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Original Communications.

A Case of Rheumatism of the Gravid Uterus; by E. H. Trenholme, M.D., Prof. Midwifery and Diseases of Women and Children, University of Bishop's College, &c.

(Read before the Medico-Chirurgical Society of Montreal, May 2.)

The following brief notes are presented to this Society, on account of the peculiarity of the case brought before you, and the absence, so far as I have been able to ascertain, of any notice of Rheumatism of the uterus by writers upon the diseases of women and children.

Mrs. E. J. P. is æt. 31 years, native of Canada, Irish parentage, spare habit, well developed, and of healthy appearance, the mother of several children, and now in the 6th month of gestation. Her previous history good, supports herself and family by sewing. Had a fall down stairs about the 1st Jan., 1873, but except slight pains in the hips, which soon passed away, has not suffered any inconvenience from the accident. Present condition: On 27th Jan., without any cause so far as she is aware, was laid up with a sudden and severe attack of sub-acute rheumatism of the right shoulder, which was hot, tender and so painful that any movement of the joint was impossible. In all other respects she seemed well.

28th Jan.—Passed a restless night and is suffering very much from agonizing pain at the pit of the stomach, which is intensified during each respiration. The breathing is shallow and rapid, and says she feels with each attack of pain, that there is a spasm or constriction around the lower part of the ribs. There is considerable irritability of the stomach and tendency to vomit. Pains in shoulder slight, urine scanty and high-colored. Pulse 85, skin hot and dry; ordered turpentine stupes to pit of stomach, and gave the patient aconite internally.

29th.—Passed a very bad night; no sleep. Pains at pit of stomach and base of chest much the same. There are also severe pains in lumbar muscles. Stupes continued to seats of pain. As skin was acting freely and nausea but slight, I gave Bryonia Alba alternately with aconite every 2 hours.

30th.—Pains gone from pit of stomach, and diaphragm and lumbar region, but the uterus is the seat of the most intense agony; there are also tenderness and swelling of both knees. Patient passed a restless, sleepless night, and seems much exhausted as she has been unable to sleep or eat for the last 4 days. Examined the os uteri and found it normal. There are no indications of abortion. Discontinued the aconite, and gave Puly. Dov. with

Morphia every five hours. Hot turpentine stupes continued.

31st.—Slight pains at pit of stomach, but do not interfere much with respiration; lumbar pains also present. Uterine pains much the same as yesterday. Treatment continued.

1st Feb.—Pains in uterus most severe. Slight pains at pit of stomach and small of back. Urine in addition to its being scanty and high-colored, is irritating and renders micturition painful. Pulse 100. Great restlessness; skin acting well and not very hot. Gave Bryonia every 3 hours, and Dover's powder at night.

Feb. 2nd.—Uterine pains unrelieved and continuous. At times the organ seems to contract and increase the agony. Slight pains in knees and thighs and not elsewhere. Passed a sleepless night as usual. Pulse 112; tongue furred; bowels unmoved for four days; skin acting well. Omitted the Dover's powder and ordered the following: ℞. Pot. Iod. ʒjs., Pot Bicarb ʒiijss., Vin. colch ʒj. aqad viii. Tablespoonful every 3 hours. I may say that at this stage of the disease, I feared abortion would result on account of the supervention of spasms of the uterus. The question of aiding the removal of the ovum presented itself to my mind, but was not entertained as I dreaded a fatal result, should active inflammation supervene upon the present rheumatic state of the organ.

Feb. 3rd.—Obtained relief from the agonizing pains in the womb at midnight, and had her first sleep for many days. The womb is very sensitive to the touch, but easy when quiet. Slight pains in the knees and right shoulder, but none elsewhere; bowels moved twice during the night. Pulse 96; skin normal. Urine more abundant and lighter in color. No dysuria. Treatment continued.

From this time the patient continued to improve, and was so well as to be able to attend to her occupation and walk about the city before the end of another week.

I am sorry to say that, owing to a midnight hegira, I have lost track of the case, and have not been able, as I had hoped, to note the results of the disease upon her child nor its effects upon her confinement.

Montreal, Victoria Square, April, 1873.

Notes of a case of Cerebro-Spinal Meningitis.—

By JOHN BELL, M.A., M.D.

(Read before the Medico-Chirurgical Society of Montreal, May 16, 1873.)

On Wednesday, April 9th, 1873, I was called to

see a girl, A. R., aged 13, who had been attending one of the public schools, for the spring examinations in which she had been reading hard. During the summer she lives in the country, and has always been an unusually strong, well formed girl, very quiet and fond of out-door exercise. Her parents are both strong and healthy, as are also all the other children.

For five days before I was called in, she had been drowsy in the evenings, and did not feel so well as usual, which was considered to be the result of biliousness and hard study. When I saw her she had been vomiting, less or more, for some days, and complained of pain and an uncomfortable feeling in the head, with weakness and loss of appetite. There was also pain in the lower part of the back, which she thought was due to her having been in bed since the day before. From the extremely dirty surroundings of the house in which she lived, and the other circumstances of the case, I at first suspected that, at the worst, this would prove to be a case of typhoid fever. I prescribed lime water and milk, which at once arrested the vomiting, and as recommended by Harley in the treatment of the early stage of typhoid fever, and which I always found very useful, I gave a few small doses of hydrarg cum cretâ. Her head was bathed frequently in cold water, which removed the headache. Until Sunday, the 13th of April, she continued to improve in every way, her tongue, which at first had been coated, cleaned off, leaving only a dirty streak along the middle. The headache had disappeared, although there still remained some pain in the lumbar region, and sometimes between the shoulders. I had seen her at 2 p.m., in the above apparently convalescent condition, and she had fallen asleep feeling unusually well, but in about an hour afterwards she woke up unable to speak, and I was sent for in haste, as it was supposed she was dying. I found her pulse 104, temperature 100.6. Her bowels not having been moved as usual during the day, I gave her a purgative dose of calomel, and left a few gr. xx, doses of bromid of potass. I now thought that I had a case of cerebro-spinal meningitis to treat, probably of the epidemic form. From this time I took notes of the case, and will merely copy them from my pocket book, even at the risk of being prolix and particular.

April 14th, 10 a.m., pulse 112, temperature 100.7.

Rather more conscious than she was last night. Forms her mouth to speak, but cannot utter a word. There is stiffness of neck and back on attempting to move. To have snow, covered with flannel, constantly applied to head and back of neck.

6 p.m., r.* 25, p.† 112, t.‡ 100.8 Began to speak about one this afternoon. Is very drowsy and irritable when disturbed. To have calomel gr. j. every four hours, and potass. bromid gr. x., potass. iodid gr. v., quiniæ disulph gr. j., at the same intervals of time.

April 15th, 11 a.m., r. 30, p. 120, t. 100.5. Became almost perfectly conscious at about half-past two this morning, and thought it was still Sunday night. Bowels moved twice during the night. Neck not so rigid as formerly, and has no pain except when moved. There is some pain in the muscles of the legs when they are forcibly straightened, but none when flexed.

6 p.m., r. 28, p. 112, t. 100.8.

April 16th, 11 a.m., r. 27, p. 112, t. 99.2. She became quite conscious about three o'clock this morning. Neck still stiff and pain caused by attempt to bend head forward. Belly still somewhat retracted. She passed an alvine evacuation of a dark greenish brown color in bed this morning. A few bright red, slightly raised, acuminate spots are out on her arms this morning.

6 p.m., p. 120, t. 100.8.

11 p.m., r. 28, p. 112, t. 99.6. Has passed three motions in bed during the day. During the day occasionally felt the bed clothes as if measuring the edge of the coverlet, and if disturbed she drew the clothes with both hand up under her chin and rested quietly in that position. The skin was very warm at six, now it is cool, with slight *cutis anserina*. She is continuing the same medicine and applications and has for diet, beef tea, milk and eggs.

April 17, Thursday, 11 a.m., r. 32, p. 135, t. 99.5. Rested quietly all night. Not quite so conscious as before but knows those around her and asks for drinks. Passes evacuations in bed, but is evidently aware of it.

6 p.m., r. 33, p. 140, t. 100.6. Is apparently conscious, but does not seem like her usual self. Gums slightly affected, bleeding when pressed; stopped calomel powders.

April 18th, r. 34, p. 150, t. 101.2. Slept from eleven last night till eight this morning, when she was taken out of bed to have it changed, during which process she helped herself a good deal though weak. During sleep she occasionally picked at the bedclothes. Her bowels were moved twice in bed during the night, yet this morning she asked to get up to stool. Has been very thirsty yesterday and this morning. Talks quite sensibly but peevishly. Has

* r. respiration; † p. pulse; ‡ t. temperature.

abnormal sensations, e. g., imagines that her chemise is rolled up on her back and wants to have it pulled down. Has some pain in her head, but appears to move it more easily than before. Finished her medicine this morning. To have half an ounce of wine every two hours.

6 p.m., r. 34, p. 135, t. 984. Has been quite conscious—knew her father who came in from the country. Takes interest in passing conversation. Was sponged all over. Bowels moved once in bed after bath. Is now taking only food and wine. There is slight external strabismus of right eye. Forehead cold from profuse perspiration.

April 19th: morning visit. R. 33, p. 135, t. 1002. Has slept very quietly all night and said nothing but ask for drinks. Passed a thin yellowish stool in bed, about eight, a.m. Pulse softer than it has been. Perspires freely, and face flushes red at times. Is more correct in her appreciation of sensations than she has been, e. g., as to where her clothes are and as to impressions made by things in contact with her. Has perfect use of her limbs. Both pupils have all along been widely dilated, except at the commencement of the attack, when the left one was somewhat smaller than the right. To have one ounce of wine every two hours.

6 p.m., r. 38, p. 148, t. 1006. Is quite conscious and able to speak perfectly. Complains of pains in the middle of the back and in her legs when they are moved. Eyes suffused, slightly reddish. On a level with the right lower lid there is evidently ulceration through the conjunctival layer of the cornea, from which proceed numerous enlarged capillaries. Tongue slightly coated. To have the former bromid and iodid mixture every four hours.

April 20, Sunday, 1–30 a.m., r. 46, p. 160, t. 1008. Condition of right cornea same as before. Both irides are widely dilated and are of a uniform light yellowish colour, and apparently homogeneous structure from the deposit of lymph. They are unaffected by light, and she cannot see. There is some dulness of the lower posterior part of right lung.

9 a.m., pulse about 170, dichrotous, r. 46, t. 102. Answers questions intelligently, puts out tongue when asked, &c. Perspiring freely. Cheeks with a purplish flush. Eyes in same condition as last night. To have one ounce of wine every half hour until next visit.

11.30. Has just died. Face not very pale. Cornea clear. Irises same as before. Lower back part of right lung dull on percussion. Apex in front almost tympanic.

POST MORTEM EXAMINATION FORTY-EIGHT HOURS AFTER DEATH.

Owing to unavoidable circumstances a post mortem examination could not be obtained until Tuesday afternoon, when the friends of the deceased were beginning to assemble for the funeral, so that the examination was necessarily hurried. I am indebted to Dr. Roddick for making it with me. The brain and spinal cord as far down as the fifth dorsal vertebra were the only parts examined. The veins of both the *dura* and *pia mater*, throughout the entire extent of both membranes, were intensely congested with dark, fluid blood. The arachnoid membrane seemed to be more opaque than normal and small quantities of pellucid lymph coated the surface of the base of the brain, particularly in the region of the optic commissure glueing the fissures and convolutions together, and presenting an irregular or granular appearance when these parts were torn asunder. The quantity of sub-arachnoid fluid did not seem to be much increased, or else it must have escaped in removing the brain. The same conditions existed in the part of the spinal cord examined, and in addition the venous plexus separating the cord from its bony canal was gorged with blood. Under the microscope small portions of the cord presented capillaries containing single and double rows of blood globules slightly overlapping one another, but I am ignorant if that be a pathological condition or not. The brain substance seemed to be even more than usually tough and sticky. The *puncta vasculosa* presented about the usual appearance. The *choroid plexus* was very vascular and prominent. There was about two drachms of fluid in the left lateral ventricle, but with that exception the quantity in the others was normal. No time was allowed for further investigation.

Judging from the *post mortem* appearances of the meninges of the brain and spinal cord, I think that the local abstraction of blood and frequent dry cupping of the back of the neck and spine, would have proved powerful adjuncts in the more successful treatment of this case, although Radcliffe, in his article on "Epidemic cerebro-spinal meningitis," in Reynold's "System of Medicine," says: "It does not appear that any decided good has arisen" from the administration of iodide of potassium, it appears to me that it would prove useful, judging from its almost specific influence over periostitis, an inflammation of a structure very similar to the meninges of the brain, and from its effect in stimulating the removal of effused material. I have used these remedies with good results in two cases, which have

come under my care since the one reported above, and which have been under treatment for four and three weeks respectively. The pain in the head and back was always relieved by cupping, and the condition of the patient improved generally, at least for the time. But these patients still remain in a low, weak sort of typhoid condition, which has been met with, I understand, in the practice of other gentlemen, and as to the treatment of which, I would like to hear an expression of opinion. I have also met with some patients suffering from such symptoms as vomiting, severe pains in the head and back, with stiffness of the neck, pain in the bowels, and varying differences in the size of the pupils, and others which seemed to me to indicate a mild attack of this disease, but which passed away on the administration of mercury, bromid and iodid of potass, with the application of cups to back of neck and spine and cold to these parts and the head.

1 Beaver Hall Terrace, May 16, 1873.

Two years and a half in a London General Hospital. By G. F. SLACK, B.A., C.M., M.D., M.R.C.S. Eng., late House Surgeon, Charing Cross Hospital, London.

