the condition and ages of patients is given, of whom we have had knowledge, though all of them were not under our own care and treatment. They were met with in a population which has grown from six to ten thousand during the time of observation, and several of them occurred from two to seventy miles beyond this concentrated population, but they died here or were known personally to the reporter.

Of these cases twenty-two were palsy, nineteen apoplexy, and eight softening of brain. Thirty had reached, or passed beyond, the seventieth year, and in none could we discover as a cause of disease too great devotion to business, or any mental strain. We would rather conclude from all our observations that the withdrawing from business after great devotion to it frequently acts unfavourably,—a sudden stopping being more likely to give a great shock than motion continued moderately while the machinery is capable of motion. Mr. Burton says, "Employment, which Galen calls 'Nature's physic,' is so essential to human happiness that indolence is considered the mother of misery," and, we think, very often of disease.—*Med. Times Phila.*

#### A METHOD OF MEASURING THE LOWER EXTREMITIES.

By the ordinary method of obtaining the comparative length of the lower extremities, it is difficult to get exact results. Even when every precaution is taken to guard against the obliquity of the pelvis (which is the chief source of error), an eighth or even a quarter of an inch difference may escape detection. Such at least is the case when measurement is made between the spinous process of the ilium and malleolus on each side. Neither of these presents a point, but a surface which in persons well-clothed in flesh occupies considerable area. When measurement is made from the umbilicus or episternal notch to the middle of the sole of each foot (Sayre's method, I believe), this difficulty is perhaps, done away with. I have, however, for several years past adopted another plan, which is, I think, more convenient, and by which the liabilities to error (when a tape-line

alone is used) are reduced to a minimum. The plan is this: The patient, lying on the floor or a table (a soft mattress will confuse any measurement), the parallelism of the iliac spines and the proper extension of the limbs being looked to, a point is taken on the umbilicus, and marked with ink, if necessary. Commencing at this point, the tape is carried in turn *around the sole of each foot and back again to the point of departure*. The difference between the two measurements thus obtained represents *twice* the amount of difference which exists in the length of the limbs. For instance, if the measurement thus obtained when the tape is carried around the right foot is fifty-four inches, and when carried around the left foot it is fifty-five inches, the difference in the length of the limb is *half an inch*.

Of course care must be taken to carry the tape around corresponding portions of each foot, and in the same direction—from within, outward, or *vice versa*—on both sides. A great amount of swelling in the foot may also occasion error, but not to the extent it might be imagined. I think the method described will be found convenient and useful, either when employed alone or to verify results obtained by other plans.—*Dr. Cowling, Med. Record.*

#### TREATMENT OF ROTARY-LATERAL CURVATURE OF THE SPINE.

[The Medical Record, March 31, 1877.]

Dr. Lewis A. Sayre, after calling attention to the mechanism of lateral curvature, and the fact that the rotary motion of the vertebræ is confined to their anterior surfaces, recommends very strongly the removal of the superincumbent weight not merely to the posterior part of the bodies of the vertebræ, but to the irregularities of surface upon the entire trunk. He regards this as one of the great essentials for the restoration of the bodies of the vertebræ to their normal position. Unless this is done, all springs and braces are unavailing, so far as radical cure is concerned. Not only that, but they are to be regarded as injurious, even as a temporary treatment: first, because, as a rule, they are not worn with any sort of comfort; and second, they multiply the curves without straightening the column. The instant the spinal column can be made straight, that instant the rotary-lateral curvature is removed. For the milder cases, those in which there is simply a deficiency in muscular tonicity, some slight elastic support which will serve as a reminder to the patients that by their own will they are to bring the muscles into action, together with a proper course of gymnastics, might, perhaps, effect a radical cure. But, when the osseous structure of the spinal column has become involved, all the braces and other instruments

which have been devised for the cure of this deformity are of no practical value whatever.

In such cases Dr. Sayre uses the method of self-suspension originally introduced by Dr. Mitchell, of this city, in conjunction with the application of a plaster-of-Paris jacket. He says, "As a substitute for the usual method of suspension by the arms I employ a compound pulley and head-gear such as I have used for a long time while adjusting the plaster-of-Paris jacket in the treatment of Pott's disease. I believe that the superincumbent weight can be much more effectually removed from the bodies of the vertebræ, hence the spinal column much more completely straightened, by causing the patient to raise himself by lifting from the *occiput* and *chin* than by any other method that has been adopted. I therefore attach the pulley, cross-bar, and head-piece to a hook over the patient's head (a tripod with long legs and a hook above is commonly employed), adjust the head-piece so as to draw equally upon the *occiput* and *chin*, and then cause him to raise himself by drawing slowly and steadily upon the cord passing over the pulley above. I believe that no harm will come from this method of suspension, providing the hands of the patient are not permitted to come below a level with the forehead. They should be held high over the head, thus calling into action the muscles of the thorax, and obviating undue traction upon the neck."

After a few weeks' trial of this process, the plaster jacket should be used, but the patient should be required to practice self-suspension the same as before, and as soon as the straightening of the spine becomes sufficient to render the jacket loose, it should be removed and another applied. Dr. Sayre claims the following advantages for this method:

*First.* It affords a means of treatment which is within the reach of every intelligent practitioner.

*Second.* It affords the best means for keeping the superincumbent weight from the bodies of the vertebræ after such weight has been removed by suspending the patient either from the axillæ, *occiput* and *chin*, or from the *occiput* and *chin* aided by the thoracic muscles acting through the arms.

*Third.* It could be worn without discomfort if properly adjusted.—*Med. Times.*

### EXCISION OF THE ELBOW-JOINT.

(*Boston Medical and Surgical Journal, January 4, 1877.*)

Dr. H. A. Beach reports a collection of twenty-one cases of excision of the elbow-joint operated on at the Massachusetts General Hospital by Dr. R. M. Hodges during a period of ten years. The report is made for the purpose of showing the ulti-

mate and excellent results of excision of the elbow when recovery takes place, and the advantages of a single straight incision in its performance. This method, largely avoiding the cross-cutting of any tissues, allows the connection of the triceps extensor tendon, with the investing aponeurosis of the arm and forearm, to be preserved almost intact. An attachment for the muscle is thus retained which diminishes, to a certain extent, the loss of power following its unavoidable separation from the olecranon." Transverse incision of the integument, even though the above-mentioned connection is maintained, is in itself prejudicial to the subsequent motions of the limb, if the wound does not unite by first intention, but cicatrizes by granulation, as it almost invariably does.

Another cardinal point in this operation is the preservation of the attachment of the brachialis anticus muscle. It is commonly stated that this muscle is inserted into the coronoid process. No method of demonstration better displays the absolute fact in regard to this anatomical point than excision of the elbow on the dead subject, which, without dissection, makes plain that the attachment is into the shaft of the ulna and *base* of the coronoid process, abundant room being left between the process and the tendon for the passage of the saw (which should always be started on the side of the bone) and the removal of this portion of the ulna. Experience shows that the extent of fracture permitting an attempt to save the limb by incision seldom reaches a degree which prevents the carrying out of these rules; and it rarely happens that so much of the radius requires removal as to cause any interference with the insertion of the biceps. The great muscles of extension and flexion are thus left in a comparatively undisturbed condition. The amount of bone excised decides to some extent the subsequent mobility. Excision of the articulating surfaces alone would probably in most cases be followed by an ankylosis. Regret might sometimes be felt at not having excised enough, but seldom at having removed too much. The sacrifice should always be at the expense of the humerus, since the limit for the ulna and radius is fixed, as has been stated, by the necessity of preserving the brachialis anticus and biceps muscles.

Of the excisions, fourteen were for injury; of these five terminated fatally, but in none of them was there any reason to think that amputation or expectant treatment would have been followed by any more favourable results. Four of the remaining operations were for disease, and three for deformity: one of the latter resulted fatally from secondary hæmorrhage.

The treatment pursued can be briefly stated. The wound was invariably closed with sutures. The arm, after the operation, was placed upon a pillow and flexed at an angle of one hundred and thirty degrees, that being the position most com-

fortable for the patient. Local inflammation, abscesses, pain, etc., were met by active measures based on general surgical principles. A generous diet was always allowed and encouraged. When the arm was in a state to permit of bandaging the internal angular splint of tin, broader than usually adopted for fractures, and fitted, as regards length, for each individual case, was applied, and the patient allowed to get up and walk about, the wound being dressed without the removal of the splint.

The time spent in the hospital was not great: one patient remained seventeen weeks, the others an average of about nine weeks. When discharged, the splint was usually dispensed with, and a sling substituted. Passive motion was rarely practised beyond that which came from such use of the limb as patients could be persuaded to make, and a useful arm was seldom obtained before the end of a year from the time of excision.

In twenty-one cases where amputation must otherwise have been performed, this report exhibits fifteen arms preserved, several of them being useful to a remarkable degree, and all of them, except one, retaining motion of the elbow, forearm, hand, and fingers. These excellent results suggests the inquiry whether this operation is not deserving of a broader application. A successful incision always leaves an arm more serviceable than one in which ankylosis has taken place after a bad fracture unaccompanied by a wound. Professor Busch, of Bonn, has twice excised with success the entire joint, for irreducible dislocation of the head of the radius, both pronation and supination being regained. A measure which of itself, in civil practice, so seldom occasions a fatal result, would seem more than merely justifiable in this seemingly trivial but thoroughly disabling accident, in which reduction is often impossible, or, if possible, so rare to maintain.—*Med. Times.*

#### TRACHEOTOMY IN DIPHTHERIA— FOUR SUCCESSFUL CASES.

[DURING the past few months we have received the following cases, and thinking it desirable to place them upon record, we group them for convenience under one heading:]

*Case I.*—(Care of Dr. Rose, New York.) In the evening, on November 2, 1875, I saw for the first time Mr. L.'s child, a boy aged three years. I ascertained that he had been in perfect health on the evening of the 1st November, having eaten his supper with a good appetite; that he, however, awoke with symptoms of dyspnoea on the following morning, and grew rapidly worse. I found great difficulty of breathing, with energetic contraction of the muscles of the anterior thoracic wall, each inspiration causing a deep groove, corresponding

with the place of insertion of the diaphragmatic muscle at the lower end of the sternum; at the same time there was a stridulous noise, the lips were of a blue color, and on the fauces there was diphtheritic exudation. Having obtained the consent of the parents, I performed tracheotomy immediately, with the kind assistance of Dr. B. Scharlau. The child was quite insensible to pain, and no anæsthetic was necessary.

While cutting down to the trachea, close under the isthmus of the thyroid gland, I found a well-developed network of veins, some of which I was forced to sever. Considerable bleeding took place, but by the application of 6-8 ligatures I succeeded in arresting all hemorrhage before I opened the trachea. After the incision was made and the canula inserted respiration became immediately easy and normal. The child soon took liquid food, and seemed to improve during the night. During the next afternoon, however, symptoms of paralysis returned. Quinine, camphor, and benzoic acid were administered internally, but death ensued eighteen hours after the operation.

*Case II.*—On November 13th I performed tracheotomy, with the kind assistance of Dr. H. von Seyfried, on a little girl, three years old, the daughter of Mr. R. I had seen her for the first time on the 7th of November, when I already had observed difficult respiration. Although no diphtheritic deposit could be found, I had reason to presume an attack of diphtheria, and prescribed accordingly. I did not see the child from the 8th to the 12th of November, but was informed that the dyspnoea continued, with intervals, during the entire period, and finally it increased so much as to necessitate an operation. The same characteristic symptoms of difficult respiration were observed as in the first case. Chloroform was administered. On account of the presence of the middle lobe of the thyroid gland, and for other anatomical reasons, I was compelled to cut through the gland along the median line, which being done, I soon succeeded in laying open the trachea; there was also considerable hemorrhage, but it ceased as soon as the tube was inserted.

The respiration of the child was at first irregular, but it soon improved after large diphtheritic membranes were coughed up. Towards evening it whispered a few words, which were understood by the mother.

*November 14th.*—Temperature 103, pulse 160. Membranes continue to be coughed up. Dulness of small extent on percussion and diminished respiration posteriorly and below on the left side. Five grains of quinine every two hours.

*November 15th.*—Temperature and pulse about the same; membranes expelled. Two doses of quinine, of ten grains each.

*November 16th.*—Temperature 101, pulse 130. Dulness on percussion has disappeared, moist

rales on the right side above. No more membranes, but only catarrhal secretion instead.

The child now improved rapidly. On the 17th she took her food together with the children, and was able to speak plainly whenever the tube was closed. A moist sponge was attached to the external opening of the canula. In order to prevent the drying of the tracheal and bronchial secretion, and the consequent clogging of the tube, I employed Dr. A. Jacobi's method of lubricating the inner tube with glycerine whenever it was taken out for the purpose of cleaning. The proliferous granulations of the wound were cauterized with a strong solution of nitrate of silver.

There are seven children in the family, ranging from one to twelve years. They live on the first floor of a rear tenement house; the room in which I operated serves as a living, sleeping, cooking, and eating room; the door opens immediately into the yard. The small supply of light embarrassed me greatly during the operation; yet, in spite of all these drawbacks, the little patient has steadily improved. At the time of reporting the case she still wears the outer tube, which, during the day, is closed by a piece of cork.

*Case III.*—(Care of Dr. Haqunga, New York.) Sarah Ellen C., aged five years and three months; subject to tonsillitis (otherwise healthy); had a portion of both tonsils removed about fourteen months ago for 'hypertrophy;' since then had no throat trouble until the 6th day of March, when I found her suffering from an attack of diphtheria.

