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U. OGDEN, M.D.,
EDITOR.

R. ZIMMERMAN, M.D., L.R.C.P., London,
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Selections: Medicine.

ON CHRONIC BRIGHT'S DISEASE, AND ITS ESSENTIAL SYMPTOMS.

BY F. A. MAHOMED, M.D.

My first and main contention, as I have already stated, is that high pressure exists as a constant condition in the circulation of some individuals, and that this condition is a symptom of a certain constitution or diathesis, and indicates certain well-defined tendencies to disease. For this diathesis no name at present exists; it might perhaps very properly be termed Bright's diathesis, inasmuch as it tends to produce the disease bearing his name. Exception may perhaps be taken to the use of the word diathesis; it is considered by some an inaccurate word, without definite meaning. Perhaps no more exact definition of the nature of a diathesis can be given at present than to say that it implies a certain habit or tendency towards wrong-doing of a particular kind, by either blood, tissues, or organs; and it would appear that if we include blood among the tissues we should be nearly correct in limiting these diseased tendencies to certain tissues. Such confusion appears to exist in the minds of many between *diatheses* and *temperaments*. These two terms have completely distinct meanings, and it is important to distinguish clearly between them. The former may be regarded as a pathological expression implying certain tendencies towards disease; the latter as a physiological one, describing certain habits of the body in health, or modes of nutrition. Unfortunately, some of the former conditions are synonymous with some

of the latter, and thus great confusion has arisen. True, *temperaments* are of very old date, and doubtless took origin in old and exploded medical superstitions; yet many think, and I believe rightly, that under the name of certain temperaments may be grouped certain classes among individuals, the individuals of each class having many similarities of development and nutrition, both physical and mental, as well perhaps as certain similar tendencies towards disease. On the other hand, *diatheses* apply wholly to tendencies towards disease in individuals in whom the disease may or may not have manifested itself. A diathesis may be either inherited or acquired; those best known are the gouty, rheumatic, nervous, lymphatic or tubercular, cancerous, and perhaps syphilitic. To these I would add the "high pressure," or Bright's diathesis. All these diseases are characterized by groups of minor disorders, produced by their local manifestations. They are not diseases with only one set of symptoms, or affecting only one organ, like pneumonia, gastric catarrh, or nephritis, but they imprint their own peculiar features on the local diseases which they produce. That there are such conditions as these I suppose few would deny. Their relations to temperaments it would be out of place to discuss here.

Overwhelming proof of the existence of this high pressure diathesis can be readily obtained by anyone who cares to investigate the matter with the sphygmograph; all that I ask is that it should not be denied without such an investigation. People who are subjects of this diathesis frequently belong to gouty families, or have themselves suffered from symptoms of

that disease ; in others it may be acquired, and frequently results from lead or alcohol-poisoning, or takes its rise in pregnancy or scarlatina. In these cases of acquired poison the disease commences frequently in an acute form. Its tendency to become acute is in direct ratio to the acuteness of the poisoning. In yet other cases there is no distinct poisoning to be traced ; it would rather appear to result from forms of indigestion and mal-assimilation. These individuals often have certain characteristics when in health. The chief are as follows :—Habitual constipation ; some forms of dyspepsia ; often signs of imperfect circulation, such as cold hands and feet, not unfrequently palpitation, sometimes shortness of breath on exertion. Their skins are often thick, of velvet-like softness, and very white. These characters of the skin appear to me to be frequent, but by no means constant, signs of the diathesis ; Cullen's observation on the thick skin of gout is quoted by Sir Thomas Watson. The symptom of high pressure occurs very early in life ; I cannot say how early. I may note in passing that the pulse of a healthy child is of higher pressure, on account of better arterial tone, than that of the average adult. It exhibits what may be considered the normal standard of pressure, while the average adult pulse is below the normal standard, which is only seen in particularly healthy individuals, except in those of the high-pressure diathesis, in whom the pressure rises considerably beyond the normal.

Let it be clearly understood, the existence of this abnormally high pressure does not necessarily mean disease, but only a tendency towards disease. It is a *functional* condition, not necessarily a permanent one, though it is generally more or less so in these individuals. These persons appear to pass on through life pretty much as others do, and generally do not suffer from their high pressure except in their petty ailments upon which it imprints itself ; these mostly belong to one type, and are generally very greatly relieved by a purge and a little dieting. In other words, their arterial pressure rises at these periods and calls for treatment. After these little attacks their pressure often falls and remains low for a time ; gradually, however, it again commences

to rise, attains too great a height, and they have another breakdown. These breakdowns may be of more or less severity and frequency, according as the diathesis is more or less strongly marked ; perhaps they consist of only a little "out-of-sortishness," sometimes severe headaches, often hemicranial, menorrhagias in females, epistaxis in males, temporary albuminurias or hæmatinurias, palpitations, breathlessness, sleeplessness, or the reverse, loss of memory, various neurosal or mental disorders, severe dyspepsias, constipation, or some such troubles ; if more severe they may take the form of an attack of Bright's disease, or of an attack of bronchitis. But the attack passes off, and things continue much as before. As age advances the enemy gains accessions of strength ; perhaps the mode of life assists him—good living and alcoholic beverages make good his position, or head work, mental anxiety, hurried meals, constant excitement, inappropriate or badly cooked food, or any other of the common but undesirable circumstances of everyday life, tend to intensify the existing condition, or, if not previously present, perhaps to produce it. Now under this greatly increased arterial pressure, hearts begin to hypertrophy and arteries to thicken ; what has previously been a functional condition tends to become more of the nature of an organic one. Breakdowns are now more dangerous, they happen much as before, but more serious ones begin to appear. The individual has now passed forty, perhaps fifty years of age ; his lungs begin to degenerate and become emphysematous ; he has a cough in the winter time, and gradually drops into a condition of chronic bronchitis ; his right heart dilates, and his condition becomes more or less mixed in the aspect it presents to us ; but by his pulse you will know him. Or again his symptoms take another line : his heart fails him, it can no longer perform the high pressure work demanded of it, it therefore fails and dilates ; the individual falls into a bad way ; a mitral murmur appears ; his pulse becomes weak and irregular, though still *persistent*, and so he will remain till he dies or is relieved by a timely reduction of pressure, which allows his heart to recover, and sets him on his legs again.

These cases are generally regarded as ordinary cases of mitral (or sometimes aortic) disease, *but no valvular disease is usually present.*

In another case the heart may not dilate severely; its hypertrophy, with some amount of dilatation, causes more or less trouble; perhaps he comes under observation for some functional disorder caused by it—one of those exacerbations previously noticed; a little albumen may now be found in the urine, the hypertrophied heart and thickened vessels may be recognized, perhaps some hæmorrhages seen in his retina, and he is immediately claimed as a case of chronic Bright's disease. The kidney may have a catarrh and the albumen increase in quantity in the urine, and some dropsy may appear. In other cases the whole stress of the disease seems to fall on the kidney, and it presents the aspect of acute Bright's disease. This terminates the life of many, as the table in the previous paper clearly indicates.

Yet another class of individuals fail through the arteries. These, I am inclined to think, are more especially the gouty and syphilitic ones. Atheroma is their great enemy; it may attack their aorta or large vessels so badly that they get aneurism, and fall victims to this disease. More commonly it causes general aortitis deformans, and creeping from the vessel on to the valves, incapacitates them. The case then appears one of aortic regurgitation, and is regarded usually as such. The pulse will usually show the more skilfully hid enemy, whom it is necessary to attack, if the patient is to be relieved; it is a pulse of high pressure, and it is constantly full, although an aortic regurgitant murmur exists, which usually produces an empty or collapsing pulse. On the other hand, perhaps the aorta will more or less escape, while the smaller vessel, especially those of the brain, are the main object of attack. Here we shall have a few warnings—headache, vertigo, epistaxis, a passing paralysis, a more severe apoplectic seizure, and then the final blow. Take the warning which the pulse offers, reduce the arterial pressure, and the patient's life may be prolonged. Or the attack may be more insidious and more difficult to guard against; the atheromatous vessels may become plugged, or

by their rigidity may seriously impede blood-supply, and softening of the brain may result. Amidst the general diffusion of atheroma, the coronary arteries may suffer severely; then the stress falls doubly on the badly-nourished and over-taxed heart. Attacks of angina warn us of the impending danger, which it is difficult indeed to combat, though temporary relief may be obtained. At last on one occasion the arterial spasm or increased resistance is worse than usual, and the over-taxed heart dies paralysed by the distention which its degenerate muscle fails to overcome.

Uræmia, so called, includes another group of cases which are seen in this disease, and sometimes death is produced by it. This more frequently occurs during the acute disease or during an acute attack supervening on the chronic disease; occasionally such symptoms are the only signs of the sudden exacerbation of the malady. These symptoms may be divided into three great groups: those arising from the gastro-intestinal canal, those from the lung, and those from the brain. In the first group are those attacks of vomiting and diarrhœa so common in Bright's disease; they are, doubtless, due to the gastric or gastro-intestinal catarrh which are well known as complications of the disease; it merely means that in these particular cases the stress of the disease had fallen upon these organs. It is well known that the stomach undergoes similar changes to the kidney in Bright's disease, that acute catarrh is found in the stomach when it exists in the kidneys: moreover, as I have before remarked, the disease affects all the mucous membranes and the skin as well as the kidneys, and it may probably make either its main point of attack. The symptoms known as uræmic asthma are rather more difficult of explanation. The theory that they are due to spasm of the branches of the pulmonary artery, caused by the poisoned blood, I cannot very readily accept; others can be suggested which appear to me equally probable. Many cases may be of the nature of ordinary asthma, due to reflex contractions of the muscles of the bronchial tubes, excited by the bronchitis, which is more common, just as the vomiting is excited by the gastric catarrh;

other cases, again, appear explicable by a temporary dilatation of the right side of the heart (similar to that which occurs in the left in angina pectoris), due to the high pressure in the right side brought about by the emphysema and bronchitis, which may at any time be suddenly increased by the inhalation of cold air, irritant fumes, or some similar exciting cause.

1. Albuminuria, though occasionally produced by other causes, is generally the result of increased pressure in the capillaries of the kidney, either venous or arterial.

2. Neither albuminuria nor dropsy are usually present in chronic Bright's disease; when present they indicate acute or epithelial changes.

3. The blood-condition which produces the high arterial pressure of Bright's disease is the primary condition, and is not secondary to deficient renal excretion, as held by Bright himself and subsequently by nearly every authority upon the subject.

4. The most generally accepted account of the disease and its symptoms fails to recognise it in by far the larger number of cases in which it exists.

5. Cases present themselves wearing the aspects of various forms of heart disease, of bronchitis, of cirrhosis, of cerebral disease, and many other conditions, in which we can only discover the existence of chronic Bright's disease, as the *fons et origo mali*, by the signs of high pressure in the arterial system.

6. The cardio-vascular changes, when found alone, may be taken as evidence of the existence of the disease.

7. Similar changes to those found in the kidneys exist also in the mucous membranes, in the skin, and in other parts.

8. The condition of high pressure is almost constantly present in old age, and, in one form or other, brings about a large proportion of the deaths in persons over fifty.

9. The existence of high arterial pressure in the pulse of young persons indicates a diathesis, and is of grave importance.

10. The same condition, being of frequent occurrence, after the age of fifty is not of such great importance, unless present to an excessive degree; it then produces serious symptoms, and calls for active treatment.

Of these propositions, Nos. 6 and 7, and in great measure No. 3, have been already enunciated by Sir Wm. Gull and Dr. Sutton.—*London Lancet*.

THE SIGNIFICANCE OF PERSISTENT VOMITING IN YOUNG WOMEN, AND ITS RATIONAL TREATMENT.

BY J. A. D'ACOSTA, M.D.

I will now show you some interesting cases from the women's medical ward, and give a few observations upon vomiting as a symptom of disease. This patient is a German, 25 years of age. Her family history is not good; a sister and her father both died of consumption. She states, however, that she herself has always been healthy. Beginning to menstruate at seventeen, the menstrual function then stopped until she was twenty, and since then has been irregular. She married at eighteen, and became a widow at twenty-four. The irregularity of menstruation was not only during her married life, but occurred prior to it, and has existed since.

She came into the ward with what appears to be a very serious difficulty; she was vomiting incessantly, and had been vomiting for a year; she has been in the hospital just one week. You have heard her statement, that she had been vomiting for a year. Questioning her before you, she says that occasionally she could retain her meals, but of her three meals she certainly lost two every day. She did not vomit between meals. The resident physician, who has watched the case, says that she does vomit at times between meals; her own statement must, therefore, be modified, but the vomiting is certainly aggravated by eating food. She occasionally, but not often, wakes up at night to vomit. She was a stout, healthy woman, but in consequence of this disorder she has become thin and pale, although at this moment she does not look quite so pallid and wretched as she ordinarily does. She has picked up wonderfully within the last few days, and she has not vomited at all to-day.

The first thing to be done was to examine the vomited matter. This has been accomplished, with a negative result, in that it was found to contain no sarcinæ, and no blood cells, nothing but mucus and particles of food.

With the condition stated, there is associated a slight, dry, irritative cough, which she says she has had during the whole period of her sickness, that is for more than a year; please observe that there is no expectoration with it.

