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THE  
CANADA LANCET,  
A MONTHLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

JULY, 1872.

No. 11.

Original Communications.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

St. CATHARINES, Jan'y. 2nd, 1872.

Dr. F. S. Mack gave an interesting account of a case of placenta prævia; he was called in on the morning of the 22nd December, ult., to meet Dr. Considine, of Port Dalhousie, in a difficult obstetric case. Mrs. H——, the mother of two children, had been suffering from intermittent fever, and had experienced several slight hæmorrhages, which yielded to rest, and the recumbent posturo. Hæmorrhage commenced on the morning of the above date profusely, and accompanied with irregular uterine contractions, attended by increased discharge of blood. Other measures failing, Dr. Considine had recourse to the tampon; which, having failed, had been removed just before the arrival of Dr. F. S. Mack.

He found the patient exsanguinous in a marked degree, restless and exhausted. Stimulants were freely given, and continued throughout, and, after allowing half an hour to elapse, to permit her to rally a little, Dr. F. Mack proceeded to examine per vaginam; he found the os dilated to about the size of a crown piece, and high up; could introduce one finger in the cor-

vix, and distinctly feel the placenta covering the os. A gush of blood accompanied each pain. As exhaustion was rapidly increasing, it was decided upon, in consultation, to attempt immediate delivery. Dr. F. M. then proceeded first to pass with some difficulty three fingers through the os, and, by persevering steadily, the whole hand was soon introduced into the uterine cavity. Cautiously detaching the placental adhesions, he tried to deliver that mass first, but, finding it impossible, he at once pushed his hand completely through it, ruptured the membranes, and soon reached the right foot, seizing the feet, he brought them down into the inferior strait, and waited for a restoration of uterine action, which had become suspended. Infusion of ergot was administered, and in about twenty minutes regular parturient efforts were brought on, and a still-born child along with the secundines, complete, were extracted—examination proving that the entire uterine contents had been expelled.

An abdominal bandage and compress were applied. No hæmorrhage occurred from the moment the membranes were ruptured. The patient made a good recovery. Nutritious diet, quinine and vaginal injections of tepid milk and weak carbolic water were administered until convalescence was fully established.

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Tuesday, January 28th.

Dr. Sullivan wished to remove any doubt respecting the words "Accidental Vaccination with Grease," in the last published report of the minutes of this Society. He did not consider that any identity existed between the two forms of virus. Dr. Sullivan reported a case of hysterical retention of urine after parturition, in which he drew off from the bladder at one time, nearly three quarts of urine. Dr. Goodman desired to call attention to the case of Mrs. L——, a patient of his, who was suffering from erosion of the os and cervix uteri, but in whom the ordinary objective symptoms of that affection were almost entirely absent.

Owing to this obscurity, the Dr. attributed the circumstance that her former medical attendant had overlooked the *causa morbi*, and that the poor woman was allowed to suffer unrelieved for four or five years.

The Dr. said that the characteristic pain in the left iliac region, which is almost pathognomonic of uterine disease, the pain along the course of the crural nerves, the bearing down, the distressing pains in the lumbar or sacral regions, the nausea, the anorexia, the irregularity of the bowels were all absent. The tongue was clean, the appetite good, the pulse normal, the bowels regular, and the patient looked well nourished.

The only objective symptom which appeared to indicate something wrong with the uterus, was the occasional appearance at the os uterini of a slight, greenish-yellow mucopurulent discharge. The patient complains of pain in the right hypochondriac region, lancinating in its character, and radiating, as it were, over the epigastrium. The pain is aggravated after exertion, and at the menstrual periods. She is very nervous and depressed, bursting into tears on the slightest provocation, very despondent, very garrulous, and very imaginative. It had been "revealed to her in a dream," that "the covering of the liver, where it joins the ribs, was in a diseased condition," and this she firmly believed, until the introduction of the speculum disclosed a more tangible cause for her suffering. The intra vaginal portion of the cervix uteri was almost entirely denuded of mucous membrane, the papillæ were enlarged, the diseased surface was intensely red, and bathed in a mucopurulent secretion of a greenish-yellow color. In short, it was a typical case of ulceration of the os and cervix, like those described and gorgeously painted in the books, one that would have rejoiced the heart of Dr. Bennett. He believed that he had discovered the *fons et origo mali*, and he cauterized the diseased surface with a great deal of savage satisfaction. Forty-eight hours after the cauterization he directed the patient to begin the use of injections of sulpho carbolate of zinc, (as first recommended by his friend Dr. Mack, in the treatment of *vaginitis*), in the proportion of one drachm of the salt to a pint of rain water. Having observed the calming and strengthening influence produced by the shower bath and cold sponging in chorea and other nervous affections, he directed the patient to take cold sponge baths, using water impregnated with "Atlantic sea salt." As a *placebo*, he gave her a mixture containing chloric ether, fluid extract of valerian, and *sp lavandulæ co.*, to take when the pain was severe, and her feelings were too

much for her. He intended to cauterize the diseased *os* and *cervix* every ten days, until cicatrization took place when he hoped to be able to report a happy *denouement*. He had mentioned the case because of its rather anomalous symptoms, and because he considered it a good example of reflex action, or rather suffering the excitation applied to the peripheral extremities of the nerves in the *os* and *cervix* being conveyed to the spine, and thence reflected as a sense of pain through the intercostal and abdominal nerves. He believed it to be a good plan whenever there is any obscurity about an affection occurring in a member of the "fair sex," (especially when the symptoms are different from anything you have been in the habit of observing in men), to suspect "something wrong" with the internal organs of generation. The adoption of this course had "stood him in good stead" more than once.

TUESDAY, February 6th, 1872.

Dr. Mack directed the attention of the Society once more to the subject of pelvic cellulitis, its suppurative termination had been fully discussed upon former occasions he now wished to draw attention to the termination in thickening and induration of the sub-peritoneal connective tissue, and vicious adhesions and contractions, from which so many mal-positions of the uterus, and embarrasements of the ovaries, directly resulted.

The diagnosis of this induration following cellulitis is not so simple or easy as might at first appear, especially if made without any history of the case, or knowledge of the fact of distinct cellulitis having pre-existed.

First: the changes produced by fibrinous exudation in peritonitis resemble in many respects, and even complicate those springing from perimetritis. The thickening from effusion into the sub-serous filamentous tissue, and from thickening and hardening of the membrane itself from development of new vessels in a loaded condition, or some new deposits on the free surface, is not so extensive or so hard, and does not communicate upon examination the suspicion of the existence of a tumour. The hard circumscribed patches detected under the abdominal walls, do not give upon conjoined palpation the well defined boundaries of a tumour—the margins being as it were lost in the sur-

rounding parts. Sometimes it is extremely difficult to diagnose between this indurated sequela of cellular phlegmasia, and pelvic exostosis, the attachment to the bone appears as close, and the sensation of hardness being identical, the history of the case must here be our principal resource. Adhesions and alterations of tissues with neoplasms, resulting from peritonitis or perimetritis of Virchow, are attended with a far more profound alteration of general health and greater lesion of nutrition than the thickening and swelling to be detected after pelvic cellulitis. An exploring trocar can be passed into the hard swelling in this latter disease, while in pelvic exostosis, it is extremely difficult, and sometimes impossible to penetrate with such an instrument. As to treatment, Dr. Mack believed constitutional remedies alone to be reliable, the various ointments employed to promote absorption, are worse than useless; so with blisters; the only local remedies deserving the name, are hip-baths, wet compresses and poulticing. "Chrono-thermalism," as it has been termed, offers more resources than any other system of medication.

Constitutional remedies, steadily persevered in, generally succeed in the course of time, in bringing about absorption, such as change of air and scene, tonics, remedying the local diathesis by quinine, sulpho-carbolates, &c.

The pains which are most distressing, especially when the disease is complicated by any perimetritis or inflammation of peritoneal tissue and its sequela, must be promptly relieved by the bromides, chloral, or hypodermic injections of morphine, or atropine. It is very necessary to keep the rectum well emptied. Dr. Mack had found  $\frac{1}{6}$  to  $\frac{1}{8}$  of a grain of atropine very useful in allaying pain, and relieving constipation.

Dr. Goodman reported a case of rheumatic iritis, where fluid ext. of belladonna had been effectual in maintaining dilatation of the pupils, and preventing adhesions.

Dr. Mack remarked, that ext. belladonna was more reliable for the purpose than solution of atropine, which had been long prepared. A case had occurred to him where the solution failed to dilate, and a slight adhesion had resulted, in the short space of one night, softened extract of belladonna rubbed in circumorbitally, acted satisfactorily upon this case afterwards.

Dr. Grote reported a case of severe cerebral symptoms, ovi-

deathly the result of concussion, which manifested themselves two or three days after the accident occurred, without any symptoms of injury to the brain, immediately after the injury was received. The inflammatory symptoms yielded finally to treatment.

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## GLAUCOMA.

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BY E. A. REEVE, B.A., M.D., LECTURER ON OPHTHALMIO  
AND AURAL SURGERY, TORONTO SCHOOL OF MEDICINE,  
AND ASSISTANT SURGEON, TORONTO  
EYE AND EAR INFIRMARY.

Case I.—Mrs. E—, of C—, a farmer's wife, aged 56, was sent to me, June 17, with the following history. She had been in good health and accustomed to hard work until a year ago (July, '71), when she began to suffer from what she termed dyspepsia, with nausea, vomiting, &c., accompanied by headache, pain in the eyes, eyebrows, temples, and down the sides of the nose. Prior to that date she had had no pain in her eyes but the sight of her left eye had been failing for six months, and was then quite dim. The pain in and around the eyes would return frequently, and last for a few hours. At such times the sight became worse, but would clear up a little as the pain subsided. The last of these attacks occurred about two months ago, but she had suffered more or less since then from frontal headache. After the right eye became affected, she often noticed rings of various colors around the flame of the lamp. In Nov., '71, the left eye became totally blind. In Jan., '72, the patient could merely distinguish day from night with the right eye, and in March the sight became altogether extinct. She had been an invalid from July until three months ago. The disease of the eyes seemed to her due to the neuralgia in her head; she had given the so-called patent eye-cups a faithful trial in Feb and March but with no apparent benefit! Spectacles had been required for twenty years for sewing, reading &c.