This yielded in about six days to the usual remedies chlor. potass., iron, salicylic acid, and quinine; as the throat cleared a croupy cough appeared, with considerable dyspnoea. Attempted to combat these grave symptoms by means of a high temperature loaded with vapor, large doses tr. mur. iron, and direct inhalation of salicylic acid spray (gr. xx. to  $\frac{3}{4}$  i.) from an atomizer.

Gave also an expectorant mixture of syr. acet. sang. can. combined with syr. pruni. virg. every hour, with little or no apparent benefit. As the dyspnoea grew hourly worse I had recourse to five gr. doses of Turpeth mineral, which produced prompt emesis, with temporary relief.

This treatment was continued, according to the exigencies of the case, from the 12th to the 15th, when, owing to her exhausted and partially asphyxiated condition, I relinquished all hope of benefit from medication, and resorted to tracheotomy. Assisted by Drs. Logue and McGuirk (Dr. L. having chloroformed the patient) I proceeded to open the trachea below the isthmus of the thyroid gland, with the happiest result.

All the loose diphtheritic matter was expelled immediately through the opening, and she breathed freely once more and partook of brandy, beef-tea, etc., kindly, though the stomach did not retain it.

A sinapism to the epigastrium checked the vomiting in a measure, and I then ordered the usual quinine powders to be administered every three hours, and an expectorant mixture of mur-ammonia, wild cherry and paregoric to allay the bronchial cough; also warm flaxseed meal poultices to be applied over the entire chest continually. All went well until 2 A.M. of the 19th, when she became thoroughly prostrated from cough, and efforts to expel an accumulated deposit which obstructed the tube.

With the assistance of a pigeon's feather and a forceps the obstruction was removed and a free administration of brandy caused a rally to her usual status.

From this time onward there were no untoward symptoms and her recovery was gradual and sure.

On the 4th day of April—three weeks less a day from the time of opening the trachea—she having recovered her voice, and respiration being normal, I removed the tube permanently. The opening, after removal of the tube, closed in about six hours.

*Case IV.*—(Care of Dr. Fiset, New York.) On December 26, 1875, at noon, I was called to a boy aged six years and four months. He had been taken sick six days before, first complaining of feeling chilly, and two days later of sore throat, with loss of appetite and sleep. When I saw the patient there was some difficulty of respiration present, accompanied by loud tracheal rales; the countenance was flushed and anxious; the tongue coated, and the pulse quick and full. An irregular white exudative patch was seen covering almost the entire surface of the left tonsil, and extended downwards. I accordingly diagnosed diphtheria. The lymphatic glands about the lower jaw were not enlarged. Very little food had been taken by the patient for forty-eight hours, and vomiting had occurred frequently. The bowels were constipated, and there was retention of urine. Quinia was prescribed in five-grain doses, to be given every four hours, and the application to the diphtheritic patch, with a feather, of a solution of bromine (1 part to 40) of  $\frac{3}{4}$  i. to  $\frac{3}{8}$  i. of water every morning and evening. A milk diet was ordered. Hot fomentations were ordered to be applied to the hypogastrium. At midnight I was again summoned to the patient. The dyspnoea was now extreme; the countenance was greatly flushed, and the patient would roll in his bed from side to side, apparently in great distress. I administered eight grains of sulphate of zinc, which produced slight emesis and expectoration of mucus, but with little or no amelioration of the urgent symptoms present. The respiration was fast becoming more rapid. Dr. J. J. Reid was called in consultation, and tracheotomy was decided upon as the only chance left of saving the

life of the patient. After obtaining the consent of the child's parents, chloroform was administered by Dr. Reid, and the operation of tracheotomy was performed by myself in the usual manner. After the introduction of the canula into the trachea the patient coughed a few times, expelling blood and mucus. Matters were brought to a crisis by the stoppage of all respiratory acts, and a few seconds later of cardiac pulsation. Artificial respiration was immediately resorted to and pushed on vigorously for at least twenty minutes. During this period the child would occasionally inspire, and the pulse could scarcely be felt at the wrist. The respiration and cardiac pulsation gradually become re-established, and we were rewarded at last, after twenty minutes of hard work, in keeping up artificial respiration. Stimulants and milk were freely administered, and the patient sank into a sound sleep which lasted for several hours. The same treatment was continued. The patient was seen five hours after the operation by myself, and was then sleeping. He was again seen at noon by Dr. Reid, and by myself in the evening. The patient's father was instructed to remove the inner canula frequently for cleansing purposes, which he carried out faithfully during the whole period that the tube remained *in situ*. Bronchitis developed after the operation, but was of a mild character and gave no trouble. The exudation seemed not to have extended below the larynx, as no exudative membrane was expelled at any time through the tube. The child made an excellent recovery, and the canula was removed on the twelfth day after the operation.

The points of interest connected with this case are: (1), the great advantage of the operation of tracheotomy in diphtheritic croup; (2), that the operation, to be useful, should not be postponed until the patient is cyanotic and pulseless; and (3) it shows the great necessity of performing artificial respiration, and persevering in it, though the case may be apparently a hopeless one.

The subject of the value of tracheotomy as a means of relief in diphtheritic croup has largely engaged the attention of the profession, and in this city, not many months ago, the subject was under discussion at a meeting of the Academy of Medicine. Many have questioned its value in this disease, but statistics are fast accumulating in favour of the operation. In reporting this case my view has been to add another successful one to the statistics bearing upon this important subject.—*Med. Record.*

INTUSSUSCEPTION—SEPARATION AND EXPULSION OF SEVENTEEN INCHES OF THE SMALL INTESTINE.—Dr. E. P. Gerry (*Boston Med. Jour.*, Dec. 28th) reports the rare case of a man aged 74, who after an illness of three weeks, passed seventeen and one-eighth inches of small intestine, and

finally recovered. The constitutional symptoms attending the process of invagination and separation of the intestine were comparatively trivial: so much so, that some of the consulting physicians doubted the existence of the intussusception.

#### TREATMENT OF TYPHO-MALARIAL FEVER.

The most essential points in the treatment of this disease consist in controlling the bowel trouble, and in giving plenty of good nutrition and stimulants, especially in the latter stages of the disease. To control the bowel symptoms I find nothing more excellent than subnitrate of bismuth and Dover's powder, unless the diarrhoea becomes excessive, when I employ an electuary of pulverized opium, acetate of lead, subnitrate of bismuth, and glycerine, and use as an injection. When the tongue is very red and dry, denoting much inflammation of the bowels, I give a strong solution of chlorate of potash—most emphatically the best remedy for this condition. We are familiar with its virtues as a therapeutic agent in the treatment of all local inflammations of the mucous membrane. When given internally we can detect it in the urine in less than fifteen minutes. I have used this remedy when the bowels were enormously distended, tongue dry, red, and painted, and in less time than twelve hours—sometimes even within six hours—have denoted a change in the appearance of the tongue; it becomes pale and moist; the tympanic distension of the bowels is relieved, and the general symptoms denoting inflammation become more favorable. Chlorate of potash comes in direct contact with the inflamed mucous membrane of the bowels, and especially the Peyerian glands. Modern Physiologists direct our attention to the fact that these glands are the beginning of the lymphatic system in the intestinal canal, although formerly their function or purpose was not known. Flaxseed poultices act well when the bowels are much distended, although, sometimes we are compelled to make use of a blister. Turpentine should not be used, from the fact that it so frequently disorders the stomach. I do not think it does any good whatever, unless in getting rid of the gas; then, also, there is danger of its causing strangury. Quinine is of no therapeutic value in the treatment of this disease; in fact I believe it tends to aggravate the symptoms. Sleep must be had, and for this purpose I always prescribe hydrate of chloral and bromide of potassium in combination. This combination acts much better than sulphate of morphia as it generally produces a dreamless, refreshing slumber; I sometimes use camphor-choral. When the temperature is very high, pulse full and quick, I use Norwood's tinct. verat. viride, the most reliable of all the arterial sedatives. During

the febrile stage I frequently make use of spts. nitr. dulc. as a diuretic alternating it with the neutral mixture of the Dispensatory. But as I said before, we have no specific treatment for this disease. We can but aid nature, and clinical experience has taught me that the remedial agents I have mentioned above are among the best our profession have as yet discovered.—*Virginia Med. Monthly.*

### ON THE RADICAL TREATMENT OF UTERINE CANCER.

Prof. Goodell, of the University of Pennsylvania, believes that it is not only often impossible but is clinically needless to distinguish *intra vitam* the various kinds of uterine cancer. He believes that cancer of the uterus is of all cancers the least prone to infect the system; its victims die not so much from specific systemic poisoning, and from transference to distant organs, as from septicæmia, from embolism, and from the exhaustion induced by pain, sleeplessness, and the bloody or serous fluxes. In cancer of the cervix the indications are either to eradicate the disease, or failing in this to check the excessive discharges, to correct the fœtor and to allay the pain, and thus to prolong life. To effect this he advises removal of the cervix either by the *écraseur* or galvanic cautery. When the entire cancerous mass is not removed by these means, the remaining outgrowths and the underlying infiltrated tissues must be dug out with the finger-nails, scraped off with Simon's spoons, or snipped off with scissors. The resulting deep and funnel-shaped cavity must next be cauterized with fuming nitric acid or the hot iron. This may be done either at the time of the operation or after an interval of a week or so. During the operation, if scraping be needful, the hemorrhage is usually quite free, but in Prof. Goodell's experience it has always yielded to an injection of one part of Monsel's solution to three of water, followed by a sponge tampon lightly packed into the funnel-shaped pit. After the operation there is sharp fever for four and twenty hours or more. On the third or fourth day the discharges sometimes become offensive, and continue so for several days. After the scraping process the stench is invariably overpowering and must be met by injections of a solution of permanganate of potash, and by large doses of quinine to guard against blood-poisoning.

In all cases Prof. Goodell enforces sexual abstinence, and orders the patients iron and bichloride of mercury as a tonic, arsenic to repress the tendency to reproduction of the new growth, and ergot to diminish the supply of the blood to the uterus. He has now operated on thirteen cases, in all of which life was lengthened and made bearable; in one instance, as he believes, saved for good. The hemorrhages were stayed, the putrid

discharges checked, the pains allayed, and the appetite restored, and bed-ridden patients were enabled to get up and resume their household avocations. Even when the womb was fixed by the extension of the disease to parts beyond operative reach, much was gained by removing all of the cancer that could be reached. The complexion invariably cleared up after the operation, and this fact leads Prof. Goodell to think that the so-called cancerous cachexia is due not to a cancerous diathesis, but to absorption from a local cancerous deposit.

Injury to the peritoneum cannot always be avoided during the operation. Karl Braun, however, does not hesitate to include a portion of the peritoneum in order that the hot wire may pass through perfectly healthy tissue. He says he has repeatedly in this way opened into the peritoneal cavity without harm to the patients. In one case, while scraping with the finger nails, Prof. Goodell opened into Douglas's cul-de-sac. No vaginal injections were used, no untoward symptoms arose.—*Med. and Surg. Reporter*, March 10th.

### COMPOUND FRACTURE OF THE PATELLA.

A. D., a middle-aged woman, was admitted with an injury of the right knee. A year previous she had sustained a simple transverse fracture of the right patella, which was treated with adhesive strips; at the end of six weeks she had been discharged with some separation of the fragments, and with partial ankylosis still remaining. She states that the joint had not regained its mobility when she met with the accident for which she came to the hospital the second time.

While in the street she slipped and fell backward, but arose and walked one block, to her own home, when she found that her knee was seriously injured. She applied to the hospital next day, when there was found a transverse wound across the right knee,  $5\frac{1}{2}$  inches in length, which had been brought together by sutures. The fragments of the patella could be distinctly felt, the upper being drawn up  $2\frac{1}{2}$  inches. The following day the sutures were cut and the wound allowed to gape, because the injury was evidently severe and there was considerable tumefaction of the parts. The wound was found to have extended through the tissues directly into the cavity of the knee-joint, laying bare the condyles of the femur and the intercondyloid notch. The ends of the fragments of the patella were easily felt and were smooth, as if covered with cartilage. There was no contusion or abrasion over the seat of injury. The method of occurrence of this serious injury was thus fully explained: The patient, having a partly ankylosed

knee, fell backward, and ruptured, by muscular violence, the old ligamentous union between the fragments of the patella, splitting, at the same time, the over-lying skin in a flap-like manner. The force was so great that the resistance of the tissues could not bear the strain, and the rupture extended into the joint itself.

Here there was a compound complicated fracture, of great severity, which certainly jeopardized the patient's life, and yet, during the treatment she presented not one unfavourable symptom, but steadily regained the use of the limb.

The wound was dressed with carbolized oil, and the leg elevated on an inclined plane; but no true antiseptic treatment was instituted, for the wound was daily exposed to atmospheric influences when the carbolized lint was changed. No attempt at approximation of the fragments was made, lest it should increase the risk, and because nothing better than ankylosis was expected. There was no severe inflammatory action, and but little suppuration; the temperature only once reached  $102^{\circ}$ , and the patient had very little pain. After the lapse of twelve days she was given tonics, and subsequently oxide of zinc ointment was applied instead of carbolized oil. Cicatrization slowly took place by granulations, and during the sixth week the patient was allowed to walk on crutches, and passive motion was instituted, in order to gain some motion. Five days later she was permitted to walk without crutches, and subsequently the superficial wound healed. Passive motion was continued, and the woman was discharged after being in the wards nearly two and a half months, with as much motion in the knee as she had before the injury. The fragments of the patella were, of course, widely separated, as no attempt was made to get union by close apposition, because of the more important character of the joint lesion. The patient could walk as well as could be expected with a stiff knee.—*Med. & Surg. Reporter.*

DIGITALIS IN SCARLATINA.—(*The Medical Record*, February 3, 1877).—Dr. Daniel Lewis has used digitalis in thirteen consecutive cases of scarlatina.