Before making any remarks upon this case, I will examine with you the gastric symptoms and the intestinal organs generally. The tongue is slightly coated and flabby; it is broad and indented by the teeth. There is some tenderness in the middle dorsal region of the spine; there is also soreness on pressure in the epigastrium, but there is no prominence, thickening or tumour to be found; nothing hard can be felt in the abdominal cavity, but there is a generally diffused soreness about the stomach, not localized, however, in any particular spot. The bowels, generally, are constipated.

I will examine the lungs, and see if this cough has any meaning; but find that it has not; the respiratory sounds are healthy. The urine has been examined, and does not contain any abnormal ingredients; to read you the actual note, it is as follows: Urine, specific gravity 1.025, acid, contains neither albumen nor sugar, and is of normal colour. There has been no fever, and her temperature this morning is 98½.

I have now given you the history and the present condition of this case, and you will ask me what is the cause of this persistent vomiting, and what remedies have been employed that could have stopped it in this short space of time—in not more than three days since the treatment began?

In the first place, what is the matter with the woman. When I saw the patient in the ward and heard this history of uncontrollable vomiting, my first thought was that this is a case of irritable stomach, similar to others I have seen occurring in young women, and associated with gastric ulcer. The appearance of the tongue, her age, the sore spots in the back, along the spine, the vomiting after taking food, were all in favour of this view, but I very shortly dismissed the idea. I knew that gastric ulcers do not have general soreness, but rather localized tenderness in the epigastric region; here it was general. I also knew that if this were a case of gastric ulcer, since it had existed for a year, it should give us all the symptoms of such a lesion; we should have hæmorrhage, and above all, we should have pain, increased by eating. The most prominent

symptom, pain, was absent; the next most prominent symptom, vomiting of blood, was also absent. I therefore rejected this for another idea. In the last year I have seen three cases, two in private practice, and one in this hospital, in which there was excessive vomiting; the patients were reduced to the verge of death—vomiting, vomiting, vomiting; nothing stayed upon the stomach; in these I found that the difficulty was not an ulcer of the stomach, but was due to reflex irritation from some other organ which itself was the seat of disease. The cause of the trouble, I discovered, was some form of flexion of the uterus, with congestion, and perhaps more or less ulceration. This was the cause of irritation, and the vomiting in these patients at first resembled, in its pathology, the vomiting of pregnancy, but in the course of time became complicated with some gastric catarrh, from the long continued functional disorder.

In the light of this experience I began to suspect that such was the case here. An examination was made, the result being that a retroflexion of the uterus was discovered. Now, of course, the case begins to clear up. It is one of reflex vomiting, with some gastric catarrh, going on for an entire year, in spite of the greatest care in regard to diet and general treatment.

When she was admitted into the hospital she was simply put upon a diet of milk and lime water, until her condition should be observed. The vomiting continued; although it lessened under the strict diet, it did not disappear. Now, you wish to know how we have checked this vomiting, how accomplished this result? I gave her the treatment that had been previously successful in my experience—the application of ice bags to the spine, between the shoulders, leaving them on for some time, until the skin is thoroughly cold and she begins to feel chilly. She has had absolutely no internal treatment; the diet has been the same; but she has improved almost from the first day of the application. Now, gentlemen, you will not always be as successful in the use of this remedy alone; but as I know from experience its value, I was determined to give it a trial. Is there nothing we can combine with this

treatment? Yes. Remember that we tried it alone here, because we have not as yet found it necessary to use anything else in these cases. I have also used the bromide of sodium, which lessens reflex irritability and is not offensive to the stomach; it may be given in ten or fifteen grain doses, three or four times daily. I also purge the patients occasionally by stimulating enemata, or a saline aperient by the mouth. If the stomach will bear it, any of the bitter waters, Vichy or Carlsbad, will answer well. I occasionally, also, use a blister to the spine. I do all this quite irrespective of any treatment that may be called for by the uterus itself, which should receive early attention. In our patient we have not resorted to anything in the way of systematic local treatment, but she shall have, to-day, an appropriate pessary introduced; but you may now see the effects of the general treatment before any local remedies are used. No permanent reliance, however, can be placed upon palliative measures until the source of the reflex irritation is overcome; while, on the other hand, the long continued habit of vomiting may not be made to cease immediately simply by the removal of the uterine disorder. These cases of chronic vomiting are difficult to manage, and you will often find them unsatisfactory to treat.

The diet shall be gradually and cautiously extended. Her tongue is cleaning, and it will not be amiss to give her pepsin—say five grains of saccharated pepsin three times a day, while the ice bags are continued, to keep down the irritability of stomach and the sensitiveness of the spinal cord. These shall be applied at least twice a day. If you like after a while to administer some bitter tonic, it will come in very well.

Before dismissing this patient, I will call your attention to the resemblance which this case bears to what is called purely hysterical vomiting, but in which you will not, as a rule, find any marked ulceration, or flexion of the uterus, as we have here. Moreover, in this case we have not the symptoms of this nervous state which has been termed hysterical. The maladies are similar but not alike. In conclusion, I will remind you that in so-called hysterical vomiting you need not expect the same results from treatment that we have obtained in this case.—*Med. and Surg. Reporter.*

NOTES ON TREATMENT OF DIPHTHERIA.

BY T. M. LOWNDS, M.D.,

Late Professor of Anatomy and Physiology, Grant Medical College, Bombay.

As diphtheria has lately occupied considerable attention, I may be permitted to narrate the treatment I have pursued for the last eleven years with almost unbroken success. Looking, with the late Dr. James Begbie, on the disease as allied to erysipelas, I have treated it with one of the persalts of iron, and I may say that, however successful the tincture of perchloride of iron has been in erysipelas, I believe the form of the persalt that I have used is quite as efficacious in diphtheria. My cases of the disease have occurred at all ages, from under one year up to seventy-six, the last being that of my oldest patient. The fatal case (seen in consultation) was one immediately following scarlatina, and it proved fatal in two days.

A large number naturally comprises a vast proportion of cases of slight severity, some of which would probably have done well under any treatment which did not lessen the powers of life; but upwards of twenty were cases very severe, if judged by the great depression of the vital powers, the dusky hue of the countenance, the deep redness of the fauces where the exudation did not conceal it, and, lastly, the appearance of the characteristic of the disease—the throat exudation.

The general form of prescription, which I have used invariably, modifying dose and frequency of administration according to the age of the patient and the severity of the disease, is as follows: Tincture of perchloride of iron, three to four drachms; solution of acetate of ammonia, an ounce and a half to two ounces; chlorate of potash, one drachm to a drachm and a half; water to eight ounces. It must be observed that in this mixture the perchloride of iron is converted into the peracetate, and there is also contained a portion of muriate of ammonia. There is also chlorine liberated; at least it is so when the tincture or solution is added to chlorate of potash; but as these notes have reference solely to treatment, I need not refer further to the changes which take place.

This mixture I have used as frequently in the worst cases as a teaspoonful every hour, during the first day or days of treatment. I have never interfered with the sloughing exudation in any way, only prescribing a gargle or wash containing half a grain of permanganate of potash in an ounce of distilled water, to be used frequently. This may be applied with a sponge or a brush, or inhaled as atomised vapour. I have always tried to get one evacuation daily from the bowels, and have supported the powers of life by wine, soup, milk, &c., as each case seemed to demand. How free such support has occasionally been, one of the cases outlined will show. Lastly, I have always insisted on perfect ventilation of the bedroom by a window opened at the top, so as to insure fresh and pure air to diphtheritic sufferers.—*London Lancet*.

LOCAL APPLICATION OF CHLORAL IN DIPHTHERIA.

Dr. Rokitansky of Innsbruck has used a 50 per cent. solution of chloral hydrate in three cases of diphtheria where the ordinary methods had failed entirely, and was astonished at its striking effect upon the local processes. The solution was applied with a hair pencil every half hour. The pain caused by it was severe in only one case, in which the under surface of the tongue was thickly covered with a diphtheritic deposit. Intense salivation occurred after each application, and in a few minutes the pain ceased entirely.

In two cases, in which the diphtheritic layer partially covered both tonsils, the pencilling scarcely produced a sensation of pain. After three applications of the solution, *i.e.*, in an hour and a half, large pieces of the membrane were removed with the pencil, without difficulty. The surface thus exposed was reddened; in the deep portions the finest granular formation were visible. In the two other cases the diphtheritic layer was removed; after two days the surface of the wound had granulated. In the first case the entire process had disappeared after four days. As soon as it was remarked that the normal tissue appeared the solution was gradually weakened, until, after eight days all the treatment could be stopped, since the cure was complete.—*Med. Newigk.—Lancet and Clinic*.

EFFECT OF DIET ON LIQUOR-DRINKING.

Charles Napier, an English scientific man, has been testing the truth of Liebig's theory that liquor-drinking is compatible with animal food, but not with a farinaceous diet. The experiment was tried upon twenty-seven liquor-drinking persons, with results substantiating the Liebig theory. Among the more striking instances of reform brought about by a change of diet was that of a gentleman of sixty, who had been addicted to intemperate habits for thirty-five years, his outbursts averaging once a week. His constitution was so shattered that he had great difficulty in insuring his life. After an attack of delirium tremens, which nearly ended fatally, he was persuaded to enter upon a farinaceous diet, which, we are assured, cured him completely in seven months. He seems to have been very thin at the beginning of the experiment, but at the close of the period named had gained twenty-eight pounds, being then of about the normal weight for a person of his height. Among the articles of food which are specified by Napier as pre-eminent for antagonism to alcohol, are macaroni, haricot beans, dried peas, and lentils, all of which should be well boiled and flavoured with plenty of butter or olive oil. The various garden vegetables are said to be helpful, but a diet mainly composed of them would not resist the tendency to intemperance so effectually as one of macaroni and farinaceous food. From this point of view, highly glutinous bread would be of great utility, but it should not be sour, such acidity being calculated to foster the habit of alcoholic drinking. A like remark may be applied to the use of salted food. If we inquire the cause of a vegetarian's alleged disinclination to alcoholic liquors, we find that the carbonaceous starch contained in the macaroni, beans, or oleaginous aliment appears to render unnecessary, and therefore repulsive, carbon in an alcoholic form.—*Louisville Medical News*.

Langenbeck has performed tracheotomy 700 times in cases of diphtheria. Some years he has saved as high as 40 per cent. and in others only 10 per cent. He lays down the rule that one should operate before signs of extreme dyspnoea and blood-poisoning set in.

Surgery.

THE DIAGNOSIS OF ABDOMINAL TUMOURS.

BY CHRISTOPHER HEATH, F.R.C.S., ENG.

Several cases of abdominal swellings having passed through my wards during the last few months, I propose to-day to discuss the diagnosis of abdominal tumours, taking for my text the very interesting case of a young woman now upstairs. Briefly, her history is, that she was admitted with a well-marked psoas abscess on the inner side of the right thigh, and with a tumour on both sides of the abdomen, the left being considerably larger than the right. Menstruation having ceased for some little time, it seemed possible that there might be double ovarian disease, for it was quite clear that there was no pregnancy; but we found that we had really to deal with a double psoas abscess only, the tumour on the right side disappearing as the matter drained off, and the left one having a distinct fluctuation beneath Poupart's ligament in the upper part of the thigh, where I propose to introduce the aspirator this afternoon.

The following tumours are common to both sexes.

Ascites, or dropsy of the peritoneum, gives an uniform roundness to the lower part of the belly when the fluid is small in quantity, or a general distension of the abdominal walls if much fluid be present. The skin is tense and shining, and the umbilicus flat or protruding, and the superficial veins enlarged. On palpation, a distinct wave of fluid can be felt from one side to the other; and when the patient is recumbent, the intestines float forward, giving a clearer note on percussion in front than in the loins, where the fluid collects. On turning the patient on his side, the fluid gravitates to the lower part, and a clear percussion-note may be obtained on the higher side, provided the abdomen be not very tense.

In a case of moderate ascites, it will be possible to map out the liver, stomach, and spleen, by careful palpation and percussion; but if a large quantity of fluid be present, this will be impossible until paracentesis has been performed.

A *distended bladder* is in the median line and bulges out the central portion of the abdominal wall. Percussion over it is dull, unless some coils of small intestine should happen to cover it, which is not unfrequently the case, while both flanks are clear when the patient is recumbent. Pressure over the tumour causes pain and a desire to micturate, and the use of a catheter results in its gradual disappearance.

Tympanites, or general distension of the intestines, is not frequent in hysterical women, in whom borborygmi, or gurglings, are commonly heard. Extreme tympanites may occur in either sex as the result of intestinal obstruction, in which case the distended coils of small intestine may be felt or seen rolling about beneath the tense abdominal wall. Or it may occur as the result of peritonitis, in which case the intestines are usually fixed. The percussion-note in all cases is tympanitic.

Solid tumours, dull upon percussion, and to be readily mapped out, provided there be no ascites, may be connected with the liver, spleen, intestines, or kidney. A tumour occupying the right hypochondrium, and extending forwards to the middle line or beyond it, and downwards to the pelvis, dull on percussion and solid to the touch, or possibly with a fluctuating spot, will be the liver. The diagnosis will be rendered certain if the edge of the liver with the notch in it can be felt.

A tumour occupying the left hypochondrium, and extending forwards and downwards, dull on percussion, and with a notch in its border, must be the spleen.

