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## Original Communications.

Address by E. H. Trenholme, M.D., B.C.L., Professor of Midwifery and Diseases of Women and Children, Bishop's College, Montreal; Attending Physician to the Woman's Hospital, of Montreal; Fellow of the Obstetrical Society of London, Eng., &c., &c.

Delivered before the Canada Medical Association, Toronto, August 14th, 1876.

MR. PRESIDENT AND GENTLEMEN,—Having been thrice honored with the Chairmanship of the Obstetrical section, I wish to acknowledge my sincere appreciation of your indulgent favor, and to express my earnest desire to aid, to the utmost of my humble ability, the noble work of this Association.

I must ask your indulgence while I briefly present an imperfect outline of some of the more important advances in gynæcology during the past few years.

The subject is of much importance, far too large for one review, or the few moments at our disposal on the present occasion.

All observers must have noticed the continued researches that have been pursued by many able men during the last four years, with regard to the mucous membrane of the uterus. A short time ago the interior of that organ and the diseases connected with it, were but little known. It is true we have not, by any means, reached the end of such investigations, nor definitely settled some important points connected therewith, but enough has been accomplished to place gynæcology upon a more secure and successful basis than hitherto.

No doubt our improved means of diagnosis, such as Sim's speculum, the uterine sound and probe, the employment of sea-tangle and sponge tents, have paved the way for further advances, and placed the profession in possession of resources that are as yet, perhaps, but imperfectly appreciated. The value of the finger, *per urethrum*, as well as *per rectum*, and the introduction of the finger or hand *per vaginam*, afford us invaluable means for recognizing and treating uterine derangements. Simons' method is second only to Noeggerath's. The rapid dilatation of the urethra, and the exploration of the uterus it thereby affords, is of the greatest value in many cases. As Dr. G. Thomas lately remarked, "it will undoubtedly have a great future."

Much attention has been bestowed upon the phy-

siology of menstruation. We are learning many important and new facts concerning it. To Dr. Williams, of London, Eng., more than to any other, belongs the honour of having recognized the process of nidation and denidation during each menstrual period. But a short time ago we were indisposed to believe that the decidua of parturition and the uterine mucous membrane were one and the same thing, much less to accept the statement that the cavity of that organ was denuded to its muscular tissue. But this is all changed now, not only are these views generally held, but we are constrained to believe that the mucous membrane is removed and restored again during each month cycle. The researches of Dr. Williams, referred to, establish this fact, which has a most important bearing upon the treatment of uterine disease. In fact, it is the basis of all scientific treatment.

Heretofore we have groped along, very much in the dark, and, while our patients fortunately often got well, much that was done was done empirically and at haphazard. A well-known gynæcologist remarked "that his patients sometimes got well." There is, at best, but little ground for boasting of what we have done. Nature does the work, and we, at our best estate, are but her assistants.

Of the various forms of uterine disease, perhaps the most common, as well as most intractable, are such as are connected, with chronic congestion, sub-involution and hyperplasia of that organ. Of sub-involution I will not speak, except to say that it is undoubtedly often the cause of uterine flexions and displacements, with their frequent train of ill-health and misery.

If uterine disorders were confined to the married it would not be so bad—although sad enough—but when we find it so very general among the young and unmarried of our day, the subject becomes invested with utmost importance.

The knowledge we possess enables us to prevent much that exists.

The chief factors in causing uterine congestion and hyperplasia are improper and prolonged exercise shortly before and during menstruation.

It may not, perhaps, be going too much out of the way to designate what I believe to be some of the most objectionable exercises that cause these congestions and displacements of the womb. I refer to promenade concerts and dancing parties, just before and during menstruation; the latter is the most objectionable, as, to the fatigue of the body which is apt to be excessive, there is superadded the

force of sexual excitement. Knowing as we now do the wonderful changes that occur at such times, it is a matter of surprise that uterine disorders are not more common than they are. We have physiological as well as moral grounds for discountenancing late hours, fashionable dressing, sentimental reading, indolent and luxurious habits which are making sad inroads upon the vigor and beauty of our young ladies. Our present knowledge is invaluable in preventing uterine disease, and absolutely imperative for its successful treatment. With regard to menstrual derangements there are two forms commonly met with, viz., menorrhagia or excessive flow, and also a diminution of the flow. The former is more frequent than the latter. The period suited for the application of internal remedies in one class would be eminently unsuitable for the other class. When the flow is simply excessive and not due to any other disease, it indicates a too rapid or pathological maturation of the decidua, and hence our treatment should be applied during the first half of the menstrual interval. Our object is to promote a more robust and natural condition of the mucous membrane.

Whereas in these cases of deficient menstruation the local treatment is most appropriate during the latter part of the interval, whereby the membrane is excited to a more rapid growth and speedy maturation. The danger of strong applications immediately before or after menstruation is readily perceived. There remains much that might be advanced upon the details of this subject, but time forbids and I pass on to make a few remarks upon the treatment of uterine fibroids. Excision of the uterus is now ranked among recognized surgical operations. The accumulated experience gathered from reports of the operation give us not unreasonable grounds to expect that a much greater success awaits us than it has been the surgeon's good fortune heretofore to enjoy. That we may be able to save one half of such cases, is, I think a tenable hope. There is another mode of dealing with these growth, otherwise than excising them, by removing the ovaries. In those cases where the tumor is sub-mucous or, if interstitial, more sub-mucous than sub-peritoneal we have much reason to expect a favorable issue by means of the hypodermic injection of ergotine. Enucleation may also frequently be resorted to with success. The latter method is more rapid and suitable in cases of excessive and uncontrollable hemorrhage, but is not so safe as the former whereby the tumour is rendered sub-mucous and eventually polypoid, when its removal is comparatively easy.

When, however, the growth is sub-peritoneal or, if interstitial, more sub-peritoneal than sub-mucous we have to deal with a case where enucleation is impossible and the use of ergot hopeless for relief. It is proposed in such a case to excise both ovaries rather than extirpate the uterus. The risk of life is much less, and the success that has followed the proposed method has been such as to commend it to the favor of the profession. In a case reported both ovaries were removed for sub-peritoneal and interstitial fibroids after the failure of all treatment to afford relief. For some three months after the operation apparent menstruation continued, but, as the flow was hemorrhagic, astringents were used and the flow effectually arrested without any untoward results. Had the discharge been menstrual it could not have been arrested permanently with impunity. From observing this case we have good reasons to hold to the old view that menstruation depends upon the presence of the ovaries. When their physiological life is ended, or they are removed, menstruation must cease, i.e., nidation and denidation are the results of ovarian activity. Such are the views advanced in the report of this case, and I doubt not they will be certified to as correct by future observers. The subject is an interesting one, and is commended to the consideration of the members of this association.

There is another subject lately brought before the profession by Dr. Lenneker, with regard to the treatment of anteflexions of the uterus by means of removing a part of the mucous membrane from the posterior wall of the canal and allowing the cut surfaces to heal with uterine stem in situ to correct the flexion. The operation is said to be successful and ably advocated by its author. It is, however, not free from serious risks or easy of proper performance, and will hesitatingly be accepted if it wins a place among recognized operations at all.

Before closing these imperfect remarks I wish to refer to Bozeman's new method of treating *vesico vaginal fistulæ*. The most frequent cause of failure is due to the dense and unyielding cicatricial tissue of the fistula. You all know how the wound will gape and the stitches cut into the tissue in these cases. The remedy proposed, by the author referred to, is to remove the cicatricial tissue by pressure and small incisions. By these means he secures the absorption of the dense tissue. The pressure is secured by means of gum-elastic balls of 1.2 to 2.35 in diameter, also of cylinders of the same material 2.35. to 3.6. The balls and cylinders are perforated and provided with a string which serves for their

removal. After wearing the small balls three or four days, much softening is effected, and any cicatricial bands felt are incised and a larger globe inserted. This process is continued from three to five weeks, until the vagina is well dilated, the cicatrices removed and the edges of the fistula well in view.

Conscious of the imperfect character of these remarks I kindly thank you for patient attention. Very much more might have been brought before you upon a topic so large and important; and I trust much will be added by the able visitors and members of the society. One has to be content to merely enter upon the threshold of an edifice at once so practical and attractive.

## Progress of Medical Science.

### REMARKS ON THE PATHOLOGY OF BURNS AND THEIR RATIONAL TREATMENT.

By BEDFORD BROWN, M.D., Alexandria, Va.

After all that has been said and written relative to the treatment of this class of injuries, both by the educated and uneducated, the medical history of burns still remains far from being satisfactory, and as yet we have not made that progress in their amelioration and cure which could be desired.

Probably we are too much disposed to view these most serious forms of injury in an isolated light, as local in character, merely, rather than as affections holding most intimate and important relations with the general system.

The first impression made upon the general system by the local action of intense heat is that of nervous shock. This condition is too clearly understood to require allusion here. But there are certain coincidental morbid phenomena associated with shock, which are of more importance and less comprehended.

In those cases of excessive nervous shock caused by extensive burns, thrombosis of the heart and large veins entering the right side of that organ not unfrequently occurs. There are peculiar reasons why thrombosis should be a more common result of shock from burns than from almost any class of injury, this phenomenon being due to a combination of causes, one in the form of excessive nervous depression, the other from disorganized blood from the local action of heat which has been conveyed from the burned tissues to the centre of circulation. Thus, a few disorganized blood-corpuscles or a small portions of coagulated fibrin, or albumen, when carried into the general circulation, at once become nuclei for the formation of thrombosis of the heart and great vessels.

Hence the necessity of accurate diagnosis between simple nervous shock and thrombosis in point of treatment. In simple shock the pulse, though exceedingly feeble, is not usually much accelerated, and is generally regular in rhythm. The cardiac sounds are very feeble, but distinct. The temperature is

greatly reduced; the complexion pallid; the respiration is but little increased in frequency, and there is an absence of præcordial distress, though nausea may be present.

On the contrary in shock with thrombosis, the breathing is painfully labored, and frequent. The action of the heart is tumultuous, irregular, feeble, and very frequent. The complexion is livid, while the skin is cold and bathed in perspiration; præcordial distress is painful, and the cardiac sounds almost obliterated.

There cannot be a rational doubt that death following extensive burns directly is often the immediate result of cardiac thrombosis.

*Secondary stages of burns.*—Following the reaction after the first shock to the nervous system has passed off, probably capillary embolism and its legitimate consequences constitute one of the chief causes of mortality. Here, as in thrombosis, those properties or rather constituents of the blood whose vitality has been destroyed in the burned tissues, not only become a septic source, but, after passing through the large veins and heart, find lodgment either in the pulmonic or portal circulation, producing blood-stasis, hyperæmia, inflammation, and suppuration. Hence we generally see these peculiar phenomena in one or the other of these two circulatory systems. It is sometimes witnessed in the cerebral circulation, when symptoms of congestion, with active delirium, and, finally, coma, are prominent.

Thus we may have in the pulmonic, as a result of capillary embolism, chill, followed by either pleuritis pneumonitis, or abscess, with inflammatory fever; in the portal system, peritonitis, ulceration of the intestines, with either diarrhoea or dysentery, and abscess of the liver. In many of these cases all the characteristics of true pyæmia are developed. These microscopic emboli appear not unfrequently to manifest a tendency to find lodgment in the mucous surface of the small intestine,—for instance, the duodenum,—and then induce ulceration. This is probably due to an effort of nature to eliminate them from the circulation. As evidence of the fact that mere extent of burned surface is not always the cause of death, numerous instances of very extensive burns have come under the observation of the writer, which were progressing favorably in the healing process, when suddenly symptoms of capillary embolism, congestion, and inflammation of some internal organ, or ulceration with dysentery, appeared and speedily terminated the case.

*On the local changes in the tissues from burns.*—No other variety of injury either from mechanical or chemical cause is attended with such protracted and unceasing pain as that from burns. This peculiar element of this class of injury is probably a serious obstacle to the progress of restoration. All painful wounds heal less readily than when painless. We often see far greater destruction of tissue from other causes followed by but little pain, and which are much more rapidly healed. This peculiarity of burns is doubtless due both to the exposure and injury of the vital organism of the myriads of terminal branches of

sensitive nerves supplied to the skin. Thus, the innumerable termini of these nerves which are destroyed, and constantly exposed, become equally as innumerable centres of exquisite sensibility and pain. That constant tendency to contract in burned tissue, whether vascular or fibrous, produces unceasing pressure around these inflamed nervous termini, and causes incessant pain, until finally, by this compressing process, their organization is destroyed, as is indicated by the great want of sensibility in the cicatrix.

While it is true that the destruction of vascular and fibrous structures by the action of intense heat is a leading difficulty in the way of healing these wounds, that irritation constantly present caused by the myriads of inflamed and sensitive nervous branches is equally a cause of protracting their progress. Then, in the healing process of burns, *painfulness* and *contractility* are among the distinguishing features.

This is true even of the granulations which form the new tissue. They are firm, more cartilaginous, more sensitive and painful, and their structure more contractile than any other. Here again, may not this in part be due to those minute bulbs of the inflamed nervous branches keeping up an unceasing irritation?

This peculiar contractility of burned tissue not only tends to obliterate the nervous branches entering it by compression, but also tends to diminish the calibre of capillary vessels to such an extent as to comparatively unfit them as the carriers of blood-corpuscles. Hence this newly formed cicatricial structure is reduced some what to the standard of cartilage and is no longer subject to those active vital operations of disintegration, waste, and renewal that other more vital tissues are. Therefore, whatever form they assume is permanent. In this manner the nervous supply is curtailed, causing a diminished sensibility and circulation in the cicatrix.