The age of the youngest patient was ten months, of the oldest twelve years.

There was an abundant eruption in ten of the thirteen cases. Four patients had severe inflammation of the throat, with ulceration, diphtheritic exudation, and considerable glandular enlargement.

The temperature when the treatment was begun ranged from  $103^{\circ}$  to  $106\frac{1}{2}^{\circ}$ ; pulse 120 to 148.

No suppuration of glands occurred in any case; the temperature was promptly reduced to  $102^{\circ}$ , or below; the pulse fell to 110-130, and there were no symptoms of nephritis, except in a single case.

In that one the digitalis had been discontinued, and on the fifteenth day there was a sudden rise in temperature, convulsive movements in the muscles of the left side, and a trace of albumen in the urine.

The digitalis was resumed, and in twenty-four hours all bad symptoms subsided, and the patient made a good recovery.

Four of the patients died; one on the second day, in which eruption was hemorrhagic; two with scarlatina anginosa, on the fourteenth and seventeenth days respectively, in which no physician was called till the fifth day, the immediate cause of death being asthenia; and one after four weeks, who had acute diarrhoea.

Otitis followed in three cases, but was so slight as to require little treatment.

The infusion of digitalis was the preparation used in all these cases, in doses of  $\text{ʒss.}$  to  $\text{ʒj.}$  every four to six hours, the state of the pulse and temperature being the guides to the dose and period of administration.—*Med. Times.*

INVERSION OF THE UTERUS.—Heywood Smith, M.A., M.D., in the *Obstetrical Journal* for March, 1877, says: The patient, aged thirty, was delivered of her first child by forceps three months before. The placenta was removed with some force. The bowels remained unrelieved for eleven days. An enema was administered, and during the straining which followed the womb appeared to have become inverted. The mass was returned, but probably only into the vagina. From that time she had a more or less constant sanguineous discharge. On examination the uterus was found inverted, the orifices of the oviducts being felt.

After a fruitless attempt at reduction under chloroform at her home in Devonshire, the patient came to London, and was admitted into the Hospital for Women. It was observed that at the menstrual period the blood covered the whole inverted surface. It quickly returned after wiping, and produced a thin sheet of clot.

The patient was again put under the influence of chloroform, and reduction was attempted in the way generally recommended, by constriction at the neck of the uterus and pressure at the point of flexion. Pressure was then made on the fundus, while counter-pressure was exercised above the pubes; but, although a deep depression was made by this means, it failed of success. The whole organ was then pressed so as to squeeze the blood out of it, and the tip of the finger was passed into the right oviduct. Reinvagination commenced under the tip of the finger, and in a short time the uterus was restored to its position. The patient made a good recovery. The author is of opinion that the only rational method of reduction is to begin at the insertion of an oviduct, the walls of the uterus being thinnest at this point. He had thought himself original in this method until he



found that it was described by Dr. Noeggerath.—*Nashville Med. Journal.*

**MEDICAL MEN AND THEIR PATIENTS.**—We remember very well how, in a certain town in Norfolk where we were staying, it was a practice of some of the patients to go to a medical man, and after getting all they could out of him, kindly transfer their distinguished patronage to another residing a few doors off, and doubtless, most of our readers could give us instances of the same thing which, unfortunately, occur every day. How it is that doctors are not paid is a matter of serious consideration for everyone in, or about to enter, the profession. Even when they are paid they have to wait, very frequently, for their money until every other creditor is fully satisfied. Perhaps, in theory, the best way would be for patients to pay their medical man at the time of consultation or at the end of the illness, or, if the illness be of long duration, at stated intervals, for patients have, unfortunately, a bad habit of not remembering the agony they suffered, and how they were relieved by the "doctor," when the bill is due.

"God and the doctor we alike adore  
When on the brink of danger, not before;  
The danger past, both are alike requited,  
God is forgot and the doctor slighted."

Then, again, how is that, although everything around has risen in price, yet the fees of medical men are not a farthing more than they were fifty years ago? We pause for a reply.—*Students' Journal.*

**ON THE IMMEDIATE CURE OF PILES.**—Mr. Reeves, of Edinburgh, has adopted a plan of treating internal piles to which he has given the term "immediate cure." The operation is rapid and the entire treatment short as compared with the ordinary method, viz., by nitric acid, ligature, clamp, and cautery. He thinks, moreover, that it is free from danger, and does not always require an anæsthetic. The piles being well down are punctured to their bases by the conical tip of the gas cautery (Dr. Paquelin's). The number of the punctures varies with the number and size of the piles, a pile the size of half a walnut requiring two or three. A dull red heat should be employed, and the point of the instrument is to be gently rotated while it is within, otherwise a portion of the eschar will be withdrawn, and then hemorrhage may ensue. Ulcers or fissures should be cauterized at the same time. Should there be any oozing a touch of the cautery will stop it. The piles are then to be returned and a half-grain morphia suppository inserted. After the bowels have been confined for four or five days a warm injection is to be given, and followed upon the succeeding day by a laxative. At the expiration of a week the patients are dis-

charged. Of eighteen cases thus operated on two were not allowed out for ten days, and one for a fortnight, but in these cases there was some uterine or urinary complication. All the patients were examined subsequently, and it was exceedingly difficult to discover by the finger or the speculum that there were any cicatrices following the operation.—*Lancet*, February 17, 1877.

**TREATMENT OF CATARRHAL JAUNDICE.**—Dr. Krull, of Gustrow, Mecklenberg (*Berlin Klin. Wochenschrift*, No. 12, 1877), recommends enemata of cold water as an excellent remedy in the above disease. One to two litres of water at a temperature of 59° Fahr., which may be gradually increased to 72° Fahr., are to be slowly injected into the rectum by means of an irrigator, once a day. The patient is to retain the water as long as possible. The first effect of this treatment is the rapid disappearance of oppression in the epigastrium, as well as of nausea and headache; the appetite also quickly returns. In half of the cases thus treated (eleven in all) the fæces were tinged with bile after the second injection; and in the cases of longest duration, in one of which the disease had existed for more than a year, their normal colour returned not later than the fourth day. The largest number of injections used in any one case was seven. Most of the patients had previously been treated unsuccessfully by the ordinary methods. Dr. Krull explains his results on the supposition that the cold water not only increases the peristaltic action of the bowel, but also excites sufficient contraction of the bile-ducts to enable them to overcome the obstacle due to catarrhal swelling or inspissated mucus at the entrance to the duodenum.—*Medical Times and Gazette.*

**FRACTURE OF THE PATELLA.**—Fractured patellæ are treated (University Hospital Phila.) altogether by Dr. Agnew's splint. This consists of a flat posterior splint, with an eminence for the popliteal space, and with four rollers screwing in at the sides, two above and two below. Adhesive strips coming down on each side from above the broken bone are fastened to the lower rollers and screwed tight, and corresponding strips from below are secured in like manner to the two upper rollers. The fragments are thus securely brought together. The whole leg is then bandaged. This mode of treatment has given most excellent results. Dr. Chas. Hunter has lately invented a more simple apparatus for the treatment of these fractures, and has used it in one case very successfully. Extension is made by adhesive strips on each side of the leg, adherent from the groin to just above the seat of fracture. A weight is attached to the free ends of these strips, at the bottom of the bed. The whole leg is then tightly bandaged with figure-eight turns round the knee. This method will

at once adapt itself to the necessities of country practitioners, by reason of its great simplicity.—*Med. Record.*

**CROTON OIL PENCILS.**—M. Limousin (*Pharm. Journ. & Trans.*) read a note before the Paris Societe de Pharmacie, on January 8th, upon the employment of croton oil pencils in the treatment of scurf of the head. The pencils are prepared according to the following formula :

Cocoa butter, 1 part  
White wax, 1 part  
Croton oil, 2 parts.

Melt the cocoa butter and wax by the heat of a water-bath, in a small glass flask; then add the croton oil, and carefully cork the flask. When the mixture commences to solidify, pour it into moulds and put it in a cool place. The pencils are small cylinders, eight or nine mm. in diameter. To prevent volatilization of the acid principle of the oil, they are either covered with pure tinfoil, or preserved in metallic cases. It was stated that although the pencils contained only fifty per cent. of croton oil, the revulsive action is much more energetic than when the oil is applied in its natural state, while the locality of its action can be more exactly limited.—*The Doctor*, March 1, 1877.

**VOMITING IN PHTHISIS.**—Dr. Verda (*Thèse de Paris*, 1876) regards vomiting in phthisis, as, in a great majority of cases, a reflex phenomenon. Those attacks of vomiting which we call mechanical—that is, those brought on by fits of coughing—take place by a purely physical mechanism. The symptom of vomiting may occur at any period of the disease, either in the early stages, when it constitutes an initial phenomenon (ganglionic engorgement); sometimes, and most frequently, sometime after the invasion of the disease (gastric lesions, or even during the latter stages, and as a sign of approaching death (gastric lesions, tuberculous meningitis). It is less frequent than is generally supposed. Its etiology may be included under four heads, which, in the order of their frequency, are as follows. 1. Lesions of the gastric mucous membrane. 2. Compression or lesion of the pneumogastric nerves as a result of ganglionic engorgements of the mediastinum and neck. 3. Fits of coughing. 4. Neoplastic processes at the base of the brain or of the meninges (rare). Finally, from a prognostic point of view, the appearance of this symptom should always be considered of grave import, and it should be energetically combated, for its persistence aggravates considerably the bad condition of the patient.—*Med. Times.*

**REMEDY FOR HEADACHE.**—John E. Lockridge, M. D. (Amer. Practitioner), says, "Having observed that bromide of potassium in twenty or

thirty-grain doses, and tincture of aconite root separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root in a wine-glassful of water, the same to be repeated in an hour or two if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others who wish to have the remedy always at hand, or who are about to start on a journey, I supply them with the following mixture :

R Bromide of potassium . . . . .  $\bar{3}$  ij ;  
Tincture of aconite root . . . . .  $\bar{3}$  j ;  
Distilled water . . . . .  $\bar{3}$  ij ;  
Simple syrup . . . . .  $\bar{3}$  ij .

M. S. Take a desertspoonful in some water every hour until relieved."—*Lou. Med. News.*

**RELIEF OF PAIN IN UTERINE CANCER.**—Dr. A. E. Aust-Lawrence, Physician to the Bristol General Hospital, writes to the *Medical Times and Gazette*, March 24th—

I have, unfortunately, generally under my care in hospital and private practice, about from twenty to thirty cases of cancer of the uterus, vagina, or rectum; and the experience of the past twelve months has led me to rely, to a great extent, on the following treatment for the relief of pain:—In cases of medullary cancer of the uterus, and also of advanced epithelioma in the same region, I have been struck with the marked relief often derived from the administration of ergot, in doses of thirty minims every six hours. There is a relief from the intense throbbing, which, as a rule, only subsides with each attack of hemorrhage, which, of course, brings with it great exhaustion. I consider the ergot acts in the ordinary way, by lessening the amount of blood in the uterus; and it may also check, to a slight extent, the rapid breaking down of the affected part. A case of medullary cancer in a young woman, thirty-one years of age, was rendered very much less painful by ergot than by any other remedy that was tried. I have a case now under my care, of sarcoma of the uterus, the pain of which is very much relieved by full doses of ergot.

Another drug I have found of great value is croton-chloral hydrate. This, in my experience, has not very much power to lessen the pain at the seat of the cancer, but it is very valuable in lessening the reflected pains in the back, thighs, and groins; and this it has done in several of my cases to a very marked degree. As a local remedy I have found carbolic acid very valuable. I apply it, full strength, by means of a little piece of cotton-wool, through a very small speculum, to the can-

cerous surface, and then order a lotion with one drachm of the glycerini acidi carbolic to half a pint of water, to be used as an injection night and morning. I have found this drug, used in the way I mention, of great value.