Syphilitic affections of the tongue come very frequently under notice in London. Such cases, as a rule, occur in middle-aged or old people belonging to that class, or I might almost say race, who spend all their days and many of their nights in the open air, eating little and at irregular times, and drinking whenever an opportunity offers of their doing so. They are poorly clad and exposed to all sorts of weather, contract syphilis and undergo little or no treatment for it, until they are reduced to such a deplorable condition that they are taken into some hospital out of sheer pity. Such cases yield very slowly to treatment. Good food, beer, cleanliness, etc., being the chief requirements, followed by a course of iodide of potassium, in gradually increasing doses, or mercury. In some of these cases which have been neglected and the disease allowed to run its course unchecked, there is some difficulty in deciding whether syphilis has produced the mischief, whether the patient is suffering from malignant disease of the tongue, whether the two affections may co-exist, or whether the one may follow the other. Of this I am certain, that I saw two or three cases of long-standing disease of the tongue, the exact nature and cause of which it took several weeks of careful observation to determine, and even then there was some doubt expressed. These cases were ex-

amined and treated by gentlemen who had had many years of hospital practice, and, consequently, during that time, an immense number of cases of all kinds had passed through their hands. With regard to cases of malignant disease of the tongue; I had the opportunity of seeing a good many operated on and watching the after treatment and results. When the operation is performed with care and before the disease has extended to any great extent, a fair proportion of cases recovered, some completely, others were relieved for a time. Generally, a many-stranded wire ecraseur was used. Sometimes a single wire: The following cases are examples:—

Case 1.—A thin, delicate woman, aged 62, was sent into hospital for operation. On the right side of the tongue, near the root, there was a red nodular growth about the size of a hazel nut, no teeth on that side. She had suffered very little pain and had only noticed it about a month before. One gland beneath the jaw on the right side was enlarged. General health fair. The diseased portion was removed in the following manner: an incision was made in the median line from the symphysis to the hyoid bone, and another joining it along the ramus of the jaw. The knife was then passed beneath the tongue and out of this opening, thus making a \vee shaped flap. Through the opening thus made, the tongue was dragged out with a pair of strong forceps, a many-stranded wire ecraseur passed over it, and the greater portion of it slowly removed. The bleeding was very slight and lasted only a few minutes. The case went on favorably for five or six days, when she had a slight attack of facial erysipelas, from which she recovered in a few days and was able to eat fish, sit up the greater part of the day, and talk pretty distinctly. The opening along the ramus of the jaw remained open, discharging slightly for some time. The tongue, or rather what remained of it, assumed a healthy appearance, and a month after the operation she left the hospital.

Case 2.—A man about 50 years of age, stout and healthy, was admitted with a growth in the middle of the tongue, near the tip. It had been coming on gradually, gave him a great deal of pain, especially when handled, and prevented him taking sufficient solid food. He had suffered from an attack of syphilis some years previously, but a long course of mercury, iodide of potassium, and nourishing food, seemed only to have had the effect of arresting the progress, not of removing the growth, so that, as the man wanted to get back to work, it was decided to remove the unhealthy portion of the tongue, which was easily done by slipping an ecraseur over it.

There was very little bleeding, and in a couple of days he was pretty comfortable. At the end of a month he was quite well again, and left the hospital.

Case 3.—A thin, nervous, single woman, aged 30, was sent up from the country for advice concerning a growth on the side of her tongue. It was decided to try and relieve her by removing only that portion of the tongue that was affected. It was done in the following way: Three strands of twisted wire were passed through the eye of a large, long needle, and the needle was then passed through the tongue behind the growth. The wire was slowly twisted until it had cut its way out of the side. The growth was then seized with a pair of strong forceps, drawn forward a little, the wire slipped over it and slowly twisted until it came away, thus removing the diseased part only and leaving the tip and the sound side. The woman made a rapid recovery and went away to the country. In a few months, however, she called to shew her tongue, as she found that the disease was returning and advancing much more rapidly than in the first instance, in fact, in a few weeks it had extended so far that no further operation was justifiable. She died soon after. This case shows that too much care cannot be taken in operating on the tongue, that the ecraseur should pass through perfectly sound tissue, well behind and away from the disease, otherwise the operation will only do mischief and hasten the death of the patient. In speaking of removal of the tongue by means of an ecraseur, I would like to draw special attention to the use of a many-stranded instrument in preference to one with a single wire. In the cases related above, several strands of fine wire, well twisted, were used, and the hemorrhage was very slight. In the following case a single medium-sized wire was used with a very different result:

A baby, about six months old, was admitted with hypertrophy of the tongue. It hung out of its mouth, causing great disfigurement and preventing the mother putting the child to the breast. The tongue was seized about the middle with a pair of forceps, a single wired ecraseur was passed over it, and about an inch and a half of the tip slowly removed. The bleeding was very great, so much so that the child's life was for a time endangered. The tongue had to be dragged out, and the bleeding vessels secured with ligatures. The single-wired ecraseur cut like a knife, differing only from that mode of operating in that the pain the child had to endure was far greater than that following removal by a knife. The child, however, made a rapid recovery, the ligatures soon coming away and the end of the

tongue slowly contracting and receding into the mouth. Some London surgeons prefer to use the knife in operations on the tongue. They claim that time and much needless pain is saved by this method, and that the fear of the hemorrhage need not prevent the use of the knife, as the vessels are easily picked up and tied, if the precaution is taken before operating of passing a strong cord through the tongue behind the point where it is intended to remove it, so that there is no danger of its retracting after a portion has been cut off. I think that, in many cases, where the disease does not extend too far back this mode of operating ought always to be followed, since in operations about the mouth it is not at all an easy matter to keep the patient under the influence of chloroform for any length of time. With regard to removal of the tongue by galvano-cautery, I have only seen one case treated in that way, and that was a baby, with a greatly hypertrophied tongue. There was little hemorrhage, but the child lived only a fortnight after the operation, dying from exhaustion; the tongue stump being so much inflamed that sufficient nourishment could not be administered. However, there have been several cases successfully treated by this method. It has one great advantage, and that is the saving of time.

In England, stone in the bladder is a very common complaint, but such cases, if not treated at hospitals specially intended for that purpose, generally come under the care of a few surgeons who have become noted in that branch of their profession, Sir Henry Thompson, Sir William Ferguson, and others, so that, in a general hospital, one has not very many opportunities of studying such cases. I might mention one case, which is interesting on account of the many complications which occurred and the rapid recovery after the operation:

A strong built, otherwise healthy gentleman, had been suffering for many years from a very hard, unmanageable stricture of the urethra. During the latter part of that time his sufferings had greatly increased, so that he could get no rest day or night. With some difficulty a very small sound was introduced into the bladder, and a large stone detected. On a consultation taking place, lithotomy was decided upon, and was successfully performed, the following difficulties arising. With very great difficulty, a small staff was introduced, the necessary cuts were made and the bladder reached, the stricture being completely divided in so doing. The perineum was very deep and there was a great deal of hemorrhage. When the stone, which was very large, was grasped, it crumbled to pieces,

and a long time was taken up in removing these fragments. For an hour after, it was only with the closest attention that the patient was prevented from dying from the effects of the chloroform. However, notwithstanding all these complications, he rallied and made a very rapid recovery, going down to the country five weeks from the day of operation. Care was taken to keep the passage well open by passing a catheter every second day, so that when the parts were healed a number ten could be introduced with ease.

To be continued.

Correspondence.

To the Editor of the Canada Medical Record.

MR. EDITOR,—Would you kindly inform me if the "*Canada Medical and Surgical Journal*" is the authorized and accepted organ of the Medical Faculty of McGill College.

SIGMA.

Montreal, 7th May, 1873.

[Our correspondent puts a straightforward question, and if we were inclined to judge the case from circumstantial evidence, we would answer that the *Canada Medical and Surgical Journal* is the organ of McGill College. We have, however, made some inquiries, and we are assured upon good authority, that the highest medical officer of McGill College states that the Medical Faculty of that institution do not in any way recognise the *Journal* as their organ; in fact, that they repudiate any connection with it. We confess that this information surprises us; but, as our authority is unquestionable, we cannot doubt it. Such being the case, we hope that its editor will remember that there are several medical schools in the Dominion, and that common justice demands that he should give the names of those who have successfully passed their examination, or as many as he can obtain returns from. If he does not do this, he cannot complain if the medical public think, notwithstanding what we have said, that at least he is not an impartial recorder of events.]

To the Editor of the Medical Record.

DEAR SIR,—In my address to the graduates of Bishop's College, on the 3rd of April last, I stated that Professor Gardner was the first physician in the

city who treated Cerebro-Spinal Meningitis. I should have said he was the first physician who brought the disease before the notice of the Medico-Chirurgical Society of Montreal. By making this correction in your next number you will oblige,

Yours very truly,

R. T. GODFREY, M.D.

Montreal, 27th May, 1873.

Progress of Medical Science.

CLINICAL LECTURE ON LUPUS.

By HENRY JAMES, M.D., Dub.,

Physician to Mercer's Hospital, Lecturer on Practice of Medicine in the Ledwich school, &c.

GENTLEMEN,—From time to time you have had many opportunities of observing and studying this disease of the skin. The name I need hardly tell you is derived from the Latin, signifying either a wolf or a pike, both distinguished for their voracity, and hence comparable to this malady. Not indeed, as Divergie seems to suppose, from a visual resemblance, when he asks—"What analogy is there between the face of a person affected with lupus and that of a wolf?" The *noli me tangere* of the Romans is by most believed to have been this disease. The old English name was "the eating tetter."

There are three species of this disorder—*L. exedens*, *L. non-exedens*, and *L. erythematous* or hypertrophicus. I shall give you a brief account of each of these disorders.

L. exedens is the most destructive and disfiguring variety. It most commonly commences on the face, though its ravages are by no means limited to that part; extending in the case before you to the neck, and appearing in large isolated patches on both hands and forearms. The exact situation that it selects by preference for its assaults is one or other ala of the nose. The destructive process is sometimes almost simultaneously commenced on the inner and outer aspects, and advances equally from both sides till the cartilage is entirely destroyed, the result being such deformity as is well seen in the case of T. B. The commencement of the disease is usually a small papule or nodule, which is brownish red in colour, and causes no pain or itching. It appears hard, but if you press it with the point of a probe you find that it is easily penetrated and bleeds freely. Other similar papules from around this first one, all, in some cases, shedding continually dry scales of epithelium. The disease may remain for a long time in this stage. These papules are composed of numerous cells proliferated from the rete Malpighii, mingled with granules of sebaceous matter, and traversed by a large number of blood vessels, many of which are of new formation, chiefly derived from the papillary vessels which have increased in size. At the same time fibrous

tissue of new formation is developed, which connects the papular growth with the tissues beneath. The inflammation, which is essentially chronic, is of a special plastic character, being in *L. exedens* accompanied by a cellular hyperplasia, which, from incomplete nutrition, becomes the seat of an ulcerative process, with purulent exudation and formation of crusts.

As the malady advances from the papular stage previously mentioned, the skin around grows red tense and shining. A scab forms on the summit of one of the nodules; this quickly increases in size by the addition of fresh matter at the base, and thus the scabbing process proceeds till the part is covered. On removing forcibly the overlying scabs, the surface, which is sunk below the general level of the surrounding skin underneath, is found coated with a thin purulent ichorous fluid, through which granulations are protruding. These vary in size some being little larger than a millet seed, and others the bulk of a split hazel nut. These larger ones will, on examination with a moderate lens, be seen to be formed by the aggregation of a number of smaller granulations collected on a common base, which is often of a grayish hue. They are very vascular, bleeding freely when touched with a probe.

The opinions of Rindfleisch are of great value. He regards the disease as always an adenoma of a sebaceous or sudoriparous gland, and that the lupoid tubercles are so characteristic in origin and structure as to be recognisable by the microscope quite as certainly as cancer. The process begins as a luxuriant corpuscular proliferation in the interstitial and capsular connective tissue of the sebaceous and sudoriparous glands. The disease advances by the extension of this cell-proliferation to a variable distance.

The disease may now remain for a long period stationary and at length heal, as will presently be described. Or it may extend in depth or laterally by the continued formation of the special plastic tissue in either direction. This will be again followed by the ulcerative process, which may rapidly destroy the cartilages, and even bones, or the adjacent portions of the skin. Thus, in practice we find, as remarked by Bielt, two forms of *L. exedens*, the one profoundly, the other superficially, destructive.

During the progress of the case you will probably observe a few attempts at cure, secretion from the surface becoming arrested, and a whitish growth, composed mainly of fibrous tissue, appearing at the edges of the sore. Your hopes will often be disappointed by renewed outbreaks of the disease. At last, under suitable treatment, the healing process really occurs. From the whitish edge just alluded to, thin trabeculae stretch inwards towards the centre, and gradually the surface is covered with a thin, smooth, transparent layer of fibrous tissue, through which the subjacent blood vessels are visible. The layer in time becomes thicker, concealing the vessels beneath, and closely resembles the cicatrix produced by a severe burn. But the process does not end here, for the inherent tendency of this tissue is to contract, and thus some of the most hideous effects of the disease result. The eyelids are drawn down

(ectropium), the lips are drawn apart, exposing the gums, and the cheeks are dragged towards the neck.

Whilst this healing is taking place at one portion of the sore the malady may be extending at its edges. This form is called *Lupus serpiginosus exularans*.