A small hard mass, slightly changing its position from time to time, will be either a mass of fæces impacted in the intestine, or a mass of cancer attached to its wall. Impacted fæces are most common in the large intestine, and give a somewhat doughy sensation to the fingers when steadily pressed against the mass. Hard cancer is most frequent at the pylorus and the lower end of the small intestine, close to the cæcum, or in the sigmoid colon, and is perfectly unyielding.

An obscure tumour in the loin can be best examined when the patient is recumbent, one hand being placed beneath the loin, and the other immediately below the false ribs, the ab-

dominal muscles of the patient being relaxed as far as possible by flexing the thighs, and bending forward the trunk. If it be a mass of feces in the ascending or descending colon, it will be readily felt; but if an enlargement of the kidney, it will be more deeply placed, and the resonant colon will be found in front of it. The possible existence of a movable kidney must be borne in mind.

A *fluid tumour* in the loin must be due either to cystic degeneration of the kidney, or to psoas abscess. The kidney may, owing to obstruction of the ureter, become enormously distended with fluid, so as to form a distinctly fluctuating tumour in the loin, which never finds its way into the groin. A psoas abscess, on the other hand, tends to pass into the groin, and fluctuation may usually be traced beneath Poupart's ligament into Scarpa's triangle, where an impulse will be felt on the patient coughing. Symptoms of caries of the spine, with, probably, irregularity of the spinous processes, will be found if carefully looked for.

An obscurely fluctuating swelling in the *iliac region* will probably be an iliac abscess due to disease of the pelvis or lumbar vertebræ, or of the sacro-iliac joint. The condition of this joint is best tested by forcibly squeezing the innominate bones together, and then attempting to draw them asunder by pressure on the iliac crests.

On the right side, a fluctuating swelling in the iliac region may be due to a perityphlitic abscess, or abscess caused by inflammation of the cellular tissue around the cæcum, the acute symptoms of which will be present; and, if perforation of the cæcum have occurred, there will be crepitation of the cellular tissue from the escape of the intestinal gas.

In the *male*, a solid tumour in the iliac region may be due to a retained testicle taking on inflammatory swelling, in which case acute inflammatory symptoms will be present, or developing medullary cancer with considerable rapidity. The presence or absence of the testicle from the scrotum, which should always be investigated, will give the clue to the case.

In the *female*, the possible existence of a "phantom tumour" must not be ignored; for occasionally the irregular contraction of the ab-

dominal muscles gives rise to a tumour of such solidity as to deceive the most experienced surgeon, but disappears absolutely under the influence of chloroform. No doubt some of these phantoms have been examples of loose kidney, in which the organ is readily displaced.

A tumour in the median line, rising out of the pelvis, is probably uterine, if it be not the distended bladder. Pregnancy is first to be eliminated by inquiry as to menstruation, by examination of the breasts, and by listening for the fœtal heart, which, after the fourth month, ought to be recognizable. Lastly, a vaginal examination will determine whether the *os uteri* is soft and velvety, as is the case in pregnancy. All suspicion of pregnancy being removed, the introduction of the uterine sound will determine whether the long diameter of the uterus is greater than the average (two inches and a half). Supposing the uterine sound to pass four or five inches readily, and to move with the tumour when it is pressed from side to side, it is obvious that the tumour is uterine, and probably a fibroid.

A tumour occupying one side of the abdomen, having grown up from the pelvis, is probably ovarian. It is dull on percussion and elastic to the touch, or, if of large size, may fluctuate distinctly. If no ascites be present, both flanks will be resonant, in whatever position the patient is placed; but, if there be fluid in the peritoneum, the most dependent part will be dull, though the dulness over the tumour will not vary.

When fluctuation is present, but it is doubtful whether it is ascitic or ovarian, an assistant's hand pressed edgewise into the median line over the tumour will serve to break the wave of ascites and thus clear up the doubt.

A cyst with such thin walls that the fluctuation closely resembles that of ascites is probably a cyst of the broad ligament (parovarian); and tapping will make its nature evident at once, the fluid being perfectly limpid, whilst that of ascites is yellow serum, and that of an ovarian cyst darker and, as a rule, more viscid.—*Brit. Med. Journal.*

PERSONAL.—Dr. C. H. Lavell, of Kingston, is practising in St. Paul, Minnesota.

TREATMENT OF PRURITUS.

BY L. D. BULKLEY, M.D.

There are certain regions which are very apt to be affected by a local pruritus, which at times is terribly distressing,—these are the anus and genital region. For this local itching one of the most effectual local measures which can be employed is hot water. And it should be used very hot, so that the application of it is uncomfortable to the hands. In pruritus of the anus and vulva, I direct that a cloth—as a handkerchief—shall be dipped in the water and held firmly against the part until the heat is dissipated, when the application is renewed once or twice more. The part is *not* to be bathed in the water, as the term is ordinarily used, but to be treated as above described. Care should be taken that the operation is not prolonged, and that the water is really hot, or a reaction sets in and the parts are weakened instead of strengthened by the water; two or three minutes generally suffices.

After the application of the water, some local remedy must be used at once, and the one perhaps most generally serviceable in lighter cases is carbolic acid, either in ointment or solution; ten to twenty grains to the ounce of cosmoline often gives great relief; it may, of course, be used much stronger. In pruritus ani, after the hot-water applications, I have repeatedly found the best application to be equal parts of the unguentum belladonnæ and the unguentum hydrargyri, well-rubbed together, and inserted on cotton batting as deeply as possible.

It must never be forgotten that the most obstinate and distressing pruritus ani may be due to the presence of minute cracks and fissures, and the very best method of relieving the itching is to pencil the fissures with a stick of nitrate of silver, tucking in a bit of cotton afterwards, under which they generally heal promptly and kindly. Nitrate of silver is also very conveniently and effectively applied in itching of the anus and genitals, in solution in the spiritus etheris nitrosi, of a strength of from five to twenty grains to the ounce. Very great relief—and I have seen cure to follow—is obtained in pruritus scroti from the following wash: R.—Bismurth. subnitrat., ʒij; acid

hydrocyan. dil., ʒij; misturæ amygdalæ, ʒiv; M. To be shaken and well applied. The poisonous character of the hydrocyanic acid must always be borne in mind, and the wash should not be used to surfaces largely abraded.

No little relief is afforded to pruritus, both local and general, from the compound of chloral and camphor, which I had the honour of introducing to the profession in this connection some time ago. It is formed by rubbing together the hydrate of chloral and powdered camphor in a mortar until a liquid results, and then adding this to ointment. Ordinarily a drachm of each in the ounce will be sufficient, but this amount may be doubled, if necessary; or sometimes a lesser quantity will suffice, while even that first mentioned may prove too stimulating. When applied to a denuded surface, this remedy causes considerable burning.

In intractable itching about the genitals, the possibility of a parasitic cause must always be borne in mind, and the crab-louse may sometimes be found when least suspected. A vegetable parasite may likewise be a cause of this distressing symptom, and a mild case of tinea trichophytina cruris—the eczema marginatum of Hebra—will often long pass unrecognized. Quite lately, Dr. Stevens, of Lebanon, Ohio, reported some cases of pruritus vulvæ cured by the local use of sulphurous acid; possibly in these cases the mucous membrane itself may be the seat of a parasite.

Caustic potash is a very valuable anti-pruritic, and when properly applied is of the greatest service in pruritus of the vulva. In weak solution,—ten to twenty grains to the ounce, with a little glycerine,—it may be applied freely, the parts being then covered with some mild unguent or the carbolic acid ointment, spread on linen and laid on, and tucked in between the labia. In stronger solution,—half a drachm to one or even two drachms to the ounce,—it is to be rubbed on less frequently, but more actively, with a view to produce abrasions of the surface, allow exudation, and thus to cause absorption of thickened tissue; the applications cause much burning, but the relief afforded to an obstinate pruritus quite compensates for this.

The subject of itching is too vast a one to be more than touched upon in such an article as this, and I will only add that in the great majority of the cases of pruritus the itching is but secondary, a symptom the removal of whose cause must be sought for in other measures than those directed against the skin itself.—*Archives of Dermatology.*

CASE OF INTESTINAL OBSTRUCTION.

Mr. Bellamy read notes of a case of rare form of Intestinal Obstruction, due to invagination of the small intestine into the rectum; Gastrotomy; Recovery. The patient was a pale, delicate woman, aged thirty-four, who came under care on February 16th, 1879, with symptoms of obstruction of nine days' standing. She had an inguinal hernia on the left side, for which she wore a truss, which was left off a short time previously. She was subject to habitual constipation, and on three occasions the retention of fecal matter had given rise to very serious symptoms, which, however, always yielded to ordinary measures. On admission a hard swelling was felt in the left iliac fossa in region of inguinal canal and sigmoid flexure. There was intense pain over lower part of the abdomen, and her eructations smelt stercoraceous. On examination of rectum by the entire hand, under chloroform, Mr. Bellamy found that he could not get his fingers past the lower end of the sigmoid flexure, and that it seemed to be filled up and constricted by some intra-abdominal stricture or protrusion through the separated softened muscular fibres of the rectum. Deferring operation for a time, the patient became much worse; vomiting stercoraceous; and on the evening of the 17th Mr. Bellamy proceeded to operate, under strict antiseptic precautions. Thinking there might be some involution of small intestine, perhaps through hernia into rectum, as mentioned by Linnhart, or a hernia reduced *en masse*, he cut down on the external ring, exposed it, and, passing the finger into inguinal canal, found no gut there, but felt the sigmoid flexure greatly distended. Then, enlarging the opening, and introducing the entire hand into abdominal cavity, he found the posterior utero-vesical fold

of peritoneum greatly developed, and also a bundle of small intestine lying below it and tucked into the anterior wall of the rectum. In addition to this, he felt what appeared to be bands of organized lymph stretching across the first part of rectum, probably due to some earlier inflammation in the same locality rendering reduction per anum impossible. Again, with the entire right hand in the rectum and the left in the pelvic cavity, he broke down adhesions, and, by gradual manipulation, reduced the prolapsed bowel. Very shortly after, flatus escaped, and within twelve hours a most copious evacuation, occurred, affording immense relief. The patient progressed favourably until the 22nd, and had not a bad symptom of any sort, but some delirium came on, and she tore off her antiseptic dressings; the delirium was, however, subdued by subcutaneous injection of morphia and by chloral, and at the time of the meeting the wound was looking quite healthy, and she was out of danger.—*Proc. of Clinical Society in London Lancet.*

CHRYSOPHANIC ACID IN PSORIASIS.—The ointment should always be prepared by melting the excipient, dissolving the acid in it for some little time over a water bath, and stirring until cold. It is to be well and thoroughly rubbed into each of the affected spots, which will then appear of a much lighter colour than the surrounding skin, which is dyed of a brownish purple. The applications are to be made once or twice a day; some have advised them thrice daily, but I have sometimes found that a single application each night has in a short time proved too stimulating, causing such an abundant erythematous eruption that they could not be repeated. The applications should be continued until the psoriasis spots have ceased to be visible as light-coloured islands in the purplish background, and the whole skin is tinted uniformly by the ointment.

Dr. George B. Wood, Emeritus Professor of Medicine in the University of Pennsylvania, died last month, aged 82. He is well known as the author of a Theory and Practice of Medicine, "Therapeutics and Pharmacology," and "United States Dispensatory."

Midwifery.

NOTE ON INTRA-UTERINE MEDICATION AND STERILITY.

BY W. S. PLAYFAIR, M.D., F.R.C.P.

I have been much interested by Mr. Wiglesworth's case of occlusion of the os and cervix uteri produced by the application of fuming nitric acid, published in the last number of the *Obstetrical Journal*. It certainly teaches a lesson of caution in the use of that remedy which is not needless, since it has been applied by some, especially in Ireland, with a freedom which has always seemed to me somewhat rash. My own experience with regard to it is not very great. I have, however, used it in many cases of severe menorrhagia, associated with endo-metritis, frequently with very remarkable benefit, and, I am bound to say, without ever having seen any ill effects follow. My object, however, in writing this note is to comment on the latter part of Mr. Wiglesworth's Paper, in which he propounds the theory that the application of caustics to the interior of the uterus may be followed by sterility. If this were the case it would, no doubt, be a strong objection to their use. It would be interesting to hear the experience of others on this point. So far as my own goes it is directly opposed to Mr. Wiglesworth's. I may claim to have paid a good deal of attention to this matter, having communicated to the meeting of the British Medical Association at Leeds, in 1869, a Paper on the treatment of chronic uterine catarrh, which I believe was the first in this country in which systematic intra-uterine medication was advocated, and subsequently a series of lectures* on "Intra-Uterine Medication in the Treatment of Chronic Uterine Catarrh." For the past ten years scarcely a day has passed on which I have not practised intra-uterine medication in public or in private practice, possibly riding my own hobby a little hard, as many of us are apt to do. Not only have I never seen anything in the least approaching to Mr. Wiglesworth's case, but very rarely indeed anything beyond the merest transitory irritation. Indeed, I am as sure as I can be

of any fact in medicine, that there are a large class of otherwise intractable cases, which yield, I do not say easily, but certainly to properly conducted treatment of this kind. So far from having any reason for thinking that it tends to produce sterility, my own experience would lead to the very opposite conclusion. It has been a matter of every day experience with me to meet with cases of chronic endo-metritis, with sub-involution, after a labour, perhaps years before, in which intra-uterine medication has been followed so rapidly by impregnation, as to leave no doubt of the result being due to the removal of the cause which led to sterility. In cases of this kind there is generally a large, bulky, and possibly flexed uterus, with an abraded cervix, a patulous cervical canal, and much glairy mucous pouring from it. So commonly have I found pregnancy following the cure of these conditions, that I have over and over again remarked to patients, who have expressed themselves as being rather aggrieved at finding themselves in the family way, that I had come to consider pregnancy as the nearly-certain result and proof of a satisfactory cure. Only this afternoon I happened to see a patient with Mr. Tait, of Highbury, whose case affords a good illustration of this. She had been a great sufferer from conditions very similar to those mentioned above, for four or five years, during which she never became pregnant. A few months ago she was treated by intra-uterine medication with carbolic acid with marked benefit, and now she is undoubtedly pregnant.