Of course, other drugs suggest themselves to every one, such as opium, Indian hemp, bromide of potassium, etc.; but what I wished to show is that ergot is a very valuable agent in helping to control pain in these cases; that locally I have had better results from carbolic acid than from anything else. I might also add that a very valuable way of relieving pain in these cases is by small blisters in the groins, dressed with an ointment containing morphia.—*Med. and Surg. Reporter.*

**OVARIAN CYST REMOVED PER VAGINAM.**—An ovarian cyst was removed per vaginam from a girl of twenty-four, in the Obstetrical Clinic, last week. This is the *fifth* time that the operation has been performed. The particulars are as follows: The tumour filled Douglas's pouch and could not be pushed up into the abdominal cavity. It so flattened the urethra that the bladder could not be emptied without a catheter. The tumor was found on examination to be adherent to the womb, which was so flattened out as to measure five inches in length. The girl was put in the position for the operation of lithotrity, which is Dr. Goodell's favorite position in operations for vesico-vaginal fistula. An incision was made, about two quarts of exceedingly fetid pus were withdrawn from the cyst, which was with great difficulty subsequently brought outside—many adhesions needing to be broken. The cyst was now found to have no pedicle, and was firmly adherent to the whole fundus of the uterus. As a ligature could not be thrown above the cyst, the left broad ligament was transfixed just above the cyst, and a double ligature tied on each side of the base of the tumour. The operation was performed at an early period in the progress of the case on account of the pressure-troubles, and very serious septicæmic symptoms which had arisen. The temperature before the operation was  $102\frac{1}{2}^{\circ}$ , and the pulse very feeble and beating at 125. Since the operation, the temperature has been under  $99^{\circ}$ , and the patient gives promise of great reduction in pulse rate.—*Med. Record.*

**EXCISION OF THE KNEE-JOINT BY A NEW OPERATION.**—Mr. Treves, of Margate, gives a record of eight cases in which he has performed this operation, and with only one fatal result. His success he attributes in part to having secured and preserved immobility of the limb, in part to careful after-dressing. The plan of the operation is as follows:—A semilunar incision about three inches in length is made on each side of the joint; then the lateral ligaments are divided and the tissues

deflected until the synovial cavity in front is opened. If there are adhesions here, they are divided. A wide director is then passed behind the joint in front of the posterior ligaments, and with a narrow bistoury the crucial ligaments and any adhesions between the bones are divided. Next a metal retractor is inserted in front of the bones, to prevent the tissues from being injured. The blade of a butcher's saw is used to take off a thin slice from the joint-ends of each bone. The chief advantages he claims are:—1. Decided improvement in the appearance of the limb. 2. Greatly increased power of extension. After ordinary excision, extension is often feeble from the divided and shortened extensor tendon. With this operation they are able to lift the leg before union is firm. 3. The extensor tendon being attached to the tibia in front, whilst the posterior ligament is intact behind, the bones are not so loose, and the tibia is not so likely to get displaced. 4. The sawn surfaces, being in a measure protected, unite more kindly than under the usual operations.—*British Med. Jour., Feb. 3, 1876.—Med. Record.*

**THEORY OF THE ACTION OF NITRITE OF AMYL.**—Dr. Mader is of opinion that the dilatation of the vessels which follows the use of nitrite of amyl is referable to the action of certain vaso-motor centres of the spinal cord rather than to a direct paralysis of the muscular coat of the vessels. In the latter case, he argues, we should have symptoms of hyperæmia of the lungs, of which there is no indication. Secondly, a directly paralyzing influence would pre-eminently affect the heart; and this is not so. Thirdly, there would necessarily be paralysis of the vessels of the whole body. Fourthly, the production of congestion of the head is not peculiar to this drug alone, but also occurs with alcohol and the ethers, to which it is allied, and their action on the nervous centres cannot be doubted. Fifthly, he made this experiment, which he considers disproves the directly paralyzing action of the nitrite. He enclosed the hand and forearm of an anæmic girl in an air-tight rubber sack, into which the nitrite was then introduced without producing the slightest redness. Dr. M. thinks it is quite open to question whether the action of nitrite of amyl in dilating the vessels is really that to which it owes its therapeutic effect, and is not rather a disagreeable accompaniment, while its useful effects are due to the production of a transitory narcosis analogous to that produced by alcohol, ether, or chloroform.—*Bericht der k. k. Krankenanstalt Rudolph Stiftung, 1875.*

**INVISIBLE INK FOR POSTAL CARDS.**—The *Deutsche Illustrirte Gewerbezeitung* proposes the general use of what may be called "postal card ink," for messages which are sent on such cards, or otherwise unsealed. The advantage would be,

that under ordinary circumstances the message would remain unknown to any but the person addressed, although everybody might employ the same ink and the same means for developing the writing; for, since it is unlikely that real confidential messages would be sent by open postal card, but few persons would have inclination or time to develop the writing at the risk of being found out, and not finding out anything important themselves. Various liquids are proposed for this purpose. A solution of nitrate or chloride of cobalt, or chloride of copper, mixed with a little gum or sugar, produces a "magic ink," which is made visible by warming, either by holding against the stove or over a burning match. Potassium ferrocyanide in solution may also be used; but this requires a developer, for which either copper or iron sulphate may be employed. With the former the writing will appear in brown, and with the latter in blue color.—*New Remedies.*

TREATMENT OF CROUP BY EUCALYPTUS.—Dr. Walcker (*Gazette Médicale de Strasbourg*, January 1st, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night once. He no longer employs tartar emetic in these cases, because it produces too much depression and causes diarrhoea more often than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and it is incapable of expelling the false membranes. Two hours after the emetic, he gives every hour a teaspoonful of a syrup composed of 38 parts of simple syrup and 10 parts of tincture of eucalyptus for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night, he should not be awakened. At the same time Dr. Walcker gives as food milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis or localised croup occur much more often in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full-blooded, strong, and robust children.—*Brit. Med. Journal.*

At the Brompton Hospital some very interesting experiments are being made with the salicylate of soda in the treatment of phthisis. This salt is given in scruple doses every five or six hours. One of the most marked results was the uniform reduction of temperature. While this fact is interesting, and should induce a general trial of the salt, the results are not yet such as to justify any positive conclusions.

TREATMENT OF CONSTIPATION.—If for the relief of this condition, you administer mild cathartics, the condition of the case will be aggravated, because the temporary stimulus afforded by them, however mild, is immediately overcome by the tendency to deficient secretion. Active purgation produces a much more injurious effect than mild laxatives. If you resort to the use of medicines which have been recommended to stimulate nerve action, you will not obtain much benefit. What you wish to have present in the intestine, is a small increase of lubricating substance, as it were, and, to that end, I have found altogether the best results have been obtained by causing the patient to take a great deal more water than is his usual custom. Let him take, on rising in the morning, two tumblersful of Croton or other drinking-water. As a rule, those who drink considerable water are not troubled with constipation. You can insure the laxative action of the water by the addition of some mild saline, like the carbonate of soda, or even common salt, and the reason why such an effect is produced is this: the mixture formed by the union of some saline with water, does not readily pass through the mucous membrane, and so into the general system. The theory now generally accepted with regard to the action of salines, is that they are not absorbed, and that they prevent the water with which they are combined from being absorbed; hence the water, by exciting the peristaltic action of the bowel, brings about a movement to discharge it, and with that the other contents of the intestinal tube. There is considerable to lend support to this view. You need not, therefore, give large doses of saline cathartics, as a half-drachm of the sulphate of magnesia, dissolved in a pint of water, commonly operates very nicely.

There is another curious fact which may here be mentioned, namely—the addition of small doses of quinine to salines increases their power of acting upon the intestine. For example:

R. Magnesia sulphas..... ʒ i.  
Quin. sulph..... gr. i.

mixed and taken in a tumbler of water every morning rarely fails to produce all the laxative effect required, in every form of deficient secretion from the bowels; for instance, in the constipation following fever, when you desire to obtain a free alvine evacuation. W. H. Thomson.—*Medical Record.*

BLOODLETTING IN PNEUMONIA.—G. E., aged 22, applied at the Dispensary Clinic for treatment on the 29th October. At the time he was suffering from a chill, and complained of a very severe pain in his left side. He was advised to come into the hospital (University Hospital, Baltimore,) for treatment and on the following day was received into the house as a patient.

Upon examination the lower lobe of the left lung

was consolidated from pneumonia, marked by a slight effusion in the pleural cavity. The temperature of the patient was up to  $103^{\circ}$  (Fh.), pulse 110, respiration 35. There were severe pains in the left side, which caused great uneasiness and distress in respiration and coughing. Ten minims of Magendie's solution were administered hypodermically at bed-time, affording much relief during the night with pleasant sleep.

The pain returned in the morning, with high temperature and further embarrassment of respiration. Two wet cups were applied over the left side over the seat of the pain, and two ounces of blood abstracted. Relief followed almost immediately after the removal of the cups, and the patient enjoyed a refreshing rest.

Convalescence was established on the following day, and on the sixth day after admission the patient was up and walking about the wards of the hospital. The medical treatment consisted in the administration of the diuretic, and ten-grain doses of Dover's Powder at bed-time.

The patient was a stout, robust young man, of full habit, when attacked by pneumonia. There was every indication of an advancement of the inflammation, and that its progress was arrested by the local abstraction of blood by means of cups. No sooner were the cups applied than pain was relieved, and the general condition of patient improved.—*Hospital Gazette*.—*Nashville Medical Journal*.

### HYSTERICAL JOINTS—TWO CASES.

A few years ago, on visiting the Good Shepherd's Hospital, my interne notified me that he had a case of "hip joint disease" in the ward; that it would be a good case for a clinic. He said the young lady, æt. about 20, had been affected for several years; that lately she had been at a "water cure;" that she came to the house carried on a stretcher; that her limb was painful on moving, and sensitive to the touch. I agreed with him, I thought it would be an admirable case for a clinic, and so it proved; not, however, as a case of coxalgia, now unfortunately so common, but as a rare form of nervous disorder—one but seldom seen certainly in this country. I made but a hasty examination of her in bed, reserving my exploration for the amphitheatre. I noticed, however, the following:

The leg flexed on the thigh, and the latter on the abdomen, and adducted, the position for an intense case of third stage hip-joint affection. She showed me a scar on the front and lateral aspect of the thigh—the remains of an abscess which was large and had discharged freely. This also looked toward a suppurating hip-joint—as if the matter had descended to this point and had been evacuated. This often occurs. She told me that her

limb was fixed, and that her case had been diagnosed "hip-joint disease." She was taken to the amphitheatre, and I said to the class, we have no doubt here a case of hip-joint disease in its third stage. I then gave the history which had been given to me, and pointed to the position of the limb of the patient. I "lectured" freely upon the first stage; then on the second stage; but on the third stage I was peculiarly graphic, as I supposed I had before me a typical case. As she seemed to be so sensitive to pain and so averse to manipulation, I concluded to give her an anæsthetic. What an enlightener chloroform is! As soon as she became anæsthetised the limb was relaxed, and without force it was brought down by the side of the other; the limbs and the hips were symmetrical; the movements of both joints the same; the functions seemed to be unimpaired. My astonishment, as well as that of the class, may be imagined, when upon this revelation both sides were found to be positively alike. I changed my diagnosis at once from "morbus coxarius" to a "hysterical limb."

She was taken to her room, and whilst unconscious, was strapped between the foot and head of the bed; but when she became aroused she soon managed to get the limb in its abnormal position. I then straightened the limb and placed a starch bandage upon it. She informed me that that had been done before; that it was useless; "that it would not hold her limb out." Long before the starch had hardened she had broken the cords with which her limb had been fastened to the foot of the bed. A plaster of paris bandage made strong would have defeated her. I contemplated this, but she soon after left the hospital, and when last heard from she still had the limb drawn up upon the abdomen.

Case II. About 12 months ago I was sent for to see a girl in a religious house of refuge. She was about 13 years of age, fat and plump. Two weeks previously she suddenly became lame. One limb seemed to be shorter, at least two inches, than the other; the pelvis on the lame side was drawn upward. She had had no pain, nor was there any tenderness. Assisted by Drs. G. B. and J. G. Orr and Chas. Anderson, I placed her under ether. The limb and pelvis at once assumed their normal positions. After she recovered from the anæsthetic, we told her to get up and walk. She did so without a limp. She has not had one since. The sisters gave us credit for having performed a miracle.

Sir Benjamin Brodie was amongst the first to call attention to these cases. His views are set forth in his works, Vol. II, under the head of "Neuralgia of the Joints." In most of his cases there was something more than an indisposition to move the limb, something more than a fixed articulation. He speaks of pain in the joint, and of a

diffused swelling around it—the first always, the latter often present.