Lupus non-exedens is characterised by the development of tubercles on the surfaces, as in the case of *L. exedens*; but there is this marked difference between these two varieties, that the non-exedens does not proceed to ulceration. Hence, we do not find the destruction of cartilages and bony structures as a consequence of this form of the disease. The cellular elements of the formation undergo fatty degeneration and absorption, whilst the fibroid tissue, attached to the deeper structures, contracts, depressing the surfaces, and leaving a deep reticulated scar.

Lupus erythematosus commences as somewhat circular patches of persistent erythema. These at first are level with the surrounding cuticle, but after a time become elevated to a greater or less degree. The fibrous tissue of the corium is greatly hypertrophied. Overlying it is the new growth, composed of numerous cells, which also fill the masses of the fibrous stroma. The sebaceous and hair follicles are also crowded with an exuberant formation of cellular elements. These cells also surround the hair shafts and the ducts of the glands, leading in this, as in the other varieties, to complete destruction of the glands of the affected part.

The gravity of this form of the malady varies much. In a case which has just been before us, it seems as if a circular patch, the size of a five shilling piece, had been hollowed out of the cheek to a little depth, and the excavation filled with currant jelly. Though the part appears so red and vascular it does not bleed so readily as in the other varieties. In another case, which I saw a few days since, the elevation is not so marked, whilst the superficial extent of the disease is much greater. The surrounding edges are slightly elevated, indurated, and of a dusky colour. In both these cases the malady affected the cheek, but it may also appear on the trunk or limbs. Any very chronic erythema should awaken your suspicions, such as a dull red patch upon the cheek, scalp, or nose, or chilblains, so-called, persisting during summer.

The amount of deformity left after the healing of *L. erythematosus*, varies with the extent to which the hetero-plastic and fibrous formations have proceeded. Whilst the edges are advancing, the disease at the point of origin shows a tendency to subside. Hard white interlacing cords are seen to traverse the centre, and the contracting force of the cicatrices may be as great as in either of the other forms. In some cases there is merely left a white glistening appearance of the integument traversed by a few enlarged red vessels.

Though we have described the three varieties of lupus as distinct, it must be remembered that they may all coexist, or one may pass insensibly into the other. The tendency being usually to pass from the non-ulcerating to the ulcerating.

The disease may also appear on the mucous sur-

faces, only secondarily, if at all, implicating the skin. Thus the septum narium may be destroyed before the exterior of the nose is engaged. The palate or pharynx may be deeply ulcerated, dangerous narrowing of the throat being so produced. Lupus of the vulva, *mons veneris*, and genito-crural folds also occurs.

I cannot agree in the view that this disease is merely local. Many persons affected with lupus seem to be in perfect health, but minute examination and close enquiry, will detect some flaw in the constitution either congenital or acquired. The fact that the malady appears simultaneously on parts widely separated, such as the face and hands or feet, would strongly suggest some constitutional cause. Is this to be sought in derangement of hæmatisis leading to the formation of unhealthy bioplasm, as in the somewhat analogous case of fibroid phthisis? Or in the weakening of nervous force, permitting the morbid proliferation of perishable cells? The connection admitted by most authors between lupus and scrofula, would lend support to the former view, whilst the benefit derived from treatment by nervine tonics, especially phosphorus, would point to the latter as correct. In some cases in which no history of struma could be discovered, I have found mental depression, weakness, and unconquerable lassitude, which symptoms disappeared *pari passu* with the improvement in the condition of the sore. These remarks more especially apply to those cases in which the disease first manifests in the third and fourth decades of life.

Having already expressed my opinion of the constitutional origin of lupus in its various forms, you will be prepared to learn that I recommend a treatment addressed to the constitution as well as local applications. Of internal remedies I would assign the first place in merit to phosphorus. It is especially in cases where the disease has appeared in connection with failing nerve power that this remedy gives such happy results. In such failure, whether from overwork, continuous anxiety, excessively prolonged bodily labour, or venereal excesses, no medicine with which I am acquainted will give results at once so striking and reliable (a). I am in the habit of giving the metalloid dissolved in oil, and enclosed in capsules containing 1-30th, 1-20th and 1-10th of a grain of pure phosphorus. The first of these you should commence with after meals, and if no symptoms of the drug disagreeing appear, you may, after a week, give the 1-20th, and after another week proceed to the 1-10th capsule. The symptoms alluded to are a burning sensation in the epigastrium, relaxed bowels, lassitude, loss of appetite, and a white silvery tongue. Should these present themselves you may give the mineral acids in infusion of bark.

When the disease is connected with a history of struma, manifested either in the individual or the family, you will not neglect to give cod-liver oil, and will persist with this remedy for a long period, remembering that you are dealing with a diathesis.

(a) See cases in *Dublin Journal of Science* for January, 1872; article "On the Use of Phosphorus in Diseases of the Skin."

Remedies hardly inferior in such cases are fresh air, and an abundance of it, by night as well as by day, plenty of animal food, moderate exercise without fatigue, and recreation for the mind. Iodide of potassium and iodine are also recommended, as well as arsenic. I have not found this last drug at all so useful in this malady as in other chronic skin diseases. Various preparation of mercury, especially the bichloride; are said to have given good results. To the anæmic you will, of course, give iron, and you can vary the preparations from time to time, taking care to give an occasional purgative. I have lately tried in cases of chlorosis and anæmia Bland's pills, recommended by the late Niemeyer, with excellent effects. The following is the formula—

R Ferri sulph. pulv.,
Potas. carb. et tartrat. aa ʒ ss.,
Trajacauth, q. s. u. f.,
Pill, xvj.

Two to four of these to be taken thrice daily.

If there be dyspepsia and mal-assimilation of food you must treat this:—Nux vomica with the mineral acids in bitters is very useful, and generally pepsine will be a good addition to the treatment.

Local treatment must depend upon the condition of the sore, but should not be solely relied upon. When the disease is spreading there is a development of a cellular growth amidst the fibres of the surrounding cutis, which must be destroyed, whilst at the same time we endeavour by general remedies to remove the tendency to this heteroplastic deposit. The choice of the particular caustic does not so much matter. The acid tritrate of mercury, or potassa fusa, with an equal quantity of water, applied around the edges will answer well, taking care, however, not to cauterize too large a portion at once. Others prefer nitric acid, chloride of zinc, or nitrate of silver, whilst others again favour the potential cautery or the galvano-cautery. After such application as the foregoing, you will generally need to apply soothing remedies, such as lead lotion with opium. When the granulations of the sore have the bluish gray tint already mentioned, a lotion containing the Friar's balsam, with a little carbolic acid, will be found very useful. The erythematous variety usually requires stimulation, and the above will be a good application. The pyroigneous oil of juniper with olive oil is also an excellent stimulant.

When there is a visible tendency to heal, you must be careful to foster the general health and to use such astringent lotions as may be needed (the tannate of glycerine is a good one). You will, however, occasionally need to change your hand, and alternate with mild stimulants.

When the part has cicatrized over it will be well to protect the newly formed tissue from the air by coating it over with collodion for some considerable time.

I would also advise you not too hastily to withdraw the treatment addressed to the constitution, but to continue it even after the disease has been apparently cured, recollecting how apt lupus is to recur.

INTRA UTERINE INJECTIONS.

Dr. Robert Barnes, in an instructive article in the *British Med. Journal* (Jan. 11. 1873) observes that the treatment of morbid conditions of the body of the uterus by intra uterine injections calls for earnest discussion on account of its utility and dangers. Almost every author, he adds, who has written upon the subject refers to cases of accidents attending intra uterine injections ranging from severe pains to shock, collapse, metritis, perimetritis, and death. After referring to a number of cases which illustrate the conditions of danger, he points out the precepts to be attended to to avoid these dangers.

"The great object aimed at," he says, "Is to avoid or lessen the risk of the fluid running along the tubes. This it is sought to attain—1. By securing free dilatation of the cervix uteri before injecting, so that the fluid may readily run back into the vagina. For this purpose the preliminary use of laminaria-tents is advised. 2. By using only graduated quantities of fluids, and injecting very gently and slowly. 3. By using a double canula, so as to secure a return-current. To effect this the more surely, the openings of the canula at the uterine end are made at different levels.

"I have not much faith in the double canula. The end which should serve for the return-current is liable to be choked. The preliminary free dilatation of the cervix, and the use of gentleness in propelling the fluid, should never be omitted; but I do not believe that the observance of these precautions is an absolute guarantee against accidents. It is probable that the mere forcible impact of any fluid striking upon the inner surface of the uterus, especially upon the fundus, may cause severe pain and prostration. Since nothing is gained by forcible injection, this consideration affords additional reason for injecting with all possible gentleness; hence it is well to use injecting-pipes having lateral openings of very fine calibre, so as to, pulverize the liquid.

"I strongly advise not to use injections at all in cases of marked flexion of the uterus. Even if we dilate the cervix first by tents, and maintain the uterus erect during the injection, we cannot always be sure that the flexion will not be reproduced, so as to prevent the issue of the fluid; and it must not be forgotten that it is especially in these cases that the uterine cavity is likely to be enlarged, and the Fallopian tubes dilated.

"The general conclusion at which I have arrived, is to restrict the use of intra uterine injections within the narrowest limits. I rarely employ them now, except in cases of urgent danger from menorrhagia.

"We may obtain almost all the advantages that injections are capable of giving by other means. For example, the same agents which are useful in the form of solutions for injection, may be employed either by swabbing, or solid, or in the form of ointment. Thus, where the use of chromic or nitric acid, or perchloride of iron, or iodine, or bromine is indicated, these agents can be applied soaked on a sponge or piece of cotton, or on a glass or hair pencil, the cervix having previously been well dilated. Nitrate

of silver is far better applied in the solid form: even then it is liable to cause severe colic. The risk of this may be lessened by reducing the caustic, by fusing it with an equal part of nitrate of potash. The ordinary way of using the solid nitrate of silver—that is, by holding a piece of the stick in a forceps or porte-crayon—is objectionable. The piece may fall out or break, and a fragment left behind in the cervix or body of the uterus may give rise to intense agony, and even metritis. To avoid this accident, I have for many years adopted a contrivance I learned from Sir Benjamin Brodie, who armed the ordinary probe by dipping the end into nitrate of silver, fused in a watch-glass over a spirit-lamp. I use special probes of platinum or silver, mounted on handles of convenient length. These probes may be curved to follow the course of the uterine canal. This is far the best way of applying nitrate of silver to the os and cervix uteri; and it is the only safe way of applying it to the interior of the uterine cavity. The armed end of a probe may be passed into the uterus without the speculum, although the aid of this instrument is sometimes convenient. For example, unless the armed probe be protected by a canula, the caustic will first touch the vulva and vagina in its passage, which is apt to leave unpleasant effects, and the guiding finger of the operator will be stained.

"One of the most widely useful topical applications to the mucous membrane of the cervix and body of the uterus is sulphate of zinc. The value of this agent, when applied to the relaxed or morbid mucous membrane of the vagina in the form of injections, is familiarly known; how to apply it to the uterine mucous membrane is, therefore, a matter of great interest. This has been accomplished by Messrs. Johnson, the well-known assayers, on the suggestion of Dr. Braxton Hicks, who prepared small cylindrical sticks of fusate sulphate of zinc weighing three and five grains. These can be carried quite into the uterus without having touched the vagina by the way, by means of a canula, first made on my design by Messrs. Weiss, and now generally sold by instrument-makers. It consists of a silver canula of the size of a No. 8 or 9 catheter, gently curved, open at the end, and supplied with a stylet or piston. The stick of sulphate of zinc or other material is placed in the uterine end of the canula; the instrument is then passed into the uterus just as the uterine-sound is passed, the patient lying on her left side: and the operator's finger, placed on the os uteri, guides the instrument. It is a great advantage of this contrivance, that the use of the speculum is quite unnecessary after it has aided in establishing the diagnosis which supplies the indication in treatment. When the instrument has gone the proper depth, the piston pushes out the stick, and the instrument is withdrawn, leaving the stick to dissolve. This it soon begins to do, and by its speedy effect in constringing the mucous membrane, it keeps itself *in situ* until it is completely dissolved.

"Nitrate of silver, reduced by admixture with nitrate of potash, may be used in the same way; so may persulphate of iron, but this should be consider-

ably reduced. When used nearly pure, I have known it to cause severe colic and bleeding.

"A most precious way of applying astringents, caustics, solvents, or alteratives to the interior of the uterus, is in the form of ointment or pasma. In this way almost any substance can be applied. Where grease is objectionable as a vehicle, a pasma of suitable consistence may be made by aid of glycerine or other matters. In this form we may use substances which cannot easily be applied in any other way. For example, we cannot hardly use bromine, or iodine, or mercury, in a solid shape; and to use them in liquid form is open to the objections already discussed. Almost anything can be made into an ointment or pasma, and thus we get a complete practical command over a large range of useful agents.

"To introduce ointment into the cavity of the uterus, Messrs. Weiss have made from my design a very convenient instrument, also capable of being used like a sound without the speculum. The instrument is easily charged by dipping it into the ointment—a sufficient quantity of which is carried into the uterus, and, by pushing up the piston, is deposited there.

"If it be desired to apply a powerful liquid caustic, as chromic acid or strong bromine, to the interior of the uterus, this can be done by the ointment-carrier. A few shreds of asbestos may be packed in the space between the eyelet-holes and charged with the fluid. On ramming down the piston, the fluid will be squeezed out.