*On the general treatment of burns.*—In the treatment of simple primary shock, while all concede the necessity for anodynes, the free use of diffusible stimuli and the sulphate of quinine are of great importance. The process of nervous shock in these cases has some analogy to chill, as when reaction returns it is disposed to assume the form of fever. The quinine in such cases not only aids in restoring reaction, but it also moderates it, and prevents a high degree of febrile excitement.

In shock with cardiac thrombosis, opiates are dangerous. Quinine in large doses is too depressing, but in small quantities is useful. Ammonia in the form of the liquor, with iodide of potassium, and alcoholic stimulants, constitute the most important remedies. The following combination is a valuable one under these distressing circumstances:

℞ Liq. ammon. fort., fʒ ij;  
Potas. iodid., ʒ iss;  
Glycerinæ, fʒ i;  
Elix. calisayæ, fʒ v.—M.

Of this a tablespoonful may be given every hour,

diluted. The ammonia might also be used hypodermically with advantage.

Those cases of hectic fever arising during the progress of very extensive burns with copious suppuration, are best treated with a combination of tinct. of the chloride of iron, chlorate of potassium, and quinine. For instance, in a case of burn where the entire cutis from the toes to the hip was destroyed, the entire surface of the limb became a mass of suppurating granulations, the amount of pus excreted daily being enormous. Hectic fever with great exhaustion followed. This method of treatment was adopted, and in a month the hectic symptoms had disappeared, the suppuration subsided, and the extensive injury rapidly healed. In those cases of internal inflammation, suppuration, or ulceration arising from capillary embolism either with or without symptoms of pyæmia, those remedies are equally valuable, but they should be associated with antiseptics of a decided character; carbolic acid in the form of sulpho-carbolate of sodium is probably one of the best adapted of all this class for internal use. The external use of the acid owes its chief value to its antiseptic action over the system when absorbed. The question of sepsis in burns is a much more important one than is generally supposed. Why should it be otherwise? The large amount of tissue and blood injured, and often disorganized in these cases, affords an abundant source for the development of septic material, which, when absorbed into the general system, is the true cause of many of the local and general morbid phenomena heretofore attributed merely to sympathetic influences. Hence the infinite importance of both internal and external antiseptics, in all cases of serious burns. In many of those cases of sudden fatal termination from comparatively slight burns, blood-sepsis or septicæmia is the real cause of death. Therefore, in all serious cases of burns, the free use of antiseptics, both internally and externally, to meet this condition, becomes an important element of treatment. Typhoidism in the type of febrile reaction in burns as in wounds always indicates septicæmia.

*Local treatment.*—Of all local applications in the experience of the writer, iodoform, prepared with extract of conium, and spermæti ointment, with a small portion of carbolic acid, appears to meet the several indications best.

This agent acts as a certain and most effective sedative on the painful and irritable exposed surface, and at the same time as an antiseptic. It reduces irritation, inflammation, and suppuration, when in excess, in a remarkable manner. It converts a most painful and irritable wound into one comparatively painless with promptness.

This remedy is also an excellent promotive of healthy action and of the healing process. I have experimented with iodoform ointment in these cases repeatedly, and always with the same pleasant result. The use of this preparation has another advantage: it renders the constant use of anodynes unnecessary. The following formula has been found the best:

R̄ Iodoformi, ʒ ij;  
 Unguent. cetacei, ʒ i;  
 Ext. conii, ʒ iss;  
 Acid. carbol., x gtt.—M.

This ointment is spread twice daily on soft linen, and applied over the inflamed surface, and then enveloped in oiled silk. No other dressing is necessary. The only objection to the use of this remedy is its peculiar odor. In those cases of burns attended with great *dryness* of surface from destruction of vitality and want of exhalation, the wound before being covered with the iodoform ointment, should be coated over with the common linimentum calcis. This affords a soft and moist dressing, which in no wise interferes with the action of the iodoform.—*Philadelphia Medical Times*.

#### THE USE OF ARSENIC IN THE TREATMENT OF DISEASES OF THE SKIN.

Dr. L. Duncan Bulkley, Physician to the Skin Department of Demilt Dispensary, New York, presents (*New York Medical Journal*, Aug., 1876) the following summary in regard to the rules to be observed in the use of arsenic therapeutically:—

1. Arsenic, when administered in medicinal doses, has quite another action from that manifested by poisonous doses; the average dose of the former is one twenty-fourth of a grain of arsenious acid, while the smallest toxic dose is stated at two grains.

2. Arsenic in medicinal doses does not produce any slow poisoning, but has been administered for months or years in quantities a small portion of whose aggregate amount would destroy life at once. Hebra has administered a total of more than half an ounce to a single patient. The accounts of the thetoxiphagi of Styria are true, and arsenic is eaten by some for many years without apparent ill effect.

3. Arsenic given by a careful practitioner, in doses to be effective, need never produce any symptoms which should cause regret.

4. Arsenic is eliminated very rapidly, chiefly by the bowels and kidneys, so that the urine shows evidences of it in a few hours; no trace of it can be found on careful analysis of the body after death, two weeks after the last dose of arsenic.

5. Arsenic, therefore, does not accumulate in the system, and no fear of this need be entertained; but when it is administered in increasing doses absorption may be hindered, and, when the doses become very large, active absorption of the large dose may give rise to a suspicion of cumulative action.

6. The first symptom of a full dose of arsenic, in a very large share of cases, is a fulness about the face and eyes, and conjunctival irritation and tenderness. This need not be exceeded, but may often be kept up with advantage to a slight degree till the disease yields. Before any harm is done by the arsenic, either this or a slight nausea or diarrhoea manifests itself.

7. Arsenic should always be given with or just after meals; it is often best to give it alone, or with a small amount of bitter infusion.

8. The bowels should be first well purged, and

an occasional laxative will both assist the action of the drug and prevent or modify some of its unpleasant effects.

9. If the urine becomes loaded and the tongue coated, it is best to stop the medicine for a short time and give diuretics; some of these disturbances can be prevented by combining an alkali, as acetate of potassa, carbonate of soda or aromatic spirits of ammonia with the arsenic.

10. The most serviceable forms in which to use arsenic, named in the order of their value, are: solution of the chloride of arsenic, solution of the arseniate of potassa, that of the arseniate of soda, and the arseniate of ammonia, arsenious acid, iodide of arsenic, and the arseniaes of iron and quinia; of as yet untried efficacy, solution of the chloro-phosphide of arsenic and arseniate of antimony.

11. The dose of arsenic, small at first, is to be increased slowly until some of its physiological effects are manifested or the disease yields; it may then be somewhat diminished.

12. It is very important that arsenic be taken very regularly and persistently, and always under the supervision and frequent inspection of the physician.

13. Arsenic is valuable in chronic rheumatism, hence is useful in arthritic eruptions; it is serviceable in certain neuroses, as chorea and neuralgia, therefore in skin diseases with neurotic elements; and it possesses anti-malarial properties, and is consequently serviceable in diseases of the skin showing periodic symptoms, as intermittent urticaria, etc., likewise in patients with other skin diseases who have been exposed to miasmatic influences.

14. Arsenic is certainly valuable in psoriasis, eczema, pemphigus, acne, and lichen, in proper cases and when due regard is paid to the secretory organs, and to diet and other elements of general health; of less certain value in lupus, ichthyosis, sycosis, verruca and epitheliomatous and cancerous diseases; it is absolutely useless or harmful in the syphiloderma, the animal and vegetable parasitic diseases (except in rare cases), in elephantiasis Græcorum, and Arabum, in purpura, true prurigo, herpes zoster, seleroderma, molluscum contagiosum and fibrosum, keloid, vitiligo, nævus, etc.

15. The only local application of arsenic which is justifiable is either one where the strength is so weak, and the extent of its use so small, that there is no danger from absorption, which may occur when not expected, or, one of such a strength as to kill the adjoining tissue at once, and so prevent absorption, as is the case with Marsden's mucilage.

#### ON A POWDER FOR THE PREVENTION OF CICATRICES FROM VARIOLOUS PUSTULES.

La Salute in this paper (*Paris Médical*, June 1, 1876, from *La France Médicale*) says he has proved in many cases the good effects of a powder composed of four parts flowers of sulphur and one part of red precipitate. He has been able by the aid of this topical application to prevent the formation of evident cicatrices on the face of a variolous patient. He was led to the application of this mixture in

cases of confluent small-pox, by the success which he had obtained with it in many forms of disease of the skin, particularly eczema and acne. This powder should be placed on a slight layer of glycerine previously spread on the pustules which have come to the point of suppuration. The glycerine insures the adhesion of the powder, which dries it up, forms a crust, and falls off, leaving the skin free from cicatrices.—*London Medical Record*, July 14, 1876.

#### TO PRESERVE ICE IN THE SICK ROOM.

A simple method to keep ice for use in the sick room is mentioned in the *Lancet* by Mr. S. Gamgee. This is to cut a piece of flannel about nine inches square, and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours—all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it, and the ice is thus kept quite dry. When good flannel with close texture is employed a small hole must be made on the bottom of the flannel cup, otherwise it holds the water, and facilitates the melting.

#### FASHION AND ITS PENALTIES.

By Washington L. Atlee, M.D.\*

Gynæcology (the disease peculiar to women), as a branch of study, was scarcely known half a century ago. The vast discoveries made in uterine pathology, and the advance in the treatment of the diseases of females, even in the life-time of many of us, are beyond estimate. A large majority of the members of the Society can well appreciate the extent of this progress. Old physic, if he has kept pace with the course of events, will acknowledge that in the early part of his professional career he knew little or nothing, comparatively of the proper treatment of such diseases. He can look back and call to mind scores of patients who went down into the grave without relief, and who could have been saved had he possessed that knowledge which the profession now claims. The proportion of female diseases, however, was no doubt much less in the earlier part of this century than it is now, because the habits of the people were much more simple and healthful than in the present day. Ladies then occupied the good old-style one and two story houses well-ventilated by wood-fires on open hearths; wore six yards of material for a dress; supported by suspenders upon their shoulders; did not constrict their bodies below the waist to the smallest possible wasp-like dimensions, but allowed their lungs to expand in the normal direction: wore low-heeled shoes to enable them to walk erect and throw the centre of gravity on to the spinal column, where it properly belongs; walked and lived much in the open air: rode on horseback instead of going in carriages, which are a modern luxury; retired early to bed

and arose therefore early: did not revel most of the night in over-heated, crowded, and badly-ventilated rooms, nor slumber away the whole of the next morning in their close chambers, while the balmy fresh air outside was inviting them to its embrace. Age may have blunted my sensibilities and clouded my judgment, but I remember that in the ardor of my youth, I admired the girl of that day as eminently healthful, rosy, buxom, and beautiful; and no doubt Thompson had the same lovely object in view when he wrote:—

"A native grace  
Sat fair proportion'd on her polished limbs,  
Veil'd in a simple robe, their best attire,  
Beyond the pomp of dress: for loveliness  
Needs not the foreign aid of ornament,  
But is, when unadorn'd adorn'd the most."

But as time has advanced customs have become different, and in proportion as they have departed from simplicity have the infirmities of women increased. Our dwellings have risen to three, four, and even five stories, and in like proportion have dress patterns augmented. The amount of dry goods required to furnish one dress now would have sufficed to clothe four or five of our good mothers when they were young women. How can we explain this singular phenomenon? Have the dimensions of our lovely sisters quadrupled, or has that remorseless goddess Fashion imposed upon the tender frame immense weight! Look at the interesting, delicate girl, pallid and wan, struggling wearily under a weight of clothing which the strongest of our sex would not tolerate; all suspended, not upon her shoulders, but upon her necessarily constricted waist. See this beautiful pea-fowl as she drags her long trail through the tobacco-juice, the slush and mud of our dirty pavements, scraping up sticks, straws, old paper, cigar-stumps and filthy quids of tobacco, and dropping them at every crossing—and thus block after block repeating the same disgusting and injurious performance! After such a scavenger-like promenade she finally reaches home, dragged out with the heavy burden she has carried, her costly silk or satin skirts all smeared with the most offensive filth, her stockings soiled, and her limbs wet and cold! You will notice, also, gentlemen,—I say gentlemen, for I am addressing you, and it is presumed that ladies do not hear me—that your patient has much material in her mere flounces and her enormous pack-saddles (I will not mention the technical name) as would make an old-style dress, and which is so much additional useless and injurious weight. But this is not all. Let us look at the leather and prunella. Follow in the footsteps of this fair one, and examine the imprint of her shoes, the heel-mark scarcely larger than the thumb-nail, then a skip, and then again the impression of a very narrow sole. Measure her tiny track. Behold! it is only five or six inches long? What a celestial foot for so stately a maiden! Our antipodes in the Celestial Kingdom—the heathen Chinese—could scarcely do better. Now look at this artistic shoe; you will notice several peculiarities—a heel about two inches high, shaved down almost to a point, and

planted forward almost under the instep. What a commentary upon the work of the Creator! He designed the os calcis for the heel, but the worshiper of Saint Crispinus says that it is properly located under the scaphoid and the cuboid bones. Nature has made the sole of the foot, at least the points of support, on the same level, but Mr. Lapstone says this is a mistake, and hence he tilts it up two inches higher behind! What is the effect? A lady's foot is crowded forward, all her toes are jammed together, and the great toe, which should be in line with the inside of the foot, is forced outwards across the other toes. Besides she is constantly walking down hill, and, indeed, in regard to health, is really going down hill all the time. If we could substitute the *anatomical* for the *fashionable* shoe maker, no such outrage on the laws of hygiene could occur.