It may well be asked, why should such treatment produce sterility? It is, no doubt, very desirable that we should possess accurate information, which we do not now do, as to the state of the uterine mucous membrane in such cases, and the effect of caustics upon it. Pending the acquisition of such knowledge, I think it fair to assume that the result of such applications is similar to that on the mucous membrane covering the cervix, and this is open to our inspection. Any one can satisfy himself that after swabbing a florid, abraded, granular, and bleeding cervix several times with a suitable application, it assumes the smooth, velvety appearance it ought to have in the healthy state. What reason is there to doubt

* *Lancet*, vol. L, 1873.

that something similar occurs in the uterine mucous membrane, since its treatment is generally followed not only by the relief of pain and other local symptoms, but by healthy menstruation and the arrest of the glairy mucous discharge so characteristic of its morbid state? Nor, theoretically, is it at all difficult to understand why abundant catarrhal discharge from the uterus should prevent impregnation. Unless, therefore, some more valid evidence of intra-uterine medication producing sterility is brought forward than Mr. Wiglesworth produces, I shall continue to hold the opinion I had formed, that in a large proportion of cases of chronic endo-metritis and uterine catarrh it is one of the best means of removing it.

I do not enter into the relative merits of the various applications to be used, although I venture to quote a passage from my lectures on this subject to show why, as I still believe, carbolic acid is the best, and free from the risk of producing the result which followed the use of nitric acid in Mr. Wiglesworth's case:—"There are certain properties, too, possessed by carbolic acid, which render it preferable to all others as an intra-uterine application. Neumann, of Vienna, has shown that when applied in a tolerably concentrated form, such as I use, it causes the tissues to shrink and mummify, but they never swell; nor does it produce an eschar, as do the stronger caustics, such as potassa fusa, the acid nitrate of mercury, or even nitrate of silver. We can, therefore, use it freely without any risk of producing contraction of the canal of the cervix—a result which has followed the use of other agents. Certainly no case has come under my observation where the slightest approach to such a result has followed the use of carbolic acid."*

Although foreign to the immediate object of this note, I may take this opportunity of saying that increased experience has taught me that intra-uterine medication is best practised within the ten days immediately following the cessation of a period, probably because the deeper layers of the uterine mucous membrane are then reached in consequence of their denudation during menstruation. If practised towards the end of the menstrual interval it is sometimes apt to bring on menstruation prematurely. Practically, I find that two applications, at an interval of three or four days from each other, during the time I have indicated, are all that is required.—*Obstetrical Journal*.

* *Lancet*, Feb. 15th, 1873.

Original Communications.

POLYPUS OF THE HEART.

BY T. J. W. BURGESS, M.B.

(*London Asylum for Insane.*)

J. M——, female, aged 35 years, had been an inmate of asylum about nine years, and was, at time of death, a case of Dementia. She did nothing but sit about the halls, taking no exercise of any kind, but was strong, hearty, and very fat. Jan. 17, '79. Remained in bed this morning, saying she was too sick to be up. No information whatever could be got from herself, and an examination showed all the vital functions being performed in an apparently normal manner.

Jan. 19. Had a slight attack of diarrhœa during the day, and in the evening her attendant noticed her covered with a light, scarlet rash, which, however, had quite disappeared when she was seen about an hour later. Pulse, &c., kept about normal.

Jan. 20. Said her throat was sore, but would not allow it to be examined. Had diarrhœa, but would take no medicine. Pulse 120 and feeble. No other symptoms of note, and no reappearance of rash.

Jan. 21. Pulse 120; respiration 20. No other objective symptoms, and no information could be got from herself. She was evidently very ill, but physical examination failed to give a clue to her ailment.

Jan. 22. Early in the morning, before the physician's rounds, she got out of bed by herself, and, just after getting back again, also without assistance, died suddenly.

External appearances. Post-mortem, made eight hours after death, showed *rigor mortis* well marked and body well nourished, in fact, very fat. Hypostatic congestion of all dependant parts.

Head. Scalp was much congested, thick, and almost cartilaginous. Skull of ivory-like hardness. All the membranes much congested, and the arachnoid more or less pellucid all over the superior surface of the hemispheres. About half a pint of very dark liquid blood escaped from the vessels on removal of the brain, which weighed 44½ oz. Brain substance apparently normal.

Thorax. Fat over lower part of chest walls was about one inch thick. The lungs were crepitant and healthy. The heart was of normal size and healthy appearance, but covered with a thick layer of fat in almost its whole extent. The right auricle was completely filled with a firm fibrinous clot of a light yellow colour, extending into both superior and inferior vena cava. The right ventricle was full of dark fluid blood, which, running out, showed a small clot, similar in appearance to that found in the auricle, entangled in the columnæ carneæ. The left auricle contained a small similar clot, partially closing the auricle-ventricular opening. The left ventricle was firmly contracted. No other parts of the body were examined.

TRAUMATIC ANEURISM OF OCCIPITAL ARTERY
—GRAVE HÆMORRHAGE CONSECUTIVE TO SPONTANEOUS OPENING—PERIPHERAL COMPRESSION
—CURE.—An old man, 69 years of age, had a fall, in which the posterior part of the head struck against a very sharp step of a ladder. The primary hæmorrhage was arrested. Eight days afterwards a pulsatile tumour was observed in the région of the wound, about the size of a small nut, but his friends were not uneasy about it until the 23rd day, when a violent hæmorrhage occurred, owing to the spontaneous rupture of this occipital aneurism. The physician who was summoned employed a metallic ring (such as are used for suspending curtains) to exactly compress the periphery of the tumour. The compression was maintained for 48 hours, and the cure was radical. Aneurisms of the occipital artery are rare: they have, on several occasions, been mistaken for abscess or malign tumours. Peripheral compression appears henceforth to be the surest means of compression in view of the richness of this region in arterial anastomoses. It has not hitherto been employed.—(*Gaz. des Hôp.*)

St. Petersburg possesses 35 public hospitals. Of these 11 are devoted to women, including 3 lying hospitals and one ophthalmic hospital; 2 are skin-disease hospitals; 3 hospitals for children; 14 general hospitals; 3 hospitals for the insane; and one hospital for men only. In addition to these there are 36 private hospitals and dispensaries in the city.

Formularies.

To ARREST VOMITING DURING PREGNANCY.

R̄ Cerii oxalat.,

Ipecacuanhæ.....ãã gr. i.

Creasotigtt. ij. M.

Sig. To be taken every hour.—*New Rem.*

COUGH MIXTURE.

Cod-liver Oil..... ʒii.

Honey..... ʒii.

Lemon Juice..... ʒii.

One to two teaspoonfuls three times a day.

POWDER FOR FLATULENT DYSPEPSIA (Hérard).

Powdered Nux Vomica.... 15 grains.

“ Rhubarb..... 60 “

Prepared Chalk..... 45 “

Oleo Saccharate of Mint.... ʒj.

Mix carefully and divide into 20 powders; one powder before each meal in a wafer. Two tablespoonfuls of lime water in half a tumblerful of sweetened water after each meal. Wine diluted with Orezza-water if the dyspepsia be complicated with anæmia.

(From *L'Union Médicale.*)

DECOCTION FOR CHRONIC DYSENTERY (Delious).

Take of Calumba Root..... ʒj.

“ Rhubarb Root..... grains xv.

“ Water..... ʒvj.

Pour the water boiling, at night, over the incised roots, and allow it to infuse until morning.

To be taken before breakfast, in chronic dysentery, to modify the evacuations, and during convalescence to combat the consecutive gastro enteralgia, with tendency to constipation or irregularity in the number and character of the stools.

CYSTITIS (W. Gross).

Balsam of Copaiva..... 1 drachm.

Benzoic Acid..... 75 grains.

Gum Arabic..... 2 drachms.

Pulverised Sugar..... 2 “

Essence of Wintergreen. 20 drops.

Camphor Water..... 6 ounces.

Mix. A tablespoonful every 5 hours for patients affected with cystitis when the inflammatory symptoms have lost their acuity. Wash the bladder by injections of tepid water to

which there has been added 6 centigrammes ($\frac{1}{2}$ grains) of permanganate of potash for every 30 grammes (about 1 ounce), if the urine be fetid or muddy. Later on a solution of borax or of nitrate of silver may be injected.—*L'Union Médicale*.

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Le Progrès Médical.

TREATMENT OF ASTHMA (Aubrée).

Take of Senega Root ʒss.
 Boil in water ʒjv until the
 Decoction be reduced to ʒij. Filter and add
 Of Iodide of Potassium ʒiv.
 Of Syrup of Opium ʒijss.
 Of Brandy ʒij.
 Colour with Tincture of
 Cochineal q.s. Filter.

The patient should every day take three tablespoonfuls of this elixir, in the morning before breakfast, at mid-day, and in the evening, until the cessation of the asthma. This is almost, as Trousseau remarked, forty-five grains of iodide of potash per day.

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ASTHMA (H. GREEN).

Take of Iodide of Potassium ʒij.
 Decoction of Senega ʒijj.
 Tincture of Lobelia ʒvj.
 Camphorated Tincture of
 Opium ʒvj. Mix.

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BOUCHUT'S SYRUP FOR EPILEPSY.

Bromide of Potassium 5 drachms.
 Syrup of Belladonna 15 “
 Simple Syrup 60 “ Dissolve.
 Each tablespoonful (of 15 grammes) represents 1 gramme (15 grains) of bromide of potassium.—*L'Union Médicale*.

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DISCUTIENT OINTMENT.

Extract of Conium ʒj.
 Iodide of Potash ʒj.
 Extract of Belladonna ʒj.
 Extract of Hyoscyamus ʒj.
 Asungia or Glycerine of Starch ʒj. M.

The above will exercise a manifest resolvent action upon glandular enlargements. In similar cases, and when it is necessary to leave the extract of conium in constant contact with the diseased parts, in strumous adenitis, and chronic arthritis of the same nature, it will be more

convenient to employ the emplastrum conii, the formulæ for which are numerous, but which may be made simply by spreading on a piece of skin, a plastic mass, composed of one part of white wax, two parts of resin, and nine parts of alcoholic extract of conium.—Jules Simon in *Le Progrès Médical*.

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Translations.

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M. Faraboeuf, at the *Société de Chirurgie*, 5th March, 1879, said of Lister's antiseptic dressing: "The principle of occlusion had its birth in France; the drainage tube was borrowed from Chassaignac; carbolic acid has been especially studied by Lamaire; the theories of Pasteur have been laid under contribution, and if torsion but prevailed in the place of catgut, there is not a single element of the dressing but has had a Frenchman for its father."—*Le Progrès Médical*.

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INHALATIONS FOR ASTHMA.

In *The Doctor*, Dr. Thorowgood recommends hypophosphate of soda, and at the same time the following inhalations: ether, 30 grammes; benzoic acid, 15 grammes; and balsam of Peru, 8 grammes; or, ether, 30 grammes; Spts. Turpentine, 15 grammes; benzoic acid, 15 grammes; and balsam of tolu, 8 grammes. Place the mixture in a wide-mouthed flask. The heat of the hand suffices to volatilize these substances.—*L'Union Méd. du Canada*, from *Courrier Médical*.

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THE STATE OF CARBONIC ACID IN THE BLOOD.

At the *Académie des Sciences*, on 28th Oct., 1878, M. Paull Bert gave an account of his investigations into this subject. Following are his conclusions:—

1. The exit of carbonic acid during the respiratory act necessitates a dissociation of the super-carbonated salts of the blood.

2. These salts are not saturated with carbonic acid either in arterial or venous blood, or in the tissues.

3. The vitality of the anatomical elements can only be maintained in the presence of carbonic acid in a state of combination.

When the alkalies are saturated, and when this gas appears in excess, in a state of simple solution, it rapidly produces death.—*La France Médicale*.

THE CANADIAN
Journal of Medical Science,

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending reports of the proceedings of their Associations to the corresponding editor.*

TORONTO, MAY, 1879.

TORONTO UNIVERSITY—ELECTION
TO THE SENATE.

The three retiring members this year are, Professor Loudon, Dr. Thorburn, and Mr. Kirkland. The latter, we are informed, does not seek re-election. Dr. J. E. Graham, W. Houston, M.A., and Dr. J. H. Burns are candidates. We shall be glad to see Prof. Loudon and Dr. Thorburn re-elected, and hope that Dr. Graham will be successful.

The voting-papers will be received by the Registrar from the 1st to the 8th of May, at 3 o'clock p.m.