In discussing the action of powerful styptic injections in arresting flooding after labour, the conditions under which the practice I have recommended is indicated have not always been accurately appreciated. The great agent, of course, in stopping hemorrhage, is the constriction of the uterine vessels by the muscular wall in which these vessels run. All the ordinary means of arresting hemorrhage are aimed at producing muscular contraction. But muscular contraction depends on nervous power. Thus cold, grasping the uterus, introducing the hand, galvanism, all depend for their efficacy upon the spinal cord being able to respond to the peripheral call. When, therefore, these means prove sufficient, the inference is generally warranted that the case although serious, is not desperate. The condition is very different when the excito-motor function is suspended; when neither by peripheral excitation, nor by centric stimulus, the nerve-force can be drawn or sent from the spinal cord to the uterus in sufficient intensity to cause contraction. At this point, unless the bleeding is arrested by syncope, or by temporary enfeeblement of the circulation, the patient is in the most imminent danger of death. The slightest shock or disturbance will extinguish the flickering spark of life. Under such circumstances I have known death follow, to all appearance immediately, caused by the injection of cold water, or passing the hand into the uterus. If instead of cold water, we inject a solution of perchloride of iron, the same catastrophe may ensue. Is it more likely to ensue? Very careful observations are required before this

question can be answered in the affirmative. People are apt to think that cold water is so simple a thing that it cannot do any harm. But if it cannot do any harm, is it not probable that it is, under the conditions discussed equally powerless to do any good? Harmless remedies, as a rule, fail in great emergencies. Now, cold water fails not because it is harmless, for the shock and depression which it causes are extremely dangerous; but it fails because, nervous power being exhausted, it cannot excite uterine contraction, and it has no other virtue in arresting hemorrhage.

"Here, then, it is that styptics come to the rescue. The emergency is extreme, and would be desperate, but for the new power invoked. If blood be still running, it is instantly seized at the mouths of the vessels, which become sealed by coagula. It also constricts the inner surface of the uterus, and thus further closes the vessels. The system then has time and opportunity to rally, and by and by the contractile power returns. In estimating the relative value, then, of cold water and perchloride of iron, we must reflect that iron acts and saves life, when water is inert or injurious. If occasionally death follows, and is apparently accelerated by the iron injection, we have, on the other hand to remember that it was used as a last resource, when the patient was likely to die even if nothing were done, and that even under these unpromising conditions *many lives, to all appearance doomed, have been saved.*

"The great lesson to learn is to take courage to use the styptic in time; that is, before the vital power has sunk too low. It was not to be expected that a remedy powerful enough to save under the last extremity should be altogether free from danger. But I have seen so many women bleed to death, and have seen so many saved by the timely use of the iron injection, that I am much more afraid of the bleeding than of the remedy.

"In some cases there is reason to believe that the iron enters the uterine vessels. I have known intense pain in the uterus follow immediately on the injection. How is this explained? If blood were present in the vessels, it is a chemical necessity that contact with the iron would cause coagulation. I infer, then, that in some cases the vessels are for a time nearly empty; and that there is a certain amount of suction-action induced by the relaxed state of the uterus, and by the lateral or semiprone position of the patient. I would therefore urge that the patient be placed on her back; and that the uterus be grasped firmly between the two hands of an assistant during the injection.

"In some cases, it is easy to carry a swab of sponge soaked in the iron solution in to the uterus. In this way probably some of the risk attaching to injection is avoided. The persulphate of iron, which is preferred by our American brethren, may have its advantages. Its styptic force is probably greater. It may be used in the form of one part of the liquor ferri persulphatis of the *British Pharmacopœia* to six or eight of water. The proper strength of the perchloride solution is one in ten."

DEATH FROM AN ATTEMPT AT CRIMINAL ABORTION BY THE INTRODUCTION INTO THE ABDOMINAL CAVITY OF A WIRE 17½ INCHES IN LENGTH.

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On the morning of Dec. 20, 1872, I was called to see Mrs. X., æt. 32 years, native of the United States, wife of a physician, and mother of two children. She stated that during her pregnancies she had suffered so much discomfort that she had determined to bear no more children. Her last menstrual period was now overdue ten days, and as she felt sure that she must be pregnant, she had proceeded to produce an abortion upon herself just fifteen hours before my visit, which was made at 10 a.m. On the previous evening she procured a piece of steel or iron wire as long and as large as an ordinary knitting needle. At 7 p.m. she had laid herself upon her bed and passing this wire up the vagina, pushed it, as she thought, very gently into the uterine canal. It passed up with very little effort and created little pain and hemorrhage. As she found it advance she had gone on pushing slowly until the end of the wire was on a level with the vulva. Then she put her finger against it and carried it as far up the vagina as she could. Suddenly it slipped up and disappeared. This alarmed her considerably, for it had been her intention to have withdrawn the wire after its insertion for a sufficient distance to accomplish her purpose. I questioned the patient and her husband very closely, and this story was reiterated in every particular and apparently in such good faith that, although I had not believed a word of it in the beginning, I gave my full credence to it in the end.

I now requested the patient to leave her room, and had the bed, the room, and furniture carefully examined, in the hope that the wire might have slipped out, but it could not be found, and, placing her again in bed, I proceeded to make a physical examination.

The temperature was $98\frac{1}{2}^{\circ}$, and the pulse 120 to the minute, but this acceleration appeared due to nervous excitement rather than to any pathological development. Examination by vaginal touch revealed a uterus of normal size and presenting none of the signs of pregnancy. The os externum was rather smaller than normal, so that the introduction of a sound into it would have been a matter of some difficulty. In the vaginal wall on the left of the uterus and about half an inch from the utero-vaginal junction, there was an opening into which the tip of the index finger could be passed. Nothing was felt in it, but the introduction of the finger caused a slight flow of blood to occur. The patient was now placed upon the side upon a table before a window, and Sims's speculum introduced. The vagina having been freed from blood, the opening could be clearly seen, and through it I passed Simpson's sound for two or three inches into the peritoneal cavity, and turned it gently around in the hope of striking the

wire. This hope proved delusive, and, as the dilatation of the canal by the sound produced free hemorrhage, I desisted and placed the patient again in bed.

I had noticed, in removing her from the bed to the table, that, whenever she was placed in the sitting posture, she complained of severe, stitching pain in the right side posteriorly just opposite the liver. I now got her to assume this position, and whenever she did so this pain was created to such an extent that she would scream out in great agony and demand her replacement upon the back. There was no cough or difficulty in respiration, and auscultation demonstrated nothing abnormal.

On the next day, I saw the patient and found that she had suffered so much during the night that she had been forced to take freely a preparation of morphia which I had left her. She described her suffering as having been paroxysmal, and stated that it had occurred in consequence of her assuming the sitting posture. To test this matter more thoroughly, I persuaded her to sit up when I was present, and instantly a severe pain seized her over the base of the right lung, which lasted for eight or ten minutes.

I examined the lung, and detected a distant friction sound upon full inspiration, while percussion revealed a certain amount of dullness which I attributed to the commencing effusion of fluid. The temperature was now $101\frac{1}{2}^{\circ}$ and the pulse 120.

The patient now complained of considerable pain in the nape of the neck, so that I feared that tetanus was about to develop itself, but this symptom gradually diminished, while that of pain over the base of the right lung steadily increased.

On the evening of the second day the patient appeared so ill, that early on the morning of the third day I got Drs. James L. Brown, Ward, and Walker, to meet me at her house, and carried all the instruments necessary for the operation of gastro-tomy. At this consultation it was decided that the operation was not warrantable for three reasons: the patient had improved since my last visit; even if a wire no longer than a knitting needle had been passed into the peritoneal cavity it was very possible that it would remain there without serious damage after the system of the patient became accustomed to its presence; and lastly, the patient and her husband, brought face to face with a grave surgical procedure, both swerved from their former statement and expressed doubt as to whether the wire had really penetrated the abdominal cavity, or merely punctured the vaginal wall and then be lost in the bedclothes. Some of her friends too were opposed to the operation, and urged upon me that in view of her condition at that time it should be delayed at least until more untoward symptoms developed themselves.

At this time I left New York for Troy, to be absent for ten days. The patient was left in the charge of Dr. Charles S. Ward, with the injunction that if he deemed gastro-tomy at any time advisable he should immediately resort to it. On the very day of my departure a violent attack of pneumonia added itself to the pleurisy already existing, and

rapidly spread over the whole of the right lung. This progressed with only one remarkable development, which showed itself on the 29th of December. Upon the patient's sitting up to cough, a violent effort caused the expulsion by the mouth of a large teacupful of bloody pus. This material she continued to expectorate from that time to the close of her life. On the 4th of January I saw her with Dr. Ward, and predicted her death within twenty-four hours, at about the end of which time it occurred. Upon this visit I found the right lung entirely solidified, the patient constantly expectorating a dark, bloody pus, and the general symptoms all showing that dissolution was rapidly approaching.

On the morning of the 6th of January, about twelve hours after death, an autopsy was made by Dr. Ward in the presence of Dr. Tucker and myself. The appearance was so greatly altered that recognition was difficult. The face and trunk were very much swollen and the lips discolored, although so short time had intervened since death, and the weather was very cold.

The peritoneal cavity being exposed by a long incision, no traces of peritonitis were found to exist in any part. Upon passing the finger deeply down towards the sacro-iliac synchondrosis of the left side, the extremity of a large wire was felt about two inches above the vaginal roof. Following the course of this with the finger, it was found to run deep down below the intestines just over the large vessels on the spine, across the abdomen to the liver; striking the right lobe of this organ upon its lower face without injuring it, it had glanced backwards, to the diaphragm; had penetrated this, and, plunging into the lung, entered its tissue for the distance of two inches. The wire, being seized by its lower extremity and drawn out, was found to measure seventeen and a half inches. It was, apparently, one of the longitudinal wires employed in the manufacture of umbrellas. The right lung was found to be in the third stage of pneumonia, and an abscess had formed in its lowest portion where the wire had penetrated.

This singular case presents several points worthy of consideration. It is surprising that a woman could inflict such serious lesions upon herself with so little pain, and that the lung itself could have been penetrated without the occurrence of hæmoptysis. It is equally surprising that after the infliction of the injury so little constitutional disturbance was excited for so great a length of time as that which intervened between its occurrence and the development of pleurisy. Lastly, it is almost incredible, that one who had practised medicine, was not entirely ignorant of anatomy, and had never developed palpable signs of absolute imbecility, should have stood by while a wife, to whom I have every reason to believe he was sincerely attached, committed so suicidal an act.

But there is a much more important stand-point from which this subject must be viewed, and one from which, in the present state of abdominal surgery, the examiner may well ask for full and explicit answers to the question: "Why was this wire not removed by gastroto-my?"

We are all wise after the elucidation of a fact, and, related as this case here is, it will appear to many that it must have been from its commencement a clear one. In reality, for me, it was, I think, the most perplexing that I ever met with at the bedside. Let me state *seriatim* the reasons which led to the adoption of the course which was pursued.

1st. I was in great doubt as to the truth of the story which was related to me. Criminal abortion is so shockingly common in New York that every practitioner familiar with its prevalence and the unscrupulousness of the miscreants who practise it, is constantly on his guard against being made a shield for the escape of the guilty party. For some time I construed the story which was told me in this way: The parties, I thought, were not husband and wife, but an abortionist and his victim on a visit to a large city to escape the espionage of a smaller community. He had punctured the peritoneum and possibly a loop of intestine, and was anxious to mislead me into the performance of a dangerous operation that would possibly result in death, which was rendered inevitable by his own action. I gave up this view in time, and believed in the story as I have related it, but, out of four physicians who examined the case, I think that I am correct in saying that I stood alone in my credulity.

2d. It was exceedingly doubtful whether the wire which had punctured the roof of the vagina was really in the peritoneal cavity or not. Although this was positively asserted by the patient and her husband at first, when brought to the crucial test of gastroto-my they became vacillating, weak, and uncertain in their statements. Dr. Ward yielded his belief in the presence of the wire only when it was found by him in the autopsy. It may be asked whether pain at the base of the right lung increased by assumption of the sitting posture did not point to its presence? I would answer, No, because a wire only as long as a knitting needle could not possibly extend from the vagina to the lung of the opposite side, and because coincident pleurisy would have explained the symptom.

3rd. Even if a wire as small and no longer than a knitting needle were deposited in the cavity of the peritoneum, it was a doubtful question, so long as no grave symptoms developed themselves, whether it would have been wiser and safer to leave it or to resort to gastroto-my for its removal. This remark does not refer to the wire ($17\frac{1}{2}$ inches in length) which was found, but to one the size of a knitting needle, which the patient and her husband constantly declared to have been that which was employed.

4th. Had I for a moment even suspected that so long a wire had been inserted, I would have connected the pain over the lung with puncture of that organ by the foreign substance, and this would have been a corroborative evidence of its presence. Unfortunately the patient and her husband to the end persistently falsified with reference to this point, probably from shame in acknowledging their extreme ignorance, and by so doing led me further from the truth than they did in any other way.

5th. The time for deciding the question of gastro-

tomy virtually passed away in three days. At the end of this time severe and wide-spread pneumonia not only made the propriety of a grave operation questionable, but masked the symptoms which would otherwise have developed in connection with the presence of the wire.—*American Journal of Medical Sciences.*

METHOD OF USING STRYCHNIA IN THE TREATMENT OF OPTIC NERVE ATROPHY AND ALLIED NERVOUS AFFECTIONS.

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It is now, nearly two years since I commenced experiments hypodermically with strychnia, for the relief of dimness of vision, in cases of optic nerve atrophy. With the usual timidity of one dealing knowingly with a substance of great potency, I deemed it prudent to commence the series of experiments with doses so small as to be incapable of serious injury to even those whose system may show an idiosyncrasy, a rebellious spirit, against strychnia. Of a solution of the sulphate of strychnia 4 grs. of the salt and distilled water ζj , 3 minims, containing the $\frac{1}{4}$ of a grain, was the amount first introduced under the skin. It was presumed that strychnia would act as did morphia, with which the system seems most readily impressed by the hypodermic administration. In using a solution of the strength indicated it was an easy and safe method of watching the effects of increasing doses, as they could be added to drop by drop, and the increase suspended as soon as any toxic effects should show themselves.