EXAMINATION.—Right eye, vision *nil*, no pain or tenderness; eyeball so hard that firm pressure makes little or no impression

(+ T 3); subconjunctival vessels in the course of the recti muscles much enlarged, cornea hazy and not very sensitive, anterior chamber shallow, iris dull, discolored, partially atrophied, and adherent to the lens, pupil dilated, oblong, and fixed, and yielding a yellowish-green reflex, (with ophthalmoscope), lens and vitreous hazy, retinal vessels (veins) dilated and tortuous and curving abruptly over the edge of the optic disc, which presents the typical appearance of the glaucomatous or pressure excavation. Left eye—vision nil; globe not painful or tender, but extremely hard (+ T 3); episcleral vessels numerous and swollen, and venous network encircling the cornea, which is but moderately sensitive, anterior chamber very shallow; pupil dilated, circular, and fixed, and occupied by a mature, hard cataract, which with the narrow edging of atrophied iris, lies almost in contact with the cornea.

DIAGNOSIS.—Acute inflammatory glaucoma, ending in the "glaucoma absolutum" of Von Graefe. The cataract must have been secondary, or very possibly it was partially developed in July, when the glaucoma superadded.

PROGNOSIS.—There is not the faintest hope of restoring even a slight degree of sight. Treatment can now be merely palliative. It would be very difficult to say what will be the ultimate result. The eyes may remain comparatively quiescent, or inflammatory attacks may recur, ending finally in complete degeneration of the eyeballs. An iridectomy was suggested as the only means of securing permanent immunity from the attacks of pain, ciliary neuralgia, &c. The patient demurred to the operation, and returned home, preferring to try morphine, leeches, &c., which she was advised to use during any exacerbations that might ensue.

Case II.—September 6th.—Mrs. H——, wt. 56, gives the following history. She is naturally healthy, and of active habits and nervous temperament, but has been ailing the last few months.

March 1st.—She was seized with acute pain in and around the right eye, that remained for several days, and then passed off, leaving the sight dim. The patient consulted a surgeon, who diagnosed cataract.

On the 1st of June, a second severe attack occurred, and



the sight was so impaired that she could not count fingers. The eye continued sore for some time. The patient was advised by her physician to travel, in the hope that as her health was regained, the eye would improve.

September 4th.—She walked a long distance to market, and afterwards read for several hours. At 6 p.m., the left eye, which had hitherto been unaffected, was attacked with intense pain, and became blind; and the pain did not abate, and no rest was obtained, until the morning of the 6th.

EXAMINATION.—The right eye has been lost by acute glaucoma, which has just made an onset on the left. Right eye—vision reduced to mere perception of light; globe hard, + T 2; subconjunctival vessels turgescent; cornea insensitive to the touch, and its posterior surface mottled; anterior chamber very shallow; iris discolored; pupil large, oval and fixed; and lens cataractous.

Left eye.—External congestion, and serous chemosis; patient can count fingers; tension increased; cornea mottled and insensitive, iris dull; pupil dilated; humors turbid.

September 7th, 10 a.m.—The patient rested last night. She has only slight pain in the eye; vision  $\frac{1}{8}$ ; tension still high. Paracentesis corneæ was done, the aqueous humor being allowed to drain away slowly. The eye was covered, and the patient enjoined to keep quiet.

September 8th.—The eye has improved. There is less injection and chemosis; the tension is diminishing, and the sight improving; vision  $\frac{1}{2}$ . The tapping of the anterior chamber was repeated.

September 9th.—The improvement continues.

September 11th.—The eye is free from pain; there is only trifling external hyperæmia; the tension is normal, T n.; vision  $\frac{1}{2}$ ; the aqueous humor is clear; the iris has regained its bright lustre, the pupil is smaller and moderately active. The patient can read small print.

September 14th.—The pupil is of about the normal size, and responds readily to light. The visits were discontinued. The nature of her affection was fully explained to the patient, and she was told that although the eye had not been materially injured by the first attack, it would ultimately share the fate of

its fellow unless the disease was arrested by timely operative treatment—iridectomy. This seasonable advice was not acted upon, unfortunately for the patient, and when last seen she was practically blind.

Case III.—CHRONIC INFLAMMATORY GLAUCOMA OF RIGHT EYE AND PREMONITORY STAGE (?) OF LEFT.—Mrs. C—, *æt.* 72, had to nurse an invalid for a considerable time about two years ago, and was herself in poor health afterwards. She has been compelled to wear spectacles for forty years, and remembers that about a year ago she had to increase the strength of her reading glasses, using a weaker pair in walking, &c. The sight of the right eye began to fail noticeably nine months ago, and it has been blind for a month. The eye was frequently quite painful for a short time, but the ball never looked inflamed. Colored rings were occasionally noticed round the flame of the lamp.

The left eye is weak and watery, there has been no pain in it, but the sight has failed somewhat, can read only for a little while now; a few months ago could read half the day. The right eye is almost blind, has mere perception of light; the ball is rather suffused, subconjunctival vessels swollen and tortuous; tension very high, + T 3, anterior chamber shallow, iris partially atrophied; pupil large, immoveable and yielding dull greenish-yellow reflex; optic nerve deeply cupped.

Left eye, hypermetropic and presbyopic, vision  $\frac{1}{16}$ ; with + 15 lens, far vision  $\frac{1}{2}$ , with + 8, reads brilliant type at eight inches, iris healthy, pupil small and active, field of vision large and good; moderate photophobia; lens hazy (senile opacity); hyperæmia of the optic disc, apparently abnormal, but no perceptible cupping.

The patient was enjoined to spare the eye as much as possible, to wear constantly + 15 glasses, blue tinted, and + 8 for reading, but to read very little, and only large, clear type, and not by artificial light. She was warned of the likelihood of the left eye becoming affected, and was advised to apply without delay if an attack seemed impending.

Case IV.—J—P—, *æt.* 40, a large, muscular man, an upholsterer, has been fond of his cups for years, and often on the spree, but was never sick a day of his life. The sight of the

left eye began to fail four years ago, and that of the right, six months afterwards. There was occasionally a sensation of heat in the eyes, but they never seemed inflamed, nor has there ever been any pain in them. The sight of the left eye was lost two years ago, and, until about nine months since, the patient could read a newspaper and thread a needle, with the right one.

The left eye is in an advanced stage of simple glaucoma. The ball is very hard, + T 3, and there is only quantitative perception of light. The right eye is the seat of progressive simple glaucoma; the vision is only  $\frac{1}{6}$ , the tension is much increased, + T 2, there is some suffusion of the eye, and the veins over the recti are swollen. The anterior chamber is rather shallow, and the pupil slightly dilated and sluggish. The upper half of the field of vision, and the upper two-thirds of the inner half are a complete blank. The ophthalmoscope shows cupping of the optic nerve. The patient was advised to have an iridectomy done on the right eye at once, as the only means of arresting the progress of the glaucoma, and saving his present vision. He has not yet, however, presented himself for the operation.

(To be continued.)

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## THE WARM BATH IN URÆMIC ECLAMPSIA

BY ————.

One evening, a short time ago, I was sent for in great haste to see a patient about twelve miles from my office, who was said to have convulsions. I immediately obeyed the summons, and, on my way to the patient's residence, I ascertained something of his history, from the messenger. The patient was a stout, healthy lad, about 18 years of age. He had been attacked with a mild form of scarlet fever about three weeks previously, from which he had apparently made a rapid recovery, and seemed to be doing very well, until about the 21st or 22nd day, when some puffiness of the face, and especially of the eyelids became apparent, and he complained of head-ache, and passed very little urine—and that of a thick turbid appearance. On the morning of the 25th day from the attack of scarlet fever, he was seized with epi-

loptic convulsions. A medical man in the immediate vicinity was called in. He administered chloroform, applied mustard to the spine, draughts to the feet, &c. He remained with the patient most of the day, and left in the evening, saying, that he would not live through the night. This alarmed the friends, and they had therefore sent for further medical counsel. I arrived about twelve o'clock at night, on entering the room, I found the patient in a comatose state, with a recurrence of the convulsions every ten or fifteen minutes—having increased very much in force and frequency during the past twelve hours. The pulse was about 130 per minute, inspirations about 30, pupils dilated, skin harsh and dry. He had passed very little urine during the last 24 hours, and it was high colored and loaded with albumen. I diagnosed the case as one of uræmic intoxication, arising from desquamative nephritis, and treated accordingly. I ordered a warm-bath, a large wash-tub being extemporized for that purpose. I had him seated in the tub, and wrapped hot blankets around his legs and shoulders. He was kept in this position for ten or fifteen minutes, and then put to bed, and friction applied to the surface of the body. Ice was applied to the head; and as deglutition was impracticable, I ordered three drops of croton oil to be placed on the tongue. This produced a free evacuation of the bowels in a short time; the skin became moist, the convulsions gradually diminished, and ceased entirely in about three hours. I remained with the patient until five o'clock in the morning. He had no return of the convulsions during this time, but he was still unconscious. I could hold out no hopes to the friends of his ultimate recovery, although I had been able, by means of the bath, to break up the convulsions in the mean time. I now left the patient, but fearing a return of the convulsions, I directed the repetition of the bath, about 6 o'clock in the morning. This was done, and about three or four hours afterwards consciousness returned. and, upon my second visit, I found him in a much better condition, with a fair prospect of recovery. The patient continued to improve under ordinary treatment, and in a short time was able to attend to his usual duties.

Since then I have adopted this plan of treatment in several instances, and it has invariably been attended with

marked success. The safety of the patient in all such cases depends upon a free action of the integument, without which no other treatment is of any avail. *Frorichs* strongly recommends benzoic acid in such cases; but I cannot say that I have ever seen any benefit from its use. Chloroform is highly spoken of in the treatment of this affection. There is no doubt that in some forms of epilepsy—such as those arising from some form of eccentric irritation—chloroform is exceedingly serviceable; and has proved so in my hands on more than one occasion; yet, I cannot help thinking, that in cases in which the epilepsy is due to a blood poison, it is worse than useless—nay, positively injurious.

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### Selected Articles.

#### ON DEATH FROM CHLOROFORM ITS PREVENTION BY GALVANISM.

Death from chloroform is now an announcement unhappily appearing so often in the medical journals, that it becomes the duty of those who have seen much of its use, to lay the results of their experience before the profession; the more so, if they know, or think they know, one remedy more than another likely to arrest the mortality from that drug.

Ether, chloroform, and other anæsthetics, have been in constant use at the Bristol Royal Infirmary since their first introduction into notice. Three deaths from their use have occurred at that institution during this period.

CASE I.—The first occurred in the practice of my colleague Mr. Harrison, then senior surgeon to the Infirmary. Chloroform was administered to an elderly woman in the ward, before bringing her into the theatre for operation. A second drachm of chloroform was being inhaled, when, after a few stertorous respirations, the pulse and breathing suddenly ceased. Mr. Hore, the house-surgeon, immediately employed the usual means. The surgeons were sent for; and, when they saw the patient, she appeared dead. Galvanism was then tried, it "produced some convulsive efforts of the respiratory muscles," but animation was not restored. (*Association Medical Journal*, 1851, p. 109.)