We have seen a circular signed "Graduates," issued, doubtless, by those whose only claim to be heard is that they are such; and who, apparently, have felt that their names are so unworthy to be associated with the title, that they have been withheld. In this circular the old animus of certain partizans is again apparent, and the whole production is discreditable alike to its authors, and—what is of some consequence—to the Alma Mater with whom they claim connexion. It cannot fail to redound to the injury and discomfiture of those from whom it emanates, for, by implication, it reveals the true character of the cause it was intended to serve. We merely make mention of it to disclaim, for our own part, and on behalf of the great majority of our fellow-graduates, any fraternity or kinship with such undutiful sons of Alma Mater.

The argument is urged that the understanding come to some time ago was, that two graduates in Arts and one in Medicine should be

elected each year. No mention, however, is made of the fact that in 1875 three graduates in Arts were elected, who next year retire, and will, doubtless, again receive, as they deserve, the support of the graduates in the Faculty of Medicine, should they desire re-election. We happen to know that the candidature of Professor Loudon, Dr. Thorburn, and Dr. J. E. Graham has the approval and active support of a very large number of graduates in all the faculties. It is a singular circumstance, and one which has occurred before, that these anonymous circulars are always sent only to those residing outside of the city, in the hope, no doubt, that they are not well-posted as to the facts of the case, and that, therefore, there is some chance of throwing dust in their eyes. In this instance it will come short of its object, and make the "anonymous graduates" appear supremely ridiculous. The circular states that as many graduates as possible were conferred with. We know of a large number in the city who were open to a conference, and yet were not called upon for an expression of their opinion. "As many as possible" is a very indefinite term, and in this instance may be translated *a few kindred spirits and unscrupulous partizans.*

"THE SARNIA OBSERVER."—This is in our opinion the best weekly newspaper published outside of Toronto. Its columns furnish a large amount of information on the current events and topics of the day. Town and County matters are fully reported, and the Parliamentary summary is well given. Foreign and Domestic news of general interest, the Farm, the Church, Sports, &c., together with good editorial matter, make the paper worthy of a large and increasing circulation. Messrs. Eyvel & Gorman are the proprietors.

TORONTO SCHOOL OF MEDICINE SCHOLARSHIPS, SESSION 1878-79.—*First Year.*—(1) Duncan, J. T.; (2) Rogers, S. R.; (3) Knill. *Second Year.*—(1) Duncan, J. H.; (2) Bryce, P. H. *Third Year.*—(1) Cross, W. J.; (2) Fisher, A. *Fourth Year.*—Prize (1) Clapp, R. E.; (2) Lehman; (3) Dryden.

Book Notices.

The Principles and Practice of Surgery. By JOHN ASHURST, JR., M.D. Second edition. Enlarged and thoroughly revised, with 542 illustrations; pp. 967. Philadelphia: Henry C. Lea, 1878; Toronto: Hart & Rawlinson.

The general arrangement of this work is very similar to that of Erichsen, the American editions of which have been so ably edited by Dr. Ashurst. Very many of the illustrations will be familiar to readers of Erichsen, and it is but natural that the book, though by no means a mere compilation, should, to a great extent, resemble the work of the celebrated English surgeon and author. Dr. Ashurst's work is fully abreast of the times, the latest periodical literature has been put under contribution, and the pathology is clearly and concisely given, though the author has wisely refrained from dealing *in extenso* with the many different views on this unsettled subject. "Esmarch's bandage," "Batty's operation," "Rectal exploration," "Laparo-elytrotomy," "Litholapaxy," "Martin's bandage," "Cholecystotomy," "Duret's theory of concussion," &c., &c., are among the recent additions to the science and art of surgery that are described. The book is probably the best work for a student that is now published, though in some points of symptomatology, diagnosis, and treatment, the author has been even too concise. In this day, when there are so many excellent small monographs on special subjects, we think that it would have been better if the chapters on the surgery of the eye, ear, and female generative organs, had been left out, and the space devoted to a fuller discussion of the more commonly occurring surgical diseases and injuries. The practitioner, wishing information on specialties, will naturally refer to special treatises.

Chapters I. and II. deal with inflammation, the pathology and treatment of which are excellently given. In chapter III. on *anæsthetics*, the author, in giving the history, makes no mention of Dr. Crawford W. Long's claims to the priority of discovery, he having, according to Dr. Marion Sims, operated upon a patient under ether in 1842. Ether is preferred as an

anæsthetic in a large majority of cases, as being "certainly safer than chloroform." Fatty heart is not considered a bar to the administration of chloroform, the risk in serious operations being greater without it than with it. In speaking of operations the author states that he has seen nothing in his experience to warrant the belief that scarlatina following them is anything but a coincidence; this is contrary to the opinions of recent English and French writers. The chapter on the healing of wounds and their treatment is well written. Paget's views as to union by adhesion without inflammation are not adopted—Ashurst believing the inflammatory process necessary for the repair of wounds under all circumstances, and immediate union to be effected by inflammation limited to its first stage, that of temporary hypertrophy (? hyperæmia) without lymph production. In treatment, except in very extensive wounds, or where tension is very great, plasters are disapproved of even in amputations, reliance being placed on sutures alone, the plaster being applied when these are removed. As to Lister's antiseptic treatment it is claimed that quite as good results have been obtained by surgeons who rely on cleanliness and careful constitutional and hygienic treatment. "Any mode of treatment which is so intricate and complicated as to elude the skill of such excellent surgeons as have failed with the antiseptic dressing, is not likely ever to be adopted for general employment."

In chapter IX. injuries of blood-vessels are taken up and fully discussed, the author being a strong advocate of the ligature in preference to torsion or acupressure of arteries, regarding the former as safer, and the two latter as being no better in any other respect. Catgut ligatures do not find favour. Fractures and dislocations occupy chapters XI., XII., and XIII.: if we have any fault to find in them, it is that they are too brief; what is said is well said, but the directions for diagnosis in obscure cases might have been fuller, and the different methods of treatment of special fractures might have profitably had more space devoted to them. The author describes one method of treatment and in many instances merely mentions others. Fracture of the jaw he treats with a compress and

Barton's bandage. In Colles' fracture the position of *supination* is preferred to the *semi-prone*. In speaking of fractures of the upper extremity of the femur, Buck's method by extension and sand bags, we are pleased to note, has the preference, though we hardly agree to the counter-extension by the perineal band, especially when applied to the injured side, preferring what indeed the author confesses to be usually sufficient, elevating the foot of the bed. In fractures of the shaft of the femur, Ashurst says he has never seen a perfect cure, either in his own practice or that of others; that is a cure without shortening of at least a quarter of an inch, even in children, and considers half an inch to an inch a satisfactory result in adults. In the treatment of fractures by the plaster of Paris splint we differ from the author. He does not favour their application immediately after the injury, but thinks it safer to wait until union is tolerably firm, about the third or fourth week. In fractures of the bones of the leg, the fracture box is regarded as *the* method in the majority of cases. No mention even is made of Dupuytren's splint.

Dislocations in recent cases in the author's practice have never required any other means of reduction than manipulation, with manual extension and pressure. Bigelow's work is freely used in discussing dislocations of the hip, and that author's views as to pathology and treatment are adopted. We should have been better pleased with this portion of the work if more stress had been laid on the after treatment and the importance of early passive motion, and massage in luxations of the elbow, knee, and ankle. There is no mention of compound dislocation of the elbow joint, and compound dislocation of other joints are dismissed with a few lines.

In chapter XIV., on the effects of heat and cold, the immediate relief that follows the carbonate of soda treatment of burns, and treatment of large granulating surfaces left after severe burns, by means of skin grafting, have been omitted.

Chapter XV., on injuries of the head, is very good, the treatment is sound and conservative, the expectant method being strongly advocated. The diagnostic marks between concussion and

compression are not considered as plain and easily recognizable, the difference in many cases being one of degree only. He discountenances trephining in simple fracture of the skull, even where there are symptoms of compression, or intra-cranial suppuration, the diagnosis in the latter condition being always obscure. This, we believe, is sound surgery, though Mr. Hulke lately reported a successful case of trephining and aspiration of the brain, reaching an abscess in the frontal region. Hulke and Bryant regard hemiplegia as a sign of abscess and not of arachnitis.

Our author does not follow Ericksen altogether in his views on spinal injuries. He is somewhat skeptical of many reported cases of railway spine, though admitting that grave, morbid changes in the spinal cord may arise from slight blows on the back. He differs, too, from Ericksen, as to prognosis in fracture and luxation of vertebræ. That author declares "that fractures of the spine through the bodies of the vertebræ with displacement are invariably fatal." Ashurst shows that in civil cases 18 per cent. of those of the cervical spine and 27 of the lumbar recovered. Trephining in these injuries he regards as unjustifiable.

Chapter XX. is on abscess, ulcers, gangrene, and gangrenous diseases, and is full of good, practical matter. The local treatment of carbuncle, in which the author, we are glad to see, agrees with Paget, is *not to cut* but to apply pressure, by concentric strips of adhesive plaster.

Chapter XXII., on pyæmia, is one of the most readable in the book—without entering at length into a theoretical discussion on the vexed question of pathology, the views that receive most support at the present day are briefly and clearly given. He regards pyæmia as a peculiar morbid condition, resulting from the absorption of septic material, and usually accompanied by the formation of puriform collections in various tissues and organs of the body. The word is used in a generic sense, embracing one or more morbid systemic conditions, and depends on the introduction of septic material into the blood, thrombosis and embolism being subsidiary, and not absolutely necessary. We agree with the author that in

the present state of our knowledge this is the most plausible theory.

Chap. XXIV., on Venereal Diseases, is, generally, in accord with the views of the best modern syphilographers. A more detailed description of the appearances of the various secondary cutaneous eruptions should have been given; the reader is referred to the works of specialists for information, the names merely of the syphilides being given. We do not understand how psoriasis (general) is classed as a tertiary symptom, and ecthyma placed among the secondaries. In our experience, psoriasis is a form very frequently met with in secondary syphilis; and ecthyma, we have believed to be more commonly seen in the tertiary stage. Psoriasis of the palms and soles of the feet we would class as tertiary, but not general psoriasis. Ashurst gives mercury in the primary stage, believing that the secondary is retarded and favourably modified thereby. In this he is directly at variance with Bumstead and others.

Tumours, in Chap. XXVI., are well classified on a clinical and anatomical basis. The part on diagnosis of cancers from other growths might have been more explicit: the general description is good, and the histology in accord with modern views. These remarks apply also to the chapter of surgical diseases of the vascular system. Greater stress and more explicit directions for the treatment of aneurism by rest, diet, and iodide of potassium, would, we think, be an improvement, as would more extended remarks on the diagnostic points of special aneurisms, such as axillary and femoral.

Chap. XXX., on diseases of bone, good in almost every other respect, is again rather weak in diagnosis, especially the part on bone tumours. The description, too, of the separation of a sequestrum might have been advantageously extended.

In joint diseases, the author thinks, with Sayre, that many, if not most, cases are simply of an inflammatory nature, of local origin, and as specially demanding local treatment. We do not yet see our way clear to adopt these views entirely. We think the constitutional element plays an important part in causation, and demands equal attention in the treatment. For ankylosis of the hip, Adams' or Gant's

operation is advised: six cases under the author's care terminated successfully. In the knee, he prefers Brainard's operation to any other.

Of excisions, Ashurst says that, greatly as he admires the operation, he believes that *cæteris paribus*, it is in every region of the body at least as fatal as the corresponding amputation. The directions for operation and the after treatment are clearly stated.

The treatment of Potts' disease of the spine is surely deficient, when only mention is made and a cut given of Sayre's method of treatment by plaster of Paris. In Chap. XXIX., on Diseases of the Mammary Gland, we differ decidedly from the treatment given for "Mammitis." It is not sound surgery to advise that "As long as there is a prospect of obtaining resolution, the breast should be kept *constantly* exhausted, either by suckling or by the use of a breast pump." To relieve tension by gentle friction or the breast pump is certainly right, but to *constantly exhaust* the breast will, we think, increase irritation and inflammation. Neither do we think that the upper part of the breast is the best place to open the abscess; the author states that the opening here renders strapping more effectual.

Chap. XL., on Hernia, is capital; the taxis and non-operative treatment, and general description leave nothing to be desired. In herniotomy, Petit's operation, without opening the sac, is advised wherever practicable. Many English surgeons have discarded this method, as not giving the favourable results claimed for it. In St. George's and St. Thomas's Hospital it is almost the invariable rule to open the sac. The Surgery of the Rectum, Bladder, Urethra, and Male Generative Organs, is well up to the times.

In the chapter on lithotomy the author strongly advises the general practitioner to familiarize himself with one procedure of operation, and considers the lateral as decidedly the easiest and safest in a large majority of cases. He rightly says, "It is much better for his patients for him to be able to do one operation well than a larger number with doubt and hesitation." In speaking of catheters, Ashurst regards the flexible as quite as easy of intro-

duction as, and much less dangerous and painful to the patient than, the metallic. On this point there is a good deal of difference of opinion amongst surgeons. As in the next paragraph it is admitted that in very slight strictures, and in the later stages of dilatation, silver catheters and steel sounds are preferable, our experience inclines us to side with the author on this point.

