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THE VOICE IN DIAGNOSIS AND PROGNOSIS.

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[Read before the Medico-Chirurgical Society of Montreal.]

MR. PRESIDENT AND GENTLEMEN,—While in more recent times the ear of the practitioner of medicine has been called into exercise for the diagnosis of disease in auscultation and percussion in a way and to a degree wholly unknown to a former epoch, it is very much to be doubted whether any very great advances have been made by the use of the sense of hearing outside of the region indicated; as a matter of fact, are we not in considerable danger of overlooking many helps to diagnosis that our ancestors were obliged to rely upon on account of their very imperfections in physical examination? Perhaps every experienced practitioner is guided in forming his opinions unconsciously by the voice of the patient, just as every one cannot but form some conclusions, it may be very vaguely, regarding the moral and intellectual character of those he meets by the qualities of that which we commonly summarize by the term “voice.” But there has been, even by writers, very little clear analytical study of this subject as it applies to disease in general. Such study is valuable, inasmuch as it serves to direct the attention of the student, the beginner in medicine, to another field of exploration in our very imperfectly developed science, for, unfortunately for

ourselves and our patients, a good deal of our procedure rests as yet on no strictly scientific basis. But in one part of the domain of medicine, during the laryngoscopic period, a good deal has been done in the direction indicated, and to the throat specialist almost entirely the credit of this advance in our knowledge is due. I regret that I have little knowledge of what the voice may teach in disease in general out of the region now referred to—so little, indeed, that I shall make no attempt to speak of it, but hope that the above suggestions may not be fruitless with those whose opportunities for observation in this direction are larger than mine; I shall therefore call attention in this paper only to the voice as it relates to diseases of the air passages.

The ear, like its neighbour the eye, has a great capacity for discrimination when trained and urged to observation, but it has also an equally marked faculty for neglect, inadvertance. It often acts when roused by the eye to observe, and a physician's diagnosis frequently depends on this latter fact. When the eye has observed an actual lesion, the ear seems to perceive with double distinctness the alteration of voice dependent on the condition present. Sometimes, for example, a pair of enlarged tonsils alters the voice in a moderate degree; upon opening the patient's mouth, and seeing them, the change seems then of a most decided character. This may be owing in part to psychological laws, but it is largely due to failure to cultivate the ear systematically in observing medical cases. Any one can observe, if he be not deaf, that marked muffling of the voice approaching extinction which is often present in acute tonsillitis, but it requires much more acuteness and discrimination to lead the observer to suspect the existence of a couple of slightly enlarged tonsils, nasopharyngeal growths, or moderate thickening of the nasal mucous membrane; but such cases frequently occur. The patient may not have noticed it, the friends, even the mother, that acute observer of defects as well as perfections in the offspring, may have failed to observe the difference, so gradual may have been the change; but none the less surely may that youth, destined for the pulpit, the bar, or the legislative hall, and the daughter with natural beauty, have their prospects diminished and useful-

ness impaired by what may now be a trifling, but curable, defect in some part of the upper respiratory passages, which also constitute the sounding-board in speech. When such a state of things is established, and permanent organic thickening exists, neither the popular trip to Florida, the south of France, &c., nor a consultation with a distinguished foreign specialist, will either cure the patient or remove from the family physician the blame that attaches to his neglect either to diagnose or have diagnosed for him the affection.

There is a lamentable and pernicious belief widely spread among the laity that nasal catarrh is a trifling affection, a sort of mild nuisance that it would be just as well to have abated, but which is not likely to lead to any serious consequences. Perhaps after it has existed for 5, 10 or 15 years the patient applies for relief, and expects to have it cured with all that readiness the quacks so glibly promise. But no! Nature is too just to herself, and will not be flattered into obliging either the patient or the quack. Parents often fail to seek relief for their children with nasal catarrh, enlarged tonsils, &c., from the belief that they will outgrow them. They may outgrow them, but generally they do not wholly, and more frequently, when they do outgrow the actual catarrh, it is to find that it has left a permanent and undesirable legacy of thickening of parts behind, upon the evils of which the limits of this paper will not allow me to enlarge. Would it not be well for family physicians to examine the nose, mouth and pharynx of the children of a family once or twice a year, even if no special complaint be made? It must be borne in mind, too, that these weaknesses are transmissible to offspring.

Occasionally the physician who sees much of throat and kindred affections is consulted by public speakers with complaint of a certain impairment of the voice. However they may individually express themselves as to the degeneration referred to, it is perceived, on listening to such cases, that the defect is due to obstruction of some kind *above the vocal cords*. Upon examination, the latter may be found nearly or quite healthy, but there is thickening or enlargement in some part of the path the sound takes on its way outward. This may be due to somewhat enlarged

tonsils, thickened palatine folds, relaxed velum, or nasal thickening. Or the case may be different: the speaker may have chronic throat affection, severe enough at times to render his duties harassing, if not positively painful; he consults for the case, and the examining physician may be the first to have clearly detected that there is an imperfection of voice which, indeed, others may have felt after a fashion, but could not analytically account for. I have such a case now under treatment. The patient had no distinct notion of having had nasal catarrh; he did not recognize that slight but characteristic lack of resonance which is wholly different from any of the peculiarities of voice produced by affections of the vocal cords; in fact, in this case, the vocal cords were not seriously at fault. The prognosis as to complete recovery of good voice when due to a considerable degree of paresis of the velum, or to much thickening of the nasal mucous membrane, is bad; but by persistent treatment, much improvement may be effected; and what is of great importance in all such cases, the individual may be taught, by a little training, how to use the portion of the sounding-board that remains intact to the greatest advantage. Of course to impart this knowledge successfully implies an accurate and practical knowledge of voice production both in speaking and singing, and some acquaintance with the science and art of music; in fact, without a quick ear and some skill in elocution, possibly also a little ability to sing, it is difficult to understand how a physician can effectually deal with the troubles experienced by public speakers and singers, for very often the cause of the whole matter lies in some faulty use of the voice, and the diagnostician must be enough of a musician and elocutionist to be able to detect the error. If this cannot be made out in the office at the time of consultation, it may be necessary to actually hear the patient during the performance of his functions in public.