Let us glance for a moment at the pathology of these dogmas of fashion. Examine a lady in full dress thus poised: high heels, and a constricted waist supporting from ten to thirty pounds of merchandise! She cannot, if she would, maintain a perfectly erect position. Look at her figure: her heels are tilted up, she is partly on tiptoe: the feet, head, and shoulders are thrown forward, and the hips must necessarily take an opposite direction to maintain the proper equilibrium. Why this is a caricature, a burlesque on female beauty! But when she stands forth as God has made her—erect in her fine proportions; with her full, finely chiseled bust; her ample waist responding naturally to every inspiration; animated by the glow of vigorous health; and clothed so as not to clog any vital function, nor hide every grace and walks forth as only she can walk who practically recognizes the physiology of the foot; she carries herself with true majesty; she is "a thing of beauty and a joy forever," and we bow down in adoration to the most beautiful object in creation. Drop the plummet from her fair forehead, and the line is parallel with the axis of her body, while in the other case it falls anterior to the body, resembling the string when taut on its bow, and forms the hypotenuse of an obtuse triangle. Sure then Venus de Medici was never chiseled from such model!

"Old as I am, for ladies' love unfit,  
The power of beauty I remember yet."—DRYDEN.

But this is not all. Beauty and health are twin sisters. Examine these two beings under another aspect. Place your line on the mastoid process of the one, and the plummet, as it should do, will strictly indicate the axis of the spinal column, and malleolus. This therefore, is the centre of gravity, and its force does not impinge upon a single vital organ. Make the same experiment with the other, The line of gravity will be very different: it leaves the vertebral axis, and passes through the organs of the chest, the viscera of the abdomen, and impinges upon the pelvic organs. Add to this a waist contracted and rigidly fixed. Now what must be the result? The upper wall of the thorax being an unyielding cone, and its lower border rendered incapable of expansion, the only compensation must be

in the direction of the least resistance. We all know where that is. There are from twenty to forty inspirations every minute during every day of our existence, and in such a faulty attitude of the body the diaphragm is driven down by each inspiration, in the line of the centre of gravity, like the piston-rod of a pump, forcing every organ below it more or less out of place. All violent and unusual exertions of the body also act in the same direction.

Is it any wonder, therefore, that the diseases peculiar to females should have increased to so alarming an extent? And is it strange that, with all these counteracting causes, we should find those ills so difficult of cure, and, when cured, so apt to return? It is fortunate for women amidst the follies of dress and the foibles of fashionable society, that pathology and treatment have made so much progress in uterine troubles. Were we not in advance of the knowledge of old physic, and did we possess no better means of combating the destructive influences of the times, our households would become female hospitals, and the treatment of such diseases would be an opprobrium to medicine. But to do the best we can, this "patched-up" existence is but a poor substitute for that buoyancy of health and spirits which is the natural birthright of the majority of women.

I have often said to my lady patients privately, and, gentlemen, I say it to you publicly, that if the ladies of this country, instead of being travestied by milliners and mantua-makers, and enslaved by every change in the tide of fashion, would, before adopting them, submit their costumes to a committee of medical men, or better, of medical women, they would be infinitely more comfortable, would enjoy better health, more satisfactorily fulfill the duties of maternity, and of marital life, and meet the requirements of every domestic and social position. We certainly would recommend clothing carried with ease and comfort; we would suspend all garments upon the shoulders: we would not constrict the most important part of the body, making that portion of the chest, which is naturally the most expansive, a contracted, immovable *point d'appui* for every inspiration to drive down and displace the vital organs; we would have the shoe to fit the foot, not forcibly adapt the foot to the shoe: we would order the heels to be low and broad, and placed where the Almighty designed them; we would discard the furs from the neck and shoulders for common use, reserving them for extraordinary occasions, and veto the use of unwieldy masses of false hair—as these portions of the body are so near the centre of circulation as to have their heat well maintained: in short, in adopting any style of dress we would do no violence to the laws of physiology and hygiene. This could always be accomplished in perfect harmony with good taste. The health of women, which is so intimately associated with the beauty, welfare and happiness of the whole human race, is too valuable to be sacrificed to the blind and indiscriminating tyranny of fashion.

In these remarks I mean no offensive criticism on the manners and customs of the day. I am incap

able of this. As physicians, we should be the conservators of public health; and we have no legitimate right to be counted in the profession, if, through any mercenary or other unworthy motive, we fail to promote it in every possible way.

Growing out of the debility and ill health to which our female patients are so often the victims, is the resort to tonics, stimulants, nervines and opiates, the former to maintain their strength, and the latter to quiet their nerves. This, I regret to say, is not sufficiently discountenanced by the profession, and often degenerates into a habit which entails a life-time of misery and distress. Tonics and stimulants can rarely, of themselves, add tone or strength to the animal system, and to regard them and to employ them with that view, is, to say the least, a most hazardous proceeding. There are times when they may be employed to advantage, but I apprehend that the cases requiring them are comparatively rare. Permanent strength is the result of molecular nutrition. And true nutrition is the effect of the assimilation and appropriation of wholesome food supplied to the stomach, mingled with and elaborated pure air inhaled by the lungs, and then subjected to the recuperative and depurative processes throughout the whole body—while the great pendulum, required to keep this machinery in healthful action, is exercise both of body and mind. The functions of life require both motion and rest to maintain them in a normal condition. Constant activity will destroy them by wear and tear, while uninterrupted inertia will sooner or later paralyze vital force. Bandage the arm in an immovable splint, and in six or eight weeks endeavor to exert its muscular power. It is gone. As with the muscular system so with the health of all other anatomical divisions of the body—exercise, in due proportion, is essential. If, then, our American ladies would depend upon exercise in the open air conjoined with simple habits, non-luxurious living and cheerful company, more than upon tonics and stimulants, they would soon secure that vigorous state of health that would enable them, by an effort of the will, to discard that other vice of using nervines and opiates for every trifling irregularity of the nervous system. It would be cruel to deny to the suffering some mild sedative, but the constant dependence upon such agents is weakening and demoralizing, and lowers the mind from that supreme influence over the body which is its rightful dignity. Besides, there is a terrible responsibility associated with these habits on the part of mothers which can scarcely be estimated. You will understand this when I announce the words of a prominent London physician, who says: "*the babies of London are intoxicated from the time they are born until they are weaned.*" How far this will apply to the little innocents of America I will not pretend to say; but the enormity of the practice, if such exist, may be estimated by a reference to the decalogue which tells that the iniquity of the parent shall be visited upon the children unto the third and fourth generation.—*New York Sanitarian.*

#### THE TREATMENT OF SEVERE SPRAINS.

On this topic Mr. S. Gamgee says, in the *Lancet*, not only can the patient bear well-applied pressure from the first, however great the swelling and acute the pain, but it may be laid down as a general proposition, to which I have never seen an exception, that, in severe sprains, effusion is most surely checked, and once it has occurred, its absorption is most rapidly promoted, while pain is most effectually relieved, by pressure and immobilization. It is as true now as when Velpeau taught it, that "compression is the sovereign resolvent in contusions with infiltration and swelling."

By way of illustration, I may briefly relate the progress of a case in which I was consulted by my friend and colleague, Mr. John Clay. His patient, an elderly gentleman, had recently sprained his right ankle in going over a ploughed field. As he had a policy in one of the accidental insurance companies, its medical officer saw the case, and he advised an incision, to give vent to matter, which he thought had formed in the centre of the swelling. In this advice he was sustained by a hospital surgeon, who was, additionally, called in on behalf of the company. Mr. Clay, dissenting, invited my attendance. I found the right ankle hot, and exquisitely painful. It was so much swollen that its circumference over the heel exceeded that of the corresponding sound joint by nearly an inch and a half. The skin on the outer side of the ankle was especially hot, red, tense, and shining; palpitation in this situation communicated a feeling of elasticity, closely simulating, but not amounting to fluctuation.

With Mr. Clay's concurrence and assistance, I enveloped the limb from the toes to the knee in fine cotton-wool, applied well-moulded pasteboard splints on each side, bandaged with methodically uniform compression, and starched the outside. A second consultation was held in the course of three days, when I found the patient very much easier. He had had a good night's rest and had been able to turn over in bed, and could bear the limb lifted and put down again without pain. On opening the apparatus in front I found the swelling had considerably decreased; the previously red skin was yellowish and shriveled, like the skin of a late russet apple, not looking, as at my first visit, like the red shining skin of a prime Blenheim. That shriveled look is always a good sign. I pared the edges of the case, and readjusted with firm pressure. Three days later more shrinking was met by fresh paring, and still firmer bandaging. At a consultation held a fortnight after the first, the patient was perfectly easy. No one thought any more about puncturing in search of matter. The insurance company compromised the affair by paying down a substantial sum of money, and I replaced the pasteboard apparatus by strapping the joint with emplastrum olei spread on leather, and a Churton's bandage applied with smooth firmness.

When I last saw the patient with Mr. Clay, he was walking about his garden with a stick; the plaster had been very properly removed, and the

swelling had subsided, the only difficulty to locomotion being stiffness of the joint. I cracked the adhesions by using the requisite amount of well-applied force, and we concurred in advising free use of the joint. In a note which I received from my colleague seven weeks after our first consultation, he wrote: "Our patient is progressing very satisfactorily; he comes to business every day, walks about a good deal, and does not require surgical supervision."

#### DOUBLE OVARIOTOMY—TRANSFUSION OF MILK—RECOVERY.

Dr. T. G. Thomas, (N. Y., Obstet. Society,) presented two solid tumors of the ovary, both removed from the same patient, whose history he related as follows:

Three weeks ago he was consulted by a lady, thirty-two years of age, the mother of three children, the youngest of which is seventeen months. The patient had always enjoyed good health until the birth of her last child, after which she gradually lost strength, suffered from night sweats, and became very much emaciated. She consulted Dr. Clark, of Oswego, who made an examination and discovered a solid tumor of the right ovary of the size of a hen's egg, which he thought malignant in character. The tumor grew with moderate rapidity until it reached the size of the larger one exhibited, plus about one-third lost by shrinkage since its immersion in absolute alcohol, *i. e.*, about the size of an adult head. The patient in the meanwhile consulted Dr. Chauncery L. Mitchell, of Brooklyn, where she resided, and Dr. Atlee, of Philadelphia, the latter of whom said that the tumor was malignant, and that an operation for its removal would be extremely hazardous. When Dr. Thomas first saw the patient she was exceedingly feeble and emaciated, appearing like a person suffering from diabetes. The abdomen was tender to the touch and distended by a tumor, which reached above the umbilicus. The general and local features of the case reminded him of two cases of adenoma of the ovary which had previously occurred to him; he therefore made that diagnosis, and dissented from Dr. Atlee as to the chance of recovery, telling the friends of the patient that there was ninety chances out of one hundred against her, but probably ten in her favor. Wishing to make a further examination in the presence of several gentlemen of this city, Dr. Thomas requested the patient to call at his office again, but she was so exhausted by her first visit that she was unable to comply with his request. The friends were very anxious for the removal of the tumor, and the operation was therefore fixed for Thursday, October 14th, and performed at 3 p.m. on that day. On opening the abdomen, which contained no dropsical fluid, a large solid tumor of the right ovary was found, the pedicle of which was first secured by a clamp, which was subsequently removed, however, and its place supplied by a ligature, the pedicle being then dropped. The left ovary was found in Douglass' cul-de-

sac, pushing the uterus forward. Previous to the operation Dr. Thomas had thought this tumor behind the uterus to be a portion of the large tumor, and probably adherent, which fact would have rendered the prognosis still less favorable. The left ovary was removed, the pedicle ligated and dropped. The duration of the operation was only thirty-six minutes, which was fortunate, as it is important not to keep the abdominal cavity open too long, or the patient for a long while under ether. After the operation the patient was seized with vomiting, which continued until the following Saturday, and obliged nutrition to be performed entirely by the rectum. On Saturday she had a severe metrorrhagia (after having been amenorrhœic for the last three months), and became very much prostrated, pulse, 140, temperature 101°, no febrile reaction. On Sunday, Dr. Thomas left for Rhinebeck, where he had an operation to perform, leaving Dr. S. B. Jones in charge of the patient. In the afternoon he received a telegram that she was sinking, and apparently near death. During the night, however, she rallied somewhat, and appeared slightly better when he saw her on Monday morning. In the evening, between 6 and 7 o'clock, however, he received a dispatch, saying that she was sinking rapidly. He hurried to Brooklyn, arriving there at 8 o'clock, and found the patient bathed in a cold, clammy perspiration, and exceedingly collapsed, the pulse 142-145, sometimes entirely lost at the wrist; and in his opinion, and that of the attendants, the end approaching. Preparations had already been made to perform transfusion with milk in case of necessity, for which Dr. Thomas had left directions in the morning; an Alderney cow was driven into the yard and milked into a pitcher covered with gauze, the pitcher standing in a pail of warm water. All impurities were thus prevented from entering the milk, which was kept at a proper temperature by the warm water in which it stood. The canula was introduced into the median basilic vein, and nine ounces of milk were gradually injected. Dr. Thomas used the transfusion apparatus devised by Robert and Colin, of Paris, which consists of a large funnel, into which the fluid to be transfused is poured, at the bottom of which funnel is an opening connecting with a syringe, to which is attached the tube leading to the canula in the vein of the patient; closing this opening in the bottom of the funnel is a movable ball of aluminium, which, being lighter than any fluid, but heavier than air, when the mouth of the funnel is turned upward, by its own gravity effectually closes the opening against the entrance of air with the fluid when the piston of the syringe is drawn back in filling, or pushed forward in emptying the syringe. This ingenious contrivance was used with great satisfaction in this case. After the injection of a few ounces the patient experienced no sensation whatever, the pulse being feeble and beating 160-167; but when six ounces had been introduced, she at once complained that her head felt like bursting, a rigor came on, followed by high temperature, the pulse beating 152-155. These symptoms continued for

some little time after the completion of the transfusion of the nine ounces of milk. One hour afterwards she fell into a sound sleep, which continued all night, and from which she was not aroused for the purpose of giving her nourishment, because she had latterly been unable to retain anything administered either by the stomach or rectum. The next morning, Tuesday, she was slightly delirious, but much stronger, the pulse 116; she said that she felt "as though she were going to get well." From that time she improved steadily, and is now out of bed and out of danger, and doing well.