In the two cases observed by me, pain was present in but one, but diffused swelling in neither. It was, I think, a condition of hyperæsthesia of the skin covering the limb, rather than of a defined, settled pain. She only complained when being touched or moved. The causes are often difficult to trace. Sometimes they are clearly reflex; again they are moral; while in other instances it seems impossible to trace the affections to any sufficient or satisfactory influence. As the subjects are mostly female, we infer that the origin is reflex, depending on some menstrual disorder. The second case is illustrative. The subject was a young, plump, fat, healthy child, not having arrived at puberty; she seemed to be in perfect health; she was as lame the first hour as she was at any time; she never had one particle of pain or tenderness.—*Dr. Dawson, in the Cin. Clinic.*

**FORCEPS AND MIDWIFERY.**—For some years past recourse has been had to the forceps as an aid to delivery in tedious labours much more frequently than in former times. This increase is mainly due to the employment of the instrument in those cases in which the “short forceps operation,” as distinguished from the “long forceps operation,” was performed, or as they are named now, the “low,” as distinguished from the “high operation”—that is, in cases where the head is low down in the pelvis or on the perineum, and not at or above the brim. It is a question of great importance to obstetricians and their patients whether or no this increase in the employment of the forceps is conducive to good results. The change has arisen from a greater knowledge of the capabilities of the instrument, a more correct appreciation of its value, and of the advantages and dangers associated with its use. When “Meddlesome midwifery is bad” was the first maxim of practice impressed upon the young student of obstetrics, interference with the course of labour, except as a last resort, was disavowed, and regarded as unjustifiable practice. Recent improvements, however, especially diagnosis by palpation and auscultation, version by the bipolar method, external manipulation, or combined external and internal manipulation, and the perfection of the forceps, have fortunately rendered the old maxim of less force. With the high operation great difficulties and dangers are doubtless associated; dangers arising from the condition calling for the employment of the forceps, difficulties inseparable from its application, and difficulties arising from want of means for estimating accurately the size of the pelvis and of the foetal head. These are necessarily increased when the instrument is applied before the os uteri is well dilated, with a view to help or effect that dilatation. It is probable that hydrostatic pressure, as by Barnes’ bags, will prove,

though it may be a slower, yet a safer means for effecting that object, for these will produce equable pressure on the cervix, while the pressure caused by the dragging of the head into the os by means of the forceps must necessarily be somewhat unequal, and consequently increase the risk of laceration of the lips of the uterus. When, however, labour has progressed until the head is low down in the pelvis, or on the perineum, the difficulties met with in the high operation no longer exist, and the dangers associated with the use of the instrument are greatly diminished. It used to be said that inflammation and sloughing of the genital canal, vesico-vaginal fistula, and ruptured perineum, were accidents resulting from the forceps operation; and doubtless this is possible, but it is highly probable that the evils, with the exception of the last, were results, not of the operation, though they followed it, but of prolonged waiting before the necessary help was rendered. Ruptured perineum even—an accident which the forceps is frequently and rightly credited with—may in some cases, by timely and skilful use of the instrument, be prevented; for the uterine contractions at the end of a prolonged labour in some instances become uncontrollable, and the head is thrust through the ostium vaginae with such violence as to rend the recto-vaginal partition. On the other hand, the advantages of a timely recourse to instrumental aid are manifest, for by it infant life is saved, maternal suffering diminished, and recovery hastened. In the discussion on the paper read by Dr. Edis before the Obstetrical Society on the 7th ult., a desire was expressed for an opinion from the Society on the frequency with which the forceps should be employed. To satisfy such a desire is at present not possible, and were it possible even to state in what proportion of cases throughout the United Kingdom recourse should be had to the instrument, it would still be of no value in individual practice, because the proportion of cases requiring its aid would vary, and vary greatly, in different localities, and it would be as unscientific as it would be wrong to have recourse to delivery by forceps once in a hundred cases in agricultural districts of the country for the reason that such was the proportion prevailing in the large maternities of London, Dublin, and Glasgow. How absurd it would be to apply the forceps in every hundredth case because an authoritative opinion had been given that it should be used in one per cent. of cases in England. The employment or non-employment of the forceps must be decided in each individual case after careful weighing of all the labour factors in that case; and as there are no means by which absolute measurements of these factors and their variations can be effected, it becomes necessary to fall back upon the only resource at our disposal, imperfect though it be—personal experience.—*The Lancet.*

## Medical Items and News.

**THE PATHOLOGY AND TREATMENT OF CHOREA.**—(*The Practitioner*, March, 1877).—O. Rosenbach states that he discovered the presence of several points very sensitive to faradaic but also especially to galvanic irritation, and to the pressure of the fingers, on the spinal column of a young girl, nine years of age, who suffered from a severe attack of chorea. Similar painful points, the electrical excitation of which produced the most violent reflex movements, were found in the course of the nerves supplying the affected muscles. R. believes that generally in chorea the spinal cord (and perhaps the brain) is affected, leading to neuritic processes in the nerves. The application of blisters to the different painful points, or of the anode of the galvanic current, caused them to disappear, and with their disappearance the spasms ceased.—*Med. Times*.

**AROMATIC ELIXIR RHUBARB AND FLUID MAGNESIA.**—Amongst all the published formulas for elixirs I have been unable to find one for this, which in some sections of the country has quite an extensive sale. I have found that the following makes an excellent article:

R.—Rhubarb (in coarse powder),	3 ̄ and 90 grs.
Sulphate Magnesia,	2 ̄ and 96 grs.
Sugar,	4 ̄
Spts. Ment. Pip., <i>U. S. P.</i> ,	1 3
Alcohol,	
Water	

aa q. s.

Moisten the rhubarb with dilute alcohol and pack in a cylindrical percolator. Percolate with a menstruum of one part alcohol to four parts water, until two pints of tincture are obtained. To this add the sulphate of magnesia, sugar and peppermint, and let it stand in a moderately warm place for twenty-four hours, then filter.—*New Remedies*.

**EXTRACTION OF FOREIGN BODIES FROM THE OESOPHAGUS IN CHILDREN.**—In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin, in the *Bull. de Therapeutique*, states that in such cases he adopts a very simple measure with great success. It consists in laying the child flat on his belly on a table, with his head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger of the operator.—*Med. & Surg. Reporter*.

**SOLUTION OF SALICYLIC ACID.**—R. Acidi salicylic, ̄ss; liquor ammon. acetatis, syrapi limonis, aquæ, aa ̄ij. M. Making a clear solution five grains to the drachm, and positively pleasant to the taste.

**TINCTURE OF PERCHLORIDE OF IRON IN RINGWORM.**—The treatment of the above disease with the tincture of the perchloride of iron, as noticed in the *British Med. Journal* of February 10th, by Dr. Dobbie, is undoubtedly a very simple and effectual plan, and one I have frequently adopted for some time past. The tincture can be applied several times without producing irritation, and, after its application, a little glycerine painted on the surface will prevent drying, and lessen the chance of the fungus becoming scattered in other directions. The remedy is especially suited for private practice, there being also no unpleasant smell attending it. For hospital practice, however, when patients frequently do not present themselves for treatment more than once or twice, I am aware of no more reliable remedy than the so-called "costers' paste," composed of two drachms of iodine dissolved in an ounce of colourless oil of tar.—*Dr. Stowers, Brit. Med. Jour.*

**HORSE POX.**—Dr. McEachran, at a late meeting of the Montreal Health Board, presented a letter referring to the breaking out upon horses of a disease, known as *variola equino*, or horse pox. There were eleven cases of this nature at the Veterinary College. Eruptions break out, and the part that is attacked becomes swollen and tender. The horse is very feverish from the effects of this disease, and it is said the smell on entering the stable where the animals are confined has much resemblance to the smell of small-pox. Horses have not been known to die from the malady, but they are incapacitated to work for about a month.

**THE ROYAL COLLEGE OF PHYSICIANS.**—At a meeting of the College of Physicians on April 26th, the following bye-law was passed:—"Any candidate for the College licence who shall have obtained a degree in medicine or surgery at a British, colonial, or foreign university recognized by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as shall in each case be considered unnecessary."

**FOR ASTHMATIC PAROXYSM.**—

R.—Ether.....	fl. oz. iss.
Tinct. Lobelia.....	fl. oz. j.
Tinct. opii.....	fl. oz. ss.

M.—Dose, a teaspoonful every one or two hours, until nausea is produced. Or the following may be used:

R.—Chloral Hydrate.....	̄vi.
Syr. Aurantii.....	̄iiss.
Aquæ ad.....	̄viij—M.

Sig.—A tablespoonful every four hours.

# THE CANADA LANCET.

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TORONTO, JUNE 1, 1877.

## PRIVILEGED AND CONFIDENTIAL CHARACTER OF COMMUNICATIONS TO A PHYSICIAN.

It may often arise as an important issue in legal cases, how far communications to a physician are to be considered confidential, and how far a physician might be held to be justified in refusing to testify regarding matters which had been the subject of professional communication, and which would have a bearing upon the issue of a case before the courts. In view of this we think our Canadian Statutes should contain some law regulating the subject, as without this, medical men are unprotected in the sacredness of the confidence reposed in them, and may be committed for contempt of court on refusal to testify.

By a law of New York State, the physician is prohibited from disclosing any information received by him, which is necessary for him to know regarding a patient under his charge, the design being to protect those under medical treatment in order that the physician may act more intelligently. By a decision in the law courts of New York, it has been asserted that "in order to exclude such evidence, it is not necessary that it should be shown to be essential to the intelligent action of the medical attendant. It is enough that it may be presumed the information would not have been given except for this purpose." This law even goes so far as to cover "all information that may be derived either from observation, examination, or the statements of parties surrounding the patient." The Judge said, "Even if the patient could not speak, or if his mental powers were so affected that he could not state accurately the nature of his disease, the astute medical examiner would readily comprehend

his condition. Information thus acquired is clearly within the scope and meaning of the statute."

The difficulty arose out of an attempt to elicit evidence from the medical adviser of the patient wherewith to contest payment of an assurance upon the patient's life. By virtue of the protection afforded by the Act, the medical attendant was protected in his refusal to disclose his knowledge of the condition of the patient obtained during the discharge of professional duty. This kind of protection does not exist in Canada, and a medical witness is constantly liable to be placed in a position at once critical and embarrassing, and as matters stand is obliged to submit to the action of the legal "force pump" as complacently as possible. In such cases as divorces or separation between man and wife, life insurance cases, and others in which a medico-legal opinion may be sought—other than *murder*—we think a medical man should be protected in his refusal to disclose his knowledge of facts or circumstances likely to prove prejudicial to the interests of parties concerned.

On the other hand we would not have the profession connive at wrong-doing, or seek to promote fraud or dishonesty by a refusal to testify. But what we do wish is that by a law judiciously framed a medical man may be protected from a forced violation of that professional confidence reposed in him by persons seeking his advice or attendance. In this way the independence of the profession would be better secured and the confidence of the public more fully protected.

## REMOVAL OF EXCREMENT.

Of all forms of filth, the most dangerous as well as the most offensive and most common is *faecal* excrement. Cast off by the human economy as not only incapable of furnishing any support, but utterly unfitted for longer retention in contact with the living body, it is nevertheless stored in the neighbourhood of most dwellings, and of very many wells throughout the country. It lies beneath privies, or in the cesspools which receive the wash from waterclosets, dissolving and oozing more or less rapidly into the surrounding soil, from which it sometimes finds its way into some neighbouring well, sometimes rises in gaseous form to poison the air, sometimes lies stored and lurking to



infect any dwelling whose cellar may be dug into its ambush ground, with mysterious unwholesomeness. If any portion of that which finds its way into drinking water came from a person suffering with typhoid fever, cholera, dysentery, or with certain forms of intestinal worms, it sows the specific seeds of those diseases in many new victims till they multiply themselves indefinitely. Investigations carried to the point of demonstration in England, have shown that several severe and extensive epidemics of typhoid fever, have originated in milk brought from many miles away in the country, and infected with water, into which a most minute amount of typhoid excreta had been washed from an adjacent and neglected privy. There is no means known of purifying excrement on a large scale except by the roots of growing vegetation, and it does not become us to be positive that even this method can be depended on to disinfect that which carries the specific poison of cholera or of certain parasites. The only proper way to deal with excrement, is to carry it as fast, and as far away from human dwellings as possible, and without doubt the best way to effect this is by a complete system of water carriage. But the great majority of dwellings cannot be furnished with *water* closets, and must depend upon some form of privy. It therefore becomes a question of the greatest sanitary importance, what form is to be preferred. In the second report of the medical officer of the Privy Council, England, 1874, is a paper by S. N. Radcliffe, on various ways of excremental removal in use in Great Britain, which supplies a fund of valuable practical information. In all the privies suggested, the receptacles are small, made of impervious material, easily emptied or removed, and cheap. It is the practice to add to their contents the family coal ashes, either at every time of using or at short intervals. The largest is emptied once a week; the smallest once a day. No slops from chamber or kitchen are allowed to be thrown in. By the adoption of some of these methods, several large towns and cities in England and Scotland have rid themselves of most dangerous and disgusting nuisances in their most densely settled parts, substituting for them an arrangement at once more decent, cleanly, convenient and economical. The Rochdale pail closet system has been in use since 1867, and was thoroughly inspected and approved by Mr. Rochdale in 1869. In 1874 he again inspected it and

gave it his unqualified approval. It consists of a closet out of doors, of strong and simple construction, beneath the seat of which is placed a pail made from half a kerosene barrel, capable of holding one hundred pounds, but in fact the average weight of its contents after a week's use by an ordinary family proved to be forty-one pounds. This is removed weekly, and an empty and disinfected pail is substituted. At the time of removal a tightly fitting metal lid is placed upon the pail. The process of removal is quite inoffensive and is systematically performed. The population of Rochdale in 1871 was 67,754; inhabited houses, 13,938, of which 2,944 were fitted with pail closets used by 11,779 persons. In 1874 the number of houses so fitted was 7,287, used by 43,500 persons, when Mr. Radcliffe reported as follows:—That the system of removal had been thoroughly approved by all who had experience of it; and that it had not failed under the most varied circumstances, having proved equally efficacious in the highly rented houses with their own closets, in the lodging-house where great numbers were accommodated, and in the factory and workshop. The system includes removal of "dry dirt" too. This is sifted, and the fine ash is used in the process of manure manufacture; trenches are made in it, and the contents of the excrement pails dumped there; more fine ash is placed above, and a quantity of sulphuric acid added to hasten the drying. In five weeks the mass is pulverulent and inodorous. In the finished manure there are eighty parts of excrement to thirty-five parts of fine coal ash; twenty-five pounds of sulphuric acid are added to each ton. Under the old privy system in Rochdale the cost of the removal of the excrement of one thousand persons for one year was £71. Under the pail closet system it was £19, the resulting manure selling for three-fourths of the cost of collecting and preparing it.

