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CANADA

MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

*Three cases of well marked Moral Insanity, with remarks ;
reported for the Canada Medical and Surgical Journal.*

By HENRY HOWARD M.D., Medical Superintendent, of
the Provincial Lunatic Asylum, St. Johns, P. Q.

It is now a recognized fact, by all scientific medical men that there can be no case of Insanity, from any exciting cause whatever, if there does not exist already, an insane neurosis, that is a predisposition, in either, or both, of the intellectual and moral faculties, or more properly speaking the intellectual and moral organization, from which these faculties come. Of course there is the exception, where there is organic disease, such as apoplexy, and softening of the brain, or a disorganised state of the brain from direct injury. The next well established fact is, that all cases of Insanity, whether it be intellectual or moral, or a combination of both, is produced by physical causes. Some physical disease of the nervous centre must exist, consequently insanity to be treated, on scientific principles, must be treated both physically and morally. There is not much difficulty in diagnosing a case of insanity depending upon direct organic disease, but it is not always very easy, to diagnose a case of insanity, particularly if it is moral insanity, from functional derangement. It is so very easy to confound moral insanity, with moral depravity, or what we call wickedness. The following quotation is from Maudsley on "Responsibility in Mental Diseases."

“This is a form of mental alienation which has so much the look of vice or crime that many persons regard it as an unfounded medical invention. Much indignation therefore has been stirred up where it has been pleaded to shelter a supposed criminal from the penal consequences of his offences; and judges have repeatedly denounced it from the bench as ‘a most dangerous medical doctrine’ ‘a dangerous innovation’ which in the interest of society should be reprobated. The doctrine has no doubt been sometimes used improperly to shelter an atrocious criminal, but of the actual existence of such a form of disease no one who has made a practical study of insanity entertains a doubt.”

“Notwithstanding prejudices to the contrary, there is a disorder of mind in which, without illusion, delusion, or hallucination, the symptoms are mainly exhibited in a perversion of those mental faculties, which are usually called the active and moral powers, the feelings, affections, propensities, temper, habits, and conduct. The affective life of the individual is profoundly deranged, and his derangement shows itself in what he feels, desires, and does. He has no capacity of true moral feeling, all his impulses and desires, to which he yields without check, are egoistic; his conduct appears to be governed by immoral motives, which are obeyed without any evident desire to resist them. There is an amazing moral insensibility. The intelligence is often acute enough, being not affected otherwise than in being tainted by the morbid feelings under the influence of which the persons think and act. Indeed they often display an extraordinary ingenuity in explaining, excusing, or justifying their behaviour, exaggerating this, and ignoring that, and so colouring the whole as to make themselves appear the victims of misrepresentation and persecution. Their mental resources seem to be greater sometimes than when they were well, and they reason most acutely, apparently because all their intellectual faculties are applied to the justification, and gratification of their selfish desires.”

Every medical superintendent of Lunatic asylums sees

these cases of moral insanity, some of them, however, more marked than others. The three following cases at present under my charge, are particularly well marked.

Case 311 on the Register, young man aged 24, admitted January 1873. History as given by his father. Was a well educated, classical scholar, had always been a good, obedient son, and of good moral conduct. Three months previous had some words with his employer and left his employment, became depressed in spirits, gradually became slovenly in his person, and morose in his manners, and his whole nature seemed to change. He became immodest in his actions, and would expose himself before his mother and sisters, endeavoring to justify his conduct by argument. His intellect appeared as clear as ever it was. His sisters feared to have him in the house, consequently his father brought him to the asylum.

He has been with me now for nearly two years, his intellectual faculties have never given way, his moral conduct is improved, yet poor fellow he is guilty of that which I fear if continued, will in time destroy all his faculties.

Case 344 on the Register. Young man aged 20. Exactly a similar case to the first, history the same, conduct in asylum the same, with this difference, only, that the latter for a time, was under the impression that his father, and everyone else, wanted to poison him.

Case 358 on the Register, a case of *Dipsomania*. A girl aged 25, admitted May 12, 1874. History; has been in jail 63 times in 12 years, once in the penitentiary, four times in Beauport Lunatic Asylum, is blind of an eye, having gouged it out herself with her thumb. After being with me for a couple of weeks she became perfectly well, she is perfectly well now, her conduct in the asylum is irreproachable, and she speaks as intelligently as any one can. She tells me that when the *fit* comes on her for strong drink, she must have it, no matter what is the consequence, she will have it, though she knows it sets her, not drunk, but mad, and she would take it though she knew it would cost her, her life, and she

would commit any crime to obtain it. Poor thing; I will take care that it will be a long time before she gets the chance. This is not the only case of this sort I have had under my charge, I have in my mind now, the most thorough gentleman I ever knew, one of the most lovable men I ever met, so good, so kind, so full of the milk of human kindness, yet poor fellow, when this thirst for drink comes on, he gets just as mad as the girl whose case I have given. His case is hereditary.

It will be at once assumed that I have an object in view in writing to prove that there is such a disease as moral insanity. Most assuredly I have, one is to draw public attention to the fact, that there is such a disease and that the public should know it, and when they hear of an extraordinary, and an unaccountable crime being committed, before they enter into judgment, and condemnation, upon the perpetrator, they will in charity, wait, and see if he is not a victim of moral insanity. And this brings to my recollection that some time since there was a man, I think by the name of Bowen, condemned in Napanee, Ont., to four months imprisonment, and to be flogged twice, for having attempted to rape his own child. When we hear of such an unnatural crime, we naturally look for a case of moral insanity, and I beg that you will, through your Journal ask some of our confreres in that part of the country to give a report of the history of that man, his parentage, and, if possible, the history of his grand parents. Such a history may throw some light upon the case, that would be useful in a scientific point of view.

In conclusion, as man's intellectual and moral sensibilities are dependent upon his intellectual and moral organization, and as these organizations, particularly in childhood, can be improved by a proper physical and moral education, should there not be great caution used on the part of parents and teachers, in the training of children? Have parents and teachers been cautious enough in this particular? Have they seen the necessity, that if they would have a strong

mind, they must have a strong and healthy body? Have they discriminated between the child of high mental organization, and the child of low? Have they discovered the fact, that the treatment, which is good for one, is destructive of the other? I fear not, I fear these things, have not been properly attended to, I fear that pride and ambition, have taken the place of prudence and justice, and that because of this, we find insanity so much upon the increase all over the world, more particularly in Christendom. If such is not the case, it will be very hard to say what is the cause, for certainly for the last century there have been fewer marriages of consanguinity than in any previous century, and moreover, I believe, bad as we are, less of drunkenness and general immorality.

Reviews and Notices of Books.

The Physician's Visiting List for 1875. Twenty-fourth year of its publication. Philadelphia: LINDSAY & BLAKISTON.

We are indebted to Messrs. Lindsay & Blakiston of Philadelphia, for a Physician's visiting list for twenty-five patients per week, for the year 1875. This is the twenty-fourth year of the publication of this little book, and in common with many others we can testify to its usefulness, simplicity and general completeness.

It contains among other things, an almanac for the year 1875; Marshall Hall's Ready Method in Asphyxia; Poisons and their antidotes: Table for calculating the period of Utero-gestation; blank leaves for visiting list; blank leaves for monthly memoranda, for obstetric engagements, for a record of births and deaths, and for general memoranda &c. &c. It is of a very convenient size for carrying in the pocket, and we can recommend it as the most compact and handy visiting list which we have yet seen.

Electro-Therapeutics; A Condensed Manual of Medical Electricity. By D. F. LINCOLN, M.D., 8 vo. pp: 186. Philadelphia: Henry C. Lea, 1874.

We have here, in a small compass, a great deal of valuable information upon the subject of Medical Electricity. The author appears to have consulted almost all the recent writers on the subject, and his own experience in the treatment of nervous diseases by electricity seems to have been extensive. In chapters I. II. and III., we have a preliminary statement of the Physical laws, relating to or governing electricity; a short account of the various modes of generating it, and of its Physiological actions. Chapter IV. treats of Electricity as a means of diagnosis, and is, although short, very suggestive. "The main value of electricity," says Dr. Lincoln, "as an aid to diagnosis, lies in the indications its reactions furnish with respect to the seat of a motor lesion." If the lesion be central, the paralyzed motor nerve will still respond to electricity, but if the lesion be peripheral, the nerve loses wholly or in part its power of responding to electric stimuli. Of course the two lesions may coexist. In Chapter V. the methods of applying electricity are described, and diagrams are given, showing the "*points d'election*," which are the points most advantageous for producing given muscular contractions. These points correspond exactly to the places where the motor nerves enter the muscular tissue. Chapter VI. is devoted to the Therapeutics of Electricity, and describes its use in the treatment of both medical and surgical diseases. This is a thoroughly practical chapter and is the most instructive part of the book. Chapters VII. and VIII. are short, and are devoted to cautions in the use of electric batteries and hints regarding apparatus.

A study of this little book will be very useful to the general practitioner, who has not time to devote to reading larger works on the subject, and who wishes to employ what is now recognised as a valuable therapeutic agent.

Lectures on the Clinical Uses of Electricity.—Delivered in University College Hospital. By J. RUSSELL REYNOLDS, M.D., F.R.C.P., Professor of the Principles and Practice of Medicine in University College, &c., &c. Second Edition. 8vo. pp. 118. Philadelphia, LINDSAY & BLAKISTON, 1874.