Very frequently in diagnosing affections of the vocal cords that are concerned in faulty voice production, it may be necessary to put the patient through a series of vocal gymnastics with the mirror *in situ*, as only then, it may be, will the special weakness be discovered. Fortunately public speakers

and singers are generally anxious to co-operate with the practitioner, and have considerable control over the vocal organs. In the case of singers, extreme relaxation of the velum and uvula, or, as perhaps describes it better, paresis of the velum, together with a relaxed, pallid, almost œdematous look of the part, is a more serious matter as regards the voice than has been generally recognized even by specialists. Allow me to illustrate that by a case I have at present under treatment. Mr. —, a young man following a confining occupation during the day, used the vocal organs excessively during the evening; for many months he sang almost every night, kept very late hours, and indulged beside in various kinds of dissipation. At length he almost lost his voice, and was obliged to desist from singing. For months after his vocal break-down, he felt a distressing aching in the throat after using the voice, even in conversation for a few minutes; and all attempts at singing produced an aggravation of this feeling amounting to actual pain. He has had severe naso-pharyngeal catarrh, and this, I have no doubt, hastened the failure in the larynx; the nasal thickening is considerable. His ordinary conversational tones betray weakness, and close attention discovers the nasal muffling. Upon placing the mirror *in situ*, and asking the patient to phonate, no special failure in the indaptation of the cords is visible, but as he ascends the scale in a singing voice, a certain degree of general weakness of the muscles controlling the cords is apparent; but this is not all, nor in his case the chief cause of his difficulty in voice production, for as he reaches the upper register it becomes apparent that the lagging velum is the chief factor in the difficulty, it failing to rise sufficiently, and, in addition, is too bulky on account of the paresis, and thus spoils the shape of the sounding chamber. What is the prognosis? With reformed habits and appropriate continued treatment, the larynx will regain in all probability most of its lost power, though the muscles are possibly somewhat atrophied. There will be likelihood of relapses, especially as the case is complicated with naso-pharyngeal catarrh. With regard to purity of tone and perfection of resonance in certain notes, less may be expected, as he is not likely to

recover wholly from the effects of the nasal thickening. However, youth favours him. In this case the history and the voice suggested in a striking manner what the laryngoscope and rhinoscope revealed.

A reference to two other cases will illustrate another phase of the subject. I am indebted to Dr. Roddick for seeing them in the first instance.

Miss —, æt 16, came under my observation a few months ago. Her voice attracted my attention at once. To say that it was hoarse very imperfectly described it. In the course of a short conversation it would be now gruffly harsh, then sliding into a high pitch, then again almost merging into a whisper, while occasionally a word was lost altogether; presently a sentence was spoken as well as could be desired; but there was an uncertainty about the action of the larynx that had anything but a soothing effect on the listener. Upon inquiry I found that this condition had existed, with improvements and exacerbations, even total aphonia at times, for two years; the only actual history of injury to the larynx was exposure, during a ride of seven miles on a wintry day while the patient had Measles. Cases of laryngeal weakness after severe attacks of the Exanthems, especially if convalescence has been interfered with by cold, &c., seem frequent, and may be a factor in favouring onsets of hysterical aphonia or weakened utterance. The aphonia in this case occurred when the patient caught a cold. There was a fairly marked hysterical temperament, but this was evidently not quite the usual form of laryngeal hysteria. She had been treated by several physicians, but her throat had never been examined laryngoscopically. The case interested me a good deal. From her peculiarities of voice, I did not expect to find the usual laryngoscopic appearances of hysterical aphonia. There was uncertainty enough in the voice to admit of the existence of a foreign growth in the larynx, though this was rather inconsistent with the fact that she could sing songs of certain range fairly well—in fact, that she could sing better than she could converse. The case proved to be one of a class occurring in hysterical people, viz., *paralysis of the internal tensors*, and the mirror discovered

the characteristic *elliptical opening between the vocal cords* when the patient was asked to phonate. Under treatment, especially if naso-pharyngeal catarrh be absent, the prognosis is hopeful, but with this complication there will probably be frequent relapses. Much might be done in these cases, I think, by carefully prescribed vocal exercises. But that imp, *Hysteria*, is very slow to take advice, and seems to find considerable delight in upsetting our best concerted plans. In the present case the said imp nipped everything in the bud, for the patient would undergo no treatment whatever. While conversing with this girl her sister was present, and from her constantly half opened mouth, her obstructed speech, and the weakening of her voice, I was led to make some inquiries. She was of a similar temperament, but to a comparatively slight degree. She had had acute tonsillitis several times, and diphtheria three or four years previously; she was aware that she had nasal catarrh, and wished treatment. An examination revealed the existence of such nasal obstruction as had caused her to sleep with the mouth open, in consequence of which she was then suffering from *Pharyngitis Sicca*. There was rather imperfect approximation of the vocal cords on phonation, and evident weakness of the muscles governing them. There was a pallor of the pharynx, velum and larynx that pointed to weakness of the parts, and which, in a tubercular subject, would have been very suggestive of approaching *Phthisis Laryngea*. It was extremely interesting to notice the resemblance between this girl's throat and that of her sister. There was the same pallor, the same weakness of muscles, &c. A favourable prognosis was given; she came under treatment, and the result seemed satisfactory to her, though she lacked that perseverance which is essential to cure in all chronic affections, to which rule those of the throat form no exception. But the so-called *Hysterical Aphonia* is not to be treated with levity, inasmuch as competent observers have noticed that many such cases have afterwards been attacked with phthisis, and it seems fair to conclude that the throat trouble is only one form of that weakness which leads to such disastrous degeneration afterwards. Here, again, the laryngoscope may paint its warning picture and lead to fre-

quent and careful inquiries, and still more careful examinations of the chest.