Experience with observation soon showed that the human system rapidly tolerates strychnia, and that a dose which would cause decidedly uncomfortable contraction in the spinal and leg muscles, would after a few repetitions cease to annoy. Through this tolerance it was discovered that in every case the dose could be safely increased to a point far beyond the customary amount administered by general practitioners; even in the cases in which very small doses had in the beginning produced very uncomfortable symptoms. It was also observed that the ordinarily administered dose of from $\frac{1}{60}$ to $\frac{1}{30}$ of a grain of the sulphate of strychnia, which would at first be felt by the patient, when repeated three times a day, was comparatively useless, giving but negative effects in nerve atrophy, on account of the smallness of the dose. This small quantity causes no appreciable stimulation.

My experience led me to the conclusion that to obtain all the good that strychnia could produce, it was necessary to keep the system under the full physiological effects of the remedy by administering a dose as large as the patient could bear comfortably, and that a smaller dose would not answer. I also observed that when the tolerance of the remedy was fairly established very few patients could take more than one-half of a grain of the sulphate of strychnia daily, but that this quantity could be well borne by most persons. Under these doses there seemed to be

a constant excitation sustained to the permanent benefit of the patient.

When it was found that strychnia could be introduced under the skin in doses so much larger than those ordinarily administered, an effort was made to create an impression that similar doses could not be taken into the stomach with the same impunity, and that strychnia differed from all other remedies hypodermically used. These, as we well know, are more active when hypodermically used, and consequently must be more guardedly given by the skin injection.

To test this important point I alternated with the same patient, dose with dose, giving at one time hypodermically, and at another by the mouth, a similar quantity from the same bottle. I found that the same quantity when injected would act a little more promptly than when administered by the mouth, but that, except the difference in time, a few minutes only, there was no other appreciable difference in the effects. I, however, discovered that a similar dose was not equally borne at all times of day. A larger dose could be taken after eating than after fasting; in the one case, the medicine commingling with the food, absorption must be slow and gradual; whilst the whole amount dissolved in a little water, when brought in contact with the walls of the empty stomach, would be much more rapidly taken up. I also observed that the dose in the morning may be larger than that at mid-day, and this again than the dose of the evening; that is to say, that when the system tolerates one-fifth of a grain of the sulphate of strychnia after breakfast, followed by very little, if any, stiffening of the limbs, the same dose when repeated after dinner will be followed by a great deal more bracing of the muscles, and when repeated after tea for the third time during the day, it is very apt to bring on a very uncomfortable tetanic condition, which may last for one or two hours.

An explanation for these phenomena is sought for in the cumulative effects of the drug. It enters the system with much greater rapidity than it can be gotten rid of, its elimination being slow. When one-fifth of a grain of the sulphate of strychnia is taken after breakfast, the blood soon becomes charged with the salt, and in from twenty to sixty minutes the whole dose seems to have been taken into the circulation, affecting the nerve centres with the greatest force. The eliminating organs commence at once their work of straining it out of the circulation, and in a couple of hours, provided the dose be not toxic, a certain amount of the remedy is gotten rid of, which so fast reduces the dose as to remove the disagreeable effects, but a quantity of the drug still remains in the blood, and the process of elimination is still to go on. When the after-dinner dose is taken, there is still some of the previous dose not yet eliminated from the circulation. To this the dose rapidly absorbed is soon added, making in this way a larger dose than the one believed to have been administered, and with therefore increased effects. Now, when the third dose is taken after supper, the cumulative effects of this entire dose, with possibly one-half of the dinner portion still in the circulation, impresses the nerve centres to such a decided extent

as to produce the very distressing, although transient, spasms of the back and leg muscles. By morning again, fully twelve hours having elapsed, the eliminating organs, incessantly at work, have had time to expel from the system the entire amount received into the circulation of the preceding day. Therefore the large dose is again well borne at breakfast time, the evening dose repeating the discomfort of the preceding day.

Finding by a very large experience that large doses of strychnia are required to effect beneficially the system in cases of deficiency in nerve action, and that a large dose when taken by the mouth will produce the identical, immediate, and final results, as when taken under the skin, I have abandoned the hypodermic use of the remedy, inasmuch as the sticking with the small canulated trocar was not a pleasant anticipation, and would become from day to day more annoying, especially when kept up for months.

The intense bitterness of the strychnia which remains in the mouth for a long time after it is taken, can be avoided by giving the remedy in pill form, especially in sugar-coated granules. These I have frequently tested by comparing their effects with a liquid solution of the salt, accurately measured in a minim glass. I find them strikingly similar.

When strychnia is given in large doses in solution, it is not safe to trust to the teaspoon measure as used in different households. Many teaspoons will hold nearly two drachms, instead of one drachm in which the proper dose of the remedy has been dissolved. Very dangerous effects might ensue when the physician is prescribing one-fifth of a grain of strychnia to the drachm, and the patient has administered to him over one-third of a grain to the teaspoonful. Hence I find the sugar-coated granules of fixed proportions a much safer means of administration. Again, if a patient with defective vision has to measure his own dose of this strong solution, there will be much less responsibility in trusting him to count pills than to measure a teaspoonful of a liquid preparation.

I have, for some months, restricted the administration of strychnia to the use of sugar-coated strychnia granules, as carefully prepared by Bullock & Crenshaw, or by Warner & Co., and others. I use granules of $\frac{3}{16}$, $\frac{2}{16}$, $\frac{1}{16}$, $\frac{1}{32}$ a grain of strychnia each. With these combinations I can with every caution gradually increase the dose from day to day. I usually commence with a $\frac{3}{16}$ of a grain granule, to be given three times a day, after meals. I commence with this small dose to guard against idiosyncrasies. If no discomfort follows upon their administration, after a few days, the strength of the dose is increased by substituting a pill of $\frac{2}{16}$ of a grain each. When these are well borne, granules of $\frac{1}{16}$ of a grain are prescribed; and in a short period, often in from ten to fifteen days granules of $\frac{1}{32}$ of a grain of strychnia can be safely taken. The next increase made is to give two granules of $\frac{1}{16}$ grain each, which will be equivalent to $\frac{1}{8}$ of a grain; and, finally, two granules of $\frac{1}{32}$ of a grain each, can be administered as a dose. When these heavy doses are being used, I find it expedient to make the night dose light. For instance, when

two of the $\frac{1}{16}$ or $\frac{1}{32}$ granules can be taken after breakfast, and even after dinner, with comfort, the patient avoids the annoying effects of an overcharged circulation with strychnia, by taking only one pill at bedtime. By this arrangement he takes the $\frac{1}{2}$ grain of strychnia per day, which, according to my experience, is the dose that produces the best remedial effects. When these large doses have secured a tolerance in the system, they may be safely continued for months; or as long as they seem to benefit, and may be still further increased should they cease to excite the nerve centres. Whatever good accrues during the administration of the strychnia will be permanently retained. In no instance, as far as my experience extends, have I found the improvement lost when the use of the strychnia is discontinued.—*American Journal of Medical Sciences, April, 1873.*

INFLAMMATION OF THE OVARY.

By CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.

The ovary in the female, like the testes in the male, is the essential part of the genital apparatus. We should, indeed, speak of the *ovary and its appendages*, instead of the uterus and its appendages. There can be little doubt that inflammations of the uterus often are but secondary, and that inflammations of the tubes and ovaries are the active cause of disorders in the female pelvis. Anatomically, we may speak of folliculitis, parynchymatous, or peritoneal ovaritis; but in practice this way of speaking is valueless. Authors, and among others Chéreau ("Mem. Mal. d'Ovaires," Paris, 1844) speak of degrees in the anatomical ulcerations found in acute ovaritis. Firstly, there is slight increase in size of the organ, with a vague feeling of fluctuation, the tissue being redder than normal, and softened. Secondly, the organ may be twice, thrice, or four times its ordinary volume, rounded, oval or flattened, with soft, friable tissue, infiltrated with a yellowish or violet-coloured serosity, with small effusion of blood into it. Thirdly, we may have abscess. And, lastly, grey softening or putrid destruction of the organ, which is turned entirely into a bleeding mass, greyish and of various hues, almost diffuent. Acute ovaritis, as well as chronic ovaritis, are very frequently double. The Fallopian tube in such cases contracts adhesions to the ovary very frequently, and pelvic peritonitis is a very common accompaniment of it. The ovary in chronic ovaritis becomes lengthened, and has a very short pedicle. The tumour is irregular, and with protuberances on its surface; it is composed of a reddish tissue or of yellowish red hue, containing much cellular tissue, amidst which there are little follicular cavities filled with blood or serosity. In the worst cases the whole ovary is composed of condensed cellular tissue. It is rare that uterine catarrh is absent in such cases. The puerperal condition is one of the commonest causes of ovaritis; and in two-thirds of the cases met with, it occurs after abortion, painful labour, or obstetrical operations. Ovaritis, however, is common enough in women who have not borne children, and Bernutz thinks that ovaritis occurs as frequently in women affected with gonorrhœa as it does in men. Dysen-

tery may cause ovaritis. The symptoms of acute ovaritis are often well marked. There is fever, nausea, and vomiting, with acute pain in the iliac fossa, frequent desire to micturate, constipation, and pain in defæcation. The thigh is flexed on the abdomen. In slighter cases the symptoms are less marked. It is very rare indeed that any tumour can be perceived in the inguinal region; but a small tumour may sometimes be discovered in examination per vaginam. Examination by the rectum, however, gives the most information. Ovaritis may terminate by resolution, but it is apt to recur when the next menstrual epoch appears. It is apt, too, to remain augmented in volume and adherent to other pelvic organs. Suppuration is announced by pain, sweating, and shivering fits, but is sometimes latent, although hectic is frequent. The pus opens sometimes in the vagina, rectum, or peritoneum, and but rarely into the uterus. In chronic ovaritis, diminution of the menstrual flow is common, although amenorrhœa is rare.

The various kinds of ovaritis may be thus spoken of. Common ovaritis, of catarrhal or inflammatory origin; puerperal, or gonorrhœal, rheumatic, tubercular, variolic, and syphilitic. As to rheumatism, this seems a likely enough cause of ovaritis, and the author has recognised it in one or two cases of acute rheumatism. In forty-five cases of tuberculisation of the female genitals it was found that the ovary was attacked four times (Bruardel, cited by Mauriac, West's Lectures, p. 395), and with the tubes seven times, so that tuberculosis of the ovary rarely occurs alone. The tubercles in such cases soften and become converted into tubercular abscesses. In variola we find ovaritis, as well as orchitis. In cases of fatal variola we find sometimes adhesions of the fringes of the tubes to the ovary, the mucous membrane of the uterus and Fallopian tube red, thickened, and swollen, the ovaries greatly injected on the surface, enlarged, red, friable, and infiltrated with serous liquid, with the peritoneal coat inflamed. Syphilitic ovaritis was admitted by Nélaton (Anat. Chir.), Lancereaux ("Traité de la Syph.") speaks of two anatomical forms of the latter affection, *diffuse* and *circumscribed*, the first being marked by augmentation of the volume of the ovary, through proliferation of its connective tissues, the second by gummy tumours deposited in its stroma. Anaphrodisia and sterility are spoken of in such cases, but no conclusive cases have been published, although the author is convinced that he has had such cases under notice in private practice. Lancereaux speaks of two tumours in the inguinal region disappearing under iodide of potassium used for twenty days.

Inflammation of the Fallopian tube exists rarely, except when there is ovaritis or pelvic peritonitis along with it; but it occasionally does, in which cases the walls are found thickened and softened, and of a dark red colour. The canal becomes tortuous. The mucous membrane, which lines it, is swollen, and covered with a yellowish white liquid, with false membrane sometimes; it is distended by mucus or pus. The fimbriæ thickened, reddened, and swollen, are almost always glued by morbid adhesions to the neighbouring organs, generally to the

ovary or to the uterus, and more rarely to the walls of the pelvis. It is very rare that the diseased products contained in the tubes seem to pour into the peritoneal cavity; but uterine mucous membrane is almost constantly inflamed when the tubes are so. Dropsy of the tubes occurs not unfrequently, not always, however, from inflammation. The same causes that produce ovaritis are here in action. As to tube-ovaritis, this is a conjunction frequently noticed. The inflammation of the lining membrane of the uterus is one of the most common causes; but they often arise independently of such uterine inflammation.

With regard to the pain which is said by many authors to be symptomatic of chronic ovaritis, Dr. West (Translation of lectures, p. 548) says he cannot share the opinion of those who believe that almost all the diseases of women are produced by inflammation of the cervix uteri; but he also cannot attribute them to inflammation of the ovaries, and he believes, in nineteen times out of twenty where the ovarian regions are the seat of a deep-seated pain, there exists no actual affection of the ovaries. Dr. Mauriac in a note to this part of Dr. West's work, thinks, however, that the nerves of the ovaries become the conductors of a morbid impression which is elaborated in the grey cells of the cord, under the influence of a primitive impression excited by an organic lesion in the ovaries. The pains here are reflex, and similar to those noticed in orchitis in the male (*Gaz. Med. de Paris*, 69 and 70). Treatment of such pain is simple enough. Hot fomentations or aconite linament applied on the inguinal regions, together with ethereal draughts, may be prescribed with advantage, and chloral hydrate in syrup of peppermint in ten or twenty-grain doses. Quinine may also be tried. Sometimes the existence of chronic ovaritis makes sexual congress too painful to be persisted in. In such cases rest and the application of leeches to the mouth of the uterus are indicated.—*Dublin Medical Press.*

BLISTER-TREATMENT OF RHEUMATISM.