We learn from the preface that these lectures, forming a special course, were delivered by Dr. Reynolds during the summer of 1870, in University College Hospital. A shorthand report by Dr. Gowers appeared at the time in the columns of the *London Lancet*. Subsequently, at the request of many of his pupils, Dr. Reynolds published a revised edition of the lectures with such additions and emendations as appeared to be desirable. The author wishing to render the work strictly practical has avoided all debatable ground, confining his remarks as closely as possible to ascertained facts as bearing on the clinical uses of electricity in the diagnosis and treatment of disease.

The opening chapter consists in general remarks on the clinical uses of electricity, and here the author points out in what cases this agent can be rendered efficient in determining the presence or absence of disease. For instance in alleged paralysis of one limb, the application of the electric current will detect a difference between the two should such a state of things really exist, so that this agent is most valuable in the discovery of a condition known to exist, and which will occasionally give much trouble and perplexity,—we allude to “sham ;” but, again, the necessity of caution is recommended, as it is not always advisable or just to accuse a patient of “humbug,” or malingering, simply because we are unable to detect an electric difference between two limbs, one of which the sufferer states he cannot move.

There are other conditions, however, in which electricity acts as a therapeutic agent of great value—cases in which its use will apparently effect an instantaneous cure. We say apparently, because although a change marked and

permanent is the result of a single application, yet the existence of any actual morbid condition has been wanting. It is precisely this class of patients that the charlatan delights to secure. By the use of his wonderful battery a person who has been suffering, perhaps for months, from hysterical aphonia, will by a single application regain her voice. Again, there are other conditions which are relieved by the applications of this therapeutic agent. Pain may be assuaged, spasms relieved, and paralysis ultimately removed. A third group of cases there are in which electricity will fail to cure, but in which the progress of the disease will be arrested; and lastly, there is a class of cases in which the application of electricity can do no good, but on the contrary much harm may follow its use. The author observes, "The general facts which I wish you therefore to bear in mind with regard to the two main directions in which electricity is useful are these: That like other modes of examination or treatment, this one has its limits, and that only by its appropriate employment within these limits can it be of any real service in either diagnosis or therapeutics."

We have next a description of the various forms of electricity in clinical use: as first, the Franklinic, static or friction electricity; under this head is included the electric bath, the shock, the application of sparks and the use of the Leyden vial. Secondly, Galvanic electricity, either the constant or the interrupted current. The meaning of the terms direct and inverse are explained, and other practical observations are noted. Thirdly, that form of electricity known as faradization, or "that particular kind of which Faraday was the exponent." This is of very high tension, and resembles Franklinic electricity more closely than it does the galvanic current. This form of electricity has been known or distinguished by the several terms, "induced electricity," "magneto-electric," "voltao-magnetic," and "voltao-dynamic." With regard to this form, "there are two terms commonly used about it,

primary and secondary,—this for clinical purposes is almost a useless distinction." The word "primary" appears to be an improper use of that term, "for the current so named is not a primary current in the sense of being a simple battery current;" it is a battery current strengthened by induction. The secondary current is when you have an induction from an induction, and is therefore secondarily induced, the difference between them clinically is mainly one of intensity, the secondary possessing greater intensity than the primary.

The author next proceeds to review the various clinical effects of electricity when applied. These he divides into, first, its chemical effects, such as the production of blister, coagulation of the blood, its effect as a cautery, and its use in dissolving calculi; and secondly, its vital effects, as its action on the nerves, either calling into play nervous action which has been partially lost, or in diminishing the activity of a nerve when in excess. On muscles, electricity may with advantage be applied either in cases where there exists morbid inactivity or where there is a state of spasm either tonic or clonic. Electricity, from whatever source, may be applied to any one muscle or group of muscles through the skin or through the nerve trunks which supply the muscles. On the skin, it will increase the activity of the capillary circulation, in cases of partial paralysis, or in cases of languid circulation. All the forms of electricity are of benefit in these cases. The continuous current will moreover have a decided effect on the deeper tissues of a limb, so that the nutrition of the muscles and most probably of the nerves may be improved. Another beneficial effect that will undoubtedly result from the use of electricity is the general improvement of the nutrition of the part to which it is applied. The bulk of a wasted muscle may by this means be increased, whether the wasting has been due to degeneration of the muscular tissue,—disease or accidental division of its nerve, blood poisoning, disease of the spinal cord or brain, or disuse, as in long-existing palsy. We next have a chapter on the diagnostic

uses of electricity, and another on the clinical uses of electricity, and an appendix in which is described the requirements of an electrical room. We have perused this little book with much interest and can heartily recommend it for its practical value. Not only will the reader, in its pages ascertain what diseases or conditions of the system are benefitted by the use of electricity, but he will here see what form of electricity will be most advantageously employed.

A Clinical History of the Medical and Surgical Diseases of Women. By ROBERT BARNES, M. D., London. Fellow & Lumleian lecturer (1873), Royal College of Physicians; Examiner in Obstetrics and the diseases of women at the University of London and the Royal College of Surgeons: Obstetric Physician and Lecturer on Obstetrics and the diseases of women to St. Thomas's Hospital. With one hundred and sixty-nine illustrations, 8 vo. pp., 791. Philadelphia, Henry C. Lea, 1874.

This subject, as Dr. Barnes remarks, is indeed wide and important, not only in its direct application to the relief of the special diseases it embraces, but also in its endless and interesting relations to the physiological and pathological history of women. "A physician cannot possibly understand many of the disorders of the organs of assimilation, of respiration, of circulation, and especially of the nervous system, without a careful investigation of the condition of the reproductive organs." How very frequently, indeed, do we see disturbances in remote parts treated as arising from a variety of suspected local disorders, when in fact they are entirely originated from some trouble, either functional or organic in the generative organs. Admitting this, as we think every one must do, we recognize the paramount importance to the practical physician of possessing a sufficient and satisfactory knowledge of the various affections to which these organs are liable, in order to be

able to assure himself of the presence or absence of any of them in any given case. Now, although we have a goodly number of treatises upon diseases of women, yet this branch has justly been denominated by the author "one of the less generally cultivated departments of medicine"—and therefore it is that there yet remain in it so many points of unsettled pathology and undecided questions of treatment. Dr. Barnes, in this book, brings to us the results of his extended researches towards explaining matters appertaining to pathology, and of his immense experience towards determining the value of various lines of treatment. An introductory ground work is laid in the commencing chapters by a most careful description of the general and minute anatomy of the whole of the generative organs, and then all the known functional and organic derangements of these organs are treated of *seriatim*. It is called a *Clinical* history and, although the arrangement of the volume is systematic, yet the great mass of the author's remarks come to us as though made (as indeed they have been) from observations of his own and thus possess all the force of bedside teaching by a master of his art. Hardly a subject but is illustrated by the recital of original cases from the author's own notes, each tending to bear out the point to be impressed. The functional disorders, Amenorrhœa, Dysmenorrhœa, Menorrhagia, &c., are first treated of in the most exhaustive manner, including special and practical notices of such other affections as vaginismus, dyspareunia, &c., together with the signifi- cance to be attached to each of these. Special chapters are also devoted to "the menstrual irregularities of the climacteric epoch"—"the influences of ovulation and menstruation in evoking morbid influences"—"the disorders of senility or decrepitude." Eight chapters are then devoted to a description of the abnormal conditions and organic diseases of the ovary—special attention being given to the diagnosis and treatment of ovarian cystic disease under every possible variety of cir-

cumstances. Now that ovariectomy is one of our recognised operations and it is so frequently performed, it behoves every surgeon to be freely acquainted with all the difficulties which may surround the diagnosis of a difficult case and the dangers to be met with in the performance of the operation. Much can here be learnt to assist him in forming an accurate and confident opinion of the exact nature of the abdominal contents and in avoiding those perils which are likely to beset his path.

Next we have treated of, the organic disorders of the Uterus and Uterine ligaments—inflammatory, developmental and mechanical. Perhaps one of the most valuable and complete of these chapters is that upon pelvic hæmatocele, the frequency of which is not even yet generally admitted, but which, through greater care and minuter examinations is being more and more frequently recognized. Numbers of cases, presenting a variety of phases, are alluded to in the text. All the displacements and the different modes of managing each, are successively described, and then the Tumors of the Uterus are taken up and chapters subsequently devoted to Cancer and Tubercle of the Uterus. Finally we have a section describing the diseases of the Vagina and of the Vulva.

Dr. Barnes deserves the thanks of the entire medical community for the production of this treatise through which every physician interested in Gynæcology is at once put in possession of the fruits of the immense toil and vast experience of one who has done so much to enrich this particular branch of medical science.

The book is extremely well printed and the illustrations are original and very valuable.

The Physician's Dose and Symptom Book. By JOSEPH H. WYTHES, A.M., M.D., Author of the "Microscopist" &c.—Eleventh Edition, 8 vo., pp., 236;—Philadelphia, Lindsay and Blakiston, 1874.

- We have here the eleventh edition of this little book, which

appears to have been received with great favour by our American professional brethren. In this edition the same arrangement has been followed as in the last, but it has been revised and compared with the U. S. Dispensatory &c., and the author has endeavoured, as he tells us, "to embody the recent additions to the *Materia Medica*, as well as every article likely to be useful." In this comprehensive undertaking, he appears to have met with a limited amount of success, and we have no doubt that many a hard worked practitioner will find it a useful little work to have on his study table. In Section V. we have an Index of Diseases and Treatment, after Tanner. In the next section we have an Alphabetical List of Medicines with their uses, doses &c., and in section VII. a Pharmaceutical Arrangement of the *Materia Medica*. At this point we think that the author would have been wise to have stopped. The remainder of the work is occupied with a Table of Symptomatology and with Outlines of General Pathology and Therapeutics. These we think should be systematically studied in more comprehensive works, and elucidated by careful clinical observation. We think that this part of the work so far from being useful, may become positively injurious, by inducing carelessness, and a slip shod mode of practice. We are far from claiming for Medicine the honours of an exact science, but we would gladly see the Practice of Medicine followed in a scientific spirit. This end is not to be attained by the constant use of manuals like the present, although we should not like to see this one consigned to the limbo which to our mind is the just portion of the whole tribe of "Remembrancers."