Speaking of phthisis, I would beg leave to express a conviction I have in regard to this matter, viz., *that the laryngoscope is not generally used early enough in this disease.* If it be true that a stage of catarrh or a stage of extreme anæmia precedes the formation of tubercles in the larynx, then to discover this is to avert perhaps those ulcerations which lead to such a distressing existence and painful end. It is at the early period, before ulceration is established, that astringent applications may be of service ; but to use them, as is often done, when the case is far advanced, has seemed to me to hasten the very condition they are intended to avert.

But there is another interesting class of cases in which the diagnosis is suggested by the voice, and which lie quite out of the domain of hysteria. They are marked by general weakness of voice, failure on prolonged exercise of the function, inability for successful use in the higher register, &c. An examination reveals the fact that while the vocal cords approach each other fairly in one part, they do not do so equally throughout. A case may make the matter plainer. Mr. —, æt. 59, many years ago—more than twenty—after a day's shouting as an officer at a grand review, lost his voice, and seems to have suffered also from either paralysis or spasm of the pharynx. His voice has remained as I have described above. Upon examination, it is found the cords do not approximate anteriorly. The prognosis in such a case is, at his age, unfavourable, but not hopeless, and in younger persons must, of course, be much better—indeed, may be said to be good.

The connection between disease of the pharynx and that of the larynx, as suggested by the last-mentioned case, but especially so in the case of Granular Pharyngitis in public speakers, as clergymen, is of special interest. It has been noticed that a clergyman, without any actual laryngitis, but with Chronic Pharyngitis, may find himself, after a third service on Sunday, hoarse and even almost aphonic ; and it has been suggested that this condition of things is owing to nervous influence leading to inco-

ordination in the action of the laryngeal muscles, causing, in fact, spasm not only of the pharynx, but of the larynx. This explanation is, I believe, correct, and two cases I have under treatment seem to furnish demonstration of it. Both are clergymen in active duty. One has Follicular Pharyngitis well marked; the other relaxed pharynx and bronchial irritation. The first case reports that sometimes when preaching there is a sort of spasm in the throat, as he himself expresses it, by which a single word only, it may be, is lost, strangled as it were. The other expresses it somewhat differently. "I sometimes feel as if I could not get the words out." In both cases there is *spasm of the tensors*. Now, neither of these men suffer from chronic congestion of the cords—in fact, in the first instance, the cords are in good condition. The practical part of the matter is that it must be evident that a granular pharyngitis may be responsible for an amount of irritation that one who had not experienced it himself or given special study to the matter would scarcely credit; it is, in fact, a potent explanation of those break-downs to which clergymen with disordered throats are subject.

A word in regard to the *voice* in that rare affection—rare, at least, in a high degree of development—due to *spasm of the tensors*. The utterance is unlike anything else known. It is, in fact, a sort of stuttering, so that Dr. Prosser James seems to have meant this affection when he described "Stammering of the vocal cords"; but there is this difference: while the stammerer does get out all the words in some fashion, the subject of this spasm loses a great many of them altogether. When in London I heard unexpectedly a preacher with this affection to such a degree that I wondered his auditors could put up with his efforts, for truly the words seemed to play a regular game of "hide-and-seek" with his vocal cords; at first, at least a quarter of them were lost; but during the delivery of the sermon, not so many. This affection is easily recognized by the utterance; but the treatment of bad cases seems to be very unsatisfactory. Except in mild forms of it I have no experience whatever.

Another source of voice impairment, as well as sore throat, arises

from adhesions of the pillars, or extensive thickening of them, due either to ulcerative inflammation or the incautious use of caustics; and here permit me to refer to the extensive use of strong caustics, in former years at least, and, it would seem, during the acute stage of tonsillitis and pharyngitis. Such treatment, even with nitrate of silver in strong solution or the solid form, is very apt to entail permanent weakness of the throat, which may even extend in its effects to the larynx. I have seen a subacute laryngitis caused by the application of the nitrate of silver to the pharynx when none of it dropped into the larynx, and in all cases the use of this remedy should be preceded by testing its toleration by touching only a small portion of the diseased part. Dr. Solis Cohen of Philadelphia has made a similar observation.

Another lesson is strongly impressed by a case which forms but one of many. A public speaker lost his voice, or nearly so, and regained it under rest and treatment, the laryngoscope never having been used; he again lost it, and completely, being quite unable to speak except in a whisper. He was treated by several physicians, none of them having seen the vocal cords, till he fell into the hands of the President of this Society, who used the laryngoscope, and having discovered the condition of his larynx, very kindly passed the patient on to me for treatment. This man has a large growth on one of his cords, and may never recover useful voice, but if his condition had been discovered early, a small growth might have proved but a minor matter. Should we not lay down the rule that in all cases of aphonia and all cases of hoarseness or other impairment of voice lasting longer than ten days, the diagnosis should be made by the laryngoscope? And if an ordinary examination does not suffice, let all the skill and care that we can command be brought to bear on the case.

It will be concluded, from the tenor of my paper, that I call attention to alterations of voice chiefly as *suggestive* in the diagnosis. There are cases, however, occurring every now and then in which the diagnosis is difficult, and every help is needful. Let me conclude this paper by illustrating this by a case for which I am indebted to the kindness of Dr. Gurd.