#### THE NEW YORK HOSPITAL.

The New York hospital is the oldest hospital in the United States. It was first built in 1771, and was situated on Broadway and Thomas streets. During the revolutionary war it was diverted from its original purpose, and was occupied by the British troops as a barrack. It was burned down in 1776, and was not rebuilt until 1786. Since

this time it has been in constant use as a hospital, and favorably known as such all the world over. In 1869 it was decided to remove it further up town, and a new site was obtained (the Thorne mansion) on 15th street, in which the offices have been for several years. The new hospital has just been completed and was opened on the 16th of March. A short description of its appointments may be of interest to those who are engaged in hospital matters, and others. The building is six stories high, having a frontage of 175 feet, built of compressed brick, with brown stone facings, and is fire-proof throughout. The first floor contains the dispensary and the rooms used by the governors, offices and other apartments for the faculty. On each of the next three floors above, there are two wards, each having twenty beds.

The walls are hard plaster finished; the wainscoting is of polished marble, and the flooring consists of colored unglazed tiles, laid out in pleasing designs resembling mosaic work. A double revolving fan, turned by steam, drives through the different wards a current of fresh air that keeps the apartments well ventilated. An electric annunciator at each bed enables the patient to communicate at pleasure with the nurse, whose station is in a room adjacent to the ward. Above the bed is a brass bar supported by an arm jutting out from the wall, to which a handle is attached whereby the sick person may raise or move himself in bed. The mattresses are of a flexible web of double wire. The laundry is on the top of the building, in the apartments set out under the Mansard roof, and is furnished with new and improved machinery for washing, drying, mangling, ironing, &c. Under the laundry is the kitchen, which is a model for convenience, neatness and economy of space. A well arranged series of dumb waiters are in use. "Non-absorbents" have been employed so as to prevent, if possible, an accumulation of poisons from lodging in the walls and floors.

Over the roof of the old hospital, and connecting with it by a glass lighted passageway, is a beautiful conservatory containing rare exotics. This tastefully laid out space is 120 x 60 feet, and is furnished with five aquaria. One side is devoted to male and the other to female specimens of the different species on view. This "solarium," or convalescing room, is on the fifth floor, and admits a flood of life-giving sunlight which only requires

to be transmitted through "blue glass" to make the place as perfect as modern art and science can make it. The children's ward, with beds for twelve little sufferers, looks out through immense, well lighted windows on Fifteenth street. The medical library in the old wing of the hospital contains some 15,000 volumes, and is supposed to be the most complete and extensive of its kind in America. The dissecting and lecture rooms, the dead house and cells are most appropriately appointed. Next door to the dead house is an office for the use of the coroner. The hospital is not a free one; board and attendance is charged for at the rate of \$1.50 a day. The medical superintendent is Dr. Weld. There is a large medical and surgical staff, in which all the medical schools are represented.

THE MEDICAL SCHOOL AND JOURNAL MANIAS.—The *Louisville Medical News* says:—"These two maladies are at present exciting considerable comment. The first is by far the more serious complaint. There is no telling where it may reach, and how long it may last. The *materies morbi* is sown everywhere, and the virulence of its contagion is acknowledged. Light diet, which was vaunted as a cure, has proved a failure. It is found that a 'professor' can live indefinitely on glory. There seems to be no hope of checking the epidemic, until by repeated inoculation the disease will wear itself out. When the schools multiply to such an extent that the 'professors' outnumber the students, and the benches become more distinctive than the rostrum, perhaps the matter will stop. The journal mania is a lighter affair. It is in fact a self-limited disease, often not extending beyond the 365th day. Its critical periods may be reckoned as about the first of January and of July. As a result of subscribers' promises and advertising hopes the disease may sometimes become chronic, but a few doses of publishers' accounts frequently cut it short before the period named."

The same evils are cropping up in Canada. We have at present more medical journals than the wants of the profession demand, yet notwithstanding, we have it now and again stated that a want is felt in certain quarters, usually in connection with some medical school, and forthwith a new journal makes its appearance. Its support is next urged upon the graduates of said school, thereby displacing other journals and weakening instead of strengthening the resources of each. If a new journal is wanted, it is to supplement those already

in existence, not to displace them. The change of subscribers weakens some while it gives very little strength to the others, and the result in the end will be, as it has been in the United States and elsewhere, the fostering and encouraging of small poverty-stricken, weak and sickly periodicals. It is impossible to expect medical journals to be maintained and improved, if they are sooner or later to become a burden upon those who have the responsibility for their management. This however is a matter which must be decided by the profession. We have nothing specially to complain of so far, in this respect, having lost very few subscribers from the publication of new journals, and we trust that we shall be enabled in the future as in the past to make such improvements and advancements as the needs of the Canadian profession may require. Our ability to do so, will depend in great measure upon the support accorded us by the profession. If however, every medical school and society in the country, must have an organ to represent its particular views, we may bid good-bye to all efforts at independent journalism in Canada.

#### REMOVING FOREIGN BODIES FROM THE EYE.—

Prof. Dugas, of the Atlanta Medical College, says, in the *New Orleans Medical and Surgical Journal*, March, 1877 :—

It is extremely difficult for the surgeon, as well as painful to the patient, to dislodge the foreign body while the eye is instinctively avoiding every approach of the instrument. In order to surmount this difficulty, I have for many years been in the habit of placing the end of my index finger upon the eye just within the canthus, and retaining it there until I have removed the object. The contact of the finger produces a sensation which, while not decidedly painful, is yet sufficiently decided to engross the attention of the patient, and to prevent his removing the eye at the approach of the instrument or on its contact with the ocular surface.

By this plan the foreign bodies may be removed from the surface of the eye as readily as from any other part, and without the risk of scratching or otherwise injuring the organ by repeated and unsuccessful attempts to take it by surprise, if I may use the expression, by sudden thrusts of the instrument used for the purpose. I am in the habit of using Scarpa's cataract needle, and find it better adapted to the purpose than any other instrument, whether the mote be imbedded or in simple contact.

THE INHABITANTS OF UVEA, an island in the Loyalty group, have a notion that when a person gets a headache his skull is cracked, or that the bone is pressing down on the brain. Consequently they proceed to cure the trouble by cutting open the scalp, and scraping a hole in the cranium with a bit of glass, and then stopping the aperture with a piece of cocoanut shell rubbed smooth. Sometimes the surgeon scrapes too far and injures the *pia mater*, when the patient is killed; but ordinarily the boring proceeds to the *dura mater*, leaving a hole in the skull. It seems that few adults are without perforated heads, and that the cocoanut patch is common.

TREATMENT OF CHOREA (*The Practitioner*, February, 1877).—M. Guérin, of Paris, at the conclusion of a pamphlet on chorea, makes the following observations. If consulted at the commencement of an attack of chorea, when it is, so to speak, in the acute stage, dry cupping should be applied to the vertebral column. Attention should then of course be paid to the cause; and finally chloral, bromide of potassium, arseniate of soda, sulphur baths, and gymnastic exercise will often serve to complete the cure.

MONTREAL BOARD OF HEALTH.—It is an old saying that "wonders never cease," and so it seems, for recently through the Press we have been treated to the somewhat strange spectacle of the Mayor of the Metropolitan City of the Dominion, (which should be an example in civil administration to other less favoured municipalities), seeking by every means in his power, to disparage and bring into contempt, the admirable and efficient Board of Health recently organized in that city. He characterized it as a huge organization for the purpose of squandering the city funds.

This backward bound from the advanced position taken by the late Mayor of Montreal, Dr. Hingston, in health matters, is very much to be deplored, since the mortality rate of Montreal fully attests the great necessity that exists for active and systematic work to be done for many years to come, in order to remove from its reputation the foul blot which has stigmatised it in the past as the nursery of small-pox and the most unhealthy city on the Continent. We understand the aldermen and citizens comprising the Board of Health, instead of being discouraged at the slap in the face

thus given by the Mayor, are determined to persevere in their philanthropic efforts, come what will.

**THE AGE OF PROFESSORS.**—The age of German professors has been statistically examined at intervals of five years, beginning with 1870, by Dr. Etienne Laspeyres, of the University of Giessen. In 1870-71 the writer's calculations were based on the ascertained age of 997 ordinary professors; in 1875-76, of 1,056. In the first case the average age proved 52.9 years; in the second, 52.8, or almost exactly the same. Regarding the separate faculties, it appeared that the professors of theology were the oldest at both periods (54 and 55 years respectively); that the professors of philosophy came next, having the average age of the whole; and that the professors of medicine (50.8 and 51.9) and of law (52.9 and 51.4) were the youngest. While theology had but 10.3 and 12.3 per cent of its professors under 40, medicine had no less than 21.1 and 20.8—that is, medical students attain the professorship earlier than do the theological. On the other hand, 31 and 36.2 per cent of the theological professors were over 60 years of age, but only 21.2 and 25.8 of the medical.

In some medical faculties with which we are acquainted, age is not considered to be a qualification. Professorships are obtained in the schools of Canada more frequently by mere boys in the profession than by men of more mature age and experience; even the clinical professors are sometimes appointed at from 23 to 25 years of age. Perhaps precocity has something to do with it in this country.

**AMONG** the nominations recently made to the Senate of the kingdom of Italy are the names of four members of the profession, two of whom, Signori Mantegazzi and Moleschoott, are well known in the scientific world. The others are Dr. Verga and Dr. Berti.

**TORONTO UNIVERSITY.**—The following gentlemen successfully passed the examination in this University in May last.

**DEGREE OF M.B.**—There were 33 candidates for this examination, 29 of whom passed—J. P. Armour, R. H. Clarkwell, C. E. Carthew, A. Davidson, J. J. Esmond, B. Field, D. M. Fisher, J.

W. Good, G. Gordon, W. J. Gracey, A. Grant, G. A. Langstaff, M. Macklim, W. A. Munro, G. T. McKeough, A. H. Mackinnon, R. B. Orr, W. T. Parke, N. D. Richards, J. A. Sinclair, J. D. Smith, D. A. Stewart, W. T. Stuart, M. Sutton, W. Tisdale, F. B. Wilkinson, T. B. Wilson, W. E. Winskell, O. Young.

Of these, seventeen were from Toronto School of Medicine, and twelve from Trinity Medical School.

**PRIMARY EXAMINATION.**—Twenty-nine candidates presented themselves, of whom 28 passed:—J. Algie, A. Baines, W. H. Bentley, S. A. Cornell, W. Cornell, W. H. Doupe, H. A. DeLom, A. G. Geikie, S. Glasgow, J. Groves, J. B. Jones, W. Lehman, R. P. Mills, D. McCarthy, T. J. McCort, J. McGrath, J. J. McIlhargey, W. McKay, R. A. Pyne, J. B. Rankin, G. Rissell, A. Robinson, J. W. Ross, U. M. Stanley, M. Stalker, J. F. Vanderburgh, A. Wilson, D. D. Wilson.

Of these, twenty were from Trinity, and eight from Toronto School.

**MEDALISTS.**—University Gold Medal—W. T. Stuart, Trinity. University Silver Medals—1. R. B. Orr, Toronto; 2. N. D. Richards, do. Starr Gold Medal—W. T. Stuart, Trinity.

**SCHOLARSHIPS.**—Third year—H. S. Griffin, Toronto. Second year—J. Adair, do. First year—W. Cross, do.

#### EXAMINERS.

Chemistry—R. A. Reeve, B.A., M.A.

Botany—R. Ramsay Wright, M.A.

Physiology and Comparative Anatomy—C. Y. Moore, M.B.

Surgery and Anatomy—W. J. Wagner, M.B.

Medicine and Therapeutics—A. Beith, M.B.

Midwifery and Medical Jurisprudence—William Forest, B.A., M.D.

**OMISSION.**—In our last issue the name of Alex. Davidson, who passed a highly creditable examination was accidentally omitted in the list of successful candidates for the Degree of M.B., of Trinity College.

**VIBURNUM PRUNIFOLIUM.**—Dr. Jenks, of Detroit, *Clin. Record*, advises half a drachm to a drachm of the fluid extract, every two or three hours, during the menstrual period, as a remedy for dysmenorrhœa. He also advises it to prevent abortion, when the symptoms present, indicate danger of the expulsion of the embryo.

**SURGICAL OPERATION.**—An unusual surgical operation was performed in this city, on the person of Mrs. Alexander McGregor, by Dr. J. T. Finnie, and witnessed by several medical gentlemen, among them being ex-Mayor Hingston. The operation was the excision of a portion of the spine—the patient having been a sufferer from epileptic fits for many years. The operation has been successful in checking these epileptic fits—the lady not having had any since then. As far as the medical gentlemen who were present are aware this is the first operation of the kind on record in Canada.

The above extract is from a secular paper, (*Montreal Witness*)—a mode of publication which we think should be deprecated by regular practitioners. Having said this, we are pleased to add that the case is one which reflects credit upon the medical gentleman in attendance, inasmuch as the patient had been a sufferer from epilepsy for years, and had been treated by a number of medical men, without success. The patient suffered pain in the coccyx from dislocation when sitting and during the act of defæcation and the fits of epilepsy were preceded by pain in that location. The connection between local injuries and epilepsy is not uncommon, neither is the operation for removal of the coccyx unique, but the merit rests in tracing the connection between cause and effect.

### Reports of Societies.

#### WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The meeting of the above named Association was held at Windsor on the 9th ult. The following members were present:—Dr. McLean, Sarnia, President; Drs. Casgrain, Fleming, Poussette, and Thompson, Vice-Presidents; Dr. Tye, Treasurer; Dr. Holmes, Secretary. Drs. Gaboury, (Windsor,) Gaboury, (Belle River,) Martin, Lambert, Bray, Bucke, Abbott, Brett, McKeough, Sivewright, Vanallen, Carney, Dawes, Murphy, and Fraser. Drs. Lyster and Shurly of Detroit, were also present. Letters of regret were read from Drs. Jenks and Brodie, who were attending the Michigan State Society at Battle Creek, and from Dr. Richardson of Chatham. The Society requested the President to notify the Medical Council of a resolution passed at a previous meeting of this Association, regarding the appointment of medical examiners.