Books Received for Review.

Therapeutics and Materia Medica.—A Systematic Treatise of the action and uses of Medicinal agents including their description and history. By ALFRED STILLE, M.D., Professor of Theory and Practice of Medicine and of Clinical

Medicine in the University of Pennsylvania &c., &c., &c. Fourth Edition thoroughly revised and enlarged. In two volumes 8 vo: vol. 1, pp. 968; vol. 2, pp: 976. Philadelphia: Henry C. Lea, 1874.

Essentials of the Principles and Practice of Medicine; a hand book for students and practitioners. By HENRY HARTSHORNE, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, &c., &c. Fourth Edition: thoroughly revised, with one hundred illustrations. 8 vo. pp: 548. Philadelphia: Henry C. Lea, 1874.

Clinical Lectures on Various Important Diseases; being a collection of the Clinical Lectures delivered in the Medical ward of Mercy Hospital, Chicago. By MATTHEW S. DAVIS, A.M., M.D., Prof. Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College. Edited by Frank H. Davis, M.D., second Edition 8 vo. pp: 287. Philadelphia: Henry C. Lea, 1874.

Reviscopic Department.

SURGERY.

Nasal Catarrh; its Pathology and Treatment. By EDWARD C. MANN, M.D., New York.

As the nasal mucous membrane is especially liable to become involved in the nutritive and functional disorders characteristic of catarrh; it is proper to look briefly at the anatomy of the region, the diseased condition of which we propose to treat.

The pituitary or Schneiderian mucous membrane, which lines the nasal cavities, is continuous externally with the skin, through the anterior nares, and with the mucous membrane of the pharynx through the posterior nares. From the nasal fossæ it is continuous with the conjunctiva proceeding through the nasal duct and lachrymal canals. It may also be traced proceeding through the Eustachian tube, being

continuous with the lining membrane of the tympanum and mastoid cells. It is also continuous with the frontal, ethmoidal, and sphenoidal sinuses, and antrum maxillare, through the opening in the meatuses. The nasal mucous membrane is thickest and most vascular over the turbinated bones and septum, and is very thin where it lines the intervals between the spongy bones, and also on the floor of the nasal fossa. At the upper part of the nasal fossæ the mucous membrane is covered with tessellated epithelium corresponding with the distribution of the olfactory nerve, but the remainder of it is covered with ciliated epithelium, except at the entrance to the nares. The nasal mucous membrane is abundantly supplied with mucous glands, the ducts of which open upon its surface. The arteries supplying the nasal fossæ are the anterior and posterior ethmoidal, from the ophthalmic, which supply the ethmoidal cells, frontal sinuses, and roof of the nose; the sphenopalatine, which proceeds from the internal maxillary artery, and supplies the mucous membrane covering the spongy bones, the meatuses, and septum; and, lastly, the alveolar branch of the internal maxillary artery, which supplies the lining membrane of the antrum. The olfactory nerves, which preside over the sense of smell, break up into bundles of primitive fibres, which bundles are contained in nucleated sheaths, and are composed of the finest fibrillæ, which are held together by finely granular matter. These bundles of nerve-fibres penetrate into the epithelial layer, pass outward between the epithelial cells, and probably terminate by free extremities. The finest fibrillæ of the olfactory nerves, after penetrating to the epithelial layer, are supposed to surround the epithelial cells on all sides, and with them reach the surface of the epithelial layer. The large epithelial cells are seen by the microscope to be covered with fine longitudinal striæ over their entire length, which are supposed to be the terminal extremities of these fibrillæ of the olfactory nerves.

Nasal catarrh may be defined as an acute catarrhal in-

flammation of the mucous membrane which lines the nasal cavities, beginning with hyperæmia of the mucous membrane, followed by swelling, accompanied at first by excessive dryness of the mucous membrane, and afterward by a secretion, which is at first thin and watery in character, and afterward, if the disease progress to any extent, becomes muco-purulent or even purulent in character, giving rise to ozæna, which term is used to denote any chronic discharge of a fetid character from the nasal cavities.

At the outset of an attack of acute nasal catarrh, the capillary vessels of the nasal mucous membrane are distended with blood, the tissues are infiltrated, and from the mucous membrane, swollen by congestion and œdema, is discharged a thin, colorless saline secretion. After the primary swelling and congestion have subsided, this secretion becomes thickened from the addition of young cells. If the disease runs into the chronic form we shall find the nasal mucous membrane considerably thickened, especially the mucous membrane covering the turbinated bones. The swellings of the nasal mucous membrane do not have their seat in the mucosa, but are œdematous infiltrations of the sub-mucous connective tissue. The swelling is dependent upon the amount of hyperæmia, so far as depends upon the increase of volume of the vessels and upon a more abundant saturation of the mucous membrane with serum. After this condition, which characterizes acute catarrh, the mucous membrane may return completely to its normal condition, but it is liable, upon very slight irritation, to again take on catarrhal inflammation; and such relapses are much more difficult to treat than was the primary disease. Each relapse increases the proliferation of cells in the sub-mucous connective tissue. The epithelium and mucous glands gradually enlarge, and the mucous membrane passes into an hypertrophied condition. In chronic nasal catarrh we find in many instances catarrhal ulcers, superficial as a rule, but which in scrofulous and cachectic patients may penetrate more deeply, destroying the perichondrium and periosteum,

and giving rise to caries and necrosis of the cartilages and bones of the nose. In these cases, the secretion from the nasal passages is extremely offensive, requiring the use of deodorizing solutions of chloride of lime, or permanganate of potassa, which may be used with the posterior nasal syringe or nasal douche. A solution of glycerine containing iodine and iodide of potassium has rendered us great service in these scrofulous conditions, by aiding in the detachment of thick crusts, exfoliating bone, etc. In cases where the mucous membrane is much thickened, applications of nitrate of silver will often afford relief; but where there is relaxation of the mucous membrane, or where it has assumed the condition of mucoid polypous outgrowths, which block up the nasal passages, the best plan will be to remove such growths, either by twisting them off by forceps, or encircling them with a wire snare, and then cutting them off by drawing the loop tight, after which the remaining portions may be cauterized with nitrate of silver. The senses of smell and taste are perverted, and in chronic cases it is not uncommon to find complete anosmia resulting from the effect produced by the long-continued inflammatory process upon the terminal distribution of the olfactory nerves.

The symptoms are very varied in character, affecting some persons but slightly, while others suffer intensely from the severity and rapid recurrence of these attacks. The symptoms at the outset are a sense of dryness, irritability and obstruction in the nostrils, with difficulty in nasal respiration. There is also very severe pain in the region of the frontal sinuses, and, if the inflammation has extended to the Eustachian tube, the patient will complain of roaring noises in the auditory canal, with some pain and dullness of hearing. There will be also a constant disposition to sneeze, which is kept up by the irritation of the inflamed mucous membrane by the saline secretion. This irritating property of the watery secretion is due to the quantity of ammonia contained in it, and very often it causes excoriation of the upper lip as it flows over it.

In chronic nasal catarrh the symptoms differ entirely, the prickling sensation in the nose, sneezing, frontal pains, and febrile action, being generally absent, while in their place we find obstruction of the nasal passages, owing to the mucous membrane being relaxed, and the membrane covering the turbinated bones hypertrophied and thickened.

There will also be found accumulations of thickened crusts of inspissated mucus at the entrance to the posterior nares. The secretion of chronic catarrh is of a mucous, mucopurulent, and (in cases of ulceration of mucous membrane) purulent character. In cases where there is no ulceration of the mucous membrane there is generally no fetor attending the discharge from the nasal passages; while in scrofulous or syphilitic cases, attended with caries, or necrosis, or even ulceration, we generally perceive it, even at quite a little distance from the patient. The length of an attack of acute nasal catarrh varies from two or three days to a week or two; while the chronic form of nasal catarrh is an exceedingly obstinate disease, lasting sometimes for years. In view of the predisposition of nasal catarrh to assume a chronic form, and of the difficulty experienced in eradicating it when it has lasted for some months, it becomes a matter of great interest to those interested in diseases of the throat and respiratory organs. By means of rhinoscopic examinations we are enabled, much more accurately than formerly, to determine the seat and progress of nasal catarrh, and to make local applications to the mucous membrane covering the turbinated bones and septum, which are the parts especially liable to take on ulceration; and it is here also that we find the greatest thickening and hypertrophy of the mucous membrane, resulting sometimes in the production of mucoid polypi. These polypi owe their production to a circumscribed hypertrophy of the mucous membrane, which is especially concentrated upon the glands. The principal mass of the tumor is formed by hypertrophic glands, and it is attached to the mucous membrane by a more or less distinct pedicle.