Dr. Thomas B. Peacock, Senior Physician to St. Thomas's Hospital, states (*Brit. Med. Journ.*, Jan. 18th, 1873), that he has employed this treatment regularly since 1865. At first he used it only tentatively, "one, two, or three blisters being applied at the same time or in succession, and in conjunction with other remedial means, and the general impression which I formed was not very favourable. Subsequently, I was induced to apply the blisters much more freely, three or four, or even six, at a time, and in rapid succession a still larger number, and I have been led to form a high opinion of their usefulness when thus used, and to confirm what has been said in favour of the treatment by Dr. Davies. The blisters are generally two or three inches wide, and sufficiently long to encircle the limb. They are placed above the chief joints that are affected, and are usually put on in the after part of the day; in the morning, or when they have risen sufficiently, the serum is let out and the surfaces covered with warm linseed-meal poultices, and these are continued for

several days. The treatment has been objected to as unnecessarily severe and attended with much suffering to the patient, but this is not correct. I scarcely remember an instance in which the patient, though specially questioned on the subject, has found fault with the treatment; and I have often heard them say that the pain caused by the blister is not to be compared with that of the rheumatism. Nor have I ever seen any serious inconvenience of any other kind caused by the blisters. Sometimes, however, there is a temporary increase of suffering when the blisters begin to draw, and the temperature rises and the patients are restless at night; but generally there is very marked amendment in the morning, both the swelling, tenderness, and pain being reduced, and the constitutional disturbance relieved. In some cases, however, the local symptoms may not be immediately benefited to any marked degree, and the blisters must be repeated, being applied above to the seat of the first vesication; or, after a few days' cessation, the same joint may be again affected, and in this case too the blistering must be repeated. The occurrence of second attacks in the joints first affected is not, however, by any means confined to cases treated by blisters, but equally occurs when constitutional means have been had recourse to.

"Generally with the local means, constitutional remedies, especially the bicarbonate and nitrate or tartrate of potash are given more or less freely according to the severity of the symptoms. The cases in which I have employed the blister-treatment are the following:—

"First, when several joints are coincidently and severely affected, the sufferings of the patient are great, the constitutional disturbance severe, and the temperature high; in cases of this kind three, four, or even six or more blisters are applied immediately the patient is seen, and as many more may be put on in the course of a few days in rapid succession as other joints are involved, or when those first blistered are not materially relieved or again become affected. From this treatment I have seen the most satisfactory results, both the local and general symptoms being greatly relieved by the free blistering, and the duration of the disease being curtailed. It is evident also that, if the active stage of the disease be shortened, as this is the period during which the internal complications are most apt to occur, the frequency of such complications will be lessened. It is in cases of this kind that the blister-treatment is most efficacious, the benefit obtained being apparently directly proportionate to the number of joints coincidently affected, to the severity of the local symptoms, and to the freedom with which the blisters are applied to the whole of the part involved, so that an immediate and decided impression is produced upon the disease. . . .

"Secondly, I have known very satisfactory results from the blister-treatment in cases in which the symptoms, both constitutional and local, were less severe, but where the patient's strength was greatly reduced either from previous attacks of rheumatism or other cause, or when the heart was already seriously diseased. In cases of this kind, the use of reme-

diaries with exercise any depressing influence is to be avoided if possible. I have, therefore, sometimes relied on the blister-treatment alone, or in combination with tonics—quinia and iron—and with very good results. The blisters, even though freely applied, do not depress the strength so much as the use of alkalies or other constitutional remedies. . . .

"Thirdly, another class of cases, in which the rheumatic affection rather involves the smaller joints—what is often called rheumatic gout—and in which the constitutional disturbance is of a more subacute character, is also very often benefited by the use of blisters, though less decidedly than the two other forms of disease. In cases of this kind the blisters need not, however, be employed so freely as in the former cases; I also generally combine them with the internal administration of small doses of iodide of potassium, bicarbonate of potash, and colchicum, and often with bark or quinia. . . .

"Lastly, there are cases in which the disease rather assumes the neuralgic than the ordinary rheumatic form, where the pains follow the course of certain nerves, and are often very persistent, in which the application of blisters is very beneficial."

In this fact class the blisters are to be applied along the course of the nerves.

BELLADONNA IN OPIUM POISONING.

I was summoned to see a child, aged thirteen months, the father telling me it was poisoned, and encouraging me by stating that if I did not hurry, it would be dead when I got there. On my arrival, I was shown an ounce bottle labelled "laudanum," the mother informing me that she had had it filled in the evening, and had administered three drops for a diarrhoea, with which the child was troubled. Leaving the bottle unstoppered, standing upon the table, she went into an adjoining room for a moment, and when she returned, an older child was holding the vial in one hand and a teacup in the other, innocently saying that he had been giving "Sissy" her medicine. There had been none spilled on the table or floor, and as there was only two drachms remaining in the bottle, the child must have gotten about six drachms of the tincture of opium. This had happened three hours previously, that time having elapsed before a physician could be found to visit it.

I found the child perfectly comatose, pupils contracted, respiration slow, interrupted, and stertorous; pulse slow, feeble, and scarcely perceptible; skin cool and clammy; extremities cold; countenance pallid; in fact, all the symptoms of approaching death were present.

I at once gave an emetic dose of ipecac, and it failing to act, I administered fifteen grains sulph. zinc, at the same time pouring a stream of cold water upon the back of the head, hoping thereby to aid the action of the emetic, but failed to produce any effect. Aro. spts. ammonia was given every few minutes, and strong coffee injected into the rectum, all to no purpose. I then had two vessels filled, the one with ice-cold and the other with hot water, and

immersed the whole body of the child, first in one, then in the other. This had the effect of momentarily arousing it, the child uttering a faint cry. This treatment was continued for more than an hour, toward the last with no effect. Artificial respiration was then resorted to, and kept up for some time.

Believing that the little patient would inevitably die unless soon relieved, I determined to try belladonna, having shortly before that time seen articles in several medical journals, going to show the antagonistic action existing between opium and belladonna. Fifteen drops of the tincture of belladonna were given, and repeated in fifteen minutes; still no effect. In ten minutes gave same dose, and soon thereafter could notice the characteristic action of the belladonna in dilating the pupils. From that time onward it was kept up in smaller doses, and longer intervals. After the administration of the fourth dose, the child's condition perceptibly improved.

I should add, that during all this time the child was kept in constant motion; flagellation, and every means I could think of being employed to arouse it.

The recovery was gradual, and unmarked by anything particular, save the extreme prostration, which was overcome by the free use of brandy. No injurious effects were perceptible from the use of the tincture of belladonna, of which two drachms were used in the course of four hours.—DR. MATTHEW L. ALEXANDER, in the *Nashville Jour. of Medicine*.

TREATMENT OF STRUMOUS OPTHALMIA.

Mr. Henry Power, Senior Ophthalmic Surgeon to St. Bartholomew's Hospital, finds that general treatment is by no means sufficient to cure the patient, and amongst the many local remedies he has used he gives the palm to atropia, in a two or four grain solution, Pagenstecher's yellow ointment, and calomel. With one or the other of these most cases, he says, may be cured.

Cases, however, occasionally occur, in which all these plans of treatment fail; and the question comes, what must now be tried? It is then that I claim attention to the value of extract of belladonna given internally. I have repeatedly found that it rapidly diminishes the intolerance of light, and by its power of relieving the spasm of the muscles closing the lids, enables the child to obtain an amount of benefit from air and exercise that was previously impossible. I can entertain no doubt that its good effects are attributable to its action as a stimulant upon the sympathetic system of nerves, and through this upon the smaller vessels. It is further of use in doing away with the necessity for purgatives, as even in small quantities it acts efficiently in clearing the bowels. I have usually prescribed it in doses of one-eighth to one-quarter of a grain. It is perhaps scarcely necessary to add that, as it is a potent remedy, its effects must be watched, and its administrations should be suspended as soon as the child complains of thirst, or when the rapidity of the pulse is observed to be increasing. I have only noticed these symptoms in one or two instances. I have also found the extract

of belladonna serviceable in cases where the affection was rather a limited keratitis than phlyctenular ophthalmia; that is, in which a small segment of the cornea was hazy and vascular near the margin, even though the intolerance of light may not have been very intense. I consider the seton, though recommended by so good an authority as Mr. Bader, a *pisaller*; and find the treatment mentioned by Dr. Swanzy as practised by Von Grave, though it was originally suggested by Jungken, of dipping the whole head for a few seconds in cold water, not persistent in its effects—*The Practitioner*, Oct., 1872.

PUNCTURE OF THE BLADDER ABOVE THE PUBES.

Dr. James I. Little records (*New York Med. Journ.*, Nov., 1872) a case of retention of urine from enlarged prostate, in which he punctured the bladder fourteen times with a capillary aspirator. Subsequently a catheter could be introduced by the urethra. "No tenderness followed the punctures, and in a few days all traces of them had disappeared. The patient at last accounts was passing the greater portion of his urine without the catheter. No cystitis had taken place. During the time the aspirator was being used, he was free from all constitutional disturbance.

Dr. L. suggests the following rules for this operation:—

"1. The patient should lie on his back, and, if the bladder is not much distended, the operation will be facilitated by slightly elevating the patient's hips by means of a pillow placed beneath them.

"2. The punctures should be made on or near the median line, from one inch to one inch and a half above the pubes, and should be made each time in a different place. In the case described, the punctures were about a line apart and extended over an area about half an inch in diameter. Mr. Watelet recommends the No. 2 capillary trocar, but, in cases where cystitis exists and the urine is loaded with pus, mucus, or the phosphates, one of the larger trocars may be used with safety.

"3. The bladder may, when necessary, be washed out by filling the cylinder with water from the basin, and reversing the action of the instrument without withdrawing the trocar from the bladder."

Another case of retention of urine from enlarged prostate is recorded (*Med. Record*, June 1, 1872) by Dr. H. K. Clark, of Geneva, in which six or seven punctures were made above the pubes with a trocar and canula *one-twelfth* of an inch in diameter. Each puncture was made without regard to the point of previous punctures, and the canula withdrawn as soon as the bladder was emptied. No unpleasant effect followed these operations.

TREATMENT OF SYPHILIS BY HYPODERMIC INJECTION OF CALOMEL.

Drs. Pirogchi and Porlezza have contributed a very important paper on the above to the *Giornale Italiano delle Malattie Veneree*. The authors have recorded fifty-five cases in which they made use of

calomel in subcutaneous injections, and they thus sum up the conclusions to which they have arrived: 1. Recurrence of the disease is less frequent with subcutaneous than with internal treatment. 2. Calomel is preferable to the sublimate and other salts of mercury which have been tried until now, on account of the less gravity and frequency of local and general accidents. 3. Injections with calomel should be performed on the external and central surface of the arm. 4. The syringe should be introduced with precision into the subcutaneous cellular tissue, and care should be taken that the point be not fixed into the thickness of the derm. 5. The best vehicle for the calomel is hydrate of gum-arabic. 6. The quantity of calomel used must vary between ten and twenty centigrammes (about two to four grains). 7. Painting with collodion is very effective. 8. There should be an interval of at least ten days between every two injections. 9. The injections should be discontinued if the first two produce little or no amendment.—*Lancet*, Nov. 23, 1872.

GLEET TREATED WITH MEDICATED BOUGIES.

G. Lorey gives the result of eighty cases of gonorrhœa and gleet treated by this means. The cases of gleet, twenty in number, were all cured in a short time; the longest course included twenty-two bougies, one a day, and the shortest three bougies, the average being nine. The author observes that these cases, being treated in a hospital, doubtless derived benefit from the regular life there; it is not uncommon for a gleet to be greatly exacerbated by a long walk, slight excess in drinking, or a single act of coition. The bougies used were seven and a quarter inches long—i. e., about the length of the urethra—and from one-eighth to one-sixth of an inch in diameter. The centre was of gelatine, the outside of gum-arabic mixed with the medicine, three-fourths of a grain each of sulphate of zinc and belladonna. After being dipped in cold water, they are easily inserted. In the sixty cases of gonorrhœa, no such startling results followed. The bougies served as well as the ordinary injections to cut short the disease—no better. But for two of the incidents of gonorrhœa, pain in making water and nocturnal erections, bougies medicated with opium (three-fourths grain), or opium and belladonna (aa, three-fourths grain), acted admirably. Put in at night, they insure comfortable rest and easy micturition in the morning. It has been urged that, like permanent bougies, they might produce orchitis; but they are dissolved in the course of an hour and a half; and no orchitis occurred in any of the eighty cases observed by M. Lorey.—*Annales de Dermatologie et de Syphilographie*, November, 1872.

DILATATION OF THE ANUS AND RECTUM.