Mr. —, æt. 39, has had lung affection for some years. Now there is evidence of extensive degeneration in both lungs, high temperature, extreme wasting, &c. The patient has throat affection, with the following characteristics: Ulceration of the velum and between the palatine folds, the patches large, irregular, with no special tendency to bleed; on one side deep sloughs, on the other a dirty grey colour, without such marked excavation. The epiglottis is thickened to two or three times its natural size, and bent over, so that it is impossible to see the vocal cords well. There is ulceration of the same dirty hue on the pharyngo-laryngeal folds. No history of syphilis can be gained. Is it syphilitic ulceration, is it tuberculous, or is it the one modified by the other? The ulcers are not the lenticular ones occurring on the back of the pharynx, described by Dr. Morell Mackenzie as characteristic of phthisis. If it be tubercular, with such extensive disease of the larynx, why is the voice not more affected? The voice is not absent, nor is there that sense of escape of air so often present in advanced ulceration in phthisis. The voice does not suggest extensive loss of tissue; it is hoarse, very hoarse at times—indeed it suggests the voice of syphilis, which is rancous and obtrusively harsh to a degree unequalled in any other affection. Yet it is difficult to conclude that it is a case of syphilitic ulceration with such extensive lung disease and with no specific history. But the onset of the throat affection was sudden and its progress rapid (5 to 7 weeks), and this is in favour of syphilis rather than phthisis. It is erroneous to draw conclusions from the action of iodide of potassium, for other forms of ulceration are benefited sometimes by it, while occasionally syphilis seems to be made worse. I have not made a positive diagnosis, but state the case to show how voice may assist in the diagnosis, or, at least, make one cautious.

It is scarcely necessary to add that to conclude, because a man has disease of the lungs, that his throat affection is tuberculous; while it may be considered a fair *inference*, cannot be called *diagnosis*.

CLINICAL REMARKS ON CASES OF INHERITED SYPHILIS.*

DELIVERED IN THE SUMMER SESSION COURSE, AT THE GENERAL HOSPITAL, APRIL 21ST, 1882.

BY WILLIAM OSLER, M.D., M.R.C.P., LOND.

Professor of the Institutes of Medicine in McGill University, and Physician to the Montreal General Hospital.

GENTLEMEN,—In the out-door department and on the surgical side you will have many opportunities of seeing acquired syphilis in its recent forms. The inherited disease presents many manifestations which come under the physician's care, and at the present time I have three examples in my wards which we may study to-day with advantage. And first a word of caution. Do not use the term syphilis before your patients, particularly as in the case just to be brought in of a mother and her child. Many a poor woman has lived in blissful ignorance of the precise nature of her child's affection until an incautious word has suggested to her the cause, and then, for her, "farewell the tranquil mind." We shall use the old term *lues*.

CASE I.—M. O., æt. 6 weeks. Admitted on 12th inst., with snuffles and skin eruption. Mother has been married two years; family history good; has no signs of disease; nipples were sore, but not specific; had one miscarriage at 7 months; the father of the child, she says, is healthy (?).

The *child was born healthy*, had no snuffles and no skin trouble; in two weeks began to snuffle; at four weeks spots appeared on the body and about the buttocks; on admission had an eruption on the buttocks, groins, genitals, face and nose. The eruption consisted of irregular blotches, and about the anus some soft mucous patches, and here and there a pustule. The patches were erythematous, and the scrotum also was swollen and sore. About the mouth the skin was rough, raw and red, but no pustules nor papules could be seen; on the arms and hands papules now exist. On the 14th inst. was given gr. $\frac{1}{2}$ Hydrarg. cum Creta, t.i.d., and a piece of mercury ointment about the

* Reported by Mr. C. E. Cameron.

size of a pea was rubbed into the skin at night. Since that time the child has improved; the eruption about the face has faded, leaving a reddish coppery stain; the buttocks have also improved in condition; the nostrils are still stuffed, but not so much as when first seen; no distinct mucous patches are to be seen inside the mouth.

Now, gentlemen, I would ask you to make a careful study of the child. Do not suppose that it is only in hospital practice that you will find these cases; lues is no respecter of persons, and there is no station in life in which you may not expect to meet it.

Within the womb the foetus may be blighted and abortion occur at the fifth, sixth or seventh month. If it affects the child in utero, as a rule it kills there, and the child is born dead; if not affected in utero, the child is born healthy, and in about two weeks it begins to snuffle, and a rash appears upon the buttocks; there may be also a rash about the mouth, and this may become general. About the buttocks there may be soft, raised, injected spots—mucous patches. The above appearances are characteristic.

To *treat* this condition give mercury, the mercury and chalk powder in gr. $\frac{1}{2}$ doses three times a day, and rub in a little of the mercury ointment every night, or the latter may be spread on the child's flannel roller; or you may give corrosive sublimate, gr. $\frac{1}{2}$ in \mathfrak{v} vi. of water, and of this give \mathfrak{v} i every three or four hours. These cases, as a rule, do well.

Infantile lues may lead to characteristic appearances in the child; the eruption causing fissures about the mouth, which, when healed, leave scars which radiate from the angle of the mouth to the cheek. In the infant before you the present rash is healing, but during the first year there may be occasional skin eruptions, or mucous patches in the mouth. If the child survives the first year the disease usually remains latent, but as puberty is approached again declares itself, as you will see in the next cases to be brought in. Now that the patient has left the room, we may ask the question, Who is responsible for this—the father or the mother? The latter, so far as we can

gather, seems healthy; has had no skin eruptions, or throat trouble. The husband is away, and though she says he is healthy, and never had any particular disease which she knows of, I am inclined to think that he is at fault. What about the woman herself? Is she syphilized? Most writers think that a woman who has borne a syphilized child is contaminated in some degree, though showing no positive signs. A strong proof is the fact, that you cannot inoculate her with syphilis. If the child you have just seen were given to a healthy nurse, with its condition of lips, it would give the woman a chancre of the nipple. This is sometimes known as Colles's law.