The treatment of nasal catarrh heretofore has consisted in the application of nitrate of silver, and in the use of astringent injections, together with the employment of various snuffs containing mercurials, tannin, alum, zinc, lead, etc., all of which have signally failed to accomplish radical cures. The first indication evidently in all cases is to build up the patient's system, and, for this purpose, preparations of iron and quinine, with the use of cod-liver oil, combined with iodine in scrofulous cases, will generally suffice, toning up the system and aiding materially the local treatment. The first thing to be accomplished in the local treatment is, to clear out the nasal passages, anteriorly and posteriorly, in order to prepare the nasal mucous membrane for medication; and to this end, Thudicum's nasal douche, or the posterior nasal syringe, may be used with a warm saline solution, containing sixty grains of the chloride of sodium to the pint of water. This operation will have the effect of clearing the nasal cavities of the accumulations of crusts, and will leave the surface of the mucous membrane clear and free for the local applications. After the nasal mucous membrane has been thus prepared for the reception of medication, a solution of nitrate of silver may be applied thoroughly to the entire surface of the nasal cavity, which will have the effect of diminishing the thickening and congestion of the mucous membrane. This application is recommended to be followed by the propulsion of the vapor of iodine into the nasal passages anteriorly, by means of an instrument similar to that devised by Dr. Roosa, of this city. The instrument used by the writer is made of hard rubber, having a cavity filled with sponge which is medicated with the tincture of iodine. Upon one end of this hard-rubber apparatus is attached a nasal tube fitting into the nostril, while to the other extremity is attached a soft-rubber bulb with a flexible tube. By compressing the bulb, atmospheric air, or steam if desired, is forced through the hard-rubber apparatus containing the sponge saturated with iodine, and diffuses the vapor of iodine throughout the entire extent of

the nasal cavities, exerting a powerful alterative and curative effect upon the mucous membrane of the nasal cavities and Eustachian tubes ; and especially in cases of swelling and hypertrophic thickening of the mucous membrane covering the turbinated bones and septum. After a very few applications have been made, a very free flow of serum will be induced, and the sub-mucous infiltration will be much lessened. The sense of hearing, which is often impaired by the extension of the catarrhal inflammation to the Eustachian tubes, will often be restored by these applications, after the flow of serum has relieved the congestion and swelling of the mucous membrane. The sense of smell, which in chronic catarrh is often entirely obliterated, is also restored as the mucous membrane returns to its normal condition. These applications can be more or less prolonged as the cases are more or less advanced in character ; fifteen minutes, however, being considered by the writer a sufficient length of time, if the applications are properly made. The use of the nasal douche should precede each application. A snuff, composed of equal parts of finely-pulverized camphor and white powdered sugar, is also given to the patient, with instructions to use it *ad libitum* ; and patients are unanimous in their expressions of relief subsequent to its use. The preceding, together with the use of injections, and sprays of sulphate of zinc or copper, constitutes the writer's treatment for nasal catarrh in the acute and chronic forms, and it has proved equal to the cure of several very obstinate cases which had been considered incurable.

The following cases serve to illustrate the success of the plan of treatment recommended.

William C., fourteen years ; occupation, school. Duration of disease, three years. Previous treatment consisted in applications of various catarrh-snuffs, which had done no good. There were complete anosmia and partial deafness, owing to the lining membrane of the Eustachian tubes having become affected by the extension of the inflammation into them. Enlarged veins could be seen on the posterior

pharyngeal wall. Examination anteriorly with nasal speculum revealed a congested and swollen condition of the mucous membrane, with considerable infiltration. At the posterior part of the right nostril could be seen, projecting into the nasal cavity, a small mucoid polypus, which occluded the nasal passage considerably, preventing the free nasal respiration which should take place. Rhinoscopic examination revealed a very red and thickened appearance of the mucous membrane covering the turbinated bones, particularly the middle and lower ones, and also the septum. The secretion from the nasal passages was composed of mucus, and at times was muco-purulent in character. The patient had lost all power of distinguishing different odors, and his voice had acquired a strong nasal twang. He was obliged to keep the mouth open during respiration, owing to the partial occlusion of the nostrils by the hypertrophic thickening of the nasal mucous membrane, and the presence of the small polypus before alluded to. The treatment was commenced by a very thorough use of Thudicum's nasal douche, with a warm saline solution. This resulted in the detachment and expulsion of a large accumulation of crusts of inspissated mucus.

After this operation the mucous membrane of the nasal cavities was painted over with a solution of nitrate of silver in glycerine, sixty grains to the ounce. On the following day the nasal douche was again used, and the operation followed by the propulsion of the vapor of iodine by means of the instrument previously described. After this application the patient complained of a slight burning sensation, which soon passed away. After the fourth application of this character, there was a very free flow of serum induced, which relieved the patient greatly, diminishing the swelling of the mucous membrane. The patient was given a snuff, composed of equal parts of pulverized camphor and powdered sugar, to be used by him *ad libitum*; and three successive boxes were given him, as he seemed to be so much relieved by its use. The small mucoid polypus was

twisted off, and the attachment of the mucous membrane cauterized with the nitrate of silver. Upon microscopical examination this tumor was found to consist principally of enlarged glands, the remainder being mucous tissue. The above-mentioned treatment was persisted in for three months, the use of the nasal douche preceding each application of the iodine. At the end of that time the swelling of the mucous membrane, together with the discharge from the nasal passages, had entirely disappeared. Nasal respiration was re-established, the partially-obiterated sense of hearing reappeared, and the sense of smell at the termination of treatment was normally acute.

Elizabeth G., eleven years of age; duration of disease, eight months. Rhinoscopic examination revealed congestion and swelling of the mucous membrane of turbinated bones and naso-pharyngeal cavity, but no apparent thickening. There was excessive secretion of mucus, and partial loss of smell. The nasal douche was used, and the nasal cavity painted over with the following :

R. Iodini,	gr. vj.
Potass. iodid.,	gr. xij.
Glycerin.,	oz. ij. M.

This was followed by the propulsion of the vapor of iodine, applications being made every other day, and in a little less than three weeks the disease had yielded completely to treatment, and the patient was discharged. During the treatment of the above-mentioned case, the patient, being insufficiently nourished, was put upon a mixture of cod-liver oil and syrup of the iodide of iron. The camphorated snuff was also given her to use.

Another case, in a boy sixteen years old, was complicated with glandular enlargements at the vault of the pharynx, to which the writer's attention was drawn from the patient's complaint of the constant dropping of mucus from "the roof of his mouth," as he expressed it. Upon rhinoscopic examination there was seen to be, in the naso-pharyngeal cavity, lying between the orifices of the Eustachian tubes,

an irregular chain of highly-congested glands, whose free extremities depended from the vault of the pharynx. These vegetations were covered with a copious secretion of mucus, which kept dropping constantly into the back part of the throat, and were expectorated by the mouth. Upon removing the adherent clumps of mucus with a sponge, a few small drops of blood exuded from the fungoid mass, showing that it was very vascular. These growths encroached somewhat upon the orifices of the Eustachian tubes giving rise to a considerable deafness. As the growths were too small to be crushed, or torn off by forceps, as is recommended by Cohen, Meyer, and others, they were cauterized by means of nitrate of silver, and daily injections of sulphate of copper (3 ij. ad aquæ oz. j) were employed, which caused their destruction and disappearance. The patient was then treated in the usual way for his nasal catarrh, which soon disappeared, the principal difficulty residing in the glandular hypertrophy.

Many cases of simple acute catarrh have been treated at the outset by the simple propulsion of the vapor of iodine, and the administration of a full dose of some diffusive stimulant, such as muriate of ammonia, opium, hot punch, etc., at bed-time, with the result of abating the attack in two or three days.

According to the writer's experience, if cases can be seen at the outset, or before thickening of the mucous membrane has taken place, they can be easily cured, while cases of long standing invariably require protracted treatment for the accomplishment of a thorough cure.—*New York Medical Journal*.

On the disease of Carpenters. By PETER EADE, M.D., F.R.C.P., Physician to the Norfolk and Norwich Hospital.

(Read before the Medical Section at the Annual Meeting of the British Medical Association in Norwich, August, 1864.)

The present communication will be a short one; but I have thought it worthy of production on the present occa-

sion, because I believe it to describe an affection quite distinct in itself, though hitherto unnoticed by writers, or at all events, not separated by them from kindred or allied disorders.

It is well known that undue or too prolonged exertion of any part of the body is apt to be followed by an exhausted or more or less paralytic condition of the overworked part; and also that this precise condition may vary in every degree from simple weakness to a more or less complete loss of the function of the affected part. It is also familiar to us that the affects of such an exhausting or paralyzing cause may be produced not alone at the special part itself, or even at the central-point of implantation of the nerves passing from it, but also, and still more, by reflected action at other points, either contagious to the affected centre or at the periphery of nerves afferent from these adjoining parts or their connections.

Carpenters, it is well known, in a certain class of their work, use their hands and arms pretty continuously; and not only so, but in a very monotonous way—as, *e. g.*, in planing an hand-sawing; so that the same set or sets of muscles are often constantly and continuously called into action. I have ascertained that, in an ordinary way, they do not suffer from their peculiar work—probably because it is commonly much varied; and I therefore conclude that special circumstances or conditions are necessary to induce such evil results.

R. N., aged 52, married, a carpenter, first came under observation in March, 1870. He had enjoyed excellent health until about five months before this, with the exception that, in November of the previous year, he had suffered for a short time, and without known cause, from slight weakness and tremors of the muscles of the face and tongue. These symptoms, however, quickly passed off, and he remained quite well until October 1869. At this time, he began to complain of pain and numbness of the fingers and hands on both sides, extending as high as the wrists; and, not long

after this, he began to be troubled with shortness of breath, made worse by any exertion; and this was soon followed by a slight cough and expectoration, the latter once or twice tinged with blood. He also said that he felt generally weak, and was unsteady about the knees on standing or walking.