Dr. Thomas said that he would not positively assert that the transfusion of milk saved the life of the patient, but his firm conviction is that it did.

The tumors were both of the same structure, with a dense, fibrous feel, but still not like a uterine fibroid. The larger shows a deep sulcus in which runs the Fallopian tube; the smaller is about the size and shape of a kidney, its surface like that of a cirrhotic liver in appearance. Specimens of the larger tumor were sent to four gentlemen for microscopic examination, two of whom reported it to be adeno-sarcoma, a mixture of embryological ovarian elements and sarcomatous cells, and the other two simple adenoma.—*American Journal Obstetrics.*

The transfusion of milk, as detailed in the above article, was first suggested and practiced by the eminent Dr. Hodder of Toronto, in the collapse of Asiatic Cholera. In his full article Dr. Thomas gives Dr. Hodder full credit in the matter.—*Editor Record.*

#### TREATMENT OF RHEUMATIC FEVER BY SALICYLIC ACID, UNDER THE CARE OF DR. BROADBENT, AT ST. MARY'S HOSPITAL.

Few diseases have had brought against them a heavier armament of drugs than has acute rheumatism. It has been stormed by alkalies and salines, attacked by acids, assailed by perchloride of iron and by quinine, surprised by propylamine and claychlorure, drained by venesection and purgatives, flooded alternately with hot and cold water, alarmed with blisters, blasted with hot air, lulled by opium, and appeased by chloral hydrate. In addition to these, it has been constantly harassed by the raids of lesser foes, such as lemon juice, citric acid, belladonna, and iodide of potassium. Now another apparently powerful enemy has appeared. Salicylic acid has been shown by Stricker to be able to prevail against some cases of acute rheumatism, and Dr. Broadbent's experience seems to confirm this character. The beneficial action of the drug in the following cases was constant and unequivocal. Whether the reputation of this remedy will prove more durable than that of its rivals remains to be seen. The drug is at least worthy of a careful and complete trial.

For the following notes we are indebted to Mr. Jackson Gawith and Mr. H. Sworder, house-surgeon.

CASE 1. E. H., aged thirty-one, domestic servant, was admitted Feb. 2d, suffering from rheumatic fever. She was first taken ill on Jan. 28th. On admission, she had severe pain in the left ankle, the right knee (which was greatly swollen, tender, and contained fluid), and the right wrist and elbow. The heart's action was frequent, the sounds normal; temperature 103°; pulse 128. Salicylic acid was ordered to be given in doses of seven and a half grains every hour for six hours.—6.30 P. M.: After having taken four powders, the pain in the joints was not quite so bad; perspiration not increased; heart sounds normal; pulse weak, 120; temperature 102.2°.—11.30: Seemed comfortable; had slept soundly for three hours. Tongue furred, but moist; temperature 101.2°; pulse 100.

Feb. 3. Perspired freely during the night. Had not been sick. Pain in legs somewhat increased on movement; tongue clean; bowels opened; temperature 89.7°; pulse 96.

4th. Better; legs not painful, but stiff on movement; temperature 99.2°; pulse 90; heart sounds normal.

5th. Patient had a very restless night, but the pain in the joints was much less, and there was less stiffness; temperature 98.8°; pulse 84.

6th. The salicylic acid was ordered three times a day. Patient quite free from pain; joints of normal size, not tender or stiff. Heart sounds normal, appetite improving. Temperature 98.4°; pulse 80.

7th to 14. Convalescence satisfactory, and she was discharged on the 14th, feeling quite well and strong.

CASE 2. L. W., aged seventeen, a valet, was taken ill on Feb. 19th, remaining in bed next day on account of pain in his legs and swelling in his right knee. On admission on the 23rd the symptoms of acute rheumatism were well marked. The legs were drawn up and very painful. Temperature 103°; pulse frequent, artery large, full between beats; a grave soft systolic murmur heard at apex of heart. Fifteen grains of salicylic acid ordered every hour for six hours. The first powder was taken at 6 P. M., the temperature at 5.35 being 102.6°; pulse 120.—8.35: Temperature 102.4°; pulse 114.—10.30: Temperature 100°; pulse 110. By this time he was quite free from pain.

Feb. 24th. Patient slept soundly and perspired very freely during the night. There was a little pain again in the right leg; bowels not open; tongue furred. Temperature 100°; pulse 108. At about 4 o'clock in the afternoon the powders were repeated for four doses. At 7 o'clock the temperature was 100.2°; pulse 110. At 10 o'clock the temperature was 99°; pulse 80.

25th. Patient passed a good night. Did not perspire much. Quite free from pain; bowels open. Still a slight murmur heard at apex. On being removed to the convalescent ward, he left the chair on which he was being wheeled, and ran to his bed. Appetite improving. Temperature 98.4°; pulse 84. Convalescence good.

CASE 3. E. L., aged twenty-five, servant, had had two previous attacks of rheumatic fever. Ten days before admission she took cold. Her throat became sore and she took to her bed on February 9th, and on the 13th she was attacked with severe pains in the arms and legs, accompanied by extreme tenderness; the knee-joints also became swollen and red, while the tongue was thickly furred and dry, and the bowels constipated.

On admission, on the 15th, all the above symptoms were well marked. Temperature  $101.6^{\circ}$ ; pulse 104. —At 10 P. M., temperature  $102^{\circ}$ ; pulse 96. A Dover's powder and an alkaline mixture were given, and an alum gargle was used for the throat.

Feb. 16th. Patient did not sleep well, but perspired freely during the night; both legs and the left arm (especially at the wrist) painful, tender and swollen, throat not so sore. Temperature  $100.7^{\circ}$ ; pulse 100.—1.45 P. M.: Salicylic acid ordered in twenty-grain doses every hour for six hours, and an alkaline spray to throat.—2.45: Temperature  $101.6^{\circ}$ ; pulse 100.—4.40: Temperature  $100^{\circ}$ ; pulse 92.—6.20: Temperature  $100^{\circ}$ ; pulse 90.—7.40: Temperature  $100.2^{\circ}$ ; pulse 96.—10.30: Patient in very little pain; throat easier since the use of spray. Inclined to sleep.

17th. Patient slept well and perspired freely in the night; pain had left all parts except the wrist, but the limbs still felt stiff. Temperature  $100^{\circ}$ ; pulse 96.

18th. Throat quite well; tongue cleaning; patient stated that she has no pain whatever; had a good night's sleep; bowels not open. Temperature  $99.4^{\circ}$ ; pulse 88.

19th. Patient slept well; no pain or stiffness; less perspiration; appetite improving; urine normal, sp. gr. 1030. Castor oil ordered on account of the confined state of the bowels. Temperature  $99.2^{\circ}$ ; pulse 84.

22d. Patient has continued free from pain since the 19th, but the temperature was not quite normal until this morning. Temperature  $98.4^{\circ}$ ; pulse 80.

23d. Patient not quite so well; complained of a severe headache, and also of feeling sick. Bowels constipated. Temperature  $99.6^{\circ}$ ; pulse 100. Citrate of iron and quinine ordered to be given three times a day.

27th. Some improvement till the afternoon of the 26th, when a decided relapse took place, with pain, swelling, and redness of the wrist. Tongue thickly coated and dry. Temperature  $101.4^{\circ}$ ; pulse 98. Salicylic acid was repeated in twenty-grain doses every hour for six hours.

28th. Much better. Pain in wrist quite gone; perspired well after powders. Temperature  $99.8^{\circ}$ ; pulse 90.

March 1. Patient not quite so well again. Complained of some pain in the left wrist, which appeared somewhat swollen, and was painful to the touch. Temperature  $99.8^{\circ}$  pulse 94. Appetite very poor. The salicylic acid was repeated in the evening in the same doses as before, but only for three hours.

The patient slept well, and next morning she was quite free from pain. Bowels open; appetite not so good. Temperature  $98.4^{\circ}$ ; pulse 84. Patient continued to improve, and left hospital quite well on the 10th.

CASE 4. J. C., aged nineteen, general servant, fell ill about a month before admission, with some pain in the shoulder and right elbow. When admitted on Feb. 28th she was suffering from well-marked symptoms of rheumatic fever. The right arm was painful, and the wrist greatly swollen, red, and very tender. There was also some tenderness in lower extremities. The tongue was dry and furred. Temperature  $102.8^{\circ}$ ; pulse 108; respiration 28. A loud friction-sound, intensified by pressure of the stethoscope, was audible. Six powders of salicylic acid, twenty grains each, ordered to be taken, one every hour. After the first powder the pain became much easier, but the temperature remained the same.—9 P. M.: Temperature  $102.8^{\circ}$ ; pulse 110.—10.30: Temperature  $102.4^{\circ}$ ; pulse 108.—11.45: Temperature  $101.8^{\circ}$ ; pulse 112.

Feb. 29. Had a good night; perspired freely; was in very little pain; appetite improving. Continue broth diet. 8 A. M.: Temperature  $99.8^{\circ}$ ; pulse 96.—8 P. M.: Temperature  $100.8^{\circ}$ ; pulse 104.—10 P. M.: Temperature  $101.8^{\circ}$ ; pulse 108. Powders repeated for three hours.—11 P. M.: Temperature  $100.2^{\circ}$ ; pulse 98.—12.10 A. M.: Temperature  $98.6^{\circ}$ ; pulse 92.

March. 1. Patient had slept soundly, and felt better; was in no pain, but there was some stiffness about the joints. Temperature  $98.8^{\circ}$ ; pulse 96.—5 P. M.: A slight return of pain in wrist, so that the powders were repeated for four hours. Temperature  $98.8^{\circ}$ ; pulse 84.

2d. Had a good night's rest, and was quite free from pain. There was a soft mitral systolic murmur heard at apex; skin moist; tongue clean; bowels open; appetite improving. Temperature  $98.4^{\circ}$ ; pulse 68.

5th. Convalescence went on well, patient feeling stronger daily. Was discharged a few days afterwards, temperature having been normal for over a week.

Remarks by Dr. Broadbent.—The cases reported speak for themselves, but it may be stated that they were all well marked examples of acute rheumatism, and that two of them were of more than average severity. The results of the treatment of rheumatic fever by salicylic acid in the practice of Stricker, of Berlin, were so remarkable that the earliest opportunity was taken of bringing the drug to the test of experience. The mode of administration recommended by Stricker is that twenty to thirty grains be given every hour for six doses, but at the first trial at St. Mary's only seven grains and a half were given at each of the six hours, simply suspended in water. No bad effects being observed, the dose was increased. It was impossible not to be astonished with the effects, and notwithstanding the many disillusionings experienced in medicine brings, not a few of which have been furnished by acute

rheumatism, I should not do justice to my conviction were I not to say that apparently we have in salicylic acid, as Dr. MacLagan has said in his communication, a remedy for rheumatic fever comparable to quinine as a remedy for ague. According to present experience rheumatic fever when treated by this drug is an affair of two or three days. The disease is common enough, and its usual course sufficiently well known, so that no long time will be required to establish some definite conclusion, and to bring out any possible injurious effects. The only complaint hitherto made of the acid is that it is hot and irritating to the throat; given in milk, vomiting has been produced.

Careful examination of the effects on the pulse, temperature, urine, etc., will no doubt yield important information. Mr. Sworder, who has watched the cases very closely, states that the temperature invariably rises for a short time after the administration of the first dose, but the observations recorded in the careful notes taken at short intervals by him and Mr. Gawith show a gradual fall both of temperature and pulse rate. No sphygmographic observations were made. Relief from pain was always quickly obtained, and, as a rule, the patients slept well, no opiate being required; as a rule, again, there was very free perspiration, but this of course is common in acute rheumatism.—*Lancet*, April 8, 1876.

#### TREATMENT OF SUNSTROKE.

Sir Joseph Fayrer, Practitioner, March, 1876, thus clearly and briefly presents the treatment of sunstroke: In cases of simple exhaustion ordinary treatment is all that is needed. Removal to a cooler locality, the cold douche (but not too much prolonged), or the administration of stimulants may be beneficial. Tight or oppressive clothing should be removed, and the patient treated as in syncope from other causes. Rest and freedom from exposure to over-exertion, fatigue, or great heat, should be enjoined.

In that form of sunstroke where the patient is struck down suddenly by a hot sun, the patient should be removed into the shade, and the douche of cold water being allowed to fall in a stream on the head and body, from a pump (or as in India from the mussuck, or other similar contrivance) should be freely resorted to, the object being twofold: to reduce the temperature of the overheated centers, and to rouse them into action. During the assault on the White House picket in the last Burmese war, numbers of men were struck down by the direct action of the sun during the month of April. They were laid out perfectly unconscious in their red coats and stocks—they wore them in those days, 1852—but were recovered by the cold douche freely applied by the mussuck over the head and body. In some cases rousing by flagellation with the sweeper's broom was added, and all recovered with the exception of two cases, both of which had been bled on the spot where they fell. Mustard plasters and purgative enemata may be useful.

If recovery is imperfect and followed by any indication of injury to the nerve-centers, or by the supervention of meningitis, other treatment may be necessary according to the indications. Much exposure to the sun should be carefully guarded against, and unless recovery be complete and rapid, the sufferer should be removed to a cooler climate, the most perfect rest and tranquility of mind and body enjoined, and the greatest care be observed in regard to extreme moderation in the use of stimulants.