CASE II.—The second case occurred in the practice of my colleague Mr. Prichard. Chloroform was given to an elderly man on the table in the theatre. After a short inhalation from the first drachm, a few convulsive respirations were followed by the sudden stoppage of the heart's action and of breathing. We were all in the room at the time. Galvanism, artificial respiration, &c., were at once tried; the first caused strong contractions of the face and trunk, but had not the slightest effect on the heart, the latter was kept up for nearly half-an-hour through an opening in the trachea, but without any effect on the heart.

In this case, paralysis of that organ was so complete, that all means failed to excite its contractions, and death was the result. Those who have not seen a spectacle of this kind can hardly realise what a painful and distressing thing it is to look upon. On examination after death, the "external surface of the heart was found covered with fat;" and "the muscular structure generally was pale, and contained much fat, deposited in rows among the fibrillæ." (*British Medical Journal*, 1858, p. 207.)

The third case occurred in the out-patient room of the Infirmary, and is reported by Dr. Ludlow, the house-surgeon. The first two cases I witnessed, but I saw nothing of the last. Since the second case, no death has happened in the operation-room. I have now to mention some cases where recovery took place, under circumstances quite as bad as those before related.

CASE III.—The following case occurred at the Infirmary. I had operated on a boy for stone, under chloroform. The operation was over, the boy was untied, and about to be taken to his ward; all present had left the room, except Mr. Webster, (then a pupil), myself, and the nurses. Seeing everything safe and well, I left the table, and was going into the consultation-room, when Mr. Webster called after me to say that the pulse had stopped. On turning round, I found the boy deadly pale and pulseless, and his breathing stopped. The galvanic battery was in the theatre ready for use, and it was instantly applied. After a few seconds, both pulse and breathing returned, and the patient entirely recovered. It is impossible to imagine anything more decided than the effect of galvanism in this case, and it is the more remarkable, as the pulse ceased to beat some time after chloroform had been discontinued.

CASE IV.—An elderly man was brought into the theatre for operation by Mr. Prichard. A small quantity only of chloroform had been given, when the pulse suddenly stopped, and the man appeared dead. The galvanic apparatus was near, and was instantly used. A deep and rapid inspiration, succeeded by a strong noisy expiration, like a loud groan, was the immediate result; and at the same time he started up into the sitting posture. The circulation was at once restored, and he entirely recovered. All these things occurred in little more time than it takes to describe them. One thing followed another so rapidly

CASE V.—The next case occurred in the practice of my much regretted colleague, the late Mr. Ralph Bernard. An elderly woman was placed on the table to have the trachea opened for disease of the larynx. The veins of the neck were large and numerous, and a good deal of blood escaped; hence Mr. Bernard was obliged to proceed slowly in exposing the trachea. Perhaps half an hour was occupied in this way; when the pulse suddenly stopped, and to all around she appeared dead. Galvanism was instantly applied, with the same result as in the last case. Circulation and respiration were instantly restored. The trachea was then opened in the usual way

CASE VI.—The next case occurred to myself. A boy was on the table for operation. A small quantity of chloroform was given, when suddenly the pulse became hardly perceptible, but did not stop entirely. Galvanism was at once used by Mr. Crisp, of Swallowfield, then house-surgeon; and in an instant recovery was the result.

CASE VII.—The next case was that of a girl placed on the table for amputation of the leg by Mr. Bernard. Chloroform was being given, when suddenly the pulse stopped. Galvanism was at once used, and instant restoration was the result. She was taken back to the ward. The next day, half a tumbler of brandy was given her. She was brought into the theatre, the tourniquet slightly screwed, and the leg was taken off by Mr. Bernard. When again in her ward, she did not know that her leg had been removed.

The last death from chloroform occurred in 1858. Since that time, no fatal case has happened in the operating theatre. The third death took place in the out-patient room.

From so many fatal and nearly fatal cases happening in one institution, it may be thought that the agent was not properly administered—perhaps not sufficiently diluted. Chloroform has been generally given by the house-surgeon; a drachm placed on a sponge held over the mouth and nose, and taken off from time to time to allow fresh air to enter, the finger being kept constantly on the pulse. No accident has now happened for some years, so that it may be inferred that this method of administration is safe. The last five cases here related can leave no doubt as to the fact that galvanism saved life in each of them, that the pulsations of the heart stopped in an instant, and were as instantly restored by this agent. In all the recorded cases which I have met with, there are not to be found five successive cases similar to those mentioned—that is, where restoration was instantaneous. Cases are recorded where the pulse and breathing suddenly stopped, and were restored by artificial respiration. The most recent is related by my friend Mr. Clover; and, from his experience in the administration of anaesthetics, there cannot be found a more accurate authority than he is. Mr. Clover relates a case where, after chloroform had been used, the pulse and breathing suddenly stopped, and were restored by carrying on artificial respiration for about a minute. (*British Medical Journal*, 1871, vol. ii, p. 33.) I would, however, suggest to Mr. Clover that the minute thus spent might make the difference between life and death. One of the best cases I know, where artificial respiration succeeded in instantly restoring the action of the heart after it had suddenly ceased, occurred in the practice of Sir William Ferguson. Dr. Snow was administering chloroform to a "tall thin elderly lady, with a small and feeble pulse," (a bad subject for chloroform, evidently having a very weak heart); suddenly the breathing ceased, and the pulse could not be felt. Sir William, with the promptness and readiness for every emergency which belongs to that accomplished surgeon, at once applied his mouth to that of the patient, and made a strong expiration, which expanded her chest fully, and immediately the heart began to beat. Snow on *Chloroform*, p. 260.) \* \* \*

Electricity is the most powerful agent with which we are acquainted for exciting muscular motion even after death. Dr. Ure's experiment is well known, when by electricity he brought



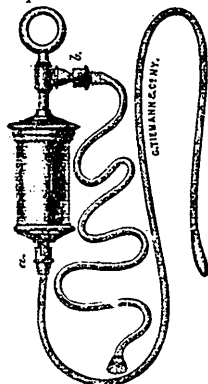
on strong muscular contractions in a man who died by hanging an hour before the experiment. Death from chloroform is caused by the cessation of muscular action, by paralysis of the heart; if electricity be the most potent agent known to excite muscular motion, it follows not alone as a physiological fact, but a logical truth, that electricity in some form or other must be the most powerful agent known to restore animation when suspended by chloroform. Galvanism has often been used after these accidents, and is said to have failed. Seven cases in which it proved unsuccessful are reported in Dr. Snow's last edition of his work. The same story is to be found in all of them: other means were used, the apparatus was sent for, adjusted, and tried; of course it failed, it came too late, to be successful it must be ready for instant use—on that depends its success. Seconds or minutes make the difference between life and death. The truth of this is so strongly impressed on my own mind, that I have not for many years ventured to operate under chloroform, either at the Infirmary or in private, without having the galvanic apparatus ready for instant use, and I must express the opinion that chloroform should never be administered without the same precautions being taken. Deaths from chloroform are now so frequent (it has been said one in a week), and we are told that many deaths from this cause are never reported at all, that the time is not far distant, when the public safety will demand some inquiry into the use of this deadly agent, more comprehensive than anything hitherto done in that way. This inquiry may be made by any tribunal—say, a joint committee of the Colleges of Physicians and Surgeons, and it could not be in better hands, assisted, if they wish it, by men who have given special attention to this subject—such as Mr. Clover, Dr. Richardson, &c.

The inquiry should embrace several matters; first, whether any and what precautions should be taken before the use of chloroform or any other anæsthetic: next, to ascertain the best and safest of them, and the best and safest means in which they can be administered; and, lastly, the best and surest means to prevent fatal accidents from their use. \* \* \*

[When galvanism is employed, the rotatory battery now in general use answers the purpose well, it is portable, always ready, and easily worked. One pole should be applied to the neck, and the other over the lower ribs at the left side.]—(*Dr. Green in British Medical Journal.*)

## IMPROVED STOMACH-PUMP.

The stomach pump is such an important instrument that no practitioner of medicine should be without one. By it an



operation can be performed which can be done by no other contrivance—an operation which, in the large majority of cases, is the direct means of saving life. The circumstances demanding its use are such as to admit of no delay—no opportunity, perhaps, of sending to an instrument-maker or borrowing of a neighbor-physician. Especially is this the case in country practice, and it would not be saying too much that many a case of poisoning is allowed to die which the possession of this instrument and its prompt use might save.

The various stomach-pumps heretofore in use have been more or less complicated, apt

to get out of order, and more or less inefficient. We present an improved instrument of this sort to our readers, which was devised by Messrs. Stohlmann & Pfarro, of the firm of Geo. Tiemann & Co., of New York, and is represented in the accompanying cut.

The syringe is constructed of hard rubber, is of the capacity of half a pint, and is provided with the ordinary stomach-catheter, which is attached to its nozzle by a bayonet-catch. The nozzle is separated from the chamber by means of a perforated diaphragm, against which rests the base of a conical plug valve. The piston-rod is perforated to communicate with a nozzle at right angles with it, and just below the handle. This shoulder is supplied also with a conical plug-valve, the apex of which is

directed towards the piston. To this second shoulder or nozzle is attached, by the bayonet-catch, an india-rubber tube, the distal extremity of which is provided with a fenestrated cup-shaped weight.

The arrangement and construction of the pump is such that by a working of the piston the fluid is made to pass through the stomach-catheter, thence through the tubular piston, and finally through the rubber tube into the bowl. The current can be made to pass only in one direction, and this is, after all, sufficient, and can be employed to pump fluid into the stomach as well as out of it. The former operation is done by merely shifting the relative positions of the stomach-catheter and rubber tube. The former is attached to the piston-nozzle and the latter to the nozzle proper. A bowl, with the injection, receives the cup-shaped extremity of the rubber tube, and the current through the instrument, although always the same is thus practically reversed.

The instrument is exceedingly simple, not liable to get out of order, and can be used at a moment's notice with as much ease and efficiency as any ordinary hard-rubber syringe.

To empty the stomach use the instrument as represented in the cut.

To pump fluids into the stomach attach the Catheter to the piston nozzle (b) and the soft tube to (c),—*Medical Record*.

### VACCINATION DURING PREGNANCY.

The fact that some physicians entertain the opinion that it is improper to vaccinate pregnant women on account of inducing abortion or miscarriage, leads me to give the result of that operation as practised in the obstetrical wards of the Philadelphia Hospital.

Professor Charles D. Meigs, in his work, "Woman: her Diseases and Remedies," Philadelphia, 1859, p. 597, says, "Pregnant women ought never to be vaccinated. This is a rule I advise you not to depart from even on the most urgent occasion. If a woman have been once vaccinated, and appeal to you to revaccinate her because there is a present variolous epidemic, I hope you

will refuse to accede to her request. . . . I have been the witness of dreadful distress from the operation. Eschew it, I entreat you."