The next cases illustrate some interesting later manifestations.

CASE II.—Girl, *æt.* 13, showing severe ulceration of throat.

History.—Mother healthy; no symptoms of lues; father has no evident disease, (?) but is dissipated. This child is the last of seven; several of the others died early, one with blisters; all had stuffed noses; four out of the seven died within the year; one lived to five years and the other to six years. This girl was born healthy, and remained so till two years ago, and then became blind; cured by Dr. Buller; last year got deaf; this also cured; has had sore throat for six months, not much pain, but some difficulty in swallowing.

Present Condition.—Small; well nourished; has not the syphilitic countenance. *Teeth*—Upper central incisors are eroded at the neck, not dwarfed, a little honey-combed, but are not Hutchinson's specific teeth. In the *mouth* nothing is seen on the tongue or cheeks, but in the throat there is extensive disease; the uvula and velum are gone; there is a cicatrix on the posterior wall of the pharynx, linear in direction; the mucous membrane of the right side is much thickened, especially below the orifice of the Eustachian tube; as low as can be seen in the pharynx on the posterior walls are cicatrices with reddish fleshy outgrowths; nothing else noticeable. *Eyes* are apparently clear, but on careful inspection both corneæ are seen to be slightly turbid and hazy. She has had interstitial keratitis, a common affection in secondary syphilis, which comes on usually between the twelfth and sixteenth year, is specific, and if properly

treated, generally curable. Secondary acquired lues in man rarely destroys the structures of the throat. In the inherited form the throat affection is apt to be more intense and phagadænic, as in this child. *Ear* trouble is not uncommon in inherited lues. In this instance it may have extended from the pharynx; but middle ear disease may occur with throat complications. In this case the disease in the pharynx is not progressing. She is on potas. iodid., grs. x, t.i.d. To do any good, these cases require early and energetic treatment, as the ulceration is rapid and destructive.

CASE III.—Girl, æt. 23, admitted Feb. 10th with Bright's disease, dropsy of the legs and face. Family history uncertain. This girl presents, as evidences of inherited disease, large tibial nodes, onychia, and a suspicious-looking spot of ulceration on her forehead. *Nodes* are, in acquired pox, common on the forehead, clavicle, tibiæ, &c., and are the result of specific periostitis, caused by virus in the blood. They may be absorbed, or go on to the formation of bone. They are also important features in inherited syphilis. Nodes produced in the congenital form differ from those produced in the acquired, inasmuch as they affect more often the bones of the upper and lower extremities, are generally symmetrical, are much larger, and may occur over the whole extent of the bone; they are rarely painful, and often disappear under treatment.

The tibiæ of this girl are enlarged, thickened, and misshapen: almost a uniform node from ankle to knee. The fibula on the left side is thickened, especially about the lower part. I remember, on several occasions, hearing Mr. Hutchinson call attention to the fact that these large nodes were often mistaken for Rickets. I pass around one of his plates illustrating this form of node. *Teeth*—Lower incisors eroded at the root; upper ones well formed, nothing suggestive about them. *Nails* of the thumb, ring and little fingers of right hand are mal-formed, rough, dry, discoloured, scaly, and are typical instances of *Onychia sicca*, or psoriasis of the nails.

You noticed that I examined the teeth of these two cases with special care. I did so because these organs sometimes give

valuable or even positive evidence of inherited syphilis. Mr. Jonathan Hutchinson first called attention to this fact, and I have here for your inspection his Plates illustrating the subject. The teeth in case II. would be called by some "specific," but they are not so, and I gladly take this opportunity to impress upon you the characters of the teeth which this profound observer has been led to regard as distinctive. At the Congress last year he complained very justly that men had not sufficiently studied his writings on the subject, and were too apt to regard any malformed teeth as syphilitic. The facts are briefly these: 1, Teeth giving information are the permanent ones. 2, The specific ones are the upper central incisors. 3, Characters are: dwarfed, stunted in length and breadth, and narrower at the cutting edge than at the root. Anterior surface has usually the enamel well-formed and not eroded or honeycombed; the cutting edge presents a single notch, usually shallow, sometimes deep, and in that notch the dentine is exposed.

Other irregular teeth, eroded at the surface, are indications of an early *stomatitis*, an inflammation of the mouth, perhaps from mercury, or associated with convulsions.

Children who have been the subject of syphilis frequently grow with a very characteristic physiognomy, recognizable at a glance. The following are chief points in a *Syphilitic countenance*: 1, forehead prominent, especially the frontal eminences; 2, saddle-nose, bridge being defective, owing to early coryza and inflammation; 3, often striated lines from corners of mouth, and the skin is colourless and muddy.

CASE OF CEREBRO-SPINAL MENINGITIS.

By G. W. MAJOR, B.A., M.D.

May H., aged 13 years, born prematurely, of a delicate and highly nervous nature, lived five years in India, where she contracted malarial fever of a severe type, and was, in consequence, sent to this country. On the 17th ult., showed symptoms of slight coryza, and was kept in the house. On the 18th and 19th she seemed in her usual health, appetite unimpaired, and spirits remarkably good. On the 19th, retired at 9 p.m. On the fol-

lowing morning (20th), I saw her for the first time, and found her condition as follows: Complained of severe pain in the head, of a neuralgic character; pulse 120; temperature 102°F.; skin very dry. Child lying quietly; pupils dilated, but contracting to light; and in rather a stupid sleep, but easily roused. Intense intolerance of light. Temper very irritable and rebellious, constantly refusing to take her medicine, which was a mixture of Pot. Chor., Tr. Aconit. and Ammon. Acet. Condition remained much the same during the day and early evening. Later the pain in the head became greatly aggravated, and vomiting occurred at intervals of an hour or two.