In treating strictures by gradual dilatation it is pertinently remarked that when the patient can pass a No. 21 or 22 (French) catheter without suffering, he had better rest and be thankful. We think so too. Otis carries dilatation to a far greater extent. No description of any of the modern instruments for internal urethrotomy is given; mention by name only being given to Maisonneuve's, Otis's Thompson's, Wood's, Trelat's, Teevan's, etc., etc. Ashurst, contrary to many authorities, prefers to incise on the lower side of the stricture.

The article on Retention of Urine from stricture and its treatment is, we think, especially good, and shows, as indeed does the whole book, that the author is no mere operator, but a careful, scientific, and practical surgeon. In speaking of malposition of the testis in the perineum, excision is advised; but a better treatment has lately been successfully practised by Annandale, of Edinburgh, who transplanted the testis into its proper place in the scrotum. It is, of course, impossible in our limited space to notice everything in a work of this kind; our review is already far longer than we intended. We have, we think, shown that the book is that of a surgeon in the true sense of the term; and the work of one who, while recognizing the opinions of the authorities of the day in this branch, still has views of his own which he does not hesitate to advance and uphold when they are at variance with those of others.

Transactions of the American Otological Society.
Eleventh Annual Meeting, July 1878. Vol. 2.
Part. 2. Boston: Houghton, Osgoode & Company, 1878.

An elaborate report on the progress of otology, July 1876–July 1878, and some interesting papers by members are embodied in these transactions, which form a volume of about two hundred pages.

Physiological Therapeutics. A New Theory.
By THOMAS W. POOLE, M.D., M.C.P.S., of
Lindsay, Ont. Toronto: Toronto News Com-
pany, 1879.

Dr. Poole may thank his stars that the hierarchy of Medicine has not fortified its stronghold of orthodoxy by any such judicial organization as that of the *Holy Office*, by means of which, if heresy was not suppressed, at all events heretics were abundantly punished; for certainly a more heretical book than his "Physiological Therapeutics" was never obtruded into the arena of medical polemics. That a physician, hailing from a provincial town somewhere between Lake Ontario and the limits of civilization, should not merely have the temerity to declare his dissent from one of the standard, universally-accepted doctrines of medical science, but further, the audacity to write a book, in which that doctrine is vigorously assailed, and demonstrated—or essayed to be demonstrated—to be utterly at variance with the just and rational interpretation of facts, seems to us, as we doubt not it must to hundreds of those who have hitherto plodded on in reverential acquiescence in the belief handed down to us by the Fathers, almost a marvellous phenomenon. For what can be more antagonistic to our prior conceptions of the functional relation between nerve and muscle, than the idea that the action of the latter is not directly impelled and regulated by that of the former, but that on the contrary, muscular action (*i. e.* contraction) is the immediate result of cessation, suspension, or intermission, of nerve action? This seems to be a cutting of the Gordian Knot, with a vengeance. Muscle sleeps, while nerve labours assiduously to purchase its repose; and muscle works while nerve idly and placidly looks on, graciously tolerating the inherent waywardness. Turn about would therefore seem to be fair play. *Somatic* death, we now learn, kills nerve at a blow; but muscle is more tenacious of life, and refuses to capitulate before molecular death (that is putrefaction) enters the field. If this be true, no doubt it is best so, for the Creator has done all things wisely.

We must not, however, wander into anticipative criticism. Dr. Poole must be allowed to enunciate his own propositions, which, however,

we do not reproduce *in extenso*, but merely their salient outlines. They are as follow.—

1st. "The muscles and muscular tissues, generally, of the body, are endowed with an inherent contractile power of their own, independently of nervous influence; but this contractile power of the muscles is regulated for voluntary purposes through the *agency* of the nervous system."

2nd. Nerve influence is that of a *restraining*, not a compelling power.

3rd. Electricity is not a stimulus, but a sedative, to nerve tissue.

4th. The action of ergot is similar to the above.

5th. The muscular fibres of the middle coat of arteries are similarly related to nerve influence.

6th. Certain drugs affect muscular tissue in accord with the above specified inter-relation between nerve and muscle.

The preceding is a succinct representation of Dr. Poole's theory. No doubt Dr. P. found it difficult to select words adequately representative of the ideas he sought to express, as indeed every writer must do when endeavouring to convey new thoughts in simple conventional terms. We could wish he had conveyed the idea in his first proposition, as to the *regulation* of voluntary muscular action, by some other word than *agency*; for, in our apprehension, the term *agency* implies activity, not idleness; and *regulation* implies something other than "masterly inactivity." Again, in his second proposition, the phrase "*restraining-power*," as expressing the negation of nerve action, or the condition of absolute nerve-quiescence, appears to our mental vision somewhat like an Hibernicism. To restrain is to hold back, and to prevent the thing or creature so held from advancing; but who that ever has ridden a hard-mouthed, spirited horse, will say that he has brought him to a halt by letting go the bridle? It surely costs not less exertion to hold him in than to start him; but Dr. P.'s charger is an instinctive thorough-goer, and needs neither whip nor spur. All right, as to the pace; but that restraining non-restraint, rather puzzles us. The problem shows a *missing link*, which will not, we fear, be soon found.

These mere technical imperfections, though to be regretted, will not, the reader will find, detract from his appreciation of the book, which, in reality, we regard not only as highly creditable to the author, but as an honour to the medical profession of our Dominion. The extent to which Dr. P. has made citations from the most distinguished authorities renders his book a valuable repertory of physiological and therapeutic science; almost equally useful, in this respect, to the medical tyro and the old practitioner; whilst the logical exactitude, the clearness of diction, and the candour of discussion, which are exhibited throughout, entitle the work to a very respectable rank in the literature of medicine.

As an adventurous and clear-headed native Canadian, who has given abundant proof of his unflagging industry, and his intimate acquaintance with the ablest authorities in the branch of science on which he has written, he well merits the respect and substantial approbation, not only of our profession, but of every lover of our promising young country; and we feel confident that no intelligent physician or student, who procures the book and reads it attentively, will regret the trifling expenditure. If the contained matter do not amply condone for its unpretentious appearance, we are very far mistaken.

The work is dedicated to Joseph Workman, M.D., of Toronto.

Atlas of Skin Diseases. By LOUIS A. DUNNING, M.D. Part V. Philadelphia: J. B. Lippincott & Co. 1879.—Part V. contains plates of Scabies, Herpes Zoster, Tinea Sycosis, and Eczema (vesiculosum). As we have said in reference to Parts I., II., III., and IV., of this Atlas, we have nothing but praise to give in noticing it; the plates in Part V. are excellent in every way. We have seen none to equal them as truthful representations of typical cases of skin disease. The text, as usual, is clear and concise.

"Bryant's Surgery," J. Lewis Smith on "Diseases of Children," Emmet on "Principles and Practice of Gynecology," Attfield's Chemistry," Teller on Diseases of Live Stock," and Habershon on "Diseases of the Abdomen," will be reviewed next month.

An Introduction to Pathology and Morbid Anatomy. By T. HENRY GREEN, M.D., Lond. 3rd American from 4th Revised and Enlarged English Edition. Henry C. Lea, Philadelphia; Hart & Rawlinson, Toronto.

It is with real pleasure that we greet once more the well-known features of our old friend's face; and, as we grasp him cordially by the hand and welcome him to our shelves again, we cast a rapid glance upon his visage to note the new impressious time has made thereon. The old deep lines of honest thought and work, and many other excellences, are still as clear and unmistakable as formerly, whilst the new furrows which the "corroding tooth" has worn are those indicative of experience matured and knowledge ripened.

In comparison with the first American edition, published in 1871, chapter I. receives an addition at the end devoted to the description of "vacuolation" in the cell; and in chapter III. a section upon pulmonary emphysema has been introduced amongst the "degenerations." The chapters on fatty degeneration and infiltration have been re-written and much augmented, and a new section on brown atrophy of the heart has been added. Amongst the mucoid and colloid degenerations, a section upon the muscular changes in typhoid fever has been introduced. Tissue changes in pyrexia enjoy the distinction of a new chapter in their description. The article on inflammation has been re-written, and advantage has been taken of Cohnheim's more recent researches to prove conclusively that the emigration of blood corpuscles and the exudation of liquor sanguinis are dependent upon "some impairment of the vital properties of the walls of the blood-vessels;" Burdon Sanderson's definition of inflammation is here adopted, as "simply the aggregate of those results which manifest themselves in an injured part as the immediate consequence of the injury to which it has been exposed, an injury, it must be borne in mind, which, if of sufficient severity, would have led to its death." A special chapter is here devoted to scrofulous inflammation. Tubercle is in this edition more properly considered in the section on inflammation than in that on "nutrition increased," as before; and a most

lucid and admirable chapter on tubercle and acute tuberculosis is here to be found, the portion treating of tuberculosis of the lungs being especially profusely illustrated and clearly written. Then follow two entirely new and excellent articles on pyæmia and septicæmia. Syphilis, too, as its prevalence and importance deserve, receives a more thorough notice in this than in the earlier edition, gummata not being alone considered, as before, but the fibroid changes, and the changes in vessels as illustrated at the recent discussion on visceral syphilis at the Pathological Society of London, also receive attention. The chapter on the inflammation of bone has been re-written, the subjects of periostitis, necrosis, and caries being specifically treated, and new sections added on mollities ossium, and rickets. That on inflammation of blood-vessels has also been re-written and much improved. Myocarditis and fibroid induration of the heart, here, also receive that consideration which they lacked in the earlier edition. In the chapter on inflammation of mucous membranes the author follows Wagner, in this edition, in speaking of fibrous and croupous inflammations as separate instead of identical forms; and he appends a notice of dysentery which was wanting in the first. In referring to inflammation of the liver the term red atrophy is dropped, and the chapter is completed by a short but new notice of acute yellow atrophy. The section on suppurative nephritis is somewhat enlarged in order to include a description of "surgical kidney," and that on tubal nephritis in order to make room for a separate account of scarlatinal nephritis, as has been rendered necessary by Klein's contributions (made in 1877) to our more perfect knowledge of the latter. To the chapter on inflammation of the brain and spinal cord has been appended a brief notice of sclerosis. The chapter on the various forms of inflammation of the lungs has been re-written, extended, and much enhanced in value, and a brief allusion to hypostatic pneumonia has been intercalated. Pulmonary phthisis receives consideration in a special chapter which none should fail to read. An additional notice of mechanical hyperæmia of the liver and lungs will be found amongst the hyper-

amias. Two entirely new chapters—one on leukæmia, and the other on the preparation and mounting of specimens—conclude the book. In view of the additions made we are persuaded that those who own the older book will not rest satisfied till they possess the new. To the reflecting, busy practitioner it constitutes a remembrancer of pathological doctrines of inestimable value; whilst to the student of medicine of the present day it is “a mine of wealth,” and a veritable *sine quâ non*.

Physiology: Preliminary Course Lectures. By J. T. WHITTAKER, M.A., M.D., Professor of Physiology and Clinical Medicine in the Medical College of Ohio, &c., &c. Cincinnati: Robert Clarke & Co. Price, \$1.75.

This is a delightful little book from whose perusal we have derived much pleasure and no little profit. That it will fill a void much felt by students of medicine we have no doubt, and can, therefore, have no hesitation in recommending it most cordially to our readers. It is made up, as its title indicates, of a series of lectures delivered by Dr. Whittaker as a preliminary course to his lectures on physiology at the Medical College of Ohio. Lecture I. has for its subject, “The influence of Physiology upon Practice and upon the Practitioner,” and formed the introductory lecture to the course, delivered on the 1st September, 1878. In it he gives an account of many of the superstitions of medicine in olden times, and shows how the growth of the science of physiology dispelled these delusions. He then depicts the characteristics of the true physiologist, taking Harvey and Haller for his types. In Lecture II., the subject of the Conservation of Force is most lucidly and graphically set forth. Lectures III., IV., and V., constitute the best short, concise, and intelligible account of the doctrine of evolution, with which we are acquainted. Lectures VI. and VII. are devoted to Protoplasm and its Properties, and are fully in keeping with the high standard of excellence of their predecessors. “Bone and its Properties” are admirably treated of in Lecture VIII., and “Muscle and its Properties in Lectures IX. and X. To the chapter on Bone we have one exception to take, and that is the perpetuation of

the error of the vertebral origin of the cranial bones, generated in the vivid imagination of Goethe and supported on grounds of analogy by Oken. This plausible theory secured the support of the great authority of Owen and of Rathke, and it remained for the genius of a Parker to rebut the error, by incontrovertible evidence. Since the publication of his work on the “Structure and Homologies of the Vertebrate Skull,” we thought this time-honoured theory had died a natural death. “Nerve and its Properties” forms the subject of Lecture XI., which is in every respect excellent; and No. XII., the concluding lecture, takes up the subject of “Blood and its Properties.” Of this chapter, as of all the rest, we would desire to speak in terms of highest commendation, and there is but one statement in it to which we can raise objection. The author adopts the statement, and gives the figures of Hirt, showing a marked increase in the number of white blood corpuscles after a meal. This is directly opposed to the fact established by Messrs. Cutler and Bradford, in a late number of Michael Foster’s *Journal of Physiology*, who, employing Malassez’s method of counting, found an increment of red-blood corpuscles, and a decrease of white after every meal. Of the book, as a whole, we feel that we cannot speak too highly, and in our most heartiwise we recommend it to all students and practitioners of medicine, and to all others who may be desirous of gaining an intelligent insight into the phenomena of nature, as embodied in “the human form divine.” The appearance of the book reflects much credit on the publisher—Chancy R. Murray, Cincinnati—it is well and neatly bound, printed in clear, legible type, on very good paper. Comparatively few typographical errors mar the excellence of the text; but, as we hope the book will fall largely into the hands of students, we shall, in conclusion, point these out. The text is illustrated by some twenty-six figures, which admirably fulfil the purpose for which they are designed; and the whole is completed (in both senses) by an excellent and copious index.