At the time of his admission to the hospital, the numbness and aching of the hands and the shortness of breath were his principal symptoms. But he still had some trifling cough and spitting; and, though his body was well nourished, he was evidently weak in all his limbs, and had a fidgety nervous manner. The respiratory murmur was found to be weaker on the right than on the left side of the chest; but no other abnormality of the lungs, and none of the heart, could be detected. There was no disease or disorder of any other viscus. I ascertained that he was a quiet steady living man, perfectly temperate, not a great smoker, and free from any suspicion either of venereal disease or of lead-poisoning. His temperature was not above normal; and he had previously been very healthy and strong, and by no means of nervous temperament.

The only probable explanation of his symptoms appeared to be this. He was a carpenter in a small way of business, with a family dependent upon him, and of an anxious turn of mind. As such, he had been accustomed to work long and extra hours, to save the cost of hiring assistants, and in consequence had greatly fatigued himself in his various kinds of manual labour.

I shall not detain you with any lengthened history of this case, but will merely say that this patient has been under my observation from 1870 until the present time, a period of nearly four years. During this time, he has very slowly improved, and is now so much better that almost the only remaining symptom is shortness of breath; and he has been able to resume his occupation so far as to do some of the lighter work of his trade.

Soon after this case came under my observation, another and similar one, also in a carpenter, occurred to me; and

still later, a third case, with almost identical symptoms, presented itself in the person of a labourer who had over-worked his upper extremities by prolonged digging. Of all three, I may say shortly, that they all presented very similar and closely allied symptoms, one of the most prominent of these being the free secretion of a whitish mucus, apparently from the mouth, the throat, and the air-tubes, but without much cough, and without any distinct chest disease. Other symptoms have been, shortness of breath; vague pains and discomforts in and across the chest, either limited to this part or extending upwards to the neck and face and head; sensations of dorsal chilliness or tremor, but scarcely any distinct spinal tenderness; and in all a peculiar nervousness and fidgetiness of manner.

I would now add that since this paper was announced, a fourth case, evidently of the same class, has come under my care. This man, like the last, was not a carpenter, but had worked as a "navvy", in which capacity he had of late strained his arms severely—first in throwing earth into railway-waggons, and afterwards in barrowing heavy loads of soil all day—the effect of which at the time was to cause much numbness and aching weakness in and all along his arms.

It will be seen from this history that, of my four cases, only two were carpenters. The title, therefore, of this paper, is plainly not sufficiently comprehensive, seeing that other workers besides carpenters are liable to it. But, as my first and most typical case, and the one which is the foundation of this communication, occurred in a carpenter, and as the work in which carpenters are engaged is so especially arm-work, I have not thought it necessary at the last moment to alter it, believing that this term not inaptly expresses the nature of the disorder from which they have all suffered. No doubt its exact nature is irritation, followed by exhaustion, of those portions of the spinal cord from which the nerves of the brachial plexus arise; in other words, it is an erethism of this plexus and of its related cer-

vical ganglia, with reflex disturbed action of other parts whose nerves are in connection with these cervico-dorsal nerves.

I believe that it has been noticed that sawyers working long hours in sawpits are liable to get a weak or semiparalysed condition of the muscles of the upper extremities. It is also well known that cramp and a species of palsy are apt to follow continued over-exertion of the limbs in several classes of workers, as in the writers' cramp of clerks, the thumb and forefingers of writers, and the arm-cramp of smiths (described by Romberg, Russell Reynolds, and others); but I think that, although these affections are more or less allied in their nature, there is an essential difference between them and the one I am describing, in that in writers' cramp the muscles of the arm are the parts chiefly affected, whereas in these cases, beyond the trifling initial weakness and pain of the hands and arms, the effects are produced in parts distinct from the limbs, and are such as show that the ganglionic system is the one specially affected.

An analysis of the symptoms shows that they extend over a considerable distance—indeed, from the head above, through the cervical and dorsal regions, as low as the level of the epigastrium; and that, though the greatest amount of effect is produced at the level of the upper part of the thorax, yet that the discomforts elsewhere felt are by no means insignificant. In some degree, the peculiar nervousness and sensitive condition approximate to what is seen after concussion of the spine, and are not very unlike what I have witnessed as following a railway accident.

It is, I think, probable that the effect of such work as carpenters and navvies sometimes perform may be somewhat akin in its jar and concussion to that of a blow or injury to the spine; and that, although in the one case the shock is less in amount and more prolonged, instead of, as in the other, sudden and violent, yet the eventual effect may be the same in kind in the two cases; viz., the produc-

tion of a condition of weakness, hyperæsthesia, and loss of functional power. Perhaps in some slight degree, also, this affection may be likened to that produced in women by excessive use of the foot sewing-machine, in whom it is well known that irritability of the spine and pelvic irritation are frequently set up by its employment.

A curious fact has been announced by Dr. B. W. Richardson; namely, that a subclavian murmur is almost universally present in carpenters and in men who work as they do. In one of the patients above alluded to, it was very distinct; and it would probably be due to the same class of cause as the affection I am describing.

As to treatment, I have tried very various forms of remedies—tonics, bromides, ice to the spine, faradic and galvanic electricity; but nothing except prolonged rest has appeared to be of any material value.—*British Medical Journal*.

Rigor Mortis in an Infant at Birth. By W. C. GRIGG, M.D.
Assistant Obstetric Physician to the Westminster Hospital.

The following case appears to me to be not without interest in relation to the etiology of rigor mortis.

On the evening of August 16th, I was sent for by one of the mid-wives of Queen Charlott's Lying-in Hospital to see a woman (a multipara) with placenta prævia. Labour began at 6 P.M. with a discharge, which continued with each pain. On the arrival of the midwife, the os was found about the size of a sixpence, but the presentation could not be distinctly determined. At 9.30, severe flooding set in, which lasted about half an hour. The os was now dilated to the size of a half-crown; across the anterior portion, a soft thick substance was felt. When I reached the woman, a little before eleven, the hæmorrhage had nearly ceased; the os was fully dilated, and the mass was clearly a portion of the placenta. As the membranes were intact, they were

ruptured; and in a few minutes the child was born. The after-birth came easily away five minutes afterwards, and with it some clots, so firm that they felt like pieces of flesh, requiring some force to break them down. There was slight *post partum* hæmorrhage. The child was quite livid; the arms were folded on the chest, and the thighs flexed on the abdomen. The jaw was firmly fixed; so was the head and the extremities. The abdominal walls were flaccid, but the back was partially set. It was with the greatest difficulty I could get my finger into the mouth; and in order to extend the extremities, the body of the child had to be firmly held.

The woman stated she received a severe fright the previous evening, but believed she was at her full time. The movements of the fœtus were so troublesome that she slept little that night. It was last noticed at about 4 P.M., two hours before labour set in. The hæmorrhage was nothing to speak of until about 9.30, when it became very severe, but only lasted about half an hour. She was confined shortly after 11 P.M. When seen, she did not present the appearance of having lost much blood. No ergot had been given. I think it may be fairly presumed that death of the fœtus took place during the excessive loss of blood—i. e., about an hour and a half before its birth. It has been my misfortune to have been present at the birth of many still-born children, whose deaths have varied from minutes to days before birth, but I have never before seen a fœtus with rigor mortis at birth. It would be interesting to know if any other practitioners have met with a like case, and if so, what were the circumstances attending each case. Here the woman had received, on the previous evening, a severe shock; there were partial placenta prævia, severe flooding only for about thirty minutes, delivery in an hour afterwards, and the blood coagulating rapidly and very firmly.—*British Medical Journal*.

Coal Gas Poisoning.

Although cases of poisoning have from time to time occurred such as those related in the pamphlet before us, very few of them have been carefully recorded. It is somewhat singular that the July number of the *Edinburgh Medical Journal* for this year, and the first number for July of the *Berliner Klinische Wochenschrift* should simultaneously contain articles on this subject. The latter will be found by English readers in a condensed form in the *London Medical Record* for August 5th, (No. 83, vol. 2). The former is reprinted with some additions, forming the pamphlet now before us. Dr. Taylor first relates the case of a Canadian, between 50 and 60, who was found livid and insensible in a bedroom in one of the Edinburgh hotels. It appeared that *he had blown out the gas* instead of turning it off, and had thus inspired a mixture of gas and air, which amounted to some three per cent. only, or about 1 in $33\frac{1}{2}$. Efforts to resuscitate him were so far successful that he survived nearly two days. Unfortunately no *post mortem* examination was allowed. The pamphlet is not confined to a very careful record of the symptoms in this case, but contains accounts of several others, and more particularly of the suffocation of a whole family (a foundry labourer, his wife, who was *enceinte*, a girl aged two, and a boy aged 8 years), at Dundee. Besides this there is an abstract of the Strasburg case, in which six persons—father, mother, two sons, a daughter and a servant, were exposed for nearly forty hours to the deleterious effects of a gas containing unusual quantities of carbonic oxide. Of these, four were found dead, and, after 19 hours, one only, the mother, survived. The original account of these cases is in French (*Relation Médicale des Asphyxies Occasionées à Strasbourg par le Gaz de l'éclairage, par G. Tourdes, Professeur de Médecine Légale à la Faculté de Strasbourg*), and is little known in this country. Dr. Taylor has, therefore, done well in giving an abstract of its chief points of interest. I