Prof. G. Simon has, in *Archiv. fur Klinische Chirurgie*, a paper on this subject, in which he recommends carrying the process to an extent which is at least not common; that is, not only for surgical operations, but also for examinations of the abdo-

mal viscera, he forces the whole hand into the rectum. By this means one is able to get behind and above the uterus, and detect tumors the size of cherry-stones, to examine the ovaries, and, in men, to determine accurately the condition of the bladder, and ascertain the existence of calculi, their volume and number. In fact, one can explore, not only the rectum, and part of the sigmoid flexure, but the anterior wall of the abdomen, the mesenteric glands, the lower part of the kidneys, and, indeed, all the viscera in the lower two-thirds of the abdomen. The operation facilitates also the removal of foreign bodies from the rectum, favors the cure of ulcers by allowing a free escape to the morbid products, and, in case of fistulæ, may be followed by the use of Sims's speculum, making surgical procedures much easier than when performed through any of the common anal specula. Claiming all these advantages for the process of forcible dilatation, he declares that it produces no injury to the structures acted on. In some cases he incises the sphincter ani, in some cases merely distends it. Under the influence of chloroform the rectum of an adult, if there is no contraction of the pelvis, may be so enlarged as to admit gradually the hand and part of the forearm, permitting the fingers to be introduced into the sigmoid flexure; and this but rarely causes a slight tearing of the anus. Where the anus is particularly unyielding, or when it is necessary for surgical operations, lateral incisions may be made near the raphe, or at the sides of the coccyx.—*Gazette Hebdomadaire*, January.

EXTERNAL USE OF TURPENTINE IN THE TREATMENT OF TONSILITIS.

In the *Leavenworth Med. Herald* (April, 1873), Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsillitis. He folds flannel to four thicknesses, wrings it out in hot water, and pours oil of turpentine over a spot the size of a silver dollar. The flannel is then applied over the sub-parotid region, and the fomentation continued as long as it can be borne. After removal a dry flannel is applied, and the same region rubbed with turpentine every two hours. This application is continued daily till resolution occurs. The doctor believes, from the evidence of his long experience, that thus applied early in the disease the oil of turpentine has almost a specific effect in tonsillitis. That its action is not simply that of an irritant, he has proved, by employing mustard, croton oil, tr. iodine, etc., in the same class of cases. They always failed to diminish the inflammation of tonsils, while the turpentine succeeded.

SALICIN IN OBSTINATE DIARRHŒA.

Dr. I B Mattison, writing in the *Phil. Med. and Surg. Reporter*, recommends in cases of diarrhœa which prove utterly rebellious to ordinary treatment, salicin in powder or pilular form, to children preferable the former, in any appropriate vehicle, in doses;

under two years of age, of one-half grain every four hours, and to adults after the following formula :

R Salicin, ʒj.;
Fiat pill, No. 24.;
Sig. two pills every four hours.

"Its employment," he says, "is followed, after a short time, by a decrease in frequency of the evacuations, a return to their normal colour and consistence, and subsequent restoration to entire health."

CURE FOR CORNS.

Bathe the feet well in warm water, then with a sharp instrument pare off as much of the corn as can be done without pain or causing it to bleed, and dress once a day with the following salve :

R Black oxide of copper, gr. xv.
Lard, ʒ ss. M.

COLLODION IN ERYSIPELAS.

M. Broca recommends the application of collodion in cases of erysipelas, in the following manner : a layer of collodion should be applied around the margin of the erysipelatous blush for a distance of three inches, and also over the affected part. The object of the former is to exercise a circular compression, so as to separate the affected part from the rest of the cutaneous surface. It is necessary to examine these layers once or twice daily, and to repair the fissures which occur. The collodion used must be free from oil. It is rare to see the erysipelas spread after these applications, under which it is in a short time extinguished.—*Edinburgh Medical Journal.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR :

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

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MONTREAL, JUNE, 1873.

MONTREAL GENERAL HOSPITAL.

In the May number of the *Record*, we mentioned that we had received a letter, signed "*Junior Practitioner*," stating that the Committee of Management of the Montreal General Hospital, had lately discussed the propriety of increasing the Medical Staff of the Institution, as well as the propriety of some of its older members retiring on the Consulting Staff; that at a conference held between the Hospital Board and its medical staff, the latter unanimously opposed the proposed change, the result being that, for the present,

the matter had been allowed to drop. Although we presumed that upon all medical matters, in Montreal, we were tolerably well informed, we were obliged to confess that the information given by our correspondent, was news to us. Since then we have heard the details of the interview between the Hospital Committee and the Medical Staff, and we confess not a little surprise at the arguments used to upset some of the means proposed by the Board of Management for increasing the hospitals efficiency. We could understand opposition to the retiring of some of the older members of the staff, for it has not been customary in the history of the institution, and it was too much, we confess, to have expected them to graciously acquiesce in a compulsory retirement. Upon this point it might perhaps have been advisable for a time, to use 'moral suasion'; to have had a distinct expression of opinion from the Governing Body of the Institution, that, after a certain term of service, attending physicians should be promoted to the Consulting Staff, rather than come boldly forward with an almost direct request that certain members should retire. Human nature, in spite of all the restraints which may surround it, will kick when kicked, and it is therefore no matter of surprise to know that this point was strongly opposed. If, after a time, however, the hint was not acted upon, then the remedy would be entirely in the Committee's own hands. Candour, however, compels us to say that, while we believe that, as a general rule, a physician or surgeon should retire upon the Consulting Staff after twenty-five years active work, we hold strongly to the opinion that exemption should be made in favor of those engaged in clinical teaching. To be able to impart information at the bedside, to work out cases, so as to make the more important points impress themselves on one's memory, is not a gift given to every medical man. At a time, therefore, when a clinical teacher would be most valuable, he should not be compelled to retire. It may be said that this argument is equally applicable to the plain attending physician. We, however, do not think that it is; for the clinical teacher, if compelled to retire, could not make his experience at all available to his successor, while the physician retiring upon the Consulting Staff, is at all times at call to assist in all difficult cases and dangerous operations. Still, as we have already said, this point is one quite capable of discussion, and in the way brought forward, that it excited unanimous opposition does not surprise us. With regard to the proposed increase of the staff, especially that portion intended to have the charge of the outdoor department, under the name

of assistant physicians, we do confess that we are a good deal surprised, not only at the unanimous opposition which it received, but at the reasons assigned, why the suggestion should not be carried out. One of the staff was egotistical enough to say that the Medical Board should not be increased, because the public went there expecting to get the very best advice. Upon which, a member of the Committee asked him, if he really thought that the entire medical talent of the City of Montreal was embraced in the staff of the Montreal General Hospital. A good many similar arguments were used, and the result has been that although the Committee of Management—the majority at least we are informed remain still of the opinion that the interests of the institution would be served by adding a staff of assistant physicians to attend to out-patients—they for the present waive it, in deference to the unanimous opposition of its Medical Board. We have not alluded to the school argument mentioned by our correspondent, because its transparency, as illustrated at the last election, is surely signing its death warrant. We confess to a degree of sadness, when we contemplate this action of the Hospital Staff; placing them, as it certainly does, entirely antagonistic to the wishes of the majority of the English-speaking members of the profession in Montreal. We venture to affirm that this point of an outdoor staff to the General Hospital, has been very generally discussed by the profession, and its necessity is universally admitted. The eagerness with which such appointment would be sought for, can be judged, when we mention the fact that, at a recent election for physician to the Montreal Dispensary, so keen was the canvas, that thirty governors attended the meeting. If an institution like the Dispensary, quiet and but comparatively little known, could induce such emulation, how much more likely would interest and enthusiasm attach to appointments as outdoor physicians to a large general hospital. In similar institutions in other cities, there is not this exclusiveness shown; for instance, we have at this moment before us the last annual report of the Massachusetts General Hospital of Boston. This hospital, both as regards the number of its indoor patients, and outdoor patients, is a perfectly fair one for comparison. What, then, do we find. That there is a staff for the indoor patients of six surgeons and six physicians. For the out-patients there are three surgeons and the same number of physicians, while in this department there are three physicians for special diseases. Again, this action of the General Hospital Medical Staff is unfair upon another ground. Every member of that Board,

save one, is a professor in the same medical school, and nearly every young medical man practising in Montreal, is a graduate of that school. Yet, when a fair and legitimate field is about to be opened to them, in which to increase their knowledge of disease, their late teachers rush forward, shut the door in their face, and as this moment it is locked to them. We ask is this fair, is it just, is it generous; is this the way the honied words and warm congratulations of graduation day are to be interpreted. Is this the way "our late professors" are "watching over us," and rejoicing in our success, and even willing to extend to us a helping hand. If it is—farewell—to any bond of sympathy—such as should ever exist between teachers and late pupils, and a reluctant acceptance of the fact that, once beyond the portals of your *alma mater*, the sooner you realize the fact—that she has already begun to forget you—the better for your own peace of mind, the better for your independence of character.

We are not sufficiently versed in the early history of the hospital to know whether those who composed the staff, when it only consisted of four members, as stoutly opposed its increase to its present size of eight, as does the present staff any further addition to their number. If they did, we would recommend to the present Medical Board the lessons of the past; for, just as certainly as an increase was demanded and obtained some thirty years ago, so surely is another increase demanded now. Why, then, not grant it graciously, and not be compelled to surrender. The change has got to be made, and that before very long.

A NEW HOSPITAL IN MONTREAL.

We understand that there is every probability of the hospital accommodation of the Metropolis of Canada being very shortly increased by the erection of a new General Hospital, in the western section of the city. The rapid extension of Montreal westward within the last ten years, with the large increase in the number of manufactories in the same section, has several times suggested the advisability of such an undertaking, but till the present spring no definite action was taken. The fact, however, that the nearest hospital was nearly two miles distant, from the majority of the large factories, necessitating the conveying of persons, accidentally injured over that distance, powerfully impressed a philanthropic gentleman, who has nobly subscribed the sum of twelve thousand dollars, and more if necessary, for the wing of an hospital, provided land was procured for that

purpose in the western portion of the city: This offer has been accepted by several well known citizens, and although nothing approaching a canyas has been made, a considerable sum of money has been obtained, one gentleman subscribing five thousand dollars, another one thousand, and several five hundred dollars. Indeed the cordiality with which the scheme has been received by those who have been called upon, augurs well for its complete success. At the present moment negotiations to acquire a considerable portion of land for its erection, are in progress, and its promoters confidently hope that the foundation stone will be laid this summer. We look upon this movement as a good one, and not at all antagonistic to the work being performed by the Montreal General Hospital. The fact that its promoters are governors of that institution is sufficient to prove this. There is ample field for both, and aside from the fact that the Montreal General Hospital is more than able to sustain itself, the wealth of Montreal is to-day better able to support two such institutions than fifteen years ago it was to sustain one.

PHARMACEUTICAL EDUCATION IN THE PROVINCE OF QUEBEC.

We have received a long and able communication upon this question from a prominent member of the Pharmaceutical Association of this Province, which we would have inserted with great pleasure had not the recent action of the College of Physician and Surgeons of Lower Canada taken away much of the pith of his remarks. The opposition offered by that body to the conferring upon the Pharmaceutical Association Licensing power, was so strong that the Legislature refused to grant them the privileges sought for. In this, we believe the representatives of the medical profession in Quebec acted injudiciously, although with the best of intentions. The Pharmacutists were, however, determined to succeed, and we are given to understand that everything now points to a favorable issue. At the meeting of the College of Physicians and Surgeons of Lower Canada, held in Montreal, the commencement of May, Mr. Mercer, the able President of the Quebec Pharmaceutical Association, attended and laid before them the desires, wishes, and determinations of the members of the body he represented. We are informed that the result was successful beyond anticipation, and that the prospect now is, that when the Pharmacutists go before the Quebec Legislature at its next session praying to be incor-

porated into a College of Pharmacy, they will find their former successful opponents their most earnest and active friends. This change was sure to come, but the most sanguine could not have expected it so soon. We congratulate our friends of the Pharmaceutical Association on this victory.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

The semi-annual meeting of the Board of Governors of the Physicians and Surgeons of Lower Canada was held in the Lecture Room of the Natural History Society, Montreal, on Tuesday, the 13th May. The following Officers and Governors were present:—Dr. W. E. Scott, President, in the Chair; Drs. Russell and Weillbrenner, Vice-Presidents; Drs. Rottot and Tessier, Secretaries, and Dr. Blanchet, Registrar-Treasurer; Drs. A. Jackson, J. E. Landry, A. G. Belleau, R. P. Howard, H. Peltier, G. E. Fenwick, E. H. Trudel, Edm. Robillard, Jos. Marmette, Edw. Boudreau, C. T. Dubé, A. T. Michaud, J. A. Duchesneau, J. S. Brigham, J. B. Gibson, F. D. Gilbert, A. G. Fenwick, A. M. Hamilton, L. R. Church and Joshua Chamberlain. After the ordinary routine business, the following gentlemen obtained the License of the College on presenting their respective diplomas:—*Laval University*,—W. Maguire, Jos. Eug. Grondin, Z. Gravel. *McGill University*,—Jos. D. MacDonald, J. Whiteford, F. J. Shepherd, J. J. Farley, T. J. Alloway, H. R. Perry, F. E. Cutter, L. McK. Fortune, N. E. Chevalier, T. F. Guest. *Victoria University*,—J. R. MacDonald, Jos. Lanctot, Tancrede Gaboury, G. J. Duhault, *alias* Jacques, G. Archambault, Alfred Desautells, M. Filiatrault, N. Fafard, Jos. R. Gaboury, Jos. Comeau, Ls. Jos. Martel, O. Coutu, A. Germain, R. Brodeur, G. Desrosiers Lafrenière, A. Aubry, J. B. Laporte, E. Lalonde, G. Beaudry. *University of Bishop's College*,—W. Macdonald, R. F. Godfrey, G. F. Slack, R. N. Webber, G. B. Shaw, I. Fontaine. *Trinity College*,—A. S. Campbell, F. D. Astley. Mr. F. D. Cutter, of Sutton, also obtained his license, on passing examination. The following gentlemen were admitted to the study of medicine after passing the usual preliminary examination:—Messrs. L. Crépault, J. E. J. Cartier, H. Poisson, N. Matte, J. B. Martel, J. E. L'Esperance, F. X. Lavoie, Jos. Godbout, P. F. DesParts, E. Tremblay, C. R. Belle, F. X. Gauthier, A. Brissette, A. Jeannotte, O. Beaudry, T. J. Sullivan, B. Campeau, A. Fortier, O. Beauchène, A. Hébert, R. McNichols, W. Petit, P. Fortin, N.