This language, strong and confident as it is, has not restrained the resident physicians of the Philadelphia Hospital from vaccinating pregnant women during the past six months.

On the rapid increase of smallpox in this city last fall, all patients entering the hospital were vaccinated, and since the first of last October more than one hundred pregnant women have been revaccinated. The operation was done in the receiving-ward with the best virus that could be obtained, selected by Mr. Bender, apothecary to the hospital.

All the crusts looked typical, and were of first-class quality. Cross-barring was the favorite method of vaccinating with most of the physicians.

All the pregnant women in the hospital October 1, 1871, were also revaccinated.

I am unable at this date to give exactly the whole number of cases, their condition at time of vaccination, etc., but can speak with positiveness from January 1st of this year. At that time I went on duty as resident accoucheur, and, with the assistance of my colleague Dr. Harris, I was able to collect *notes of forty-eight cases*,—all cases of revaccination; and in some of these the operation had already been performed twice. All the women were in apparent good health, varying in age from 17 to 30 years. I made two insertions in each case, on the same arm, below the deltoid muscle. Most of the patients showed fair cicatrices of previous vaccination in infancy. More than half the forty-eight cases were advanced beyond five months in pregnancy.

The operation proved successful in all but thirteen cases, and in no case were any unusual symptoms manifested.

Some of the women suffered considerably with their arms, particularly one German woman, advanced in pregnancy over seven months, whom I revaccinated with cowpox. Her arm was swollen from the shoulder to the wrist, and its surface covered with a diffused erysipelatous inflammation. She was delivered at full term of a fine boy. Her labor was natural in every respect. Since January 1st there have been some mis-carriages, but they occurred in those in whom the vaccination proved unsuccessful.

These results may dispel the fears and anxieties of some practitioners, and prevent them from withholding from this class the only reliable preventive of small-pox. Our own experience confirms that of other observers.

Tannor, "Signs and Diseases of Pregnancy," sanctions the operation. Other prominent authors whom I have consulted—some eight or ten in number—say nothing about the subject.

Dr. Barnes, the *British Med. Journal*, March 4, 1871, urges the importance of vaccinating pregnant women if they are at all exposed to the epidemic influence of small-pox, for these reasons.

1. Pregnant women, living under epidemic or zymotic influences, are more prone to take the prevalent morbid poison than others.

2. Having taken a morbid poison, they are less liable to throw it off. Their excretory organs, charged with the double duty of purifying two organisms, are liable to break down under the burden.

3. The poison then pursues its course into a system which is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow.—Against this there is certainly a danger of producing abortion by vaccinating a pregnant woman, but this, Dr. Barnes thinks occurs only in women in whom a miscarriage is imminent.

In the *London Lancet*, February 3, 1872, George Yarrow, a public vaccinator, speaks of having notes of twenty cases of pregnant women which he has revaccinated, and remarks that he must have vaccinated many more, and never hesitates to perform the operation. He refused to vaccinate in but one case, and she habitually aborted.—*Dr Jameson in Med. Times.*

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CAUTERIZING VENEREAL SORES.—Dr. J. D. Rogers, of this city, believes the following to be a decided improvement on the present method of cauterizing venereal sores, as it causes little or no pain, and seems to give quite as favorable results. First, saturate the sore with a solution of carbolic acid (gr xx. to aq ℥ j.), using a brush, or atomizer, the latter being preferable, then touch the part with pure carbolic acid, followed by pure nitric acid. The above has given him entire satisfaction for nine or ten months past, and, he doubts not will be valued by those who choose to try it.—*Med Record.*

## OPIUM-POISONING,

TREATED BY ARTIFICIAL RESPIRATION AND ELECTRICITY.

C W, *æ*t 24, having been in trouble and drinking freely for several days, on the 1th of April, 1872, drank more frooly than before. At 7 p. m. he went to his room, where his brother found him at 7 30 sleeping soundly. Becoming alarmed at 8.30 by the heavy breathing, his brother attempted to wake him, but failed, and in his attempts discovered a two-ounce vial containing half an ounce of laudanum.

Dr. D. W. Hand, Dr. C. H. Boardman, and ourselves were summoned, and arrived at about 9. At this time shaking, slapping, pricking, etc., were in no way heeded. His muscles were perfectly relaxed, his face livid, pupils contracted, extremities blue and cool, respiration slow and noisy, pulse full and slow.

The stomach-pump was immediately used and the stomach thoroughly washed out. It was evident, from the character of the contents obtained, that most of the laudanum had been absorbed.

One-forty-eighth of a grain of atropine was administered hypodermically at 9.45, and one-twenty-fifth of a grain at 10:15. By this time the respirations had become very infrequent (four to a minute,) irregular, and shallow. The poles of a magneto-electric battery were applied over the phrenic nerve in the neck and around the base of the chest. The respirations were quickened and improved for five or ten minutes, and then relapsed into their former state. A noticeable point was that, when the face became livid and the lips very blue, one deep inspiration, followed by three or four progressively more shallow ones, would occur, brightening the color, after which almost a minute would elapse with no attempt at respiration. During this time the face again became livid, and then the same process would be repeated. About 10 20 all attempts at natural respiration—which up to this time had been maintained by the stimulus of the battery—almost entirely ceased, and the pulse failed in strength. Artificial respiration was resorted to, and under its influence the color of the surface and the character of the pulse soon improved. At 2 a Hall's battery was tried, which caused respiration

unaided by artificial methods for five minutes, at the end of which time it failed entirely, and artificial respiration was resumed and steadily continued until 1.30 a. m. The pulse remained from 9 o'clock to 11 o'clock quite full and strong so long as the respiration was efficiently continued, but became irregular, weak, and fluttering as soon as it was remitted even for a minute. About 1.30, however, the artificial respiration proved less effective, and a much greater effort was required to force the air from the lungs, and a greater length of time for them to fill. The pulse ran up to 120, became intermittent, and then almost imperceptible. A brisk current from the magneto-electric battery was reapplied, with the effect of at first making artificial respiration more easy, and then establishing natural respiration, which at two o'clock continued unaided by the battery, at ten to twelve respirations per minute. Flagellations were kept up constantly until 4 o'clock when the patient could be made to walk a step or two, but would immediately afterwards drop down fast asleep. At 6 o'clock he was delirious, but could be roused to answer questions.

For the two succeeding days he had very considerable congestion of the lower lobes of both lungs, and later a severe bronchitis with a pleurisy of the right side.

The points of interest in this case are—1. That one and a half fluid ounces of laudanum were taken, the most of which was absorbed. 2. The hypodermic injection of one-sixteenth of a grain of atropine dilated the pupils widely but had no effect whatever on the pulse, respiration, or color of the skin. 3. The magneto-electric and faradaic currents were each found more useful for being intermitted and alternated. Benefit was also noted from occasionally shifting one pole from over the position of the phrenic nerve to the spinal column. 4. By far the most important remedial measure used was Artificial Respiration. During three hours it was continuously persevered in, with the constant hope that natural respiration would come to our relief. Twice in this time an attempt at such respiration became apparent. This, favored by the use of the batteries, continued each time about five minutes, when it ceased, and the pulse became small and fluttering. For these three hours of vital importance, death was kept from assuming his dominion only by rhythmical breath-

ing performed mechanically for the patient, not by him. At the close of the third hour, the vital forces—the hearts action especially—were failing, in spite of the artificial respiration, and it seemed almost certain that this means could preserve life but little longer. Magneto-electricity, with an unexpected efficacy, now furnished the stimulus needed to strengthen the heart and elicit those first evidences of return to life so grateful to his almost hopeless attendants. The method of respiration used was Sylvester's with an occasional change to that recommended by Dr. Benjamin Howard. Both methods were efficient, the change from one to the other was beneficial, because in this way the operator obtained a little rest, and because deeper respirations could be forced on making the change after the chest had become accustomed to one method.

In conclusion, we might mention another case of opium-narcotism in a young woman which was nearly as profound as this and in which we had the satisfaction of seeing signs of life return after a steady perseverance in artificial respiration for an hour and a half. Five grains of morphia had been taken and retained three hours before she was seen. When we first saw her, there was only an occasional respiration, which soon entirely ceased. The stomach-pump could not be used, for we did not dare to interrupt the artificial respiration long enough for it. No atropine and no electricity were used.—*Dr. Smith in Medical Times.*

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#### NEW METHOD OF MAKING BEEF-TEA.—By Dr. H. C. Wood.—

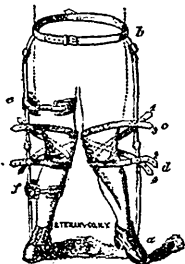
In order to meet the daily felt want of concentrated fluid meat food, a want not supplied by beef essence as ordinarily made, I have invented the following process, and found in practice that it works well. Take a thin rump-steak of beef, lay it upon a board, and with a case-knife scrape it. In this way a red pulp will be obtained, which contains pretty much everything in the steak, except the fibrous tissue.

Mix this red pulp thoroughly with three times its bulk of cold water, stirring until the pulp is completely diffused. Put the whole upon a moderate fire, and allow it to come slowly to a boil, stirring all the time to prevent the "caking" of the pulp. In using this do not allow the patient to strain it, but stir the scummings thoroughly into the fluid. One to three fluid ounces of this may be given at a time.—*New Remedies.*



### GENU-VALGUM OR KNOCK KNEE BRACE

The Mechanical Treatment of Knock-Knees requires a proper Instrument of sufficient strength and yet not too heavy—to suit the condition of the patient. The one represented is the simplest and most effectual one we know of. It consists (if the deformity be double) of two lateral stems, with joints at the ankles, knees and hips, extending from the heels of strong shoes (*a*) to a well-padded pelvic band (*b*)—The Pelvic Band is made in two halves in order to admit of adjustment—the tightening of the posterior buckle everts the toes, that of the front buckle inverts them.



A pair of padded Straps secured to each other crosswise act in the following manner :

End 1 is buttoned to the thigh stem (*e*), carried from behind, below the inner condyle, to the front terminating in end 2, which is buttoned to the leg stem (*d*)

The end 3 buttons to (*e*) is carried from the front to the back of the knee passing over the inner condyle, and secured to the button (*d*). In this manner they support both the head of the tibia and femur, whilst

their combined direction of force being outwards gradually corrects the deformity. \*

Some surgeons prefer to have the apparatus without a joint at the knee but there is a risk of inducing ankylosis by too long retention of the limb in one position, besides the patient is liable to fall with stiff splints and thus in constant danger of fracturing the bones of the thigh or leg. In ordering the apparatus the following description and measurements should be given.