We would prefer to see “albuminoid” spelt with an “i” instead of an “e” in the penultimate syllable, as it is here *passim*; “Synonym”

too, would look better with a "y" in its last syllable, in place of the "i." On page 5, "Charlatantry" lacks the second "r." On page 20 "Basle" is written "Basel." On page 75 we find "cloacum" for "cloaca." We must also protest against the use of the word "manifest" for "becomes manifest," at page 100, as also "presents" for "is present," at page 104. On page 120 we find "epidydimus" for "epididymis," and on 1st line of page 122, "ceases" should be "cease." At page 137, "guaiacum" would be better "guaiacum." At page 150, and elsewhere, "alveolæ" should be "alveoli," and at page 151, the Greek roots of skeleton should be spelt with a "kappa" in both instances, and not a "chi." At page 153, we would prefer "nutrient" to nutritive" foramina. At page 164, 7th line from the bottom, "has" should be written "have." In the 8th line, on page 177, the first "in" should be "is." At page 189, "Heidenham" should be "Heidenhain." At page 214, "adipocire" would be better "adipocere." At page 243, "correllation" would be better "correlation." At page 245 "physical" has one "i" too many in the ultimate syllable.

Epitome of Skin Diseases with Formulae, for Students and Practitioners. By TILBURY FOX, M.D., F.R.C.P., and T. C. FOX, M.B., B.A. Second American edition; revised and enlarged. Philadelphia: Henry C. Lea, 1879; Toronto: Hart & Rawlinson.

This is a useful little work for reference, or for students and others who have not time to read the larger treatises. It is divided into three parts: Part I. treats of the mode of observing the pathology, classification, cause, diagnosis, and general principles of treatment. Part II. contains the description and treatment of skin diseases, and is arranged alphabetically. Part III. contains a cutaneous pharmacopœia and a diet table. The American editors have added the classification and nomenclature of diseases of the skin adopted by the American Dermatological Association. The names of the authors are quite sufficient to commend this book, Dr. Tilbury Fox being well known as occupying a place in the front rank of the Dermatologists of the day. It is needless to say anything of the typography of work coming from the house of Henry C. Lea.

The National Dispensatory. By ALFRED STILLE, M.D., LL.D. and JOHN M. MAISCH, Ph.D. Philadelphia: Henry C. Lea, 1879. Toronto: Hart & Rawlinson.

This work seems to be a lineal descendant of the old United States Dispensatory, contains about 1,628 beautifully printed pages with numerous wood-cuts, and embraces all the official preparations of the United States and British Pharmacopœias, besides a large number of drugs peculiar to the French Codex, the German Pharmacopœia, and domestic practice.

A careful review amply sustains the high reputation of its authors, who have "devoted themselves to the task of producing a work to which the inquirer may refer with the certainty of finding everything which experience has stored up as worthy of confidence in the subjects embraced within its scope," and we need not assure any one acquainted with the former writings of Dr. Stillé, that the task has been well done.

The alphabetical arrangement enables the inquirer to turn up in a moment anything he wants, while the double index is worthy of imitation, both in comprehensiveness and clearness, and is in pleasing contrast with the jumble called an index in the first three volumes of Ziemssen's Cyclopædia. As a work of reference for the lecturer or practitioner it stands without a rival; but we fear it will not supply the wants of the student as well as its old progenitor.

Our materia medica has always been encumbered by a host of useless and obsolete material, and the tendency of many modern writers and teachers has been to eliminate such from the place they have long held, and only to admit new agents when they have been proven to possess positive properties of value. The authors, however, have felt it their duty to retain everything heretofore found in modern materia medica, whether regular, eclectic, or domestic, and have thereby increased its size without a proportionate increase in its value.

We generally approve of the value placed by the authors on the different agents spoken of; they are not as enthusiastic over the virtues of

salicylic acid as some modern writers appear to be, for while they say it will reduce the temperature and pulse-rate decidedly, in acute rheumatism, it is by no means certain that it removes the disease any better than other remedies, while cardiac complications are in nowise prevented by its use, and relapses of rheumatic inflammation may take place while the patient is fully under its influence. Nevertheless, in fairness, they give the opinion of Dr. Broadbent, who regards it as truly specific.

We do not, however, altogether agree with the authors' low estimate of the hypophosphite, ammonio-citrate, and dialyzed iron, although we have heard medical friends express doubts in regard to the activity of the latter. In our own hands, while some samples have proved both useless and unpleasant, that manufactured by Wyeth & Brother has generally produced the desired result, and has been pleasant to take.

We wish the authors had exercised the prerogative, which their high standing in the profession would have justified them in doing, and boldly expunged everything of which they could say, as they have of fungus muscarius, after nearly a page and a half of description, "that at one time this fungus had a doubtful reputation for the cure of epilepsy, but it is no longer used, in medicine." Take, for instance, "Bursa pastoris, cephalanthus, dracontium, guano, helianthus, hydrastis, linaria, lycium, lycopus, medeola, myrobalan, and fucus vesiculosus, which occupy eight or nine pages of description, and yet are all pronounced "worthless," obsolete," "forgotten," "abandoned," or "scarcely a medicinal agent."

In an excellent article on the use of quassia, they say it is "especially of use in gastric vertigo, when associated with bicarbonate of sodium." But, with the exceptions referred to, we heartily commend the work to all who feel an interest in the progress of our art, or any desire to learn of the odd freaks indulged in by medical practice in former days. We need only say, further, that the work is got up in the style peculiar to Henry C. Lea, to assure our readers that nothing has been spared to make it worthy the position it must take in every medical library.

Clinical Lectures on Diseases Peculiar to Women.

By LOMBE ATTHILL, M.D., Univ. Dublin, &c., &c. Fifth edition. Revised and enlarged, with illustrations. Philadelphia: Lindsay & Blakiston, 1879; Toronto: Hart & Rawlinson.

This is the kind of book we like to read, and we wish there were more like it,—so clear, concise and practical, pleasantly written and beautifully printed, so small that a tired man can take it up without fatigue, and so full of practical detail as to constitute a safe and sufficient guide in treating all the more important and common diseases of women.

"All theory, hypothesis, and speculation are omitted." There is no ambiguity of precept or practice. You know at once what the author means, and you see at a glance what he does and how he does it. He is not afraid to record some failures with his success, and that is what the young gynæcologist needs to encourage him in this difficult branch of medical practice. He does not dwell on useless discussion of the pathology of disease, but takes you right to the bedside of the woman, shows you what ails her, and tells you at once what had better be done. He gives an excellent chapter on the methods of examining the uterus, and in referring to what Sims says of the facility of the bi-manual examination, very justly remarks that when the woman is very fat, or the abdominal muscles very rigid, the uterus will often elude our touch altogether. He strongly advocates the application of nitric acid to the uterine cavity in certain conditions of its lining membrane, but also speaks favorably of carbolic acid, as advised by Playfair.

He does not appear to think as much of the curette in granular conditions of the uterine mucous membrane as Thomas and Mundé, but then nitric acid is his panacea. In our hands, the dull wire curette of Thomas has proved a most satisfactory and useful little instrument, not only in menorrhagia from granular mucous membrane but in abortions during the first and second months, when the membranes do not wholly come away; and although it may not be any less heroic than the nitric acid, we must confess to a weakness in its favour. Dr. Atthill very properly says he looks upon

the injection of fluids into the uterine cavity "as a hazardous practice."

In the treatment of uterine fibroids, the author has apparently observed no benefit from hypodermic injections of ergot, as recommended by Hildebrandt, beyond the partial restraint of hæmorrhage; and, although opposed to surgical interference, yet he has laid open the capsule with the cautery and knife for the relief of pain and bleeding. His remarks on chronic endometritis, cervical and corporeal, are exceedingly practical, and he winds up by saying, "But in truth chronic metritis often proves a most intractable affection." His last two lectures are devoted to uterine therapeutics, and we commend them to the careful attention of all beginners.

The Cell Doctrine: Its History and Present State. By JAMES TYSON, M.D. 2nd edition. Revised, corrected, and enlarged. Philadelphia: Lindsay & Blakiston, 1878.

The author has given us a work that comprises a history of the evolution of the cell doctrine from its origin in the theory of Haller, 1757, down to the present day. The work is chronologically arranged, the various theories that prevailed at different epochs are fairly presented and discussed, and in conclusion the author sums up, giving the present state of the cell doctrine, and states his own views, which are clearly and concisely set forth. He defines the *cell* or *elementary part* as the smallest mass of living matter possessing the essential life properties of reproduction, nutrition, growth, and development. To such substance, the terms "sarcode," "protoplasm," "germinal matter," and "bioplasm" have been applied. He believes with Max Schultze, Beale, and Leidy, that the intercellular substance and all that part of the cell outside the germinal matter (nucleus) originates by a conversion of the germinal matter or bioplasm at its periphery, and a pushing off of this converted matter by the deposition of new bioplasm within the nucleus. Forty-one pages of bibliography, containing the titles of the books and papers of nearly 500 writers on this subject, show how faithfully the author has investigated the history of the cell doctrine. The work has been well done.

Modern Surgical Therapeutics. By GEORGE H. NAPHEYS, A.M., M.D., ETC. Sixth edition. Philadelphia, D. G. Brinton, 1879.

This work claims to be a "Compendium of current formulæ, approved dressings, and specific methods for the treatment of surgical diseases and injuries." The book contains 572 pages, and the material is taken from about 650 surgical writers. Of course it was impossible to do full justice either to the surgeons or the science of surgery within such small space; but the author has endeavoured, with fair success, to give an analysis of the plans of treatment followed by the best surgeons, together with a number of formulæ for each disease or injury.

Among the chapters especially worthy of notice are the following: Anæsthetics, general and local; the various dressings of wounds, including the antiseptic; lesions of the urinary organs, giving the methods of treatment by Sir Henry Thompson, Gross, Van Buren, Neeemeyer, Ricord, and various other well-known authorities; diseases of the skin, giving the general therapeutics, together with prescriptions for all the ordinary diseases of this class, taken principally from English, American and German sources. There is, however, such a uniformity in the plan of all the chapters that further special mention is unnecessary.

We should feel sorry to see any of our many treatises on surgery, or any of its branches, neglected in the slightest degree for such an unscientific work as this; but, at the same time we can recommend it as a valuable book for reference, especially to the general practitioner, whose library may not contain all the standard surgical works now extant.

A Manual of Examination of the Eyes.—A course of lectures delivered at the "Ecole Pratique," by Dr. E. Landolt, Directeur Adjoint of the Ophthalmological Laboratory at the Sorbonne, Paris. Translated by Swan M. Burnett, M.D. Philadelphia, D. G. Brinton, 115 South Seventh Street, 1879.

The thorough examination of the eyes involves more than is generally supposed, and covers the following points elaborated by the author, viz.: 1st. The objective general exam-

ination of the eye (and patient). 2nd. Examination of the lids conjunctiva, lachrymal passages, and all the other portions of the organ accessible to the naked eye. 3rd. Determination of the distance between the two eyes, their height and protrusion. 4th. The movements of the eyes, particularly in their relation to strabismus. 5th. Intra-ocular tension. 6th. Acuteness of vision. 7th. Refraction and accommodation. 8th. Perception of colours. 9th. Limits of the visual field and indirect vision. 10th. Ophthalmoscopy, including oblique illumination. These subjects are treated in a lucid and painstaking manner in twenty-four lectures, forming a handsome volume of over three hundred pages; but for the general practitioner a work embracing both diagnosis and treatment of diseases and defects of the eye, would be more serviceable.

American Health Primers. Edited by W. W. KEEN, M.D., Fellow College Physicians, Philadelphia.—It is the object of this series of American Health Primers to diffuse as widely and as cheaply as possible, among all classes, a knowledge of the elementary facts of Preventive Medicine, and the bearings and applications of the latest and best researches in every branch of Medical and Hygienic Science. They are not intended (save incidentally) to assist in curing disease, but to teach people how to take care of themselves, their children, their pupils, and employés.

The series is written from the American standpoint, and with especial reference to our Climate, Architecture, Legislation, and modes of Life; and in all these respects we differ materially from other nations. Sanitary Legislation especially, which in England has made such notable progress, has barely begun with us, and it is hoped that the American Health Primers may assist in developing a public sentiment favourable to proper sanitary laws, especially in our large cities.

Dr. W. W. Keen has undertaken the supervision of the series as Editor, but it will be understood that he is not responsible for the statements or opinions of the individual authors.

The volumes will be 16mo. in size, neatly printed on tinted paper, and bound in paper covers. Price, 30 cents; flexible cloth, 50 cents. Lindsay & Blakiston, Publishers.

An Atlas of Human Anatomy, illustrating most of the ordinary dissections and many not usually practised by the student, accompanied by an explanatory text. By RICKMAN JOHN GODLEE, M.D., F.R.C.S. Part II. Price, \$2.50. Philadelphia: Lindsay & Blakiston.