appears that the woman who recovered was insensible forty hours. She had hemiplegia on the right side. Her recovery was very tedious. The principal *post mortem* appearances in the four fatal cases were as follows:—*Brain* and its membranes highly congested. Intense redness of surface. *Air passages* also strongly injected, filled with whitish, viscid, frothy foam, with sanguineous streaks. *Lungs*: in all the cases intensely red throughout their parenchyma. *Heart*: blood clotted, especially in right auricle. *Liver*: blood very red. *Bladder*: distended, with an enormous quantity of limpid urine. The morbid phenomena are thus classified: 1st, insidious invasion. 2nd, headache and vertigo. 3rd, nausea and vomiting. 4th, absolute loss of consciousness (and anæsthesia]. 5th, general debility, prostration of strength, partial paralysis, and convulsions, 6th, phenomena of asphyxia appearing slowly, but complete and predominant during last moments of life. Dr. Taylor's recommendation to turn off the gas at the main, or at all events, at the meter during all the hours of daylight, scarcely strikes us as practical or practicable in large cities. His advice to avoid all flexible fittings, to discontinue the use of gas in bedrooms, and to take care of due ventilation wherever it is burnt, is more easily carried out. It strikes us that the thorough purification of coal-gas is of more moment, for carbonic oxide in these cases, and sulphuretted hydrogen in some others appear to us to have been the chief causes of the fatal results. But the discovery of some sufficiently cheap and brilliant substitute for coal-gas is the real desideratum, and this we fully believe we shall some day obtain by some modification of the present electric light. As most of our manuals of medical jurisprudence and toxicology make little or no mention of the subject, we strongly advise students who intend going in for honours in this subject to procure Dr. Taylor's little pamphlet.—*Students' Journal*.

Dr. Sée on Belladonna and Nicotine.

Dr. Sée, in a lecture at the Hospital de la Charité, says that atropine is the most complete antagonist of muscarine, that cardiac medicine spoken of by O. Schmiedeberg in 1869. Six or seven years ago, Meuriot, one of Dr. Sée's pupils, noticed that atropine caused acceleration of the movement of the heart. The ganglia which terminate the pneumogastric nerve are paralysed. If muscarine and atropine are successively employed, we notice that the heart, arrested by the effect of the muscarine, begins to palpitate with atropine; but muscarine cannot arrest the palpitation of an atropised heart. The paralysing action of atropine on the pneumogastric is, then, very energetic. Atropia has besides the power of exerting the blood-vessels and making them contract rhythmically. To this commencing contraction of the vessels let us add the most remarkable effect of this drug, the dilatation of the pupil, which takes place from contraction of the dilating muscle, excited by the sympathetic. There is also paralysis of the sphincters, of the pharynx and larynx, and of the voluntary muscles, with impaired sensibility.

Nicotine is the neutral principle of tobacco, and is a vascular poison above all, but also a cardiac poison. If a small dose of nicotine be injected into an animal, we notice first a retardation of the heart's action, and next, augmented pressure in the vessels. If the animal be opened, the vessels are found contracted. There is, in a word, enlargement of the vaso-motor nerves, and of the vessels, and also tetanic rigidity. When there is a strong dose of nicotine, we notice the inverse; the heart's action becomes accelerated because, then nicotine acts like atropine, by paralysing some part of the suspending system. Ordinary smokers have palpitations, or slow pulse sometimes, 48 pulses per minute, with intermittences; extravagant smokers speak of palpitations with rapid pulse, 130, 140, 150 pulsations per minute.

Roux, an old professor of the Faculté de Médecine, considered that smokers were "gredins;" but that was forty years ago. Muscarine, when injected, will lower the pulsation caused by nicotine.—*The Doctor.*

Death from Idiopathic Rupture of Spleen. By EDWARD ATKINSON ESQ., Surgeon to the Leeds General Infirmary.

A lady, aged 35, of middle height, stout, married only five months, highly hysterical, had never been quite well since her marriage. She had menstruated regularly, but had irritable stomach, with frequent attacks of vomiting, and sometimes suffered considerable pain in the gastric region. She had been under the treatment of my friend Dr. Young for four or five weeks for these symptoms, which had been alleviated, and she was considered to be convalescent. *She never had enteric fever.* On the evening of August 5th, 1873, she was suddenly taken ill after eating herring, and was attended by Dr. Frobisher. Violent retching continued from 9 P.M. till noon next day, and was followed, after the first hour or two of sickness, by acute pain in the left side, which rapidly spread over the whole abdomen. At noon she sank into a state of collapse. When I saw her at 4 P.M. with Dr. Frobisher, she presented the appearance of a person in the last stage of Asiatic cholera—cold, restless, pallid, blue lips, pulseless at the wrist, whispering voice, clammy sweat, but no diarrhoea. Was it gall-stone, intussusception, internal strangulation, or rupture of an aneurism? One thing was evident—that death was inevitable. She died at 5 o'clock, twenty hours from the commencement. With great difficulty, a necropsy was obtained, and was made two days after death by myself in conjunction with Drs. Young and Frobisher. The body was very fat. There were two inches of fat in the parietes, besides a thick subperitoneal layer. The abdominal viscera were bloodless. A large clot, several pounds in weight, overlapped the lower edge of the great omentum and filled the left side of the abdomen; beside which, there was a large quantity of dark fluid blood. There were no adhesions, or signs of effused lymph, or of peritoneal inflammation anywhere. On tracing up the blood to its source, it was found to issue from a rent in the gastrosplenic omentum

which was distended into a large pouch. On enlarging the opening, more clot and fluid blood escaped, and then the spleen was seen, shrunken, pale, flabby, and its lower portion disintegrated and in a state of muddy pulp. The stomach and duodenum contained no ulcer or other unhealthy appearance. The liver was pale, flabby, and very friable. The kidneys were healthy. The gall-bladder and duct were devoid of calculi. The thorax was not opened. The only similar case of which I ever heard, or of which I have been able to find record, is one which my friend Dr. Deville of Harrogate communicated to the Branch meeting at Scarborough last year.—*British Medical Journal*.

Slight Injury to Leg; Sudden Death; Thrombi in Right Ventricle from Popliteal Vein. By A. B. SHEPHERD M. A., M B., Assistant-Physician to St. Mary's Hospital, etc.

The following case presents many points of similarity to those lately published in THE LANCET by Surgeon Thomas Browne, M. D. June 27th, 1874, p. 901), and Mr. Geo. G. Gascoyen (Aug. 8th, p. 189). For the life-history I am indebted to Dr. Stewart, of Southwick-street; for the post-mortem notes I am entirely responsible.

R. G.—, aged forty-nine, a healthy, spare, though largely-made man, of active and temperate habits, slipped, on June 1st, 1874, through the rounds of a ladder, and abraded his left shin. Under ordinary treatment the wounds so caused almost entirely healed. On the twenty-first day after the accident, while going up stairs, he fainted and fell, without suffering any apparent injury. Three days later he had a rigor, followed by well-marked signs of simple pleurisy on the right side, the diagnosis being confirmed by Dr. Walshe, who saw him whilst suffering from the attack. On the thirtieth day after the accident, he fell down while dressing, and died.

The autopsy was made forty-eight hours after death. There was most extensive decomposition of the head, neck, and upper extremities, the superficial veins being much discoloured. There was no great decomposition of the body externally below the level of the diaphragm. All the organs were healthy, but very much decomposed. The blood throughout the body, with the exceptions noticed below, was fluid. Coiled up in the apex of the right ventricle were three moulded clots, one showing most beautifully the impression of vein-valves. Two of these clots exceeded $7\frac{1}{4}$ in. in length each. Only one very small clot, soft and recent, was found in a branch of the pulmonary artery. The subclavian, jugular, iliac, and femoral veins, and the cava were carefully examined. The left internal saphena was removed from two inches below the original wound to its entrance into the femoral, and the latter itself to below the popliteal vein. On slitting up the saphena, the coats of the vein below the region of the wound were found to be perfectly normal, semi-transparent, and drying rapidly on exposure to the air. Nearer the wound its coats cut more rottenly, and where the smaller veins from the wound entered it, it was dilated. From this point upwards its internal coat, as well as that of the veins from the wound, and of those dipping down to the deeper vessels, was intensely red, more than bloodstained, swollen, and moist, even after long exposure to the air. The same was the case with the femoral and popliteal veins; the coats of the latter were greatly swollen, and injected a dark, black-currant colour: and in the popliteal vein itself lay the debris of a clot, non-adherent to the vessel-wall, and extending for more than three inches from above to below a pair of valves, the same, in all probability, which had left their impression on the clot in the right ventricle.

The heart-clots, together with the veins engaged in the morbid process, are preserved in the Museum of St. Mary's Hospital,

Remarks.—It is impossible to add much to the simple in-

terest of this case. The very slight injury to the leg ; the consequent thrombosis occurring in the vessels running from the wound, unaccompanied by obstruction, œdema, or pain in the limb ; the dislodgment of the clots and of portions of them ; the fainting-fit, due either to pulmonary embolism, of which, however, no sign was found, or to the presence only in the ventricle of a clot or clots ; the pleurisy, also probably embolic ; the sudden death, due to the thrombi in the heart ; such was the succession of events. The first seat of the *original* thrombus must remain a matter of speculation. One of the clots removed from the heart shows, by its concentrically deposited layers at one end, that it is a *prolonged* thrombus, much increased in size since it commenced to travel, and the marked signs of morbid action throughout the course of the saphena, popliteal, and femoral veins, make the original starting-point more doubtful still. Most noteworthy is the agreement of the valve-impressed thrombus in the heart with the position of the less firm clot found in the vessel. *The Lancet.*

Two Cases of Diastasis in Adolescents. By CLEMENT DUKES, M.B., B.S. Lond., Medical Officer to Rugby School.