Length from sole of foot to ankle joint ; length from sole of foot to knee-joint, length from sole of foot to hip joint ; length from

\* This instrument exerts very much more power, and answers better when provided with padded metal bands at the thigh (*e*) and calf (*f*).

sole of foot to iliac crests; circumference of pelvis 1 inch below iliac crests, circumference of thigh at *a*, circumference of leg at *d*. (A stick should be placed on the outside of the limb and the last two measurements taken around both.)

The ordinary measurements of the feet for shoes should also be given—Ed.

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### DISLOCATION OF HUMERUS INTO AXILLA.

DR. E. P. BENNETT, of Danbury, Conn., (*Med. Record*), recommends the following plan, and claims it as original with himself: "I place the patient upon a common chair. I pass around the body, below the arms, a broad strong towel, the ends of which I give to a stout assistant. The next step, and the most important of all, is to firmly fix the scapula. Without this precaution you will be pretty sure, to fail, pull as hard and as long as you please. To fix the scapula I direct one intelligent assistant to place the ball of the hand firmly against the acromion process.—then tie a handkerchief around the arm directly above the condyles, and make it into a loop for my right hand, then, with the arm hanging down closely to the body, I pull gently and steadily directly downwards, and, with my left hand on the axilla, the bone slips easily and quickly into place. Now in this dislocation the head of the bone lies under and in contact with the neck of the scapula, and if by any means you can depress the head of the bone to the extent of one-eighth of an inch, or even less, there is nothing to prevent your gliding the bone easily into place, and that, too, without injuring any of the joint structures."

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DEATH FROM A SECOND ATTACK OF SMALLPOX.—REUSS relates, in the *General report of Vaccinations performed during the year 1869* (*Wurt. Med. Correspond. Blatt.*, 1871, No. 28, quoted in the 54th No., Dec. 30, 1871, of the *Centralblatt f. d. Med. Wissenschaften*), the case of a man 53 years of age, upon whose body were the unmistakable cicatrices resulting from a preceding attack of small-pox, who was attacked a second time with variola, terminating in death. In the accounts on record of cases where the individual experiences a second attack of small-pox, this latter according to Dr. R., is always attended with increased danger. The correctness of which remark our own experience corroborates.—*Am. Journal of Med. Science.*

TREPHINING IN EPILEPSY.—Dr. James T. Boutelle, of Boston (*Boston Med. and Surg. Journal*, February 22) records twelve cases of this operation made at the Massachusetts General Hospital since its foundation, in cases of epilepsy following depressed fractures of the skull. From this table we find that seven cases proved fatal; in four the epilepsy was cured, and one case was relieved, giving a mortality of 58.33 per cent. In most of these cases death took place shortly after the operation, from acute meningeal and cerebral inflammation, accompanied by abscess of the brain or sloughing of the membranes. In four cases the operation was followed in a short time—one hour to two days—by a rapid succession of convulsions, followed by hemiplegia and coma. He thinks the subjoined conclusions may be drawn:—1st. The operation promises a fair chance of success, and unless contraindicated by an excessively feeble state of the patient, ought to be performed. 2nd. It requires dexterity and the greatest caution on the part of the operator, owing to the fact that the membranes are frequently closely adherent to the depressed bone, and the slightest laceration of them greatly increases the chances of death. There is also much uncertainty before making the incision, as to the extent of depression and the condition of the parts. 3rd. The depressions must be entirely removed, as any projection remaining behind would nullify any benefit expected from the operation. 4th. The wound should not be closed, but kept open to allow the freest possible discharge of pus. 5th. The knowledge of the possible occurrence of epilepsy in after-life, in consequence of injury to the cranium, should, in cases of recent fracture of the skull, make the surgeon especially careful to elevate every existing depression and remove all fragments and spicula.—(*Med. Record.*)

THE MEDICAL EDUCATION OF WOMEN.—Miss Jex-Blake delivered a lecture to a large audience of ladies and gentleman in St. George's Hall, London, on the Medical Education of Women, but chiefly with reference to the events which have created so much attention in their attempt to secure medical education in Edinburgh. Lord Shaftesbury was in the chair. The lecturer treated her subject in a clear, temperate, and concise manner, and was frequently applauded.—*British Med. Jour.*

THE HAVANA MEDICAL STUDENTS who were imprisoned and threatened with death for alleged desecration of a cemetery, have been released by government orders.

THE BAVARIAN METHOD OF USING PLASTER-OF-PARIS IN THE DRESSING OF FRACTURES is described in the *Medical Times and Gazette* of Feb. 14th; a yard of the cheapest flannel, a pound or thereabouts of plaster-of-Paris, a few large pins with their heads bent at right angles to the shaft, and a piece of calico or common roller, being all the apparatus required in the case of a fractured leg, for example. The flannel is cut into two rectangular pieces, the length of the fractured bone, and broad enough to encircle the limb and leave an overlapping margin, one piece being a little wider than the other. Placing the narrow one evenly over the other, they are to be sewn together by longitudinal stitching down the mesial line, and now resemble two sheets of note-paper stitched together at the fold, the outer one being a little larger than the inner. Raising carefully the limb to be dressed, the flannel is to be spread smoothly under it, taking care that the line of sewing corresponds to the posterior mesial line of the limb. The two edges of the inner piece are now brought evenly over the limb and fastened together by means of the bent pins, leaving the outer sheet spread on the surface of the bed or table. Exact coaptation of the fragments having been secured, the plaster, having been mixed to a proper consistence with water, is partly smeared and partly poured on. The two outer sheets of flannel are rapidly brought over the surface of the plaster (which is now caught on both sides between the inner and outer layers), and are held together at their margins till the plaster sets, taking care that the extension and counter-extension of the limb are kept up steadily during that period. The pins must now be taken out (it being for this purpose that their heads were bent), the edges trimmed, a few turns of the roller applied, and the operation, which need not occupy more than ten minutes is finished.

A most important advantage connected with this dressing is the facility with which it can be removed. When the bandage is taken off, the two opposite sides of the splint can be separated like the bent covers of a book, the line of stitching, which prevents the running together of the plaster, acting like a hinge.  
—*Medical Record.*

## STRANGULATED HERNIA.

In a lecture on the above-named subject, delivered at St Bartholomew's Hospital, and published in the *British Medical Journal*. Sir James Paget remarked that in hospital and private practice together he had operated an hundred times for strangulated hernia, but that to obtain conclusions of real value it would need a tabulation of at least a thousand cases.

Generally speaking, in a case of hernia with signs of strangulation present, and reduction by ordinary means cannot be accomplished, an operation should at once be performed, in some cases, although the hernia is irreducible, the symptoms of strangulation are slight, obscure, or incomplete. It is an easy rule for all these cases that you should operate when strangulation is suspected, this rule you must avoid, and learn the hard one to discriminate the cases that require operation.

The irreducibility of the hernia is a fallacious sign of strangulation, and the presence of the other local signs even in a marked degree, is not decisive of strangulation, and is not sufficient to prove the need of operating when the remoter signs are not present. The local characters usually present in a strangulated hernia, and sometimes the remoter signs, may be imitated in an inflamed hernia, which is not strangulated. Generally, in the inflamed hernia, without strangulation, the local signs precede and greatly predominate over the remoter and general signs; while, in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded. If these means of discrimination fail, you must operate if you cannot easily reduce the hernia, the risk of operating is small in comparison with that of waiting, for an inflamed and irreducible hernia may at any time become strangulated.

A hernia that has come down quickly and the more it exceeds its usual size, the less is the probability of its being reduced without operation. Again the harder, more tense, and painful a hernia is, the less the chance of reduction without an operation. Again, if the remote and general signs of hernia are present and the hernia cannot be reduced, you must operate, or, if there be a swelling which may be a hernia, though it seems not

likely to be a strangulated hernia, the operation must be performed at the seat of swelling. If a patient have two hernia that are irreducible and signs of strangulation, and you cannot tell which is strangulated, you must operate on both. One or more actions of the bowels after symptoms of strangulation have set in, are of no weight against the propriety of operating; even frequent and regular action is not an absolute prohibition, as strangulation may involve only omentum or only part of the circumference of a portion of the intestine. As a rule, while the bowels act you should not operate unless all the other signs of strangulation are well marked. The sign we should most rely on as commanding the operation is vomiting. The rule is safe that recent irreducibility and vomiting are enough to justify the operation, even though there be no other signs of strangulation present. While there are notable kinds of vomiting characteristic of strangulated hernia, we should not be misguided by waiting for any particular kind. Any kind of vomiting, if it be repeated, is enough to justify operation in a hernia recently irreducible. Cessation of vomiting in the extreme condition of strangulated hernia is a token of evil rather than of good, if general improvement do not coincide with it. The pulse is 80 or 90 in a majority of ordinary cases in the early stages and becomes more rapid as the symptoms of strangulation become more marked, the respirations usually are in due proportion to the pulse.

For the reduction of strangulated hernia without operation, Sir James Paget laid down the following general rules.—In cases, for instance, when the patient vomits fecal matter and has peritonitis, or is in collapse, with a small rapid pulse, hiccup, or other such extreme signs, there should be no attempt at reduction without operation.

When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation, and even when less inflamed, none but slight and brief efforts at reduction should be made.

The longer the signs of strangulation have existed the shorter should be the efforts at reduction but the intensity of pain in recent or acute hernia should not deter one from making the attempt.

In a hernia which has been habitually irreducible and becomes strangulated, you should operate at once. It is a safe rule of practice that, after a warm bath and a few hours rest in bed, a single attempt at a reduction should be made, should this fail, chloroform or ether should be given, and then in some cases, but not in all, a second attempt made, this failing, the operation should be performed while the patient is still insensible.

The hot bath is useful in all cases that are not bad, unless in old and feeble persons, The patient should be simply soothed or relaxed in the bath, then wrapped in warm blankets, put into bed lying on his side or his back, with his knees drawn up, or with his pelvis a little raised, and then after an hour or two of complete rest to attempt the reduction. The employment of rest and the bath is helped by opium when the hernia is painful. In the old, and others who may have had inactive bowels long before the strangulation, an enema of a large quantity of liquid should be used. Purgatives should not be used if there are marked symptoms of strangulation.

After the warm bath and rest have been tried, you may give chloroform or some other anæsthetic. In making the attempt at reduction you must be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would come of the operation which you are trying to arrest. These cautions are the more necessary because when the patient is under Chloroform, you have nothing but your own sense and senses to tell you how far you may go without doing harm. Chloroform is most useful in the herniæ of which the difficulty of reduction is chiefly due to muscular resistance, in the recent, or in the recently much enlarged, in the inguinal more than in the femoral, and in these more than in the umbilical, in the painful more than in the painless. In herniæ that have only recently come down, and are intensely painful, it is right to use chloroform or ether without waiting for the influence of the warm bath, but more commonly, if there be danger in waiting three or four hours, it is because strangulation is so far advanced that the operation ought to be done without any previous attempts at reduction.