In the cases of thermic fever, heat being the essential cause of the disease, the object is to reduce the temperature of the body as quickly as possible, and before tissue changes have resulted from the action of heat. As the hyperpyrexia is due not only to the direct operation of heat on the nerve-centers and tissues, but to the fever set up by the disordered vaso-motor arrangements, remedies such as may influence this disturbed condition have been suggested. The results have appeared in some cases to justify the theory; and the hypodermic injection of morphia and of quinine have both been considered to produce good results by their influence on the vaso-motor nerves and their power in retarding tissue change.

Bleeding has now happily been almost abandoned; the congested livid surface, the coma and stertor which formerly suggested it, are not now so treated. Bleeding has, no doubt, great power in reducing temperature, and there are cases in which it may still be practiced with advantage; but they are, I think, the exception and not the rule. In cases where venesection has appeared first to give relief and mitigate the symptoms, the improvement has been often transient and followed by relapse into a more dangerous condition, which has terminated fatally.

I could lay down no absolute rule in this or other diseases with reference to the abstraction of blood; and it is quite possible that greater immediate danger to life may exist in an over-distended right side of the heart than in the loss of an amount of blood that might have tided the patient over that state of peril; and therefore I would suggest that each case in this respect be treated according to its own peculiar merits. The treatment generally consists in the judicious applications of cold, either by affusion or by the application of ice to the surface, the reduction of temperature being watched with a thermometer in the axilla, mouth, or rectum.

Care should be taken not to prolong the cold application too long, as danger arises from depressing the temperature below the normal standard. The bowels should be relieved, and blisters may be applied to the calvaria and neck, though I may say I have not much faith in their efficacy.

In the epileptiform convulsions that so frequently occur, the inhalation of chloroform or ether may be of benefit, but their administration must be carefully watched. The earliest and most severe symptoms having subsided, the febrile condition that follows is treated on ordinary principles—salines and aperients being given, but not to the extent of depressing the patient. The diet must be carefully

regulated, and of the blandest and most nourishing nature.

As improvement progresses, other symptoms may supervene indicative of intra-cranial mischief. Where the indications are those of meningitis, the iodide of potash and counter-irritants may be used with advantage. Removal to a cooler climate is essential: as a general rule, it is desirable that the sufferer should not, for a long period at least, return to a hot or tropical climate, and he should be guarded against all undue exposure to heat work, or mental anxiety of any kind. The sequelæ of sun-stroke are frequently from such causes most distressing and render the patient a source of anxiety and suffering to himself and to his friends.

The less severe symptoms—those, probably, indicative of the slighter forms of meningitis, or of abnormal brain or nerve change—occasionally pass away after protracted residence in a cold climate, but they are not unfrequently also the cause not only of much suffering but of shortening of life. It is not possible, in a short notice, to describe all the conditions that may result; they point to permanently disturbed, if not structurally injured, cerebro-spinal centers, and the treatment required is as varied as the symptoms presented.

#### PUERPERAL ECLAMPSIA.

BY SAMUEL C. BUSEY, M.D., WASHINGTON, D.C.

*(Extract from the Address on Obstetrics, delivered before the American Medical Association, June 8, 1876. Published by permission of the Committee on Publication.)*

The pathology of puerperal eclampsia continues so involved by the confusion of conflicting opinions, that the student is more confounded than were the builders at the tower of Babel. But, notwithstanding this diversity and contrariety of opinion, there are a few facts which may be profitably studied in connection with recent discoveries.

1st. About ninety per cent. of the cases of puerperal eclampsia\* are associated with albuminuria. †

2d. Much the larger number of the autopsies of women dying of puerperal convulsions exhibit renal lesion; and Bright's diseases in women are most frequent among the child-bearing and during the child-bearing period. Hence the corollary is inevitable, that pregnancy stands in the relation of cause.

To this, however, there is an apparent contradiction, in that primiparæ and plural pregnancies are more liable to convulsions than multiparæ, whereas, by parity of reasoning, the reverse result should obtain.

The excess of liability in primiparæ and plural

\* In 50,928 deliveries reported by Clarke, Collins, C. Johnson, Skeleton, and George Johnson, there were 138 cases of convulsions, of which 109 were primiparæ,—seventy-nine per cent.

† Nat. Med. Jour., vol. ii., p. 1, et seq.; also, Obst. Jour. Great Britain and Ireland, vol. ii., p. 254.

pregnancies, and the additional fact that depletion of the gravid womb is the most certain method of terminating the convulsive seizures, have given undue prominence to the mechanical theory of causation,—obstructive hyperæmia of the kidneys. I acknowledge the force of this hypothesis, but cannot accept its absolute verity. That a kidney engorged either with arterial or venous blood should supply a diminished quantity of urine, and that that should be stained with blood and contain albumen, either or both, is not remarkable, nor is it extraordinary that such a condition should result in the establishment of permanent lesions, similar to if not identical with the ordinary post-mortem appearance of the kidneys found in cases of Bright's disease. But it is the presence of the gravid womb, not of every abdominal tumor,\* which is so frequently associated with albuminuria. Nor is this phenomenon incident only to the period of greatest mechanical disturbance, but to the condition of gravidity; and oftentimes it is present long anterior to the commencement of convulsions or to the completion of the term. It is but a symptom, denoting, it may be, "change in the blood-pressure" (Wagner) either in the renal vessels or in those of the whole body, or alterations in the parenchyma or substance of the kidney, or, more probably, alterations of the blood. If, then, interruption of the blood-current through the emulgent veins be a factor, it must, like many of the accidental phenomena of utero-gestation, be classed as an adjuvant,—the culminating event,—and as such offers an explanation of the greater frequency of convulsions among the primiparæ, because of the greater tension and rigidity of the abdominal walls, and the unaltered relations of the angle of pelvic inclination. Pregnancy, not the period of utero-gestation, is the essential factor. The cause, then, must lie in the altered relations, not of the parts which lie in anatomical contiguity, but of the functions of the animal economy.

During pregnancy the mass of blood is augmented, its constituent fibrin is increased, the albumen is diminished, the number of red blood-corpuscles is reduced (most markedly so during the later months), its temperature is elevated, the proportion of solids lessens, and the quantity of water increases with the progress of gestation, the normal relation which exists between the fibrin and water becomes disturbed, there is hypertrophy of the left ventricle the heart becomes stronger, arterial tension (especially in the primiparæ) is increased, and during labor the blood-pressure (Fritsch), both arterial and venous, rises, while a uterine contraction is present. Thus, conditions favoring fibrin-separation and congestions are present to a remarkable degree, and various viscera—brain, heart, lungs, and kidneys—may be temporarily congested. There are also added and retained effete products, and consequent

\* Albuminuria frequently results from impediment to the evacuation of the bladder, occasioned by pressure of fibroid, or other tumors upon the ureters." Hue has observed such cases. Amer. Jour. Obst., vol. ix., p. 159.

increased strain upon the kidneys. In the primiparæ the vascular apparatus (Harcourt Barnes\*) is not adapted, and in many pregnant women the assimilation of nutriment is inadequate to the added physiological work, and the tension of the cerebral vessels, which increases with the progress of gestation, attains its maximum (Madden †) during parturition, when convulsions must frequently occur. There is, in addition, an increase of nerve-force, irritation of the pneumogastric, and a nervous sensitiveness especially characteristic of pregnancy.

The evacuation of the gravid uterus is followed by engorgement of the abdominal veins, which had been more or less obstructed by the pressure of the enlarged organ. This abstraction of the blood from the thoracic organs and from the brain, harmless as it is in most cases of parturition, and salutary as it proves to be in a majority of cases of convulsions, may result in such a condition of cerebral anæmia, enfeebled and irregular cardiac action, and imperfect decarbonization of the blood, as to become, in conjunction with the deteriorated condition of the blood mass, the immediate and exciting cause of post-partum convulsions.

The condition of the blood during pregnancy is aggravated by the loss of albumen, simulates anæmia, yet the condition of the system is that of physiological plethora, due to the increment of the blood-mass. During pregnancy and during labor the brain may contain a redundancy of this impoverished and deteriorated fluid, and yet be insufficiently nourished. The sudden engorgement of the abdominal veins after delivery may withdraw from the cranial cavity the requisite amount of fluid. In both instances the brain is anæmic, in one case containing an excess, in the other a deficiency, of the altered and toxæmic blood.

To these physiological departures from a condition of health, due to the pregnant state and taking place coincidentally in the blood, the vascular apparatus, and the nervous centres, most rapid in their progressive development and manifest in their effects upon the animal economy during the period when puerperal convulsions usually occur, and to the consecutive and consequent morbid changes, we must look for the predisposing and proximate causes of puerperal eclampsia. It is not, however, my purpose at present to seek a determining cause, but to associate these conditions with other facts which have but recently come to our knowledge.

The physiological phenomena which favor cerebral congestion lend force to the once very commonly accepted theory that puerperal convulsions were occasioned by a determination of blood to the head. This view derives important corroboration from the anatomical resemblance of the arterial circulation †

in women and in the cow,\* to which parturient apoplexy and convulsions are mainly confined. The points of resemblance, as indicated by Prof. Walley, are in connection with the distribution of the internal carotid and the formation of the basilar artery and the circle of Willis, which favor a larger and more direct supply of blood to the brain, especially to the centres from which emanate the convulsive actions in puerperal eclampsia. If these researches should be confirmed by future investigations, we have present, during pregnancy, a peculiar condition of the blood, increased arterial tension, augmented blood-pressure, and an anatomical arrangement of the brain vascular apparatus, which favor inter-cranial congestion. To these may be added toxæmia, from destruction of the red blood-corpuscles, and retained effete products from renal congestion; malnutrition, from the loss and consumption of albumen, and from an inadequate supply of nutriment; deficient consumption of oxygen, from diminution of muscular action; and the various incidental nervous phenomena which so frequently complicate the period of utero-gestation. All these, acting together in the turbulent union of untoward events, culminate in convulsions.

But perhaps the most important contribution recently made to the study of the nature of puerperal eclampsia consists in the recognition of the febrile phenomena so uniformly associated with the convulsive seizures.

Quineke was the first to observe the elevation of temperature in puerperal eclampsia; † but to Bourneville ‡ we are indebted for the first series of systematic observations. From carefully recorded thermometric observations in seventeen cases, including four fatal cases, he deduces the following conclusions: §

"1st. During the eclamptic state the temperature is raised from the onset of the attack to its termination.

"2d. In the intervals of the attacks the temperature remains elevated, and at the moment of the convulsion a slight accession takes place.

"3d. If the eclamptic condition is about to terminate in death, the temperature continues to augment, and reaches a very elevated figure; if, on

\* In the horse the vertebrals do not enter into the formation of the brain-circulation. In the pig and dog the basilar artery is formed by the cerebro-spinal branches of the occipital, as in the horse. In the sheep the vertebral, after anastomosing with the occipital, sends branches which gain access to the cranium and contribute to the formation of the basilar, and a large plexus which lies underneath the medulla. The difference of the circulation in the ox and sheep is, that in the ox each vertebral, after anastomosing with its fellow, proceeds forward and connects through the posterior plexus with the occipital, while in the sheep the vertebrals pass into the spinal canal, inosculate, proceed forward as a single artery, again bifurcate, and anastomose with the occipitals. Tralley, *Obst. Jour. Great Britain and Ireland*, vol. ii. p. 376.

† Quineke, *Berlin. Wochenschrift*, 1869, No. 29.

‡ *Arch. de Toxicologie, Des Mal. des fem. et des Enf.*, April, 1875, Paris.

§ I have had the opportunity of confirming these observations in two cases, the convulsions occurring in one at the sixth month, and in the other at "full term."

\* *Amer Jour. Obst.*, vol. viii., p. 719.

† *Obst Jour. Great Britain and Ireland*, vol. ii. p. 239.

‡ The human brain derives its arterial supply through the internal carotid, vertebral, and ophthalmic arteries. The circulation is equalized by the circle of Willis, which is formed by the anastomosis of the branches of the internal carotid and vertebral arteries. The basilar artery is formed by the junction of the vertebral arteries.

the contrary, the attacks diminish and the coma ceases in a definite manner, the temperature lowers progressively and returns to the normal standard."

In June, 1875, M. Diendé\* published four new observations, two of which confirmed the opinions of Bourneville, while the others invalidated in part the proposition that the temperature was elevated in eclampsia, and incidentally invalidated the proposition that in the intervals it was maintained at a high degree, and slightly elevated at the time of the convulsion. In December last Herbart † published three additional cases; a single observation has been made by Richardson, ‡ and two by myself, making in all twenty-seven cases. With the exception of the two cases before referred to, the observations confirm the conclusions deduced by Bourneville. Of these twenty-five cases, seven died. A single death occurred with a temperature as low as 102.4°; in the other six cases the highest elevations ranged from 104° to 109.5°. Among the recoveries the temperature rose in one case to 105.8°, and in another to 106°. Therefore the maximum of safety cannot be established; but in all the fatal cases the temperature remained elevated, and in every case of recovery it lessened. No death occurred with a temperature below 102.4°, and no recovery took place with a temperature above 106°. The thermometric cause was not uniform, because of the alterations produced by the effect of therapeutic agents.

These results present important indications in regard to the treatment and prognosis in cases of puerperal eclampsia. The value of remedies may be determined by the modifications of the temperature, and their inutility may be established by its progressive elevation. The fever, be it a factor of causation or a coincident phenomenon of the convulsive environment, is manifestly the element of danger. This inference is corroborated by the varying success of the different therapeutic agents which have from time to time been employed in the treatment, and which owe their efficacy to their antipyretic qualities, or rather to their power to abstract body-heat. Venesection, which at one time was regarded as the "sheet-anchor" of hope, and even now has many advocates, not only diminishes the mass of blood, lessens arterial tension, and relieves blood-pressure, but also produces rapid falling of the temperature, in the well as in the sick.