Case I.—Mr. X., aged 18, on December 10th 1872, while playing in the close at the school, was pushed on the outer side of his right leg while his legs were extended laterally from the median line, when he suddenly felt acute pain above the knee, and fell down ; and the limb was powerless. On examination, the knee-joint was not swollen. No distortion was perceptible to the eye. The leg lay powerless on the bed. The foot was neither twisted nor everted. The limb was slightly shortened on measurement. On taking hold of the limb, no crepitus could be elicited, nor any movement, though pain was felt, whichever way it was moved. On slightly flexing the leg, a rapid movement in the limb was felt, like two smooth surfaces passing quickly

one over the other. The situation of this rub was found by a slight depression being felt about two inches above the knee; and the lower bone could be felt slightly prominent posteriorly on the upper part of the popliteal space, being rotated a little backwards by the gastrocnemius. The diagnosis was made of diastasis, or separation of the condyles from the shaft of the femur. This epiphysis is the last to unite—viz., at twenty years.

Treatment.—The difficulty was to keep the surfaces of the bone accurately together, owing to their slippery nature:

1. A suspending thigh-splint with pulleys was first tried, but without success.

2. The straight "long outside" splint, with perineal extenders, was then applied with better success, but not complete:

3. To the "long outside" was added a small straight back-splint with a pad sewn on it, to keep the lower end from slipping backwards. The perineal band was moved, and extension kept up by a weight passing over a pulley at foot of bed.

By this means, a firm union was obtained at the end of six weeks: the limb was of full length; and he was allowed to get up.

On examining the limb, no one could have told that there had been a disunion; for there was not the slightest thickening at the seat of injury; no provisional callus being thrown out as in fracture, union being effected in the cartilage. Fearing lest this should not be strong enough at the end of six weeks to support a tall strongly-built youth, I made a leather case, which he wore for a week or two.

Case II. Mr. T., aged 16. on July 4th, 1874, for three months had had a little pain at the inner side of the arm at the elbow, when exercising in the gymnasium. This culminated in an injury there, through a fall from the horizontal bar while performing the exercise called "back away". His account is, that he kept hold of the bar with his hands

too long, so that in the turn, instead of alighting on his feet as usual, he fell on "all fours", with his arms extended; but the force was sufficient to make the left arm suddenly flex outwards. He felt something crack, and cause him pain at the elbow and a feeling of faintness.

On inspection, the arm was held stiff, neither flexed nor extended. There was a swelling over the internal condyle of the humerus, like a swelled bursa, making the condyle appear very prominent. Immediately below this, instead of the usual convex contour on the inner as well as the outer side of the forearm, there was a considerable hollow or concave outline, with slight extra thickness of the muscles of the forearm antero-posteriorly. Owing to this the outer contour of the forearm seemed increased in convexity, but was in reality normal when the two arms were compared; thus dispelling the idea of a dislocation of the radius and ulna outwards, which it resembled at first, from the prominent inner condyle with the depression below.

On manipulation, flexion and extension were perfect and almost painless; also rotation internally and externally; but, when the palm of the left hand was placed over the inner condyle, and the arm moved, great pain was elicited. On manipulating over the inner condyle more minutely, a morsel of bone could be felt, freely movable when laid hold of with the fingers, causing no crepitus, but moving easily and smoothly, and distinctly external to the joint; being a separation of the internal epicondyle from the humerus, caused by muscular action through the forcible flexion of the forearm on the arm. There was no injury of the ulnar nerve. The inner condyle of the humerus unites at the age of eighteen.

Treatment.—A rectangular splint was applied, and a figure-of-eight bandage and a pad on the elbow. Position and union were effected well.—*British Medical Journal.*

CANADA

Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1874.

THE MONTREAL GENERAL HOSPITAL AND ITS SMALL POX WARDS.

We have on a former occasion called attention to the danger which arises to the inmates of General Hospitals by having an attached building for the treatment of small-pox. With regard to our own hospital we have reported on several occasions the spread of small-pox into the general wards and we have repeatedly advised the governing body of our hospital to close their small-pox wards and refuse to admit patients suffering from that disease. Whenever we have suggested this desirable change, we have been met by the statement that it is contrary to the Act or Statute regulating General Hospitals, and therefore until an amendment to that Statute is effected the small-pox wards of the Montreal General Hospital must remain where they are. We would call upon our Local Parliament at its next Session to consider the advisability of amending the first clause of the Act bearing on this subject. It is to be found in the Statutes of Canada for the year 1861, being the 24, Victoria Cap 24, and assented to the 18th May 1861, it reads as follows:—

“ No warrant shall hereafter issue for the payment of any sum of money granted by the Legislature to any hospital, unless, nor until a certificate signed by a medical officer of such hospital, to the effect that there is in such hospital a distinct and separate ward set apart for the exclusive accommodation of patients afflicted with small-pox, has been filed with the clerk of the Executive Council.”

We will not refer to the time when this clause was enacted, but merely observe that if the legislators of that day desired

by the introduction of such a clause, to prevent the spread of small-pox, that the experiment has been tried and has signally failed ; the disease is not thereby prevented from spreading among the people at large, nor is the isolation sufficient, at least in the case of the Montreal General Hospital, to prevent its spreading into the general wards. No person can speak more positively on this subject than the writer. He is one of the attending medical staff of the Montreal General Hospital and since the year 1867 has performed his duty during the first winter quarter, that is, during the months of November, December and January up to the year 1870 when a change took place and his months of attendance have been since that period October, November and December in each year. During his attendance he can call to mind the occurrence of small-pox in patients under his charge suffering from some minor complaints and in many instances the sufferers have paid the forfeit of their lives. It will thus be observed that the usefulness of a noble charity is to a certain extent marred, a gross wrong done to those seeking its benefits, the attending surgeons and physicians seriously interfered with in their work of philanthropy and the spread of a highly contagious disease permitted to go on unchecked.

In a recent visit abroad, we ascertained the practice followed in other countries. In Scotland we found that small-pox when it occurs is not admitted into any general infirmary. A separate and distinct building, apart and entirely isolated, is allotted to such a class of disease. In the Glasgow Infirmary what was once used as a Fever Hospital is at present, or at the time we visited it in August last, devoted exclusively to surgical cases. We were informed by the attending surgeon that a separate and distinct building in another quarter of the city is devoted to the exclusive use of small-pox and other highly contagious maladies. The same may be said of Edinburgh and London. In the latter city there is a separate and distinct small-pox hospital ; we believe there are eight, or rather that eight separate buildings were used

exclusively for small-pox during the recent epidemic of 1870 and 71. What is the result of such precautionary measures? We find that during the first three months of the epidemic of 1870 and 71, London suffered a mortality from small-pox alone of over three thousand persons. By persistent efforts at isolation, by vaccination, and the strict enforcement of sanitary regulations there is not at the present day a single case of small-pox reported as occurring in the Metropolis, nor has there been a single death from small-pox in London for several weeks past. This is a surprising fact when it is considered that London possesses constantly a large rolling population of strangers who hail from all countries in the world, whose residence is brief, who come and go and their place is filled by others as rapidly as they leave.

In the name of common sense then, why should we in Canada, and in this large city permit a state of things to exist amongst us which should bring a blush of shame to any civilized community. It would be well for our Local Legislature to consider and deal with this subject. By a verbal alteration in the clause above referred to the governing bodies of general Hospitals would not be forced to keep attached to their institutions, wards for the "exclusive accommodation of patients afflicted with small pox," and in our own city we should be glad to see the small pox wards of both our general hospitals done away with.

We have heard much about a fifty thousand dollar grant munificently made by our city corporation, but there the thing ends. It does appear that the insanity of folly has fallen on our civic authorities, admitting the want of a small pox hospital, they voted \$50,000. Then, for fear that some imaginary citizen should make a fortune out of this grant they determine to divide the amount so as to give the city of Montreal two sectarian institutions for the treatment of small pox. This not proving acceptable to the citizens, in their wisdom, the city corporation has decided to leave us without any hospital for the treatment of small pox. We think that in the present emergency the Government might

order the Corporation of our city to provide the necessary accommodation within a stated time, failing which, it should be done at its cost and charges. It is only by some prompt action of this nature that our Corporation will be roused to a sense of its duty.

SANITARY AUTHORITY.