21st—Vomiting still continues; temperature 103°F.; pulse 120. Headache still more severe in type. Skin now moist. Creeping pain in spine, and slight tendency to contraction of muscles. Child declared to be in a dangerous condition. Bromide ordered. Rebelled against all medicine, but would take nourishment in small quantities.

22nd—Made an early visit; found child lying on her side, her body curled up. On attempting to turn her on her back, complete opisthotonos ensued, giving rise to great agony; temperature 103°F.; pulse 140, but varying from 120 to 170 at very short intervals. Dr. Fenwick saw her with me at noon, and ordered ergot in addition to the bromides. Child was now constantly drawn up in opisthotonos. A hypodermic of $\frac{1}{2}$ gr. morphia at 7 p.m. gave relief and sleep for seven hours; it was again repeated at 2 a.m., with but partial success; at 6 a.m., another, but with no result. At noon Dr. F. ordered chloral hydrat. by the bowel; the first dose was successful, and gave relief for four hours, when a second was administered.

23rd, 5 a.m.—Child suffering great agony; ordered chloroform to be administered, which was kept up until 3 a.m. on the 24th, when death ensued.

Nutritive enemata were in use from the 21st, and were well retained. Vomiting was only a symptom for 24 hours. Constipation was marked. On the 21st, an enema of turpentine and castor oil produced a large evacuation. The urine was voided constantly and involuntarily from the afternoon of the 21st.

During the illness the child was obstinate and rebellious, contrary to her usual custom. Three weeks before she would suddenly jerk the hand across from her mouth on taking food, and would raise the elbows to a level with the chin.

The autopsy, by Dr. Osler, revealed the following conditions: The *brain* contained an excessive amount of blood; the dural sinuses and all the veins and arteries were engorged. Some of the veins of the pia were as large as quills; the blood in them was clotted. At the base, there was exudation about the chiasma and inner parts of Sylvian fissures; none on pons or medulla. No lymph in the course of the middle cerebral arteries, which, with the strio-lenticular vessels, were removed and carefully searched for small tubercles, but without positive result. On the surface, much lymph beneath the arachnoid on either side of the longitudinal fissure, more on the right hemisphere, where it covered the hinder end of 1st frontal, the upper parts of asc. parietal, asc. frontal, and the superior parietal lobules. On the left side it was less extensive. Moderate serous exudation in the ventricles; walls not softened; fornix and septum firm; velum and choroid plexuses intensely congested. *Spinal cord*—Vertebral veins engorged. Vessels of the pia deeply congested, the entire membrane reddish in colour in anterior aspect. On posterior surface, from the cervical enlargement to the cauda equina, a thick layer of fibrino-purulent exudation extended beneath the arachnoid, producing, at spots, irregular bulgings. It was creamy, greyish-yellow in colour, and in places ensheathed the posterior roots. There were no tubercles. *Lungs* healthy, no caseous masses; no miliary tubercles. *Heart* contained clotted blood; abdominal viscera normal.

SKIN DISEASES AT THE MONTREAL DISPENSARY.

UNDER THE CARE OF R. L. MACDONNELL, B.A., M.D., M.R.C.S., ENG.

During the last few months the cases of skin disease treated at this institution have been numerous, and many of them being of interest, I venture to place upon record a selection of them in the pages of the CANADA MEDICAL AND SURGICAL JOURNAL.

Syphilitic Skin Diseases.—Should we treat primary syphilis

by mercury, or should we wait for secondary symptoms? Of the benefit of the former plan I have not a doubt, and have always given the antidote as soon as there was the least uncertainty in my mind as to the purely local character of the sore. Here, then, are the notes of two cases—the husband treated with mercurials, the wife let alone until the secondary stage.

L. L., an ice-cutter, æt. 30, presented himself on the 27th January, 1881, with a remarkably well defined hard chancre on the glans penis. Protiodide of mercury was given at once, and has been taken faithfully until a few weeks ago. About four weeks after the appearance of the chancre there was a papular rash upon the trunk. This disappeared in less than a week. It was noted on the 12th Feb., 1881, that, with the exception of slight induration at the seat of chancre, and some few brown stains upon his skin, there was no trace of the disease. He had been warned to avoid giving the disease to his wife, but in spite of this, when he returned on the 26th March the thin cicatricial covering of the chancre was found abraded. On the 27th July, his wife, a healthy young woman, came to the Dispensary and told me that in the beginning of April—*i.e.*, four weeks after the abrasion above mentioned—she had a chancre about the vulva, and for the last two months had an eruption, with sore throat. The skin of the trunk, arms and legs was covered with an ecthymatous eruption. In this case the poison had a three months start of its antidote, consequently it was a much more difficult one to manage than that of the man. Until August 24th the eruption did not improve. At date (Feb. 24th, 1882,) the body is covered with the brown stains of the disease. Mrs. L. also suffered from sore throat and from falling out of the hair.

In the next two cases no history could be obtained.

A girl æt. 16, who was anæmic, and whose menses had not yet appeared, showed me a periosteal node upon the left tibia which had come on a few weeks ago, and which was very painful. On the inner side of the left knee there was a round ulcer, the size of a sixpenny piece. There was another upon the abdomen, and two or three symmetrical scars upon the legs. These ulcers, she told me, had been coming and going for years. The presumptive proofs of syphilis were: 1st, the presence of brownish

scars, produced by sores which occurred without any such cause as burns, injuries or bed-sores; 2nd, the number of the ulcers; 3rd, their site; 4th, the colour of the scars. After a short course of iodide of potash and iron, the ulcers healed rapidly and the nodes disappeared.