This effect may be transitory, and speedily followed by increased arterial tension and an elevation of temperature, but the fever-course of eclampsia exhibits marked depression after the abstraction of blood. In Richardson's case the temperature fell from 103° to 102° after venesection, but, the tenseness of the jugular veins and unconsciousness continuing, a second abstraction of blood, with the application of an iced collar to the neck, established convalescence. In Herbart's case the abstraction of twenty ounces of blood was followed by an imme-

diately fall of 1°, and in the five succeeding hours of 35°. The illustrations might be multiplied; and even in the fatal cases venesection, when employed, either stayed for a time the progressive elevation, or depressed the temperature to rise again.

Chloroform-narcosis lowers body-heat by diminishing the rapidity (Billroth) of metamorphosis, thus lessening the production of heat. Chloral hydrate lessens heart-action and lowers temperature. In the fever of eclampsia the effect of both of these agents is marked by the descent of the curve. Veratrum viride, so highly extolled by Hearn,\* depresses the temperature, slows the heart, lessens arterial tension, and diminishes the blood-pressure. †. Digitalis diminishes the activity of heat production. Aconite depresses the body-heat by its paralyzant action on the heart and organs of circulation (Bartholow. ‡ Cold affusions, purgation, and nauseants lessen body-heat. In brief, the successful methods of treatment of puerperal convulsions illustrate the "principle of physiological antagonism" of therapeutic agents to the febrile state. I may add, the evacuation of the gravid womb, initiates physiological influence, diminishes the temperature. Nature indicates her resource in expediting the depletion of the uterus in very many cases of puerperal eclampsia, and it is a fact that in a majority of cases the convulsions cease or diminish in frequency and intensity, with a marked reduction of the temperature, immediately upon the completion of delivery.

I will advance a step further, and submit the proposition that the various methods of preventive treatment owe their efficacy to their effects upon the blood-mass and blood-vascular apparatus. As a rule, these are directed to the promotion of digestion, whereby the loss of albumen is replenished, and to the diminution of the hydræmia, by catharsis, diuresis, or diaphoresis. Heretofore the explanation of these excretory operations has rested mainly upon the theory of eliminating the excrementitious and toxic elements accumulated in the blood. Not less important are the simultaneous effects in lessening the mass of blood and restoring the relation of its constituents. The phenomena and consequences of loss of albumen, says Wagner, are disturbance of the endosmosis and exosmosis, insufficient formation of digestive fluids, altered nutrition and repair of tissues, and, especially, often albuminuria.—*Philadelphia Medical Times*.

#### THE NORMAL DIGESTION OF INFANTS.

An essay by Dr. WEGSCHEIDER of Berlin (*Centralblatt f. d. Med. Wissenschaft*, No. 3, 1876), based on the microscopical and chemical examination of the feces of number of healthy infants between two and three months old, whose diet consisted entirely of breast-milk, reveals some interesting facts with

\*Amer. Jour. Obst., vol. iv. p. 28.

† Bartholow, Amer. Clin. Lect., Seguin, vol. ii. p. 17.

‡ Whence it follows that the consumption of oxygen and the chemical interchanges between the blood and the tissues are diminished.

\* Inaugural Thesis.

† Inaugural Thesis.

‡ Obst. Jour. Great Britain and Ireland, vol. ii. p. 675.

regard to the various changes which go on in the digestive tract at that early period of life. The feces were simply scraped from the napkins, and then preserved, without the addition of water, in well-stoppered bottles.

The colour of the motions of healthy infants varies between that of yolk of an egg and greenish-yellow; their reaction is always acid. Their consistence is very variable, and ranges from an almost completely dry to a thin liquid character. Their smell is never offensive, but resembles that of sour milk. The feces always contain whitish fibrinous-looking flakes which are proved to consist of fat, with probably some intestinal epithelium. The fat consists of palmitin, stearin, and olein. Besides fat, the feces appear to contain traces of peptones. Sugar was not found in any appreciable quantity.

The remains of the secretions of the digestive tract are found in the feces in considerable quantity. Mucin is present in variable amount, and its presence can be chemically proved by the precipitate, insoluble in excess, which acetic acid produces in an aqueous solution. Bile-pigment exists, both free and also in combination with bases. Choleic acid can be detected in a free state in a solution made by extracting the feces with alcohol. Cholesterin occurs in considerable quantity, but Dr. Wegscheider does not consider that it is entirely derived from the constituents of the bile. With regard to those bodies which are the products of transformation of the food and of the digestive secretions, neither leucin nor tyrosin can be chemically detected in the feces. On the other hand large quantities of saponified fats, in combination with lime and magnesia are present, and are thus wasted for nutritive purposes. In a watery extract of the feces Dr. Wegscheider found traces of diastatic and pancreatic ferments, but no pepsine. In consequence of the difficulty of keeping the feces free from admixture with urine, he did not examine them for urea.

The most important conclusions which Dr. Wegscheider draws from researches on the feces of infants, in relation to their digestive functions are the following: 1. The albuminous constituents of the milk are completely absorbed; 2. The white residue which is found in the feces and is usually regarded as cascine, is not casein, but chiefly fat with some admixture of intestinal epithelium; 3. The unabsorbed fats leave the bowel partly as soaps, partly as free fatty acids, and perhaps partly as unaltered fat; 4. Urobilin and unaltered bilirubin occur on the feces, and biliverdin is also found in diarrhoeal stools.—*Obstetrical Journal of Great Britain*, May, 1876.

#### DEATH FROM OLD AGE.

Dr. Reginald Southey, in one of his London lectures on "Individual Hygiene," has the following remarks upon death from old age:—

There is a death, no doubt, by natural old age—a death perfectly simple and sudden, which carries off old people usually at night and in cold weather; thus removing, perhaps in sleep, persons who had

gone to bed apparently as well as usual. No single lesion may be found to explain this death, although no organ of the body but has undergone the pathology of blocking up and wearing out. The individual eventually dies then because his heart ceases to beat. But King Death thus stepping in as a thief in the night is a very rare event. Old persons die more often after due care at the hands of their medical advisers by natural pathological processes. There is death approached by the bladder road under the ablest surgical charioteering: enlarged prostate, thickened bladder, retained urine, catheterism cystitis, catarrhal nephritis, typhoid, uræmic symptoms. There is death approached by the narrowed pathway of the degenerate and obstructed arteries, by paralysis, by apoplexy, by peripheral embolism, by senile gangrene. Lastly, and in my own experience most frequently, death is approached by diarrhoea in summer, and broncho-pneumonia in winter; in either case the final illness is short enough—a few days or a week at most. This broncho-pneumonia of advanced years is clinically very important for you to recognize. When some old person eighty and upwards, the habitual subject of bronchial catarrh, says to his ordinary attendant one morning that he is tired and will lie in bed, a thing he has never done before, take heed, if his cheek is flushed, his eye a little brighter than usual, and his inclination to talk and tell you tales of his childhood greater than usual—beware, towards night-time he will "babble o' green fields," talk of those long since dead as if they were living and ought to come home, just wander in his mind a little, but be easily roused to think and answer correctly. Watch him carefully; he is near that haven where he would be, where he shortly will be, for his tongue is dry, and he has an eager thirst, and he is drowsy but sleeps little, and awake but not all, and he has short, quick breathing, and little fits of coughing, but not his old, long, suffocating cough; and he expectorates but little, and that little with difficulty: the end is not far off, and you had better inform his relations that you recognize the danger.

#### HEADACHE FROM EYE-STRAIN.

Dr. Weir Mitchell in the *American Journal of the Medical Sciences*, observes that few but ophthalmic surgeons are aware of the need of interrogating the eye for answers to some of the hard questions which are put to us by certain head-symptoms; and he wishes to impress upon the profession—(1) That there are many headaches which are due indirectly to disorders of the refractive or accommodative apparatus of the eyes. (2) That in these instances the brain symptom is often the most, and sometimes the sole, prominent symptom of the eye trouble, so that while there may be no pain or sense of fatigue in the eye, the strain with which it is used may be interpreted solely by occipital or frontal headache. (3) That the long continuance of eye-trouble may be the unsuspected source of insomnia, vertigo,

nausea, and general failure of health. (4) That in many cases the eye trouble becomes suddenly mischievous, owing to some failure of the general health, or to increased sensitiveness of the brain from moral or mental causes. Several illustrative cases are given.

#### RARE CASE OF GALL STONES DISCHARGED THROUGH THE SIDE.

By Daniel Parley, M.D.—The patient, Matthew Plumsted, harness maker, was born in Norwich, England, A. D. 1800, went to Canada in 1812, came to the States in 1818, and to Lynn in 1835. He had been subject at times to severe pain in the region of the liver for some years, when in the latter part of the year 1869, an abscess formed in the right hypochondrium, attended with great disturbance of the system.

The symptoms were so alarming that in consultation with my friend the late Dr. B. B. Breed, we decided to make an opening without waiting for any thinning of the interguments. There was an immediate discharge of pus, yellow bile, and small black specks which were easily rubbed up and became of a bright yellow color. He was somewhat relieved, and continued to improve with the discharge of similar matter, with now and then a clogging up of the aperture, till in about a month gall stones of various sizes up to that of a cranberry began to issue and continued with volcanic irregularity of rest and activity till December 28, 1873. There has been no eruption since. He is now robust and able to attend to his business in better health than for many years. In a hasty examination of the journals of the last forty years I have been able to find but two cases of the kind.—*Boston Med. and Surg. Journal*, June 22, 1876.

#### DIFFERENCE BETWEEN MEASLES AND SMALL-POX.

In a paper on Variola, read before the Newport and Covington (Kentucky) Medical Society, and published in the *Medical and Surgical Reporter*, Dr. B. F. Laird says—

Measles is the disease with which variola is most frequently confounded, and there is even an idea that there may be a combination of these two diseases. The points of difference between the two are about as follows; in measles we find, in the early stages, catarrh of the bronchi, conjunctiva and nose, a condition which only comes on in a later stage of variola. The appearance of the skin during the stage of eruption may, taken by itself, give rise to doubt.

We may lay down the rule that, in measles, the maculæ are, from the beginning, larger than those of variola and they are developed almost simultaneously on the back and face, while in variola they begin on the head and descend step by step downward to the back. But this rule is only of value in the regularly developed cases. Much more important is the degree of fever shown by the thermometer. In variola,

during the initial stage, the temperature ordinarily rises to 104.9°–105.8°, while in measles, during the corresponding period, it seldom exceeds 102°, at the highest 104. It is also characteristic of variola that soon after the eruption appears the temperature falls while in measles it continues the same, or even rises. This peculiarity distinguishes variola from the other exanthematous fevers, and especially scarlet fever.

In this latter disease, the early appearance of sore throat helps in the diagnosis. In purpura variolosa however the intense red color covering the back before the hemorrhages appear, may closely resemble scarlatina; and even after the hemorrhages appear, it may be doubtful if the case is not an example of hemorrhagic scarlet fever. And the case may be still further obscured by the uncertain character of the temperature in purpura variolosa.

The diagnosis between exanthematous typhus and variola is, in their early stages, sometimes, very difficult. The fever serves as no guide, there being the same rapid increase of temperature in both diseases. When the eruption appears the temperature falls; in typhus it does not. In typhoid fever mistakes are seldom, as the rise in temperature is regular and characteristic. From ephemeral fever variola can be distinguished by its higher temperature.

#### WHOOPIING-COUGH.

Dr. Octavius Sturges, Assistant Phys. to Hospital for Sick Children, Great Ormond St., London, presents (*Lancet*, May 20, 1876) the following summary of his views concerning pertussis:—

1. Whooping-cough is a nervous disease of immature life, due immediately, like nervous asthma, to a morbid exaltation of sensibility of the bronchial mucous membrane. Although possible in a modified form at all ages, it has its period of special liability and full development simultaneously with that time of life when the nervous system is irritable, and the mechanism of respiration diaphragmatic. A child of the proper age with catarrh and cough is thus on the very brink of whooping-cough. A large proportion of such children will develop the disease for themselves upon casual provocation, all contagion and all epidemic influence apart.

2. The whoop of whooping-cough is due to a spasmodic contraction of the diaphragm which follows its extreme relaxation with the emptying of the lungs by spasmodic cough, the force of the inrush of air being met by a conservative spasm on the part of the glottis.

3. The natural history and relations of whooping-cough—its uneven course, indeterminate duration, method of recovery and cure, frequent absence of pyrexia, and seasons of prevalence—are in striking contrast with diseases of the zymotic class. Admitting the fact of its contagion, the great commonness of the disease and its association with epidemic catarrh, coupled with the popular belief that its source of infection may be indefinitely remote, are circumstances which must combine to render whoop-

ing-cough more contagious in appearance than it is in fact.

4. In its character as a purely nervous disease whooping-cough may very well be contagious like other nervous affections of quasi-voluntary kind. The assumption of a specific morbid poison is both hypothetical and gratuitous, or so nearly gratuitous that the facts it seems to explain are insufficient to counterbalance its inherent improbability.

5. The non-recurrence of whooping-cough is not, in strictness, analogous to the non-occurrence of contagious fevers, nor out of real harmony with the pattern of nervous disease. It is the rule that affections of this class alter their shape with the successive epochs of life, so that each will appear either solitary or recurrent, according as the time allotted for it is shorter or longer. The after-infancy period to which whooping-cough attaches is one of brief duration and special liabilities. The features of the disease are in strict correspondence with the characteristics of its time of life.

6. The specific remedies for whooping-cough (which have their season and may be said now to include all drugs whatever, of any potency) have all of them a certain testimony in their favour. They agree in a single point; whether by their nauseousness, the grievous method of their application, or the disturbance they bring to the child's habits and surroundings, the best vaunted remedies—emetics, sponging of the larynx, ill flavoured inhalation, change of scene, beating with the rod—all are calculated to *impress* the patient, and find their use accordingly.