This second part of Godlee's Atlas contains plates of dissections of the head and neck, many of them showing the parts exposed in a manner not usually practised by the student. We can add nothing to the favourable opinion we gave in noticing Part I. No one wishing anatomical plates can get any more accurate or artistic.

The Transactions of the American Ophthalmological Society. Twelfth, Thirteenth, and Fourteenth Annual Meetings, 1876-77-78. Like the previous Reports of the Society, this forms a valuable contribution to ophthalmic literature.

The Second Annual Report of the Board of Trustees of the Western Pennsylvania Institution for the Instruction of the Deaf and Dumb, for the year ending Sept. 30th, 1878. Pittsburgh: Stevenson, Foster & Co. 1879.

The Diseases of Live Stock and their most Efficient Remedies; including Horses, Cattle, Sheep, and Swine. By LLOYD V. TELLOR, M.D. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1879.

The Treatment of Dropsy of the Gall Bladder by Operation (Cholecystotomy), with Notes of a Successful Case. By GEORGE BROWN, M.R.C.S., L.S.A. London: Ballière, Tyndall, & Cox.

Opium as a Tonic and Alterative and its Hypodermic Use in the Debility and Amaurosis sometimes consequent upon Onanism.—By R. H. POPE, M.D., New Orleans.

Report of the Medical Superintendent of the Asylum for the Insane, Toronto, for the year ending September, 1878.

Diphtheria: its Nature, Causes, Prevention, and Treatment. By J. H. KELLOGG, M.D., Battle Creek, Michigan.

The Non-Asylum Treatment of the Insane. By WILLIAM A. HAMMOND, M.D. New York: G. P. Putnam's Sons. 1879.

Oyster-Shuckers' Corneitis. By W. J. McDOWELL, M.D., Baltimore.

OBITUARIES.

Dr. John M. Woodworth, Supervising Surgeon-General of the United States Marine Hospital Service, died on March 16th.

Prof. Gormenschein, the celebrated Prussian Chemist, died last month.

APPOINTMENTS.

Dr. Roberts Bartholow, of Cincinnati, has been elected to the Chair of Materia Medica and Therapeutics in Jefferson Medical College, in place of Dr. J. B. Biddle, deceased.

E. McNichol, of the town of Cobourg, Esq., M.D., has been appointed to be an Associate Coroner in and for the United Counties of Northumberland and Durham.

INTESTINAL DEPLETION *versus* BLEEDING IN URÆMIC NEPHRITIS.

M. de Cérenville has had occasion lately to compare the effect of *intestinal depletion* and that of *bleeding* in uræmic nephritis. He had two cases, completely analogous, of scarlatinal nephritis in young persons of 18 and 19 years of age respectively, affected at the same epoch with acute nephritic complication. In one of the cases drastics were employed: 60 grammes (3*ij*) of compound tincture of jalap, administered in two doses, produced abundant intestinal depletion, which, however, did not prevent death occurring shortly afterwards. At the autopsy the kidney was found of large type, and a not far advanced nephritis existed. The other patient was bled twice, and each time 200 (3*vj*) grammes of blood were taken: the next day amelioration was already manifest, and complete recovery followed.—*Lyon Medical.*

Miscellaneous.

Dr. John Hutton Balfour has resigned the chair of Botany in Edinburgh University, owing to ill health.

ONTARIO MEDICAL COUNCIL ANNUAL EXAMINATIONS.—Over two hundred and seventy students presented themselves in the different years.

ROYAL COLLEGE PHYSICIANS AND SURGEONS, KINGSTON.—The regular session of this institution terminated on Friday, March 21st, when Dr. M. Lavell, Professor of Obstetrics, delivered an able and eloquent valedictory, replete with wholesome advice and instruction. The address met with a most hearty reception from the students.

TEST FOR ORGANIC MATTER IN WATER.—Put some of the water into a clean, glass-stoppered bottle; add a little pure cane-sugar; expose, having well stoppered the bottle, to the light in a warm room. Should the water, even after a week's exposure, become turbid, it is dangerously impure for drinking; if it remain clear, it is safe. This is Heinsch's sugar-test.

The cost of beds in the Paris hospitals is given as follows: At the Hôtel Dieu, with 514 beds, the annual expense per bed is 1,194 francs; and at La Charité, with 472 beds, it is 1,096 francs. The Clinique, with 74 beds, is the hospital which costs most, viz., 1,847 francs per bed; and the Ménages, with 1,387 beds, is the hospice which costs least, viz., 399 francs per bed.

COFFEE AND EGG FOR SICK PERSONS.—A sick person, wanting nourishment and having lost appetite, can often be sustained by the following, when nothing else could be taken. Make a strong cup of coffee, adding boiling milk as usual, only sweetening rather more; take an egg, beat yolk and white together thoroughly; boil the coffee, milk, and sugar together, and pour it over the beaten egg in the cup you are going to serve it in. This simple receipt is used frequently in hospital practice.

TRINITY MEDICAL SCHOOL.—The annual examinations in this institution recently took place, when the following gentlemen passed their examination:—Primary—Mearus, second year's scholarship. Certificates of Honour—Messrs. R. Wilson, M.A., Martin, and Hatton. Also Messrs. Ellis, Chappell, R. McWilliams, J. E. Shaw, and J. McWilliam. Mr. McNaughton passed in Anatomy, Physiology, and Botany, and Mr. Lundy in Anatomy and Physiology. The Final Examination—Mr. Chappell, Trinity Gold Medal; McDiarmid, Medical Faculty Gold Medal; Thuresson, Medical Faculty Silver Medal; Duck, Certificate of Honour; Welford, O'Gorman, A. J. Geikie, and Parke. First Year's Examination—W. F. Peters, 1st year's scholarship; Ferrier, 2nd first year's scholarship; Urquhart, M. L. Cameron, and Woolverton.

METHOD OF MOUNTING SPECIMENS FOR TEMPORARY PRESERVATION.—Dr. John C. Dalton, the eminent physiologist, reported to the New York Academy of Medicine, at its last session, a new method of mounting sections of the human body, by which they might be preserved for several days, without losing their natural form or color, so as to admit of their being examined at leisure, or used for purposes of demonstration. The sections, which may be made of any desired size or thickness, are embedded, *à la boned turkey*, in warm fluid gelatine, and encased between glass plates. Dr. Dalton exhibited, and passed around for inspection, transverse sections of a human brain thus mounted, in which the natural features of colour, etc., were perfect. There was no evidence of shrinking or other change; the relations of the gray to the white matter were as clear as in perfectly fresh specimens: and the various ganglia, convolutions and sulci were shown as satisfactorily as immediately after a dissection. Specimens of other portions of the body, whether normal or abnormal, can thus be preserved, and if carefully mounted the package can be handled without fear of injury, and even transported for long distances for examination by experts. The report was regarded as a highly valuable one, and Dr. Dalton received for it a vote of thanks from the Academy.—*North Carolina Med. Jour.*

TORONTO MEDICAL SOCIETY.—This Society terminated its first year of existence on April 17th. On that occasion Dr. I. H. Cameron read an exhaustive paper on Pelvic Hæmatocele. The following morbid specimens were exhibited:—Tubo-uterine gestation, by Drs. Cameron and Senkler; Rupture of liver and gall bladder, by Dr. Oldright; Contracted and inflamed stomach, by Dr. Riddell; Two specimens of aortic valvular disease, by Dr. Graham; Apoplexy of the lung, Dr. Graham; a heart with mitral disease, and *four* perfectly formed pulmonary semilunar valves, granular kidney from the same case; uterus and kidney from a case of puerperal pyæmia, showing abscess in the ovary, and embolic abscesses in the kidney, lungs showing chronic cheesy pneumonia with immense cavities, by Dr. Zimmerman. The meetings of the Society have been held fortnightly during the year. Many interesting papers have been read and discussed, and a large number of pathological specimens have been exhibited. Papers were read on Infants' food, "Summer diseases of children," "Retained placenta." The more common forms of skin disease, "Endometritis," "Antiseptic surgery," "Diphtheria," "Rest in the treatment of wounds," "The early symptoms of insanity," "Cerebro-spinal meningitis," "Puerperal convulsions," "Typhoid fever." Metathorax and metalloscopy, "An anomalous case of uterine disease," "Pelvic cellulitis," "Endothelioma of intra-vaginal space of the optic nerve," "Graves' disease," "Uncommon symptoms in Bright's disease," "Hysterical rhythmical chorea," "Paresis," "Plastic surgery," "Placenta prævia, with symptoms of carbolic acid poisoning following injection of a solution into the rectum," "Fracture of sternum." The following pathological specimens were shown: Several cases of valvular disease of the heart, "Ulcer of the stomach," "Polypus uteri," "Cirrhosis of liver," "Thrombosis of superior longitudinal sinus," (two cases); "Abscess round the urethra," "Chronic gastritis," "Common carotid artery ulcerated after ligation," "Large white kidney," "Contracted granular kidney," (several cases); "Traumatic rupture of intestine," "Lung in grey hepatization," "Rupture of uterus,"

"Intussusception," "Hydatiform degeneration of chorion," Ruptured intestine from ulceration," "Specimen of Colles' fracture and dislocation of head of femur with formation of a false acetabulum," "Urethral calculus," "Polypus of heart," "Diaphragmatic (congenital) Hernia."

MCGILL COLLEGE FACULTY OF MEDICINE.—The total number of students enregistered in this Faculty during the past year was 166, of whom there were, from Ontario, 87; Quebec, 53; Nova Scotia, 3; New Brunswick, 7; P. E. Island, 3; Newfoundland, 1; United States, 14. Out of 50 candidates who presented themselves, the following gentlemen, 40 in number, have passed their Primary Examinations on the following subjects: Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany and Zoology: N. Ayer, T. L. Browne, Charles N. Beer, P. Cameron, F. W. Church, J. Cahalan, D. K. Cowley, G. O. Dibble, J. S. Edwards, E. C. Fielde, H. D. Fraser, W. L. Gray, H. E. Heyd, H. A. Higginson, A. Henderson, G. E. Josephs, E. J. Laurin, W. A. Lang, R. L. Maas, L. D. Mignault, B.A., M. C. McDonald, J. A. McDonald, R. T. McDonald, K. Mackenzie, B. E. Mackenzie, B.A., D. C. McLaren, B.A., E. A. McGannon, T. A. O'Calaghan, B.A., A. F. Pringle, F. W. Pulford, G. T. Ross, J. W. Ross, A. M. Ruttan, B. L. Riordan, E. J. Rogers, J. Stewart, F. W. Serviss, E. H. Smith, W. H. Snow, R. B. Struthers. W. C. Perks has passed the written, but owing to illness was unable to present himself for the oral, examination. Out of 43 candidates who presented themselves, the following gentlemen, 37 in number, fulfilled all the requirements to entitle them to the degree of M.D., C.M.: J. L. Brown, Henry J. Burwash, Billa F. Butler, Philip E. Carman, John B. Carman, Murdoch Chisholm, William Case, Thomas Gray, George H. Groves, David F. Gurd, George C. Hart, Franklin Hanna, Alfred J. Henwood, Andrew W. Imrie, J. L. Irwin, Joseph A. Jackson, Chas. J. Jamieson, John B. Lawford, John M. Lefebvre, Hoyes W. Lloyd, Chas. C. Lyford, John A. McArthur, Oscar J. McCully, M.A., George McCullough, William J. McGuigan, Stuart McNee, John B.

Nenzies, Oscar H. Riley, M. C. Rutherford, John G. Scott, Maurice M. Seymour, Will F. Shaw, John Smith, Richmond Spencer, R. Sutherland, Clarence A. Weagant, H. V. Williston, M.A. Frank Buller, M.D., R.C.S., Eng., Lecturer on Diseases of the ear and Ear, receives the degree in course. Holmes Gold Medal was awarded to John Lawford of Montreal. The prize for the Final Examination was awarded to A. W. In Spenceville, Ont. The prize for the Primary Examination was awarded to John and McDonald, Panmure, P.E.I. The Sutherland Medal was awarded to W. L. Gray, Pembroke, Ont. The following gentlemen arranged in order of merit, deserve honourable mention. In the Final Examination, Messrs. Shaw, G. Sutherland, and Williston; in the Primary Examination, Messrs. Josephs, W. L. C. J. W. Ross, Beer, Rogers, Henderson, P. Struthers, and Heyd. Professors' Prize in Botany, H. V. Ogden, B.A., St. Catharines, Ont.; Practical Anatomy, Demonstrator's Prize in the Senior Class, awarded to Chas. N. of Charlottetown, P.E.I. Junior Class awarded to James Ross, B.A., Dewitville. Practical Chemistry prize, William M. Derby, Ont.

Births, Marriages, and Deaths

BIRTHS.

- At Toronto, on March 28th, the wife of Dr. Wright of a son.
At Toronto, on March 18th, the wife of W. Old M.A., M.D., of a daughter.
In Tara, on March 17th, the wife of N. W. ton, M.D., of a son.
At Toronto, on April 17th, the wife of Dr. Nevitt of a son.

MARRIAGES.

- In London, on April 14th, T. S. T. Smellie, M.D., to Janet Eleanor, elder daughter of Wm. Laurie, Esq., of Port Dalhousie.

DEATHS.

- At Berlin, on March 13th, the wife of G. Wright, M.D.
At Watford, on March 17th, the wife of Dr. Stanley, aged 19.