After the warm bath, rest, and chloroform have been tried, and the reduction is not accomplished and strangulation exists,

you should operate while the patient is still under the influence of chloroform, but if strangulation is not present you may wait, but must watch impatiently, for the hernia is likely soon to become strangulated. While waiting, ice or warm dressings, enemata, aperients or opiates may be used. Tobacco and curious postures, and shaking the legs up and down, and the cupping glasses are more dangerous than the operation which they are intended to avert. For doubtful or partial reduction there is one practical rule—operate if the symptoms of strangulation are not relieved. In cases in which reduction seems complete but the symptoms of strangulation are still present, operate, if you can feel a lump at or near the hernial ring. Old age and disease may add to the risk of an operation for strangulated hernia, but they must be accepted. A patient must not be allowed to die with a strangulated hernia, if by any means whatever the strangulation can be relieved, and you must not be averted from the operation by the number of deaths that follow it. The deaths after the operation may be 50 per cent., but the deaths due to the operation are not more than 2 or 3 per cent.

The remaining lectures on this subject by Sir James Paget are devoted to a description of his several operations for the relief of strangulated hernia, which our space will not permit us to give to our readers.—*The Doctor.*

MODE OF RENDERING FABRICS NON-INFLAMMABLE.—A short time since we noticed the experiments with tungstate of soda in Germany, since when the *Annalen der Chemie* contains a review of the subject by A. Patera, who thinks, that although the tungstate is an excellent substance for producing the effect desired, its expense is an objection, and recommends for it a cheaper material, viz.—a mixture of four parts of borax, and three parts of sulphate of magnesia. These salts are mixed together just before being required—otherwise, insoluble borate of magnesia is formed too early—and then dissolved in from twenty to thirty parts of warm water, into which the fabrics are to be immersed, next wrung out, and then dried. A mixture of sulphate of ammonia and gypsum may be used for coarse fabrics.



CONJOINT EXAMINING BOARDS.—At the last meeting of the Senate of the University of London, it was resolved, on the motion of Dr. Storrar—

“That the subjoined resolution of the General Medical Council (1st March, 1872) be forwarded to the Home Secretary.

“That the Council approve of and sanction the Conjoint Scheme of Examination submitted by the Royal College of Physicians of London and the Royal College of Surgeons of England, to which the Universities of Oxford, Cambridge, and Durham have given their adhesion. The Council has at the same time to express its desire that means may be found by which the University of London and the Apothecaries' Society may be enabled to join in the scheme, so as to render it a complete scheme for a Conjoint Board for England.”

Thus the University itself gives the strongest emphasis to the expressed desire of the Medical Council. Mr. Forster has expressed unequivocally the continued intention of the Government to proceed, when opportunity serves, to compel unity of action on those who do not now use the period of grace for voluntary union. The Home Secretary will of course give the earliest possible effect to this resolution; and at the same time we venture to hope that the Scotch and Irish medical authorities will use their good sense and public spirit in voluntarily devising an acceptable scheme for providing satisfactory minimum examinations in their respective countries. It is a happy chance for the Apothecaries' Company, which gives it a *locus penitentiæ*; and it will unquestionably joyfully seize the rope which enables it to climb out of the abyss into which it had blindly leapt.—*British Medical Journal*.

“PECULIAR PEOPLE.”—Dr. Marttar concluded at Plumstead, a few days ago, the inquest opened a week previously on the body of a child, seven years old, named Cecilia Henry, who had died of small-pox, her parents being “Peculiar People.” In accordance with the doctrines of the sect, the child had not been vaccinated, and no medical man was called during her illness. The coroner, on summing up, remarked on the frequency of small-pox cases among the sect at Woolwich and Plumstead, where they only number about fifty members. The people belonging to the sect, to the number of about forty, attended at the inquest, and sang hymns at the back of the house while the jury were in consultation, and they afterwards accompanied Henry in a body to the police court, encouraging him with the assurance that the Lord would be with him and sustain him. He was afterwards brought up at the Woolwich police-court, and committed to Newgate for trial on a charge of manslaughter.—*Ibid.*

**THE WORTHLESSNESS OF BEEF-TEA.**—The experiments of Gustav Bunge led him to conclude that the common opinion that beef-tea and extract of meat are as valuable articles of diet as tea, coffee, or alcohol, is unfounded; that the refreshment they give is only due to their warmth and pleasant taste, and that their chief value is that they enable a person to take with appetite a larger amount of dry and tasteless food than he could otherwise do. The statement of Liebig, that the addition of some meat-extract to vegetable food increases its nutritive value, and that the extractive matters of meat, and especially creatine and creatinine, are the materials for muscular work, have been disproved by Voit and Meissner; and the idea that beef-tea and meat-extracts were beneficial on account of the salts they contain is an unlikely one, as these salts are already present in excess in ordinary food. It has been said, however, that they do good by acting as stimulants, like coffee, tea, and alcohol; and this seemed to be confirmed by the experiments of Kemmerich, who found that small doses of meat-extract quickened the pulse, but large ones produced paralysis of the heart and death. Kemmerich attributes this action on the circulation to the potash salts contained in the extract, as the ash alone produced the same effects as the quantity of extract from which it had been got.

As Traube, Gultman, and Podkopaen found that potash salts slackened the pulse, but never quickened it; and as Kemmerich's experiments on man gave an indefinite result, and the only animals he used were rabbits, Bunge investigated anew, in Professor Schmiedeberg's laboratory, the actions of meat-extract and of potash salts on man, dogs, cats, and rabbits, and determined that the quickening of the pulse depends not upon the action of the potash salts but upon the distention of the stomach, this result being present when simple water was used, and was more persistent when a solution of salt or sugar were substituted for simple water. He also found that these salts was quite insufficient to produce poisonous symptoms in the human subject.

**TREPHINING OVER A LATERAL SINUS.**—Professor Paul F. Eve reports in the *Richmond and Louisville Medical Journal* of May, the following case of this nature. A stout and healthy man, of 42 years, was struck two years and ten months ago with a blud-

geon, and suffered a fracture of the skull which rendered him insensible for sixteen hours. The depression was at a point midway between the occipital protuberance and the right external auditory meatus, and was about three-quarters of an inch in depth, and of the circumference of a silver half dollar. No symptoms of epilepsy followed, but at the date of the operation (October 28th ultimo) the patient was habitually costive, walked with difficulty, and only for short distances, complained of constant weight and oppression in his head, and of a dull, annoying pain, radiating at irregular intervals from the point of the injury; had lost his energy, was never cheerful, and was losing flesh and strength. Nothing could provoke a smile. He was almost without hope, and said that he occasionally felt like losing his senses. At the date above mentioned, a crucial incision being made over the depressed portion of the skull, the insertion of the trapezius and the occipital portion of the occipito-frontalis was raised—thus getting below the superior curved line of the os occipitis; a half-inch Galt's trephine was applied and a button of bone removed without injury to the dura mater. Three discs of bone were thus removed from over the right lateral sinus, which was readily recognized by the deep color of its venous blood; the angles left by the instrument were trimmed and the flaps replaced, and secured with silver wire. About five ounces of blood were lost and only one artery ligated. The patient expressed himself as feeling better as soon as he recovered from the effects of the ether. Most rigid after-treatment was pursued. A slight reaction on the following day was checked with sulphate of magnesia, and he subsequently experienced not a serious symptom. The wound was kept open for a month by the daily introduction of a blunt probe. The skull, in this case, was found to be unusually thin.

**LACTO-PHOSPHATE OF LIME IN FEVER.**—*The Practitioner* for February contains an interesting paper by Dr. Blacke, of Paris, on "The Use of Lacto-Phosphate of Lime in Adynamic Fevers and in Convalescence." Believing that the Phosphate played an essential part in the nutrition, not only of the bony structures but of the tissues generally, he tried the experiment of keeping a pigeon upon food almost wholly deprived of phosphates. The pigeon lost its liveliness, its appetite failed, and

its weight notably decreased. the muscular and fibrous tissues seeming to suffer as well as the bones. On adding phosphate of lime to the food, the bird rapidly regained its normal condition.

Dr Blacke explains the want of success that attends the use of phosphate of lime, even in cases in which it seems most directly indicated, such as rachitis, osteomalacia, &c., by the fact that it is usually given in a pulverulent form, in which form lactic acid is the natural solvent. Now the gastric juice contains only  $\frac{1}{1000}$  of lactic acid, a quantity too small to dissolve an appreciable amount of the phosphate. The remainder passes into the intestines, undissolved, where it creates irritation, and is therefore worse than useless. He claims that when given in combination with lactic acid the results will correspond much more closely with what we should expect theoretically.

He has found the lacto-phosphate of lime a very valuable analeptic in adynamia occurring in pneumonia and in low forms of fever. During the late siege of Paris he employed it in a large number of cases of typhoid. He found that in from 36 to 48 hours the pulse became less frequent and the temperature decreased, while the countenance lost the expression of stupor so striking in adynamic forms of the disease, and the patient entered upon a rapid convalescence.

He states unreservedly that excitement of the appetite and facility of digestion constantly and quickly results from the ingestion of this drug.—*Med. Record.*

DEATH-RATE IN THE UNITED STATES AND EUROPE.—It is a curious fact, and one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging year'y one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people, and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine inhabitants, while in Oregon the rate is only one to every two hundred and nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.

**SURGICAL TREATMENT OF GANGLIONS.**—Dr. Skoy, of Bartholomew's Hospital, in a clinical lecture reported to the *London Lancet*, condemns the ordinary treatment of Ganglionic swellings, which consists in giving a smart blow with a book or other body, and adds: "I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst, pass vertically into the centre of the tumour a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. Then apply a well made, thick compress of lint, and strap it down tightly with a good plaster, and lastly a roller may be applied. In forty-eight hours the wound is healed, and the ganglion is seen no more.

**TESTS FOR DETECTING STRYCHNIA.**—The *Popular Science Review* states that Dr. Filhol, in a recent paper on this subject, maintains that strychnia should, in cases of poisoning, be obtained in the solid state; the alkalinity of its solution should be ascertained as well as its intensely bitter taste; its behaviour with chlorine, and its blue coloration under the influence of sulphuric acid and oxidizing substances, should also be seen; while, lastly, as a very delicate reaction, Dr. Filhol observes that, with chloride of gold, strychnia (in solution) yields immediately a crystalline precipitate, which, although slowly, is distinctly formed in solutions containing one-tenth of a milligramme of alkaloid. This precipitate, and that formed with chlorine, are at once dissolved by concentrated sulphuric acid, and chromic acid being added, the well-known blue coloration that strychnia yields with this last reagent is produced. The presence of alcohol in liquids to be tested for strychnia should be avoided.