Longtin, R. Poisson, Jos. Robillard, Jos. Burque, T. Brisson, V. Coté, A. Maucotel, A. Thérien and George Frechette.

VICTORIA MEDICAL COLLEGE, TORONTO.

The following gentlemen passed their primary and final examinations at the close of the recent examinations of this College:—Messrs. Nathaniel Brewster, John L. Burkhart, Alex. Douglas, Wm. H. Johnson, John Kirkpatrick, D. F. McDonald, Davidson McDonald, Peter McLean, and Wm. Philp. Honour Class—Wm. H. Johnson, Gold Medallist; Nathaniel Brewster, Silver Medallist; Mr. Davidson McDonald, honorable mention. Scholarships—Messrs. Peter McLean and John Kirkpatrick.

TRINITY COLLEGE MEDICAL SCHOOL, TORONTO.

The following gentlemen have successfully passed their primary and final examinations in this institution:—Messrs. W. Blake, W. Brock, W. W. Bredin, A. M. Dingwall, C. East, D. B. Frazer, D. Frazer, J. W. Gracey, H. Howitt, W. T. Harris, L. D. Healy, W. Irving, L. J. Lennox, W. Lowry, A. McLaren, C. S. Murray, D. W. Mitchell, T. Millman, J. McDiarmid, C. F. Patten, J. D. Thompson, and T. W. Reade.

The convocation for conferring degrees took place 10th ult., and the following gentlemen were presented:

For the degree of M.D.—Richard Ardagh Callighen and Walter Lambert.

For the degree of M.B.—W. Blake, W. W. Bredin, A. M. Dingwall, C. East, H. Howitt, A. McLaren, C. S. Murray, D. W. Mitchell, C. F. Patten and Thos. Millman.

University Gold Medallist.—A. M. Dingwall. *Faculty Gold Medallist.*—H. Howitt. *Faculty Silver Medallist.*—W. Blake. *Certificates of Honor*—In the final examination.—C. East. *Certificates of Honor.*—In the primary.—D. B. Fraser, D. Fraser, W. Lowry, J. W. Gracey.

MCGILL COLLEGE MEDICAL SCHOOL, MONTREAL.

The following gentlemen have successfully passed their final examination in this University and were admitted to the degree of M.D., C.M., on the 28th of March, 1873:

D. O. Alguire, R. W. Bell, H. Brown, D. A. Carmichael, N. E. Chevalier, F. A. Cutter, O. C. Edwards, I. R. Ellison, W. Ewing, J. J. Farley,

L. M. Fortune, E. A. Gaviller, T. F. Guest, J. Hills, R. N. Hurlburt, W. F. Jackson, H. J. M. Jones, T. Kelley, E. G. Kittson, B. D. McGuire, J. B. McConnell, J. McDiarmid, J. D. A. McDonald, J. McLeod, R. S. B. O'Brian, D. O'Brien, H. R. Perry, P. E. Richmond, F. J. Shephard, J. A. Stephenson, A. W. Tracey, G. O. Walton, W. T. Ward, R. C. Young, I. W. Whiteford.

Holmes' Medallist.—T. Kelly.

Prizeman (Books.)—D. O. Alguire.

Honorable mention.—F. J. Shephard, D. A. Carmichael, H. J. M. Jones and R. W. Bell.

OPENINGS FOR MEDICAL MEN.

In the village of New-Hamburg, county of Waterloo, a well established village and country practice, together with valuable property, will be sold cheap. For particulars apply to Dr. J. N. Steifelmeyer, New-Hamburg, Ont. There is also a good opening for a medical man in the village of Cheltenham, county of Peel; also in Mille Roches, county of Stormont, Ont. *Canada Lancet.*

TO OUR SUBSCRIBERS.

One more number and our first volume is closed. There are a few who have regularly received the *Record*, who have not sent us their subscription. As we have placed it at the lowest figure we ask, as a special favor, that those indebted to us, will remit the amount immediately.

AMERICAN MEDICAL ASSOCIATION.

The annual meeting of this great National organization commenced in St. Louis, Mo., on the morning of Tuesday, May 6th, 1873, and was closed at noon on the Friday following. Not less than 450 members were in attendance, embracing representatives from thirty-two States and Territories. The reception and treatment of the members of the Association by the Committee of Arrangements, the profession and citizens of St. Louis, and the daily press, was cordial, dignified, and honorable.

PERSONAL.

A vacancy having occurred in the attending staff of the Montreal Dispensary by the removal of Dr. Sewell from Montreal, it has been filled by the election of Dr. G. F. Slack, late House Surgeon of Charing Cross Hospital, London. Dr. G. P. Girdwood having been transferred to the Consulting Staff

of the Dispensary, the vacancy thus created has been filled by the election thereto of Dr. E. K. Paton, late House Surgeon of Sheffield (Eng.) Infirmary. These elections took place at the annual meeting of the corporation, which was held on the 7th May, when the Institution was announced to be in a prosperous condition. Nearly 6,000 patients were prescribed for during the past year.

Dr. Colin Sewell, lately of Montreal, and Dr. David Leslie Phillip, of Brantford, have been elected corresponding members of the Medico-Chirurgial Society of Montreal.

The following appointments have recently been made in the Medical Faculty of Bishop's College: Dr. J. Baker Edwards has withdrawn his resignation of the Professorship of Chemistry, and Dr. George B. Shaw has been appointed Lecturer on Chemistry. Dr. A. Latour has been named Assistant Demonstrator of Anatomy, and Dr. Wolfred Nelson Curator of the Museum.

Dr. Colin Sewell has sailed for England *en route* for Australia.

Dr. R. T. Godfery, a graduate of Bishop's College this season, is at present in London continuing the study of his profession.

Dr. Whiteford, of Belleville, McGill College, 1873, sailed on the 17th May for England, for the same purpose.

Reviews.

Florida and South Carolina, as Health Resorts,
—by WILLIAM W. MORLAND, M.D., of Boston.
Boston JAMES CAMPBELL & Co., Publishers.

This small pamphlet although it contains some information, and some useful hints, is altogether too discursive. The question of "expatriation of invalids," as it is termed by the London *Lancet* is one of very great importance. There is no doubt but that very often, a careless, hasty opinion is given, which banishes the invalid from the comforts of home and the sympathy of friends, and which a little more care and thought on the part of the Physician would have prevented. It is not every case of pulmonary disease which is to be benefitted by change and each requires thoughtful consideration of the surroundings awaiting the patient in the proposed temporary place of his sojourn. Our author says "It is worse than useless for those who have not means to be well cared for to leave their homes—the invalid cannot rough it."

Florida is first spoken about, and it has several well known resorts, among them Jacksonville and St. Augustine. One of their great drawbacks has been the wretched character of the food obtainable and the equally bad manner in which it is cooked. He says "what class of invalids should go to Florida?" Consumptives undoubtedly—with a due discrimination of cases—not those whose days are numbered. Then many with Bronchial affections. More especially are the cases of comparatively dry, irritating cough, and uncomfortable throats, benefitted by the soft air along the St. John River. Many go to St. Augustine—but our experience compels us to say with far less advantage, sometimes with positive harm. The immediate proximity of the sea is the difficulty."

He says "However delightful it may be to feel the crisp, fresh breeze coming in from the sparkling, sunlit ocean, over which one gazes with such delight, from the shores down to whose margin the quaint old town has crept, and lazily dreams away its tropical existence—there is danger. We have observed marked aggravation of symptoms in bronchitic patients who had come from Jacksonville, or farther, to St. Augustine. A few days, only, sufficed to show the necessity for immediate return—a favorable result justifying the action. There are many other affections, however, which the more bracing air of St. Augustine would suit far better than the mild, relaxing climate of the interior of Florida. Persons suffering from that nervous or general debility previously alluded to—loss of tone and vigor—or from the so-called "breaking down" from overwork; and doubtless from a variety of other ailments—would do well by sojourning for a time in the oldest town of the States—sauntering among orange-groves, or through gardens fragrant with full-blown roses in March—floating out upon the bright waters, to the signal disturbance of the shoals of pelicans and other sea-fowl which so picturesquely fill the coves and inlets.

AIKEN, South Carolina, is alluded to, but as we have just received a separate pamphlet about this place, we pass it over for the present.

Nassau, New Providence comes in for a brief notice. The climate he considers to be delightful, and peculiarly suited to phthisical patients from November until the middle of February—just the period, when variableness of temperature in Florida renders it undesirable and even unsafe for invalids to go there. With this view, therefore, the proper course for patients would be to go first to Nassau, remaining during the period indicated; thence by steamer, running fortnightly, to Havana, where a day or two will

suffice; thence to Cedar Keys, Florida, and thence to the best localities. Dr. Shattuck has called attention to the important fact that the harbor at Nassau is constantly *flushed*—no stagnation occurring in bights or pools, etc. This arises from its peculiar conformation, which allows the tide thoroughly to wash, in a straight course, through its whole extent, backwards and forwards—certainly a highly valuable hygienic provision.

A word of caution, in conclusion, to invalid sojourners at the South. Do not hurry back because it begins to grow very warm—*hot*, perhaps—by the middle or last of April. Change your quarters slowly. If in May the Floridian temperature becomes excessive, inducing languor and prostration, a move, of course, had better be made. The gravest error you can commit, however, is *suddenly* to exchange the soft, tropical air for the sharp, moist, terribly penetrating, northerly and easterly winds of New England and Canada.

Obstetric Aphorisms for the use of students commencing Midwifery practice.—by JOSEPH GRIFITHS SWAYNE, M.D., Physician accoucheur to the Bristol General Hospital, second American from the fifth English Edition, with additions by Edward R. Hutchins. Philadelphia, Henry C. Lea—1873—Montreal, Dawson Brothers.

Two years ago the first American Edition of this work was issued, and was speedily exhausted—a sure and certain indication, that it met and supplied a need, which was felt by students, and those just commencing the practice of their profession. Indeed we consider the little work to be by far the very best of its kind that we have ever seen, and the information to be conveyed in clear, plain, and concise language. Although it is intended for those young in the profession, those older would have their minds much refreshed by a glance at its pages. The additions by the American Editor are many of them very valuable, and considerably add to the practical character of the work. We notice however, that although Dr. Swayne advises Chloral Hydrate, as preferable to Opium in Puerperal Mania, the American Editor says “in this disease our hope should be in Opium or the Lancet.” A contradiction of this kind is out of place, and should not occur.

DECENNIAL CATALOGUE OF THE BELLEVUE HOSPITAL MEDICAL COLLEGE.—This elegantly-bound volume is entitled: the “First Decennial Catalogue of the Trustees, Faculty, Officers, and of the Alumni of the Bellevue Hospital Medical

College, of the City of New York, from 1861 to 1871,” and is compiled by Frederick A. Castle, M.D., Historian of the Alumni Association. Dr. Leroy M. Yale gives the history of the school from its organization to 1872. The total number of names of graduates in the catalogue is 1,073. The names of 18 graduates, who have become irregular practitioners, are properly omitted. The tinted paper, clear type, and the general arrangement of the catalogue, have not been equalled by previous works of other similar organizations.

Medical Items.

BRITISH MEDICAL ASSOCIATION.—The annual meeting of this Association will be held this year in London. The session occurs on the 6th, 7th and 8th of August. The present roll of membership has upwards of five thousand members.

CONCEPTION AT ELEVEN YEARS.—Dr. Dills, of Carlisle, Ky., (*The Clinic*, March 29th, 1873), was called to attend a colored girl in labor, aged eleven years and nine months, and found a vertex presentation, first position; the pelvis was large and roomy, labor progressed rapidly, and a living child weighing nine and a half pounds was the result. The girl had never menstruated.

[Lobstein and Canes (*Medico-Chirurgical Review*, October, 1838) each relates a case in which menstruation commenced in, and continued regularly after the second year of age; in one of these cases the girl conceived in her eighth year. B. S. T.]

BIRTHS.

In Montreal, on the 15th April, the wife of Dr. Francis W. Campbell, of a daughter.

At Point St. Charles, Montreal, on the 2nd of May, the wife of Dr. Thomas Rodger, of a son.

At St. Johns, on the 30th inst., Mrs. (Dr.) Brisett, of a daughter.

MARRIED,

In Montreal, on the 7th May, by the Rev. Robert Campbell, M.A., Dr. Peter McLaren, to Lizzie, only daughter of W. Cairns, Esq., all of Durham, Ormstown, Province of Quebec.

In Montreal, on the 15th May, at the Church of Notre Dame by the Rev. Mr. Rousselet, Parish Priest, Alphonse Leclair, Esq., to Mary Julia, only daughter of Samuel B. Schmidt, Esq., M.D., all of Montreal.

DIED,

In Montreal, on the 15th April, Annabella Rodger, infant child of Dr. Francis W. Campbell.

In Montreal, at the General Hospital, on the 28th April, from injuries received while tobogganing on the 1st February last, John Anderson, aged 35 years.

At Quebec, on 9th May, Mrs. Josephine Deschamp, aged 67 years, wife of J. B. Meilleur, M.D., formerly Postmaster of Montreal.

At Quebec, on 15th May, William James Anderson, M.D., L.R.C.S., Edin., aged 61 years.

At Toronto, on the 9th May, Elizabeth, wife of J. P. Russell, M.D., Edin.

MONTREAL:

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