In a recent speech at Manchester the British Premier, Mr. Disraeli, is reported to have said "I think public attention should be concentrated on sanitary legislation. I cannot impress upon you too strongly my conviction of the importance of the Legislature and Society uniting together in favour of those important results. After all, the first consideration of a minister should be the Health of the people." Surely, if this applies in England, how much more in Canada. In England for many years past much extended and thoughtful legislation has been inaugurated bearing upon the enforcement of sanitary regulations, whilst here we yet await the laying of the very foundation upon which to rest any legal enactments to provide for the Sanitary Government of the country. Do we Canadians really and truly appreciate the great, the overwhelming, importance of this subject? We find the head of the British Government openly saying with all the emphasis of which he is capable that public attention should be *concentrated* on sanitary legislation. We should be only too glad to hear such words coming from the lips of some leading member of our present Executive at Ottawa. Nothing less than this should satisfy the Canadian public, they should not rest content simply with insisting that sanitary matters should receive a certain share of attention at the next session of our Parliament, but by *concentrating* their attention upon these matters and constantly keeping them agitated through the press and by every other available means, they would ultimately succeed in forcing measures relating to the public health into that prominence which they unques-

tionably deserve. Let us take as an example our own unfortunate city, which, we are sorry to have to confess, has been branded by the daily press, as the "most unhealthy city in the world." With such a climate as we enjoy, with such great natural advantages as regards site, water-supply, &c., as we possess, is it not a crying shame that such a disgraceful stigma should be allowed to go uncontradicted? And, to our disgrace be it said, it cannot be contradicted. For, according to the report of the Health officers received for the month of August, it appears that there were 346 deaths out of a total of 785, (nearly one half) from Zymotic diseases—the most prominent being small-pox, scarlatina, typhoid fever and whooping cough. Now, what means are being taken to put a stop to this outrageous and inexcusable mortality from preventible causes? Let us say at once *none*. We boast a Board of Health, salaried Health officers, and paid Health constables—but of what earthly use are all these when we are plainly told by them that they receive no information concerning the commencement, rise and spread of infectious diseases, and that they have no power to inspect premises, order removals, make improvements, or otherwise interfere to preserve the health of any place or district. The sooner we distinctly understand that there is *no* legal sanitary *authority* in our midst the better, for the more we dwell upon this idea, the more we will be impressed with the importance of concentrating our energies towards establishing such authority for the benefit of the whole community. We learn that one of our city advocates, has in course of preparation a code of sanitary legislation for the city which it is proposed to submit to the City Council, to be by them sanctioned and then made law by Parliament. Of course to prepare such a digest must take some time but we heard of this subject having been submitted to the city attorney for his opinion some months ago, and we would protest against any—the least—unnecessary delay in laying this report before the Council, and we do trust that, in the interests of humanity, the Health Com-

mittee will see to it that the proposed by-laws are at once brought forward for public discussion.

SMALL POX

With the advance of our cold season the disease small-pox appears to have taken fresh root, and is breaking out in all quarters of the city. This increase in the number of cases is due to several causes, the principal amongst which is our own neglect of known sanitary laws, and we might add the reckless, criminal, and trifling incompetence of our civic authorities, in not providing the necessary means for isolating the disease by the establishment of a proper small-pox hospital.

Quite recently a patient left the small-pox wards of the Montreal General Hospital and was taken to one of the charitable homes of this city. We have not heard that the infection has spread in the institution alluded to, but we should not be surprised if such an event were to follow. It may be asked why? Simply because there is no means in our hospital whereby a patient who has recovered from small-pox can be so isolated for a time, and cleansed, as to insure the public against infection. There are no intermediate wards no convalescent wards. The patient who has recovered from small-pox and is fit to be discharged from hospital is sent out directly from the room or ward in which he has gone through his illness. His clothes are brought to him and he has to dress in his ward or in some contiguous room, and he leaves the building carrying with him the germs of this loathsome disease in his clothes, it may be in his breath. This is no exaggerated picture, it is a fact and recent events in the breaking out of the disease in families who suffered no apparent direct exposure attest the fact. We will mention a few other sources, from which the disease spreads. A week or two since a brother practitioner entered one of the many public conveyances, to be found in this city, he had scarcely taken his seat before he recognised in

one of the passengers a respectably dressed woman the mother of a large family three of whom were lying dangerously ill at her house with small-pox, she came fresh from this house and entered a public conveyance carrying with her we do not doubt the germs of the disease in her clothes to be spread about and dropt in every quarter. Not long since another medical gentleman was called to a case of small pox in a child of a highly respectable citizen. No known exposure could be traced by the parents. Our professional friend, however, ascertained that this little girl went to a school in the neighborhood where there were a large number of children about her own age. One of these children came from a house in which several cases of small-pox existed, and, although she did not suffer from the disease, yet she carried the disease in her clothes and thirteen of her little playmates were struck down by small-pox while she remained exempt. We could mention a number of cases of a similar nature if it were necessary, all pointing to the fact of direct communication as the origin of the attack.

Are the citizens of Montreal sincere in their desire to stamp out small-pox? if so, it can only be done by perfect and determined isolation and general vaccination. Vaccination is not in itself an absolute preventive, but where it is strictly enforced and rigorously carried out the disease will, if it does attack the person so vaccinated, appear in a milder form. Isolation will stamp out the disease to such an extent that no single case will occur. If by way of allegory we suppose that persons were in the habit of going about the city with lighted torches so constructed that they left behind them a train of sparks and that in consequence large and destructive fires constantly occurred. What a frenzy of excitement would be produced, Mayors, Aldermen, Records, and all the lesser officials of state would be on the alert. These insane persons would be regarded as a public nuisance and they would be summarily ordered to quench their fire brands or suffer the penalty

that the law prescribes. Is property of greater consequence than human life?

Would it not be better to provide in the present emergency a public hospital to which all cases of small-pox should be sent, but if persons elect to keep their friends at home they should do so with the known alternative of public isolation. Provide for persons afflicted with this horrible disease a fit and proper place where rich and poor alike can be accommodated with all the care or luxury needed or that can be procured, but if they decide on remaining in their own homes let the fact be intimated by a placard placed on the house, under police authority, simply the word Small-Pox in large and legible letters so that those who run may read, and thus give warning to the whole community that such a house is infected with the plague. If this is done and perfectly and absolutely carried out so that no unnecessary communication shall be held with such a house, then we will guarantee that within six months from this date probably within three there will not be left a single case of small-pox to record as occurring in the city of Montreal.

A small-pox Hospital is first to be provided, the City Council have proved themselves silly idlers, it would be well for the citizens to buy a few bags of marbles or spinning tops or any other toy of childish amusement for the foolish incompetents of the City Hall to wile away their time, but as to building a City Hospital for small-pox, the thing is absolutely beyond their ken. If a small-pox hospital is to be built or suitable premises secured to act as a temporary hospital, it will have to be done by the citizens themselves. If this is undertaken at all, it should be done without further delay. A spirit of earnestness and self preservation should guide those concerned in carrying out this work. Valuable lives have been already sacrificed, and others will follow unless some sensible honest and immediate action is taken in the premises.

THE TRAINING SCHOOL FOR NURSES AT ST. CATHARINES, ONT.

About one year ago a young lady entered into an agreement with Dr. Mack to go to England and to return in the spring with a sufficient number of trained nurses and of others who were willing to serve as probationers, to establish in St. Catharines one of those institutions now growing up in all centres of population in Europe and America.

In the month of April, Miss Money, the young lady referred to, returned with four nurses whom she had carefully selected from applicants during the winter. Dr. Mack having also during her absence fitted up and rented a proper abode for them with funds collected from visitors at Springbank and from the ladies of the town, and upon the 1st May the whole undertaking commenced active operations with a staff of five nurses, one being a Canadian, and Miss Money as superintendent, under the designation of "The Gasparin Training School and Nurses' House."

A small hospital of about twenty beds was placed in the hands of the sister superintendent, and the work of training commenced. At Springbank, also, a large hotel sanitorium and bathing house was established. Two of the nurses went on duty every second week, and thus two valuable elements of training were combined, viz., the care of the affluent and the care of the poor, home nursing and hospital nursing, while two of the number were left ready for serving as monthly nurses if required. The cottage hospital being wholly inadequate to its requirements as a "General and Marine Hospital," the Dominion Government, by the strenuous exertions of Mr. Norris, the Member for this County, were induced to make a small grant in aid of the Marine department, and this, with other contributions enabled the Trustees to erect a commodious addition, admitting of about 40 beds in all, and now under the present able management the Charity bids fair to become a perfect "bijou" in the hospital way.

The plan of management of the Nurses' Home is as

follows : each nurse binds herself to serve three years, the first six months free, and after that to receive ten dollars per month and two suits of uniform annually, and comfortable board and lodging at the "Home" when unemployed. The expenses so far have been very small, and have been met by private contribution, two gentlemen, Mr. Fred. Merritt of St. Catharines, and Mr. P. P. Pratt of Buffalo, making the handsome donation of \$100 each. Miss Money gives her services entirely free, and having purchased the property where the "Home" now is out of her private means, she gives it up for the purpose at a small rent. This lady was trained by the Countess Gasparin, in honour of whom she has given the name to the Institution. and she is well competent to instruct, having had a large experience during the Franco-Prussian war. Instructions in the principles of Physiology and in General Anatomy will be also given by the Medical Attendants at the Hospital during the winter months.

The monthly and other nurses are in constant requisition, and the want is felt of more nurses, but not of employment for them. It is barely self sustaining now, and by careful management and a little outside assistance there seems to be no doubt that this, the first enterprise of the kind in Canada, will ultimately be crowned with success.

No distinction of religious sect is recognized, the women are only required to be Christian in character and conduct and to comply rigidly with the rules and regulations both of the Hospital and of the "Home."

The canal at present being cut, and the navigation of the old canal give a large number of serious surgical cases, and afford ample scope for the exercise of those desirous to learn.—*Communicated.*

The Late Dr. Anstie.—A committee has been formed, which comprises many of the most eminent men in the medical profession, for the purpose of taking steps to raise a fund to be applied in perpetuation of the memory of the late Dr. Anstie. His former pupils will, there is no doubt, assist the movement to the utmost, and we trust that it will be as well supported generally as was the "Web Fund," the total of which amounted to £2,074 1s. 6d. It is reported that Dr. Lauder Brunton will succeed Dr. Anstie as Editor of the *Practitioner*.—*Students' Journal.*