An unmarried woman, who gave her age as 40, but whose appearance implied greater antiquity, came to the Dispensary on the 12th Oct., 1881. Twelve years ago there was a sudden suppression of the menses, followed by neuralgia and headache. About the same time an eruption appeared upon the side of the nose and upon the right cheek, which went on to ulceration. Denies syphilis. All these years she had been under treatment more or less, but the disease steadily advanced. She was in two hospitals, and in one she had been put under ether and burnt with the actual cautery four times. On the 12th October she presented the following appearance: On the left cheek there were three large ulcers, covered with greenish-black crusts, while the rest of that side of the face, the forehead, the top and right side of the scalp was one large unsightly cicatrix. Above and behind the left ear there was a large ulcer, discharging most fetid pus. The hair was almost all gone. Complained of pains in the head, worse at night. She told me that she had never had any internal treatment. Prescribed 15 grains of iodide of potash, to be taken three times a day. No local treatment beyond the use of soap and a weak carbolic lotion. She began to improve immediately, and in six weeks all ulcers had healed. At present there remains but a slight ectropion of left lower lid, the result of the contraction of a cicatrix upon the cheek.

A case came under Dr. Shepherd's care, showing how easily syphilis may be simulated. A hysterical girl, about 16 years old, who had been taking iodide of potassium for a year, came to the Dispensary to get more of this costly medicine. She had an ulcer on the leg, and had enlarged post-cervical glands. After the application of a parasiticide ointment, the glands resumed their normal size. The ulcer proved hard to heal, and it was thought it was irritated by the girl herself. She went to the Montreal General Hospital, where it healed eventually.

Psoriasis.—Several cases of psoriasis have been under treat-

ment at the Dispensary lately. Under all circumstances a difficult disease to manage, it is especially so in out-door practice, owing to the lack of perseverance on the part of the patients and the irregularity of their attendance. For cases of this kind, an ointment of 20 grains of chrysophanic acid to an ounce of lard has been found useful; but the frequent recurrence of the disease convinces me that we have not yet found a remedy to thoroughly control it. Here is a case in point.

Mrs. B., *æt.* 38, came to the Dispensary on the 21st Sept., 1878. Psoriasis in patches about both elbows, both knees, chest, back, and at the root of the hair. No history of syphilis. No syphilitic scars. General health excellent. Began using a 20-grain ointment on the 27th September, taking care to apply it to but one or two patches at a time. The improvement was rapid. In January, 1879, she told me that she had gone on using the ointment for two months, until all the skin was clear. In July, 1879, she reappeared at the Dispensary, with the psoriasis as bad as ever. Towards the end of the month she was again better, and I lost sight of her until October, 1881. The disease extended over more than one-half the scalp and forehead. The 20-grain ointment was again applied, and in a month she was well again.

This case illustrates the fact that the ointment is certainly effective, but that it has no power in preventing a recurrence. The disease in this case might probably have been eradicated had she been treated during the intervals with arsenic and other tonics, and had she been able to keep her hands and arms, where the eruption began, out of soap-suds and water. In the other cases of psoriasis met with at the Dispensary, the 20 or 30-grain ointment has been successful in restoring the healthy action of the skin. I have found it always a trouble to get the patients to report themselves. As soon as slight relief is afforded they never come near the place again.

An obstinate case of psoriasis is at present under treatment. Chrysophanic ointment (30 grains to the ounce of lard) having caused much irritation and done little good, I applied a 20-grain to the ounce ointment of pyrogallic acid with very good effect.

It caused less redness, and the skin is clearing up, patch after patch.

Herpes Zoster affecting the Superficial Cervical Plexus.—(In private practice.)—A young lady, aged 20, of very nervous temperament, complained, on the 16th April, of pain in the right side of the neck, under the occipital bone, and thought that she had an ordinary stiff neck. On the following day the pain was much more severe, and a crop of vesicles appeared, dotted along the course of the nerves forming ascending division of the superficial cervical plexus. Several vesicles extended along the course of the occipitalis minor, and behind the ear the skin was red and hot, and exquisitely tender on pressure. Around the neck there was a half collar, formed by three or four large blisters. The pain preceding the eruption of herpes was very great, and to procure sleep a quarter of a grain of morphia had to be given for three nights in succession.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

Nitro-Glycerine in Puerperal Convulsions.—W. E. Green, M.R.C.S. of the Isle of Wight, reports a case of puerperal convulsions in which this remedy was administered with apparently most satisfactory results. The uterus was empty, the convulsions had ceased, but unconsciousness remained, the pulse was quick and of high tension, the face and eyelids puffy, the legs œdematous, the feet cold, and the urine highly albuminous. There was a history of scanty urine and anasarca for months previous. A mixture containing eight minims of a solution of nitro-glycerine (1 per cent.) in an ounce of water was prescribed, with instructions to give a teaspoonful every hour. The first dose was given to the patient two hours and a half after the commencement of the attack, the coma at that time being as profound as at any time. Within ten minutes of taking it, she

regained perfect consciousness, and asked questions about her confinement and child, of which till then, she had been oblivious. Four or five doses were given; the pulse was then soft and quiet. Recovery was tedious; it was necessary to wean the child, and it was six weeks before albumen completely disappeared from the urine. Mr. Green was induced to use nitro-glycerine in this case from the marked evidences of arterial tension, as indicated in the pulse and by the cold extremities. These and other symptoms pointed to the case as identical with uræmic convulsions, in which nitrite of amyl and bleeding are both beneficial, the effects of the amyl being, however, apt to be transitory. The value of nitro-glycerine in angina pectoris has been pointed out by Dr. Brunton and Mr. Wm. Murrell. Experience of the value of the remedy in reducing arterial tension and of its power of keeping up the effect determined Mr. Green to use it when he met with a case of uræmic convulsions, and by it to bleed the patient as it were into his own blood vessels by dilating them. The rapid recovery of consciousness in the case related appeared to verify the theory and justify the practice.—(*Brit. Med. Jour.*, April 22, 1882.)