#### MOVABLE AND DISPLACED KIDNEYS.

Dr. Wickham Legg, at a late meeting of the Pathological Society of London (*Med. Times and Gaz.*, May 20, 1876,) read a report from the committee appointed to enquire into the subject of movable and displaced kidneys. After dealing with the question of displacement without mobility, the report went on to discuss the causes of undue mobility of the kidney, which to some degree was by no means unfrequent. One of two conditions usually prevails; either the organ lies loose from attachment to peritoneum, so as to admit of being moved a certain extent in any direction; or else it is completely invested by peritoneum, which passes over it to form a meso-nephron of greater or less length. The report concluded by reference to a number of cases fully described, in which one or other of these conditions was discovered post-mortem. The report was signed by Drs. Hare, Bristowe, Wilks, John Williams, and Legg.

Dr. Wilks thought the result of investigation very satisfactory, especially on account of the careful post-mortem observations recorded in the report. He was the more anxious to state this opinion because he confessed to having formerly been sceptical as to the existence of movable kidney other than as a clinical observation. The cases in which it is usually found, clinically, were young hysterical

females; and although he would like to have heard of cases in which observation during life was confirmed after death, yet the number of facts collected showed that such a condition as movable kidney could exist.

Dr. Hare pointed out that one or two of the cases related in the report were instances in which there was evidence of floating kidney during life, and in which the autopsy revealed the condition corresponding to this.

#### THE MANAGEMENT OF ALBUMINURIA.

In an article in the London *Medical Times and Gazette*, Dr. W. H. Dickenson, of London, writes:—

To give rest, as far as may be, to an inflamed structure, is an old and sound maxim; and it is not the less obvious, in regard to the system at large, that if a great channel of exit be obstructed, the materials which therefore tend to accumulate should be sparingly introduced. The diet with albuminuria, save that with lardaceous origin, in which the secreting power is until late little interfered with, while an exhausting discharge may have to be obviated, should be below the custom of health in its nitrogenous components. It may abound in milk and farinaceous matter, while fish may often take the place of flesh. The increase of albumen in the urine, upon a too early resort to a meat diet, is a common experience. With regard to liquids, it cannot be too strongly insisted upon that the functional strain upon the kidney is not to be measured by the quantity of water which filters through it, but by the quantity of refuse, mainly nitrogenous, which it has to convert and eliminate. Water, which probably transudes almost as through dead membranes, probably makes little demand upon the real secretive function. The worst kidneys, indeed those most hopelessly incapable of their special work, will often discharge most of it; and it is easy to see that its passage, not to be regarded as the result of glandular effort, is salutary, both in the dilution of scanty and irritating urine, and also in washing out the solid products which, under the inflammatory process, collect mischievously in the tubes. A further use is to be discerned in this law. The solids of the urine vary with its water. With given kidneys, the solid excreta wax and wane with the bulk of the urine. Any means, therefore—mere aqueous filtration as safely as any—which increase this will also magnify the components of the secretions which are essential to life. With tubal nephritis, therefore, and scanty urine, an aqueous dietary, even with the addition of distilled water, or the element in some slightly sophisticated shape, will prove in every sense beneficial. In many, perhaps in most, cases of nephritis of tubal origin these remedies of patriarchal simplicity, "spare diet and spring water clear," are all that are needed to guide the disorder to its natural cure. To this surest and safest of diuretics others must often be added, both to lessen dropsy and to avert the dangers of uræmia. The old rule is that, in recent cases, digitalis should be used; it seldom

fails to increase the flow of urine, but I am not sure that it does not sometimes do so with some exasperation of the inflammatory action. The bitartrate and acetate of potash, which have a purgative as well as a diuretic action, may probably be safely resorted to; and in chronic cases as much as may be done harmlessly by diuretics may be accomplished by means of scopolium, nitre, and juniper. Cantarides and the more irritating agents of this class are generally distinctly injurious. Perhaps, next to a regulation of the diet, it is most important to secure a daily and somewhat loose action of the bowels. Purgatives lessen the vascular tension, which, in both acute and chronic cases, is a measure of their danger; and while it is not advisable too largely to divert the urinary fluids by severe cathartics, increased hardness of the pulse, and other more obvious aggravations of the general state, seldom fail to ensue upon constipation. When cerebral uræmia is threatening, hard purging by elaterium or otherwise is essential. As a habitual laxative, a drug less used than it deserves to be—sulphate of potash—given two or three times a day in doses of from ten to twenty grains, is sometimes invaluable. It may be aided, if necessary, by Epsom salts or cream of tartar.

#### OATH OF PHARMACISTS.

We translate from the weekly journal of *Pharmacie* (1870, No. 50), the old French oath of pharmacists of 1336, curiositatis causa, and of illustration how much tempora mutantur:

*Oath of the Christian and Godfearing Apothecaries:*

*First.* I swear and promise before God to live and to die in the Christian religion.

*Item.* To honour, to esteem and to serve as much as I can, not only the doctors of medicine who instructed me in the knowledge of rules of pharmacie, but also my preceptors and masters with whom I learned my trade.

*Item.* Neither to put an affront upon one of my old doctors and magisters, or upon others, however they may be.

*Item.* To add as much as I can to the glory, honour and majesty of medicine.

*Item.* Not to give any emetic to an acute diseased person without before asking the advice of a doctor of medicine.

*Item.* Not to touch the pudenda of a woman, except in case of urgent necessity, id est, if there a remedy should have to be applied.

*Item.* Not to give poison to any one and never to advise anybody to do so, even not to my worst enemies.

*Item.* Never to give an abortive.

*Item.* To execute minutely the orders of phicians without adding or omitting anything, as far as they are according to the rules of art.

*Item.* To contradict and to avoid like the pest the scandalous and the most destructive manner of practicing of charlatans, empirics and alchymists, the high disgrace of the magistrate who allow them.

*At last.* Not to keep poor and old drugs in my shop.

The benediction of the Lord be with me as long as I follow those vows. So be it!—*Deutsche Medic. Wochenschrift.*

#### MODERN PRESCRIPTIONS.

Considering the above oath, what would an apothecary of the olden times have done, getting prescriptions like the following, which we have been privileged to copy from the originals of recent graduates:

*R.*—Extr. calabar, gr. iv.  
 Quin. sulph., gr. xxxvi.  
 Croton chloral hydrat., gr. L.  
 Extr. nuc. vomic., gr. iv.  
 Extr. belladonn., gr. viii.  
 Extr. cannabis indic., gr. viii.  
 Ferri sulph. exsicc., gr. xxv.  
 Pulv. capsici, gr. vi.  
 Extr. aloes, gr. xii.  
 Pulv. ipec., gr. iv.  
 S. in capsul, xii.  
 One three times a day.

*R.*—Bismuthi subnitratiss, ℥ii.  
 Sodii santonie, gr. xxxvi.  
 T. rhei aquosa, ʒ ii.  
 Podophyll, gr. ii.  
 Ti. op. camph., ʒ iii.  
 Mixt. cretæ aromat., ʒ ii.  
 Pulv. hydrarg. c. creta., gr. iv.  
 Syr. Kramerizæ, ʒ iii.  
 Olei. chenopodii, ʒ i.  
 Pulv. acaciæ, ʒ i.

*M.* One dessert sp f. 3 or 4 times a day.

*New Remedies.*

## THE CANADA MEDICAL RECORD

### A Monthly Journal of Medicine and Surgery.

EDITOR:

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

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MONTREAL, SEPTEMBER, 1876.

TO OUR SUBSCRIBERS.

With this issue the Fourth Volume of the *Record* ends. We therefore enclose accounts to all who are indebted to us, and we earnestly beg that we may have a generous response.

Although our circulation during the past year has shown considerable of an increase over the preceding one, the receipts have been woefully deficient. We believe that in many cases it is simply neglect, but we hope that now we have fulfilled our part of the obligation, our Subscribers will remember what is due us, and send it to us promptly. We beg to assure them that *we actually need it.* MAY WE HOPE FOR A PROMPT REMITTANCE.

*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine in Munich, Bavaria; Dr. Albert H. Buck, American editor. New York, William Wood & Co., 27 Great Jones street. *Published and issued to Subscribers only.*

Volume XI.—Diseases of the Peripheral Cerebro-Spinal Nerves, by Prof. Wilhelm Heinrich Erb, of Heidelberg, Baden; translated by Henry Power of London, England.

This volume of the *Cyclopædia* differs from others which have preceded it, and which have contained papers on stated subjects from different pens, in that the entire volume has been written by Dr. Erb. This physician, although young in years, having received his degree of Dr. of Medicine in 1862, has been an enthusiastic and very laborious worker in the special field of nervous diseases. He has not only kept thoroughly posted upon the great progress, which, during the past ten years, has been made in all departments of neuropathy, but, by his contributions, has materially contributed to the result. His qualifications for the task assigned him by Prof. Von Ziemssen is therefore undoubted, and although we have not been able to do more than glance over his work, we are satisfied that his labors have produced a very valuable contribution to the literature of nervous diseases. The volume opens with Neuroses of the Sensory Nerves. 1st.—Neuralgia in general. Its definition, etiology, pathological anatomy and symptomatology are given most minutely. Its course and duration, terminations, diagnosis, prognosis and treatment are then considered. The consideration of the treatment is divided under the usual heads of prophylaxis, casual indications, diet and mode of life, electricity, narcotics and anesthetics, specifics, cold, derivatives, baths, surgical means and general plan. He admits that there are objections to this arrangement, and adopts it on account of its synoptical value. As might be expected, electricity is

highly spoken of, and although its mode of action is still obscure, Dr. Erb says he believes "it diminishes the excitability of the sensory nerves, it takes away abnormal stimuli from them, it modifies their nutrition, allays hyperæmia and inflammation, and lastly, acts as a derivative, and thus fulfils several indications." With regard to the kind of electricity, he says, "the galvanic current is found to be more active and applicable to a greater variety of forms of the disease than the faradic current." Hypodermic medication is of course highly spoken of, and a hint of some practical value is given, as follows: "The locality for injection is not altogether a matter of indifference. When the general action upon the central nervous system is desired, those parts of the skin may be selected which are thin, and where the subcutaneous connective tissue is loose, as, for example, the temple, clavicular region, anterior abdominal wall, and internal surface of the forearm and thigh. When a decided local action is intended the injection should be as near as possible to the nerve trunk affected." The employment of chloral is recommended in slight forms of the disease, and then not alone but in conjunction with morphia, viz., 15 grains of chloral and  $\frac{1}{2}$  grain of morphia. Under the head of specific remedies, arsenic, iron, quinine and bromide of potash are highly spoken of. About one hundred pages are taken up in consideration of neuralgia, and it is a valuable and very readable paper. The neuralgia of individual nerves are then considered in the following order: 1. Neuralgia of the 5th nerve. 2. Cerebro-occipital neuralgia. 3. Neuralgia of the plexus brachialis. 4. Intercostal neuralgia, dorsal nerves. 5. Neuralgia of the plexus lumbalis. 6. Neuralgia of the plexus sacralis. 7. Neuralgia of the plexus coccygeus.

Neurosis of the nerves of special sense are next considered, and the latter portion of the volume is taken up with the various forms of paralysis, and anatomical disease of the peripheral nerves. The volume is an extremely valuable contribution to our literature on the subject of nervous diseases; valuable, in that it contains the result of much original research made by the author, and likewise valuable, as giving, in a well-written manner, a summary of all that is known upon this very interesting class of affections.

Volume IV.—This volume is devoted to the consideration of diseases of the respiratory organs, and consists of a series of papers written by Dr. Fraenkel, of Berlin; Prof. Von Ziemssen of Munich; Prof.

Steiner, of Prague; Dr. Riegel, of Cologne, and Dr. Fraentzel, of Berlin, all of which are of very considerable value, some, of course, more than others. The paper on diseases of the nose, pharynx and larynx, by Fraenkel is extremely interesting, and is written evidently by one who is a thorough master of the subject. Its style is clear and concise, and in a reasonably small space the various methods of examination in laryngoscopy—by concave mirrors, by lenses and by a combination of mirrors and lenses, as well as by diffused daylight and by sunlight—are admirably described. The various means of employing rhinoscopy are given in detail. A very considerable portion of this paper is taken up in giving the necessary details for the application of the various solutions and gases, which have been found serviceable in this class of affections. A very excellent, but somewhat short paper is the one from the pen of Prof. Steiner, on "croup." This is sure to be one of the first papers in this volume, which will be read by a large majority of subscribers. We have read it carefully, and have only one regret to make, and that is that the author has not more fully entered into the controversy which is at present being waged as to the identity of croup and diphtheria. He disposes of the question in a very few words, remarking "according to E. Wagner, \* \* \* there is *no sharp dividing line between diphtheria and croup*, an opinion in which I entirely agree." We can hardly consider this summary way of treating this question as a thoroughly satisfactory one. The other portions of the work embrace the various diseases of the trachea and bronchi; also the diseases of the pleura. Time has not enabled us to give to the papers on these subjects that close scrutiny which we would have desired, as they are very elaborate and occupy more than five hundred pages. We, however, have examined them sufficiently to say we believe they are all really very excellent treatises, and that profit can be derived from their perusal. This volume of the Cyclopaedia is extremely valuable, as treating of a class of affections which are constantly brought to the attention of the general practitioner.