# The Canadian Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

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Communications received on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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TORONTO, JULY 1, 1872.

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## CEREBRO-SPINAL MENINGITIS.

This disease which occasionally assumes an epidemic form has made its appearance in various parts of the country, and is still spreading, though slowly. Our Medical confreres on the other side of the lines have had considerable experience with it during the past six months, and from the various American Journals, we glean the following facts which may be of service, and which we beg leave to place before our readers. We feel that this is the more necessary as it is a well known fact that epidemics differ in many of their most prominent features, at different periods. The disease is said to be more common in winter than in summer and spreads over a considerable extent of territory. From 1861 to the present time it has never ceased to exist in some part of this continent, sometimes in a sporadic form, at other times as an extensive epidemic. In 1867 it prevailed extensively in Philadelphia. There were no less than 120 cases in the Philadelphia Hospital alone at one time. It seems to attack the young and vigorous more frequently than the aged and infirm, and it prevails in all situations, moist and dry, high and low. The disease is not generally considered contagious although in some of its most malignant forms, circumstances seem to tend strongly toward its contagiousness. Its initial point of attack seems to be in the meninges at the base of the brain, from which it extends to the brain and spinal cord. The *post-mortem* appear-

ances are those of Inflammation, viz: Serum, Lymph and Pus. These products are found upon the Meninges, at the base of the brain, beneath the arachnoid, and along the spinal cord. In mild cases the brain only is affected; in more severe, both the brain and spinal cord are involved. The substance of the brain is generally softened and also the cord. The blood itself is dark and fluid and the blood corpuscles present a shrivelled appearance.

The first symptom of the disease is generally severe pain in the head and along the spine, preceded by chills and general malaise, and neuralgic pains in distant parts, as the thighs, legs &c. Vomiting is also very commonly present and is sometimes very persistent, increased by raising the head, but there is nothing peculiar about the matter ejected. There is great thirst, and a sense of sinking at the epigastrium, and prostration sets in very early. Delirium is seldom absent; but is generally intermittent. The pupils are generally dilated, sometimes contracted and occasionally fixed. The most characteristic symptom however is rigidity of the muscles of the neck, amounting almost to Opisthotonos, with general Hyperæsthesia of the surface of the body and in a few cases general convulsions. The temperature is generally increased, especially in the back of the head; the pulse is frequent and firm and the respirations are increased in frequency, sometimes panting as if from fatigue. The urine is scanty and high colored, and the bowels generally constipated. About one-third of the cases present some red erythematous spots on the skin between the third and seventh days, which vary in size, number and shade of color. Sometimes they are few, small, bright and red, but in severe cases they are darker in color, larger in size, and sometimes tumefied.

The treatment resorted to at the commencement of the outbreak, was such as is commonly adopted in Meningitis; leeching the temples or cupping the nape of the neck, application of cold to the head, cathartics &c., with chloral Hydrate to procure rest at night. This was found however, very unsatisfactory. It lessened the febrile action, but the headache and rigidity continued and a large proportion of the cases thus treated were lost. As will be observed the symptoms of the disease are very much like those produced by poisonous doses of belladonna and strychnine.

nine combined, and the administration of their counteractives suggested themselves. Accordingly Tr. Calabar bean was tried, and with very good results. The following combination has been found very useful; R. Tr. Calabar bean  $\zeta$  jss. Fl., Ext. Ergot,  $\zeta$  ijss. M. One teaspoonful in a little water every two hours. Sulphite of soda and carbolic acid have also been used with success, especially when alternated with the preceding formula.—The patient should be kept very quiet and well supported with most nutritious diet. The occasional use of stimulants will also be found necessary. The application of extreme cold to the head is not recommended. Cloths wet in cold water are all that is desirable. Violent purging is also deprecated, but an occasional brisk and mild cathartic, is beneficial. Quinine and Morphine are always followed by bad results especially if given during the time of cerebral excitement. At present the Tr. Calabar bean seems to be in the ascendency in the treatment of this disease.

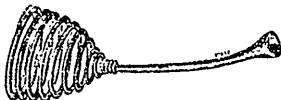
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INVERSION OF THE UTERUS.—Dr. White, of Buffalo, has lately published two cases of Inversion of the Uterus, treated by him. (*American Journal Medical Sciences.*) One of these occurred near Ithica, N. Y., and the other in Port Dover, Ontario, a report of which was published in the July 71 number of the *Lancet*. These two cases complete a series of nine cases of complete Inversion, varying in duration from a few minutes to fifteen years, which have been reduced by him. The first of the series occurred in 1856, and was of only eight days standing; the others were of various duration, up to fifteen years. Only one death occurred in the nine cases, this was *it* the one of fifteen years standing. The patient died of Peritonitis on the sixteenth day following the operation, but a careful review of all the circumstances of the case and the *post mortem* examination, seemed to show that the peritonitis was merely an unfortunate accident. The Dr. considers the most appropriate period for the performance of the operation to be before the twenty-first day after the accident, or after the process of involution is completed, which takes place usually in from eight to twelve weeks. During the period of involution the tissue of the uterus is too soft and friable to withstand a great amount of force, and, although he has reduced it



on one or two occasions during this period, he does not think it unattended with danger.

With regard to the *modus operandi* of the replacement, he says that the vagina is first put upon the stretch by pressure on the fundus uteri. This dilates the os and then the cervix, and finally, if persevered in, doubles the body upon itself, and carries the fundus through the os, cervix and body, to its normal position. Dimpling or depressing the fundus uteri can only be done in recent cases, and even if it could be done in chronic overversion, it would only complicate the process by increasing the size of the tumour to be carried through the os and cervix. We give below a cut of an instrument which he has constructed to aid him in the operation, termed the *Uterine Repositor*.



It consists of a wooden or rubber stem, the uterine extremities of which is enlarged and-tipped with an india-rubber disc,  $1\frac{1}{2}$  in. in diameter, the concavity at the end being about half an in. in depth. The outer or distal extremity of the stem has attached to it a coil of no. 11 steel spring wire, capable of sustaining a pressure of eight or ten pounds. The uterine extremity is held in contact with the fundus of the uterus by the hand introduced into the vagina, while pressure is made by the breast on the spring, and may be increased or diminished to suit the exigencies of the case. This instrument gives the operator greater command, as it leaves the hands free, in a great measure for the purpose of manipulation. The hand within the vagina is so held, as partly to embrace the *Repositor*, and also the fundus uteri, which may be more or less compressed and diminished in size, while with the left hand pressure or manipulation may be made over the hypogastric region.

DEATH FROM BICHLORIDE OF ETHYLENE.—The *Medical Times and Gazette* reports a case of sudden death from this agent. The patient a married woman about 4 years of age, was about to undergo an operation for the removal of a cancer of the breast.

How NOT TO DO IT.—Since we commenced to publish this journal we have been in the habit of sending out every month a number of copies to medical men in different parts of the Dominion who are not yet subscribers, enclosing a note requesting them to send their names, or if they do not desire to subscribe to be kind enough to return the numbers thus sent. In this way we have largely extended our circulation, although at considerable expense. There are always some of course who do not wish to subscribe, some who are taking as many journals already as they have time to read, some who cannot afford a luxury of this kind, while there are others who do not subscribe to any journal, who do not read any new medical works or journals, and do not wish to, who have still a plethora of knowledge on hand since their school-boy days, and do not require any new ideas; others who look upon the paltry amount of the subscription as more than they care to pay for anything of the sort, who look upon the profession solely as a means of making money, and console themselves by saying, "We have got along very well before journals were published and we can do so still." From each of these classes we occasionally receive a copy returned and marked "refused." We immediately draw a black line through the name which means that the journal is not to be sent again. Occasionally, we receive a characteristic notice of refusal. One of these is now before us and has suggested this paragraph. The wrapper is torn off which shows that it has been opened and read, and yet it is neither the first nor second copy the party has received, because both these contain a note pasted on the title-page, on which the name of the party is written. It is carefully wrapped up in white paper, and stamped with red sealing wax in three places, and addressed to the editor; but there is not a solitary word or letter from the party returning it by which it may be identified. There is not even a post mark, and if there were it would be of little use for we frequently send two or more to the same Post Office. We have therefore no means of knowing from whom it came. This has occurred on several occasions, and we would feel obliged if parties returning the *Lancet* in future, would be kind enough to enclose their names so that we may know by whom it is returned.

We would also take this opportunity of referring to the

unkind treatment we have received from some medical men who lay claim to respectability. These gentlemen are in the habit of taking the journal from the post office regularly, some of them for upwards of a year, and when the bill is presented they either repudiate it entirely, or invent some plausible excuse for not contributing their quota of the expense of publication. We care little for the loss thus sustained, but we regret to find such men in the profession, and in one or two instances we felt disposed to give their names the benefit of a public announcement. Such conduct is not in keeping with the dignity of the profession, and we believe it would have a salutary effect to hold such men forth in their true colors.

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### MEDICAL ELECTIONS.

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The following is the result of the Medical Elections, so far as returns have been received:—

#### REPRESENTATIVES OF TERRITORIAL DIVISIONS.

Western and St. Clair .....	Dr. Edwards, Strathroy.
Malshide and Tecumseh .....	Dr. Hyde, Stratford.
Saugeen and Brock .....	Dr. Clarke, Guolph.
Goro and Thames .....	Dr. Clarke, Princeton.
Erie and Niagara .....	Dr. Lawrence, Paris.
Burlington and Home.....	Dr. McDonald, Hamilton
Midland and York.....	Dr. Agnow, Toronto.
King's and Queen's .....	Dr. Coburn, Oshawa.
Newcastle and Tront .....	Dr. Dewar, Port Hope.
Quinté and Cataraqui.....	Dr. Strange, Kingston.
Bathurst and Rideau .....	Dr. Grant, Ottawa.
St. Lawrence and Eastern .....	Dr. Brouse, Prescott.

#### REPRESENTATIVES OF UNIVERSITIES AND COLLEGES.

University of Toronto.....	Dr. Eastwood, Whitby.
“ Trinity College .....	Dr. Hodder, Toronto.
“ Queen's College . . .	Dr. Bothune, Glanford.
“ Victoria College . . .	Dr. Berryman, Yorkvil'e
“ Ottawa .....	— — —
Toronto School of Medicine.....	Dr. Aikins, Toronto.
Royal Col. Phys. & Surg., Kingston.	Dr. Lavoll, Kingston.