After several resolutions had been passed pertaining to the successful management of the Society, and the continuance of the publication of its transactions, it was moved, seconded and carried unanimously, "That this Society views with great dissatisfaction the action of detective Smith in interfering with Dr. E. W. Jenks, of Detroit, while attending a professional consultation by request of Dr. McLean, of Goderich, believing that the spirit of the Ontario Medical Act does not justify such action on the part of the detective; and that the Secretary be requested to send a copy of this resolution to Dr. Jenks. Moved by Dr. Abbott, and seconded by Dr. Dawes, Whereas this Association is of the opinion that a member of the Medical Council ceases to represent the Division for which he was elected as soon as he ceases to be a resident of such Division; Resolved therefore that the President and Secretary of this Association be instructed to write to Dr. Edwards and inform him of the views of this Society, and ascertain from him what action he contemplates taking in the matter. Carried. Drs. Casgrain, Gaboury, Dawes, and Brett, agreed to prepare papers for the next meeting at Sarnia. Dr. Walter Lambert, of Amherstburg, read an instructive paper on Thoracentesis, in which he gave the history of seven cases upon which he had performed the operation. A discussion followed, in which nearly all present participated.

Dr. Fraser, of Sarnia, read an excellent paper on "Alcohol as a therapeutic agent," which elicited a prolonged discussion, in which Drs. Dawes, Bucke, Brett, McLean, Holmes, and Lyster, took part. Both papers were of great practical interest, and the writers received the cordial thanks of the Association.

Several new members were admitted, and a determination to continue the printing of the transactions seemed unanimous.

It was agreed that members of the Association wishing to attend the Dominion Medical Association, should be considered as delegates, and that the Secretary be authorized to grant credentials to those asking them. The meeting adjourned to be convened at Sarnia in August.

#### MICHIGAN STATE BOARD OF HEALTH.

The Annual Meeting of the State Board of Health was held in Lansing, April 10, 1877.

Dr. H. O. Hitchcock, President, presented his annual address on "The Laws of Heredity in their Relation to Public Health, and to Legislation in the Interests of Public Health," after which Dr. R. C. Kedzie was elected President.

Dr. Arthur Hazlewood submitted a report concerning a suggestion by Dr. W. H. Rouse, of Detroit, that the State Board of Health and the State Agricultural College co-operate in the production of Bovine Virus. Dr. Hazlewood reported that a reliable article could now be obtained at a less cost than by the proposed method, from persons who make a specialty of its production. The report was adopted.

Rev. C. H. Brigham read an essay on "Recreations in their Influence on Health." He reviewed the popular games and exercises of the day, and said "that the best recreation is that which gives the most exhilaration of mind and body, with the greatest economy of time and strength, and with the least danger to life and limb."

Dr. Barker submitted a proposed circular of information on the "Restriction and Prevention of Scarlet Fever." It embodied carefully framed rules for the prevention of this dreaded disease, and directions for different methods of disinfection, &c. The subject has been under consideration during the past year, by members of the Board, particularly by Drs. Hazlewood and Baker. The document was adopted and 20,000 copies were ordered to be printed in pamphlet form, for distribution in this State. A circular to the correspondents of the board, asking for facts concerning scarlet fever was ordered printed.

The Secretary read a report from Dr. J. H. Beech, of Coldwater, who at the request of the Board, had made an investigation of cases of diphtheria at Union City. The number of interments from this disease in the cemetery of that village, between April 27, and October 31, 1876, was 20.

At the last meeting of the Board, Drs. Kedzie and Baker were appointed a Committee to take such steps as circumstances might require, to place before the Legislature any information in the possession of the Board regarding the working of the law for the inspection of illuminating oils, and to act for the Board in endeavouring to maintain the present standard of inspection, so far as regards the flash test—140° Fahrenheit. Dr. Kedzie re-

ported that he had labored hard in the performance of the above duty, had delivered an address upon the subject before the Legislature, and had several times met with the Committees on Public Health in the Senate and House, but in the Committee of the Whole in the House, the test had been reduced to 120° Fahrenheit. The subject was discussed, and there was a unanimous feeling that in the interests of public safety, the present flash test of 140° Fahrenheit, should be maintained. The Secretary was directed to send a respectful memorial to the Legislature, setting forth the views of the Board.

The Secretary submitted his quarterly report, which mentioned the distribution of meteorological instruments to observers in different parts of the State; books to the number of 123 had been received and placed in the library; diphtheria has been reported by a large number of correspondents in different parts of the State; 36 letters have been written to correspondents asking for details, and 28 replies received; letters had been written to, and replies received from correspondents, who reported erysipelas and puerperal fever at the same time and place. Letters had been written to, and valuable replies received from correspondents where scarlet fever had prevailed. About 1,600 copies of the last Annual Report had been distributed during the quarter, and the usual number of former reports and documents had been applied for and distributed. Among these applications were many from other states, and some from foreign countries. Thirty-three replies had been received from correspondents, relating to diseases in the State during 1876; 13 replies relating to water supply in various localities; 345 reports of local boards of health had been received, and the question was raised whether more vigorous action should not be taken to obtain more of these reports. About 70 reports of prevalent diseases are received each week from correspondents in different parts of the State. These reports are carefully read as received, and have been compiled for the months of October and November. Circulars have been issued to health officers of cities, urging them to report in accordance with law.

#### TOLEDO BOARD OF HEALTH.

Dr. Fisher, Health Officer, in his Annual Report for 1876, makes the statement:—"English sta-

tisticians have estimated that in that country for every death there are two constantly sick; in other words, that 'every death implies a total average of 730 days of sickness.' Basing calculations upon this estimate, 1480 persons have been constantly sick during the year."

The report goes on to show the evil results of overcrowding in tenement houses, especially with reference to other cities, notably New York. The city of Toledo takes foremost rank among the cities of the United States for healthfulness.

The following order was issued by the Board, to prevent the spread of small-pox in Toledo in the early part of last year:

"That the Health Officer, on the discovery or report of the existence of a case of small-pox in any house, building or premises in this city, is hereby directed and empowered to cause such case, or person having small-pox, to be removed forthwith to the small-pox hospital, if in his discretion he considers such action necessary for the protection of the public health, or to prevent the spread of the disease; and for the purpose of carrying out this order, he is hereby empowered to summon to his assistance the police force of the city, if necessary."

These measures seemed harsh and arbitrary, but the result proved the wisdom of the course pursued. Other cities where the disease occurred about the same time have been less fortunate, and are still battling with it.

MEETING OF THE MEDICAL COUNCIL.—The annual meeting of the Medical Council is expected to take place on or about the 26th inst.

DIATOMS.—We have received a selection of these interesting objects from Dr. Peticolas of Richmond, Va., whose advertisement will be found in our advertising columns. They are most beautiful specimens, and those who take a delight in such preparations, should send for some mounted slides.

AN EXCELLENT REMEDY FOR ASTHMA. — Saturate with strong solution of nitrate of potash, one part of coarsely powered belladonna leaves and two parts stramonium and allow it to dry. On igniting a portion on a plate, combustion readily takes place and the fumes are to be inhaled. Relief is usually obtained in a few minutes.

MEDICAL EDUCATION IN THE UNITED STATES.—The medical department of the University of Pennsylvania has adopted a three years' graded course of study, similar to that in Harvard Medical College, with an examination at the end of each year. The salaries of the professors are fixed, and will be paid by the trustees, so that they are no longer dependent on the number of students in attendance. The University of Michigan has *decided to lengthen its term to nine months*, and there is also to be a gradation of studies extending over a three years' course.

OVARIOTOMY.—Spencer Wells has performed the operation of ovariotomy 800 times. The mortality in the fifth series of one hundred cases was 28; in the sixth and seventh, 24. He recommends drainage only in a few cases.

HYDATIDS OF THE LIVER.—A very interesting case of this kind is at present under treatment in the Toronto General Hospital. The patient, an Icelander, female of robust habit, first noticed a swelling in the region of the liver, about six years ago. It has gradually been increasing ever since until it has formed a large tumour, presenting somewhat the appearance of ovarian disease. The "hydatid fremitus" is very distinct; the patient suffers very little pain from the tumor. An aspirator needle was introduced, and about 10 oz of clear fluid withdrawn which abounded with hydatids, and their characteristic hooklets. The operation will be again repeated in a few days.

CARELESS PRESCRIBING.—Several mistakes have occurred lately from carelessness in writing prescriptions. In one case a physician ordered *Hyd. Chlor.*, and the compounder put up corrosive sublimate. The patient had a narrow escape from poisoning. The drug produced emesis almost immediately after swallowing, and thus the patient's life was saved. In another case a physician wrote *Hydrargyri Chloridi grs. vi.* and the clerk put up six grains of corrosive sublimate. The patient took the dose, and only by prompt measures was rescued from poisoning.

William Wood, the well-known medical-book publisher and founder of the house of William Wood & Co., died in New York, on April 9th, of cardiac disease, aged eighty years.

THE BRITISH MEDICAL COUNCIL.—The annual meeting of the council took place on the 9th ult., and following days. Sir James Paget took his seat as the representative of the Royal College of Surgeons in the place of Mr. Quain. The annual address was delivered by Dr. Acland, President, after which the ordinary business was proceeded with. The "medical register" was ordered to be revised, and the subject of a conjoint examining board was again up for discussion.

Of 169 candidates recently examined at the Royal College of surgeons of England for the primary examination in Anatomy and Physiology 66 failed.

AMERICAN MEDICAL ASSOCIATION.—The twenty-eighth session of the association will be held in Chicago Ill., on Tuesday, June 5th, 1877. Secretaries of Medical Societies are requested to forward at once lists of their delegates, to W. B. Atkinson, M. D., permanent Secretary, Philadelphia Pa.

A meeting of the delegates from the Medical Colleges will take place on the Saturday preceding the meeting of the National Medical Association, to confer on matters regarding the teaching of medicine in the United States.

MALE WET NURSES.—The *Journal des Sages Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet nurses. He excites the secretion of milk, independently of pregnancy. This is effected both in women and men. An applicant for a nurse is always asked whether a *male* or *female* is desired. The *former* is preferred by some families under the belief that greater vigor is thus imparted to the offspring.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—The following Canadian M.D's. have passed the required examination for the diploma, and were duly admitted Members of the College on the 24th of April:—F. R. Eccles, M. D., R. L. McDonell, M.D., and A. H. Wright, M. B.

APPOINTMENTS.—J. B. Freeman, M.D., of Newcastle, N. B., to be Coroner for the County of Northumberland.

E. Vernon, M.D., Hamilton, to be Associate Coroner for the County of Wentworth.

DIAGNOSIS OF PARALYSIS OF THE MUSCLES OF THE FOREARM.—To distinguish saturnine paralysis from paralysis produced by an affection of the radial nerve, Mr. Hardy points out one characteristic sign. In radial paralysis the *supinator muscles* are affected as well as the *extensors*, while in lead paralysis the extensors only are affected, and this explains why the patient can carry the hand supine.

### Books and Pamphlets.

ATLAS OF SKIN DISEASES, by Louis A. Duhring, M.D. Philadelphia: J. B. Lippincott & Co.

This is the second part of this admirable Atlas of Skin Diseases, which, owing to unavoidable difficulties in executing the portraits, has been delayed for some time. It contains four illustrations of excellent merit, viz: Acne rosacea; ichthyosis; tinea-versicolor, and sycosis non-parasitica. The accompanying text is concise and practical, and together with the portraits cannot fail to prove of great value to the profession. We have no hesitation in giving this work our highest commendation. Both as a scientific treatise and a work of art, it is deserving of the greatest praise.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY, by J. M. Carnochan, M. D. Part I., illustrated. New York: Harper Bros. 1877. Toronto: Willing & Williamson.

Dr. Carnochan is well known to the profession as a surgeon and an author, and this his latest work bears testimony to his abilities in both spheres. The present volume contains an elaborate description of the nature and treatment of Elephantiasis Arabum, preceded by an eloquent introductory address on the study of science. The Dr. successfully resorted to ligation of the femoral artery for elephantiasis of the leg, and he also ligated the common carotid of both sides for elephantiasis of the head and face with excellent results. Prof. Erichsen, of London, in his work acknowledges his indebtedness to Dr. Carnochan for the above method of treating this otherwise intractable disease. He has dedicated the work to Prof. Gross, of Philadelphia, and also expresses his acknowledgment to Dr. Mott, for "whatever of merit the essays display." We have only one fault to find with the book, and that is its inconvenient form, quarto and the large size of type.



CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. von H. Ziemssen, Professor of Clin. Medicine in Munich, Bavaria. Volume XII. Diseases of the Brain and its Membranes. New York: William Wood & Co.

We have received the above volume from the publishers, and also another volume of the series, which we will notice in a subsequent issue. The work is now drawing near completion, and we have no doubt the American editor will feel a sense of relief in having so nearly finished his labours. The present volume is quite up to the standard of those that have preceded it. Prof. Northnagel treats of "Anæmia, Hyperæmia, Hemorrhage, Thrombosis, and Embolism of the Brain and its Membranes;" Prof. Obernier of "Tumors of the Brain and its Membranes," and Prof. Heuber on "Syphilis of the Brain and Nervous System." The latter is full of interest, and contains the latest researches upon the subject. Prof. Huguenin treats of "Acute and Chronic Inflammation of the Brain and its Membranes," and Prof. Hitzig on "Hypertrophy and Atrophy of the Brain."