**Volume V.**—This volume also includes diseases of the Respiratory organs, and the papers are written by different authors. The first is from the pen of Professor Juergensen of Tubingen, on Croupous Pneumonia, Catarrhal Pneumonia, Hypostatic Processes in the lungs, Embolic Pneumonia, and embraces fully two hundred and fifty pages. The various subjects

are treated in a comprehensive manner, and we only say what is correct when we characterise the papers as exhaustive, and, therefore, a valuable contribution to our literature on the subject. As might be anticipated, the treatment of both croupous and catarrhal pneumonia, by means of the cold bath is warmly advocated. He first tried the experiment on the person of his child, and with such marked success that he has repeated it frequently since, with equal success. He now recommends it as a portion of a regular plan of treatment. The directions for its employment are given with much minuteness, but, for details, we must advise a reference to the work itself—contenting ourselves by saying that he recommends the giving of stimulants before the patient enters the bath, sometimes when he is in it, and after he leaves it. In Catarrhal Pneumonia, in addition to the bath, cold effusions are strongly advised, with a view of expanding the lungs. This is performed by pouring over the patient, so as to shower the neck, back and breast, from ten to twenty quarts of water, reduced to a few degrees above freezing point. Such a method of treatment seems harsh, but recommended by such an authority, and with such beneficial results assured, we cannot fail to accept it as a plan of treatment worthy of trial. From page 264 to page 629 is occupied by a series of very excellent papers from Prof. Hertz, of Amsterdam, on Hyperemia, Anemia, Hæmorrhages, Atelectasis, Collapse, Atrophy, Emphysema, Hypertrophy, Gangrene, New Formations and Parasites. From page 629 to page 691 is taken up by Prof. Rindfleisch, on Chronic and Acute Tuberculosis; all these papers are really very excellent contributions to our medical literature, and we doubt not will find many admirers. We, however, fear that the terrible refinements in diagnosis which abound in almost every paper in this volume, and indeed in every volume of the Cyclopaedia which has been issued, will, among the mass of practitioners, not meet with a very cordial reception. We have, however, previously expressed our opinion as to the very great value of this work, and we repeat it again. It may be many years before such a comprehensive work, from so many able pens, will again appear. Every medical man, therefore, who can possibly afford the outlay, should subscribe to this Cyclopaedia, which, from the elegant manner in which it is being produced, is a beautiful addition to any library and will for years to come be a standard volume of reference.

## CANADIAN MEDICAL ASSOCIATION.

The ninth annual meeting of the Canadian Medical Association took place in Toronto on the 2nd August, and was very respectably attended, although the number present was not quite as large as had been anticipated.

Dr. Hodder of Toronto, the President of the Association, occupied the Chair, and delivered the following address:—

## THE PRESIDENT'S ADDRESS.

Dr. HODDER, as President of the Association, delivered his address. He congratulated the members on the interest they took in the Society as was evinced by the large attendance, and took this opportunity of offering a hearty welcome, on behalf of the medical men of Toronto, to the delegates from the United States, and invited them to join in all the discussions and debates, and to consider themselves in every particular as members of the Association. He alluded to the success that had attended the formation of medical societies, and the gatherings of medical men for scientific purposes in other countries, and thought the results ought to stimulate the profession of the Dominion to meet in large numbers at the meetings of the Association. His remarks on this subject were so pertinent that we give them more *in extenso* :

“When we consider the vast amount of practice and observation which is daily and hourly going on, not only in the larger cities but in the surrounding districts of the Dominion, we cannot but feel with regret that an enormous fund of valuable information and experience is and has been allowed to run almost entirely to waste for a long succession of years. By joining such an Association as that which I have the honor to preside over this day, the numerous body of our professional brethren extensively engaged as general practitioners, who spend long and active lives in the practice of their profession, would undoubtedly be able to contribute inexhaustible stores of medical experience of the highest interest and value, and which, but for such a society, would remain uncommunicated, and therefore lost to the profession. The local medical societies do some good, but the results of their meetings are rarely published, and therefore many valuable cases never meet the eyes of the profession generally, and are thereby lost to the world. There is, however, one point of very considerable moment to which I beg to draw the attention of the younger members of the profession:—Many young practitioners are deterred from publishing or bringing before an association or society

cases of interest which occurred in their practice, from an erroneous supposition on their part that it is necessary to work them up into the form of an elaborate essay. In nothing are they more deceived; the plain and truthful narrative of a single fact is of infinitely more value than a thousand theories. Wisely, then, did this Association when they met last year at Halifax limit the time for the reading of papers, by which, I trust, many members will be induced to send in communications which otherwise they might not feel disposed to do. It is only therefore in an Association such as this that the accumulated experience of a large body of the medical profession in this Dominion can be properly collected and concentrated, so as to turn such inestimable stores of knowledge to good account, and render them available and useful to the profession at large. When we glance over the medical literature of former years, not only of Great Britain and the Continent but of the United States—what, I would ask, are the works which have stood the test of time, and which among the numerous changes produced by improving and increasing knowledge are still “lasting monuments,” while systematic and, for their time, learned works have long since sunk into oblivion?—it will be found that those simple records of the experience of long lives, devoted with ardent zeal to the cultivation of medical knowledge, retain their value unto the present moment, and will doubtless continue to be consulted and referred to by succeeding generations, as mines of invaluable practical information. Now, if the practice of one man, as in the case of Hunter, Harvey, Smellie, and a host of others, can produce recollections of facts which have immortalized their names and conferred lasting benefits on every department of the healing art, how much more useful and important will be the combined efforts of hundreds of fact-collectors, concerning all the results of their practice and their observations thrown into one great depository, viz: the Canadian Medical Association. If I have tired your patience, gentlemen, by dwelling too long upon what appears to me to be the great object and what will form the great strength and importance of this association—I mean the collecting of valuable facts on questions of medical and surgical practice and public hygiene—I beg your indulgence; and yet there is another point which I must not omit, I mean the effect these meetings have on our social position. It brings together the members of the medical profession, it enables us to know each other, it binds us together with a social bond which must ever be not only a source of sincere

satisfaction but of mutual improvement and advantage. The friction of different minds earnestly engaged in similar pursuits is peculiarly valuable, for it is scarcely possible for any man who has been moved by the same impulses, agitated by the same fears, excited by the same hopes, and elated by the same successes, who has felt the responsibilities, and experienced the hours of painful anxiety in the treatment of difficult and dangerous cases, not to derive consolation and benefit by consultation and communication with his professional brethren."

He then proceeded to allude to some of the new discoveries which had taken place during the year in the practice of medicine, surgery, and mid-wifery.

Among other matters he reported some cases in which Prof. Thomas had successfully transfused milk, an operation which was first performed by the President during the great cholera epidemic in this city, and with the most beneficial results. It was of great importance to remember that milk may be used as a substitute for blood in transfusion, for, besides being always more accessible, it might, in cases of epidemic among the human family, be preferable, as we cannot in such a case be certain that the blood to be injected is free from the germs of the disease it is intended to combat.

The treatment of fibroids of the uterus by hypodermic injections of ergot was also alluded to, Dr. Hodder having found great benefit from it. The address concluded with a reference to the serious losses which the medical profession and the world at large had met with by the death of a very large number of distinguished men. Great Britain had lost Bennett, James Clark, Latham, Headland, Sir George Gibbs, Letheby, Donovan and many others. Germany had lost Prof. Franke; France had lost Andral, Levain, Ballard, Duchesne; while the medical ranks of Canada had lost Dr. Cole of Clinton, Dr. Yates, of Kingston, and Dr. Beaumont, of this city.

A number of new members were elected, and Dr. White and Rochester of Buffalo, as representing the American Medical Association, were invited to seats on the platform. Dr. White returned thanks for the compliment. Papers were read by Dr. Jos. Workman, of Toronto, on Criminal Insanity, by Dr. Strange of Aurora, Ont., on Ovariectomy, by Dr. Rosebrough of Hamilton, on Membranous Dysmenorrhoea and its treatment. A committee, consisting of Drs. Hodder, Hingston, Workman, Clarke, Playter, Canniff and Oldright were appointed to prepare

a memorial to the Dominion Government with respect to vital statistics and public hygiene.

In the evening of the first day the members attended a very pleasant gathering, given by Mr. Bickford, whose grounds were brilliantly illuminated. A band of music was in attendance, and dancing was indulged in. A most bountiful repast was prepared, and everything passed off as pleasantly as could be desired. On the second day, after routine and some general business, papers were read by Dr. Geikie, of Toronto, on "Gastric Ulcer," by Dr. Trenholme of Montreal, on the "Treatment of Fibroid Tumours of the Uterus," by Dr. Grassett, on "Antiseptic Surgery."

#### ELECTION OF OFFICERS.

Dr. Thornburn submitted the report of the Nominating Committee, which was concurred in; President, Dr. Hingston; Vice-Presidents: For Ontario, Dr. Workman; Quebec, Hon. Dr. Ross; New Brunswick, Dr. Bayard; Nova Scotia, Dr. Moran; Secretaries: for Ontario, Dr. Zimmerman; Quebec, Dr. Russell, Jr.; New Brunswick, Dr. Herrington; Nova Scotia, Dr. Almon; General Secretary, Dr. David, Montreal; General Treasurer, Dr. Robiliard, Montreal.

The following Committees were appointed:

*Publication.*—Dr. David, *Chairman*; Drs. Robiliard, F. W. Campbell, Howard and Osler.

*Medicine.*—Dr. George Ross, *Chairman*; Drs. Mullin and Sweetland.

*Surgery.*—Dr. J. H. Richardson, *Chairman*; Drs. Oldright and Kincaid.

*Obstetrics.*—Dr. Ross, *Chairman*; Drs. Strange and Rosebrough.

*Therapeutics, New Remedies and Medical Jurisprudence.*—Dr. Fulton, *Chairman*; Drs. D. Clarke and Hornbrook.

*Necrology.*—Dr. Osler, *Chairman*; Drs. Graham and Farrell.

*Medical Education and Literature.*—Dr. Howard, *Chairman*; Drs. Hodder and Parker (Halifax).

*Climatology.*—Dr. Marsden, *Chairman*; Drs. Playter, Baynes, Tye, Dewit Martin, Lacroque, Ross (Quebec), Botsford, Canniff and Jennings.

Delegates to the American Medical Association: Drs. Grant, Sweetland, Hingston, David, Fulton, Thornburn, Marsden, Russell, Sr.; and to the

International Medical Congress to be held at Philadelphia, next month:—Drs. J. Ross, F. H. Wright, Macdonald, Malloch, Grant, Brouse, Workman, Dickson, Osler, Wilkins, Craik, Russell, Jr., Earl, Wickwire, Canniff, Rosebrugh, Yeomans.

Dr. Hingston thanked the Association for the marked honor which had been conferred on him. He was deeply sensible of that honor, especially as he would succeed one who occupied, and justly occupied, so high a professional and social position in the country. He only hoped he might fulfil the duties belonging to the office in such a manner as to meet with the approval of those who had done him the honor."

It was unanimously resolved to allow the Secretary \$100 for his services, and to pay the Treasurer's expenses.

On motion of Dr. Osler, it was decided that the next meeting of the Association be held in Montreal on the second Wednesday in September.

Dr. Hingston, Montreal, submitted the report of the Committee on Medical Education, recommending that the medical education in each Province be assimilated, so that a license to practice in one Province may be understood to extend to all the Provinces of the Dominion.

The report was received.

Dr. Hingston moved, "That this Association is of opinion that the sanitary laws at present in existence in the Dominion are insufficient to meet the requirements of public health; that a system of public hygiene must embrace an acquaintance with vital statistics; that the importance of that knowledge is recognized elsewhere; that in countries not more favorably situated than Canada, systems more or less complete of vital statistics obtain, and sanitary laws have been enforced; therefore this Association is of opinion that it would be within the scope and function of the Dominion Parliament that such a comprehensive scheme should be introduced as would supply a much-felt want, afford to the members of the profession throughout the Dominion and other scientific persons additional means of acquiring a more extended knowledge of the more prevalent diseases in the different parts of the Dominion, and establish comprehensive laws relating to public health." Carried.

The President stated that a memorial had been received from the Exemption Committee of the Toronto City Council asking the Association to

support the abolition of exemption from municipal taxation. As it was shown that the subject was one which did not come within the objects of the Association the letter was laid on the table.

Dr. Reeve, Toronto, read an interesting paper on "Otology or Aural Surgery," and exhibited some instruments used in his practice.

Dr. Yeomans and Dr. Oldright declined to read their papers because of the lateness of the hour.

Dr. Trenholme, Montreal, exhibited Molesworth instruments, which were examined with much interest by the members.

The thanks of the Association were presented Dr. Hodder, for his conduct in the chair; to the Toronto members of the Association for the receipt they had given to their visitors; to the Mayor for the use of the Hall; to the Railway and Navigation Companies; to the General Secretary, Dr. David, and the Treasurer, Dr. Robillard.

The Association then adjourned.

### *Third Day's Proceedings.*

The members of the Association and their friends assembled at the Northern Railway depot, at 8 a.m. where a special train was in readiness to convey them on their trip to Lake Couchiching. On the arrival of the train at Belle Ewart, the steamer "Lady of the Lake" was in waiting to convey the party on a tour round the Lake and through the Narrows to Couchiching. The Company went to the Hotel, where sumptuous dinner was prepared which all seemed prepared to do justice to. After dinner, the usual loyal toasts were drunk and responded to, and a vote of thanks passed to the Northern Railway Company for their courtesy to the Association. While there, some engaged themselves in fishing, others in boating, bathing, &c. The Company returned home in the evening, much pleased with their journey.

### BIRTH.

At Port Dover, Ont., on the 4th of July, the wife of Charles Battersby, M.D., of a son.

### MARRIED.

At the Olivet Baptist Church, Montreal, on the 12th September, by the Rev. John Gordon, Oliver C. Edward, M.D., C.M., to Henrietta, daughter of William Muir, Esq.