**HOMŒOPATHIC MEMBERS.**—Dr. Campbell, Toronto; Dr. Field, Woodstock, Dr. Vornon, Hamilton; Dr. Adams, Toronto, and Dr. Springer, Ingersoll.

**ECLECTIC MEMBERS.**—Dr. Cornell, Toledo, Ont.; Dr. Muir, Merrickville; Dr. Morrison, Forest; Dr. Bogart, Carleton Place, and Dr. Carson, Whitby.

We are informed that Dr. Freeman, of Milton, has protested against the election of Dr. McDonald, of Hamilton, on the ground that many of his friends did not receive their voting paper in time to have their votes recorded. We have reason to believe that such was the case, not only in that division, but in many others, and that great injustice has been the result of this inaction on the part of the Registrar. There is no provision in the Act to meet such an emergency, but we trust the Council will take such action as will prevent the possibility of such a thing occurring again.

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#### NOTES AND COMMENTS.

**SMALLPOX IN UTERO.**—Dr. J. T. Hampton, in the *Philadelphia Medical and Surgical Reporter*, states that on the 12th November, 1871, he delivered a woman of a child suffering from smallpox. At the time of its birth, the disease had reached the vesicular stage. On the morning of the fifth day after birth, the pustular stage was reached. The child did well until the tenth day, when it vomited incessantly—blood gushing from its mouth and nose, and died the same evening. The mother had been successfully vaccinated six weeks prior to confinement.

**BROMIDE OF POTASSIUM AND OPIUM.**—Dr. DeCosta states that the faintness and nausea, which frequently follow the use of opium, may be prevented by giving a full dose of the bromide, about three hours previously. Sound sleep is thus often obtained where there is great restlessness.

**CALABAR BEAN IN SPINAL MENINGITIS.**—Tincture of calabar bean has been highly recommended in this disease. It relieves the rigidity of the muscles along the neck and spine, and counteracts the tendency to opisthotonos which is so characteristic of this affection.

**TREATMENT OF HYDROCELE.**—Dr. Bradley of Manchester, (*British Medical Journal*), describes a mode of treatment of hydrocele which has been successful where the ordinary means have failed. It consists simply in drawing off the fluid, and then strapping the testicle tightly with soap plaster. The pressure is kept up for an average of about three weeks.

A Bill is before the Legislative Council of Jamaica, for the purpose of legalizing all *Canadian qualifications* in medicine. At present only the holders of British Diplomas are entitled to register, or practice Medicine in this Island.

**REMOVAL OF THE KIDNEY.**—Mr. Durham of Guy's Hospital, London, has lately removed the right kidney from a woman about 43 years of age. The patient was doing well at last accounts.

Dr. DaCosta has been appointed professor of Theory and practice of medicine, in the Jefferson Medical College, Philadelphia, in place of the late prof. Dickson.

**EXAMINERS IN MEDICINE, TORONTO UNIVERSITY.**—The following gentlemen have been appointed Examiners in Medicine in this University, for the academic year, 1872-73—Physiology and Comparative Anatomy, W. Oldright, M. A., M. D., Surgery and Anatomy, J. E. Graham, M. D., Medicine and Therapeutics, J. W. McLaughlin, M. B.; Midwifery and Medical Jurisprudence, T. J. White, M. D.; Chemistry, W. H. Ellis, M. A., M. B., Natural History, H. A. Nicholson, M. B., &c.

**HONORS TO PROFESSOR S. D. GROSS.**—This eminent surgeon has received the high honor of the degree of D. C. L. from the venerable University of Oxford. We believe that no other Americans have received this degree except Bancroft and Motley. In selecting Professor Gross as another recipient the University has made a most fitting choice.

**POISONING FROM DATURA STRAMONIUM.**—Dr. Niemoier, of Neustal., Ontario, reports a case of poisoning from the seeds of *Datura Stramonium*. The symptoms presented were very much like those from poisoning by *Belladonna*. The patient recovered. He also reports several cases of *Intermittent Cerebro-spinal meningitis*, similar to this form of disease, described in Niemoier's Practice.

## TORONTO GENERAL HOSPITAL REPORTS.

SATURDAY, June 8th.

REPORTED BY S—C—.

## AMPUTATION AT THE UPPER THIRD OF THE THIGH.

This was a case very similar to that reported in last number of the *Lancet*. The patient was about 10 or 12 years of age. He was admitted under the care of Dr. Cassidy, and placed under treatment for white swelling of the knee. The case seemed favorable at first, and it was thought that he would recover the use of the limb in an ankylosed condition; which, by the division of the tendons, might be straightened: but a sudden unfavorable turn in the course of the disease took place. Abscesses formed all round the joint, and the discharge was so profuse, that the patient's life was in danger. Amputation was decided upon as the only alternative, and the operation was performed by Dr. Cassidy, assisted by Drs. Aikins and Canniff. The flap operation was the one selected. The artery was controlled by pressure over the os pubis. The patient is doing very well. Notwithstanding the rarity of such operations in these days of conservative surgery, this is the second case which has occurred within the past two months.

Upon examination, the joint was found very much ulcerated and disorganized.

## REMOVAL OF THE SUPERIOR MAXILLA.

This patient, aged about 70, was admitted under the care of Dr. Aikins, for disease of the antrum. The tumor had made its appearance on the face, but not involving the integument; and, in consequence of the eye not being pressed upon, or the passage of the nose interfered with, it was thought a favorable case for operation. The only apparent-*contra* indications were the age of the patient, and the fact that he had extensive ossification of the arteries. This was however not considered a sufficient reason for refusing the operation. The patient was also exceedingly anxious to have something done. The operation performed by Dr. Aikins, assisted by Drs. Canniff and Geikie, in the presence of a number of students, and several medical practitioners.

ers of the city. The operation was commenced first by sawing through the malar bone. This was done with a view to the performance of as much of the operation as possible before interfering with the mouth. An incision was then made through the upper lip, and carried up along the side of the nose, and thence transversely below the orbit in the usual way.

The whole of the superior maxilla was then removed. On examination, the tumor was found adherent to the floor of the orbit, and also to the ethmoid bone: the greater part of the lateral mass of which had to be removed, in order to complete the operation. The whole of the diseased mass was carefully scooped out, and the cavity filled with cotton, and sutures applied to the flap. On examination, the tumor presented many of the features of incipient encéphaloid disease. The patient is now doing well. [This was, on the whole, a very interesting case, and we hope to be able, at some future time, to publish it in *extenso*, together with some others of a similar nature.]

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OPERATING DAYS.—Arrangements have been made, by which, in future, all operations not of an urgent nature will be performed on Saturdays, at one o'clock.

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## CORRESPONDENCE.

### MEDICAL ELECTION IN SAUGEEN AND BROCK DIVISION.

To the Editor of the Lancet.

DEAR SIR.—This is a very large division comprising the Counties of Grey, Bruce, Simcoe, Wellington and North Waterloo, and containing over 130 votes.

It was generally anticipated that there would be a very close contest between the two candidates, Dr. Clarke of Guolph and Dr. Yeomans of Mount Forest. The action of the Registrar Dr. Strango, however, brought about a very different result.

In the northern and most remote parts of the division, where mail communication is imperfect, the voting papers were received by the electors on Monday, and Tuesday, June 10th and

11th, consequently only some of those who attended to the papers instantly, succeeded in having their votes recorded by the returning officer in Guelph.

Dr. Martyn of Kincardine, who was a candidate on a former occasion, did not have his vote recorded although he attended to it immediately.

Dr. Gunn of Durham, who also takes a very active part in these matters, lost his opportunity to vote.

The majority of the votes in the northern and Western portions of the division were lost, while nearly every vote in the southern part was recorded.

The result was that only 54 votes out of the 130 were received by the returning officer greatly to the disadvantage of Dr. Yeomans, and giving Dr. Clarke a majority of 23.

This is one of the many instances of transgression on the part of Dr. Strange. Is it not time to appoint a new man?

I remain, Yours &c.,

A DISFRANCHISED VOTER.

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#### BOOK NOTICES.

DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M.D., New York: Second Edition enlarged and revised. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co. pp. 730.

The above is a very comprehensive work, and also one of a thoroughly practical nature. The present edition has been enlarged over 100 pages, and about 20 additional diseases have been introduced. There has been no attempt at fine writing; which prevails so much at the present time, but everything is made subservient to the end in view, which was, to give a faithful account of the diseases most prevalent among children, and as witnessed by himself in the Infant's Hospital, and the best plan of treatment. This he has done in a most satisfactory and highly creditable manner.

In reference to the treatment of *Enterocolitis*, a disease very common among children in the summer months, characterized among other symptoms by green stools, he says, that mercurial and other treatment, designed to correct the function of the liver, are not justified by the anatomical characters of the disease.



In support of this, he gives the result of upwards of 30 autopsies, in all of which the liver was normal in size, color, and microscopic appearance. The same careful enquiry seems to pervade the whole work, which, makes it not only interesting, but also exceedingly valuable, as a text-book on this important subject.

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**PATHOLOGY AND MORBID ANATOMY.** By T. Henry Green, M.D. Lectures at Charing Cross Hospital, Lond. Phila.: H. C. Lea. Toronto: Copp, Clark & Co. Pp. 254.

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**THE URINE AND ITS DERANGEMENTS.**—By G. Harley, M.D., F.R.S., London. Philadelphia. Lindsay & Blakiston. Price, \$2.75.

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**NEURALGIA AND THE DISEASES THAT RESEMBLE IT.**—By F. E. Anstie, M.D., F.R.C.P., London. New York: D. Appleton & Co.

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**THE PHYSIOLOGICAL ACTION OF BROMIDE OF POTASSIUM AND AMMONIUM.**—By Drs. Clarke and Amory, of Boston. James Campbell, publisher.

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**CATALOGUE OF OFFICERS AND STUDENTS, HARVARD UNIVERSITY.**—For Academic years '71-'72. Second Edition.

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**TRANSACTION OF THE ILLINOIS STATE MEDICAL SOCIETY** Fergus Printing Co., Chicago.

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**THE DETECTION OF CRIMINAL ABORTION.** By Ely Van de Trasker, M.D. Boston: James Campbell.

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**Proceedings of the American Association for the Cure of Inebriates.** Phila.: Henry B. Ashwood.

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**Annual Report of the New York Inebriate Asylum.**

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**AMERICAN JOURNAL OF INSANITY.** Vol. xxviii, January, 1872. Utica, N. Y.

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**THE QUESTION OF QUARANTINE.** By Alfred L. Carroll, M.D. New York: F. Leypoldt, 712 Broadway.

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**WOOD'S HOUSEHOLD MAGAZINE for June, 1872.** S. C. Wood & Co., Newburgh, N. Y. \$1.00 per year.