This is one of the most interesting and instructive volumes of the series.

THE PRINCIPLES OF THERAPEUTICS, by J. M. Fothergill, M. D., M. R. C. P. London. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This new work on the Principles of Therapeutics has been most favorably received. It is a work of about 600 pages and contains a fund of valuable information on the physiological, pathological and practical application of the remedies chiefly used. It also contains some excellent chapters on assimilation, growth and decay, body-heat and fever, anæmia, plethora and congestion. A few defects in style and mode of expression are noticeable, but nothing to detract from the substantial instruction that is furnished in its pages. It is worthy of a careful perusal.

MYELITIS OF THE ANTERIOR HORNS, by E. C. Seguin, M. D. New York; G. P. Putnam's Sons.

THE ELECTRO-THERMAL BATH, by J. Hayes, M. D. Chicago: Jansen, McClurg & Co. Price, \$1.25

TRANSACTIONS OF THE AM. GYNECOLOGICAL SOCIETY. Vol. I, for the year 1876. Published by H. O. Houghton & Co., Boston. pp. 387.

THE RELATIONS OF ANCIENT MEDICINE TO GYNECOLOGY, by Edward Jenks, M.D., Detroit.

REPORT OF BRIGHAM HALL HOSPITAL FOR THE INSANE, for the year 1876, by Dr. Burrell. Canadaigua, N. Y.

CLINICAL NOTES ON SMALL-POX.—I. THE INITIAL RASHES. II. HÆMORRHAGIC SMALL-POX. III. A FORM OF HÆMORRHAGIC SMALL-POX.—By William Osler, M.D., Montreal.

CASE OF PROGRESSIVE PERNICIOUS ANÆMIA (Idiopathic of Addison), by William Gardner, M.D., and William Osler, M.D., L.R.C.P., London. Montreal.

A SERIES OF AMERICAN CLINICAL LECTURES, Edited by E. C. Seguin, M.D. Vol. III. No. I. Transfusion of Blood and its practical application, by Thomas G. Morton, M.D. Philadelphia. No. II. Hydrocele, by D. Hayes Agnew, M.D., Philadelphia. New York: G. P. Putnam's Sons.

PERSONAL.—Dr. Lett, formerly assistant physician in the London Lunatic Asylum, will assume a similar position in the Toronto Asylum, on the 15 inst.

### Births, Marriages, and Deaths.

On the 15th ult., at the residence of the bride's father, by the Rev. John Bredin, of Barrie, N. A. Powell, M.D., to Mary A., youngest daughter of Joseph Thomas, Esq., J.P., all of Edgar, Ont.

On the 16th ult., Henry McCrea, M.D., of Marlette, Michigan, U. S., formerly of Ontario, to Miss A. E. McLean, eldest daughter of the Rev. J. McLean, of Mount Brydges.

At Lancaster N. B., on the 23rd ult., Samuel Lewin, M. D., aged 44 years.

At Montreal, on the 24th ult., Dr. P. P. CARPENTER, in the 50th year of his age.

At Thamesville, on the 24th ult., HANNAH, beloved wife of A. TYE, M. D., aged 38 years.

\*\* The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps with the communication.

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Attention is invited to the following analysis of this Extract as given by S. H. Douglas, Prof. of Chemistry, UNIVERSITY OF MICHIGAN, Ann Arbor:

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"In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPŒIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

"Yours truly,  
SILAS H. DOUGLAS,  
"Prof. of Analytical and Applied Chemistry."

This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

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The presence of a large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price \$1.00.

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## TROMMER'S EXTRACT OF MALT, FERRATED.

Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of *anæmia*. PRICE, \$1.00.

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Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the *anæmic* state following autumnal fevers in chlorosis, enlarged spleen, carbuncles, boils, &c. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. PRICE, \$1.50.

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Far superior to any of the "Syrups" of Hypophosphites, and invaluable in *anæmia*, scrofulous, tuberculous, and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, &c., it is very efficacious. This combination is, in certain cases, even more efficient in exhaustion from undue lactation than the Extract of Malt with Hops. PRICE, \$1.50.

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The reputation of these preparations is now so thoroughly established, that they may be said to be the only remedies of the description recognized and prescribed by the leading members of the Medical Profession. No small portion of their popularity is to be ascribed to the fact, that they are palatable to the most fastidious, keep good in all climates, and are readily miscible in water, milk, &c. In all cases where Cod Liver Oil fails to afford relief, or cannot be retained by the stomach, Pancreatic Emulsion and Pancreatine are the *only remedies* to supply its place, increasing weight, and ensuring strength and appetite; whilst in many cases they prove a most valuable adjunct to the Oil, which they assist in digesting.



**PANCREATINE WINE.** A most pleasant vehicle for administering Cod Liver Oil, with which if shaken, it readily forms an Emulsion. This preparation when prescribed by itself will be found to be a powerful assistant to digestion, and as a remedy for this purpose is largely used in England.

**PANCREATISED COD LIVER OIL:** A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid. Digests all kinds of Food—the FARINACEOUS, FIBRINOUS, and OLEAGINOUS, (being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.)

**PEPTODYN, the New Digestive** Five grains of the Powder digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch. As Supplied to the Royal Families of England and Russia. Feeding Infants on the best, i. e. the most nourishing and easily digested Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of employing Starch, in the form of Corn Flour and other high-sounding titles, has been repeatedly pointed out. This Food resembles Mother's Milk more closely than any other kind, containing the highest amount of nourishment in the most digestible and convenient form.

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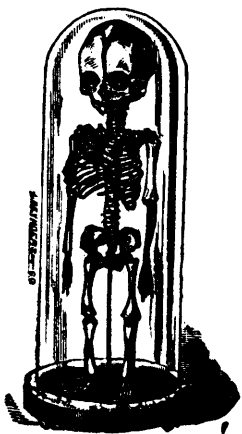
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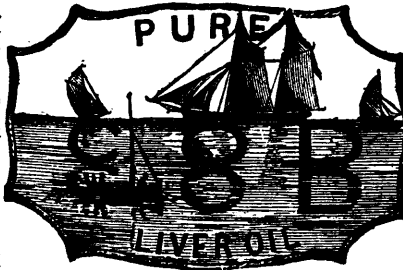
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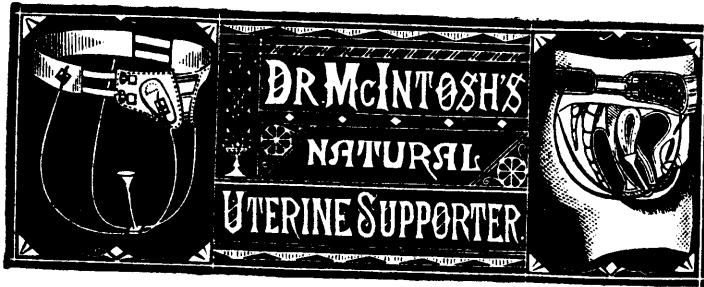
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THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 3, 1877, and end about the 1st of March 1878.

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JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.  
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

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LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.  
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.  
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### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
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Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	35 00
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*Students who have attended two full Winter courses of Lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.*

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THE COLLEGIATE YEAR is divided into three Sessions:—A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 16, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

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THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March, and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

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CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

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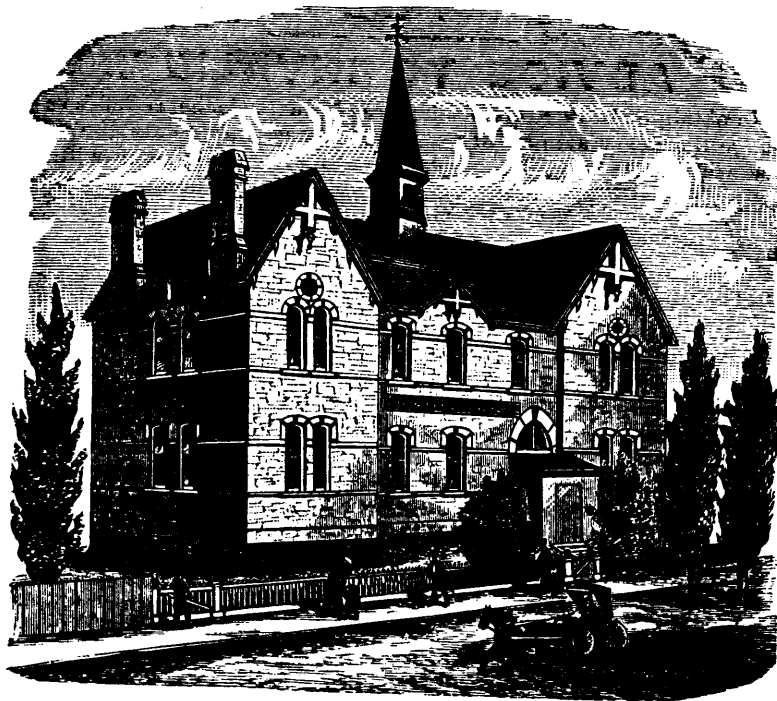
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Ammon. Carb.....	lb.	0	25	Liq. Ammon.....	"	0	17	" Potass. Tart.....	"	0	32
Æther, Nit.....	8 oz. bot.	0	22	" Arsenic.....	"	0	20	Spir. Camphor.....	8 oz. bot.	0	24
" Sulph.....	"	0	33	" Bismuth.....	"	0	40	" Ammon. Co.....	"	0	25
" Co.....	"	0	28	" Donovan.....	"	0	28	Syr. Aurant.....	"	0	20
Antim. Pot. Tart.....	oz.	0	08	" OpiSed.....	"	1	30	" Codeia.....	"	0	90
Argent Nit. fus.....	"	1	20	" Potassæ.....	"	0	17	" Ferri Iod.....	"	0	40
Balsam Copaib.....	8 oz. bot.	0	55	Mist. Ferri Co.....	8 oz. bot.	0	20	" Strych. Phos. Co.....	"	0	70
Bismuth, Car.....	oz.	0	20	Morph. Sul.....	oz.	4	00	" Hypophos.....	"	0	45
Cerri Oxalæs.....	"	0	80	" Mur.....	"	4	00	" Phosph. Co.....	"	0	40
Chloral Hy rate.....	"	0	13	Ol. Crotonis.....	"	0	15	" Senegæ.....	"	0	38
Chlorodyne.....	"	0	15	" Jecoris Assell.....	lb.	0	25	" Scilla.....	"	0	20
Chloroform.....	lb.	1	20	" Olivæ Opt.....	"	0	30	Tinct. Aconit.....	"	0	24
Cinchon, Sul.....	oz.	0	50	Optum.....	oz.	0	65	" Arnica.....	"	0	24
Ergot, pulv.....	"	0	15	" Powd.....	"	0	75	" Calumb.....	"	0	20
Emp. Lyttæ.....	lb.	1	25	Phil. Aloes.....	gross.	0	30	" Camph. Co.....	"	0	20
Ext. Belladon.....	oz.	0	20	" " et Ferri.....	"	0	30	" Cardam. Co.....	"	0	24
" Colocynth Co.....	"	0	12	" " Myr.....	"	0	38	" Catechu.....	"	0	20
" Gentian.....	"	0	05	" Assafœtid.....	"	0	30	" Cinchon Co.....	"	0	20
" Hyosciam, Ang.....	"	0	20	" Cath. Co., U. S.....	"	0	45	" Colch. Sem.....	"	0	20
" Sarza Co., Ang.....	"	0	30	" Hydrarg, Mass.....	lb.	1	00	" Digital.....	"	0	30
" Nucis Vom.....	"	0	75	" " Subchlor. Co.....	gross.	0	30	" Ergot.....	"	0	40
" Taraxacum.....	"	0	07	" Rhei. Co.....	0	35	" Ferri Perchlor.....	"	0	18	
Fol. Buchu.....	"	0	50	" Podophyllin, Co.....	0	40	" Gentian Co.....	"	0	20	
" Senna.....	"	0	30	Plumbi Acet.....	lb.	0	25	" Hyocslam.....	"	0	20
Gum, Aloes Soc.....	"	0	90	Potass. Acet.....	"	0	60	" Iodine.....	"	0	45
" " pulv.....	"	1	10	" Bicarb.....	"	0	35	" Nucis Vom.....	"	0	24
" Acacia, pulv.....	"	0	60	" Bromid.....	"	0	85	" Opli.....	"	0	50
Glycerine, pure.....	lb.	0	30	" Iodid.....	"	5	00	" Rhei Co.....	"	0	30
Ferri, Am. Cit.....	oz.	0	12	Pulv. Creta Co.....	"	0	75	" Valer.....	"	0	20
" " et Quin. Cit.....	"	0	65	" " C Opio.....	"	1	00	" Verat Vir.....	oz.	0	20
" Citro, phos.....	"	0	18	" Ipecac.....	"	2	60	Ung. Hyd. Nit.....	lb.	0	60
Ferrum Redact.....	"	0	15	" " Co.....	"	2	25	" Zincl.....	"	0	4
Hydrarg, Chlor.....	"	0	10	" Jalapa.....	"	1	50	Vin. Ipecac.....	8 oz. bot.	0	30
" " C Creta.....	"	0	07	Quinæ Sul.....	oz.	3	90	" Antim.....	"	0	20

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