Treatment of Cancer of the Uterus, by W. H. Baker, M.D., Instructor in Gynæcology, Harvard University, Boston.—The author of this paper is much in favor of the early, complete, and repeated (if necessary) removal of malignant disease of the uterus. In this he is only in accord with nearly all the leading gynæcologists of the present day. The method of operation which he follows and which he believes to be superior to any which he has seen described, does not differ very much from parts of other operations, but he believes unites the advantages of several, and discards objectionable or unimportant features. He divides operative cases into two classes:—1st. Those where the disease is limited to parts which can be entirely removed; these are cases in which cure or long respite may be reasonably hoped for. 2nd. Where the disease has so infiltrated the parts about the uterus that it is impossible to remove more than its superficial and most vascular portions, as a relief from hemorrhages or sloughing tissue, with its offensiveness and deleterious

septic influence. In a suitable case of the first class, when the disease is limited to the cervix, the patient being in the Sims' position, the cervix is seized with the vulsellum forceps and dragged as nearly to the outlet as possible. The portio vaginalis is then cut into anteriorly with the scissors, and the supra-vaginal cervix anteriorly is separated from the bladder with the scissors and tearing with the forefingers. This part is similar to Schröder's method for the removal of the uterus by the vagina. The same incision is then made into the vagina posteriorly, and the supra-vaginal cervix separated from the peritoneum up to the level of the internal os uteri. The peritoneum is not purposely opened as in Schröder's method, but it is accidentally cut into at times during the operation. The anterior and posterior incisions are now connected with lateral ones, and the supra-vaginal cervix separated on the sides in the same manner as was done in front and behind. The uterotome is now substituted for the scissors and a funnel-shaped portion of the body of the uterus cut out. In this procedure there is a resemblance to Sims', but it differs in that the base of the cone-shaped portion to be removed is situated at the level of the internal os uteri at the junction of the peritoneum to the body of the uterus, both before and behind, and the apex of the cone extends nearly or quite to the fundus of the uterus. It is thus possible to remove more of the uterus than by Sims' method. The entire cervix, both infra and supra-vaginal, and the same time nearly or quite one-half—the most important half of the body of the uterus is removed. This method secures removal of the glandular structure, which is first affected in cancer of the body of the uterus, whether of primary origin or the result of extension from the cervix. If the vaginal tissues either anteriorly or posteriorly be involved they are to be cut through into the peritoneum or bladder, as the case may be, if necessary, and removed, the edges being brought together by sutures of silver wire, thus closing the opening into the peritoneum or vesical fistula thus created. The patient is to be kept in bed for two weeks, kept on a nourishing liquid diet, and protected from distension of rectum or bladder, and guarded from any

efforts at straining. After convalescence monthly examination of the parts for several years should be practised. If any out-growths appear, they are to be removed with the cutting curette, and the base seared with the thermo-cautery. Dr. Baker has seen no advantage from the administration of arsenic as recommended by Sims, Goodell and others. Chian turpentine did no good.

In the second class of cases the curette, followed by the thermo-cautery, is recommended and used by Dr. Baker. During four years he has treated 47 cases of uterine cancer. Of these 12 were operated on with the hope of entire removal; of these 9 are living, 7 are well at periods of 29, 27, 22, 21, 18 and 11 months respectively after the operation. Of the three who died, one was unwilling to follow up the treatment, which promised as much for her as for the others who survive. Of the thirty-five remaining cases, ten were operated on to ameliorate the symptoms. In one of the cases, by repetition of the operation three times at intervals of some months, the patient lived three years and five months, and was kept free from many of the sufferings which make life with this disease so intolerable. Of the remaining 9, 6 lived 18, 10, 9, 8, 7 and 6 months respectively; 2 are still living after 12 and 8 months; the remaining one was discharged from hospital four months after the operation, and has not been heard of since.—(*American Journal of Obstetrics*, April, 1882.)

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE
MONTREAL GENERAL HOSPITAL.

MEDICAL CASE UNDER CARE OF DR. MOLSON.

Case of Sarcoma of the Jejunum—(Reported by DR. J. A. MACDONALD, House Physician.)

J. B. B., French-Canadian, aged 41, plasterer, admitted into Hospital March 4th, 1882, to be treated for general dropsy; says he was a healthy man till present trouble began. Six months ago, after exposure to cold, had general pains in body and an attack of vomiting, with constipated bowels; was better in three

or four days, and attended to his work as usual. No headache, and noticed nothing peculiar about his urine. From this time till eight weeks ago went about his work, but every two or three weeks would have an attack of vomiting, lasting three or four days. Bowels were very constipated. Appetite poor, and patient lost flesh slowly. All this time he did not suffer from headaches, and noticed nothing wrong with urine. No disturbance of vision. Eight weeks ago abdomen began to swell rapidly, followed in a few days by great swelling of feet, legs, arms and face, and says that at this time urine was scanty and high-coloured, but without blood. He now suffered constantly from headaches. Constipation continued, but bowels would act with a purgative; vomiting frequent, but not constant, and without reference to food. For the last two weeks has suffered greatly from shortness of breath. Since his trouble began, six months ago, would have occasional attacks of chilly feeling, followed by feeling of heat; this always occurred toward night.

On admission, patient so weak that he cannot sit up in bed, and is evidently dying. Temperature 101°F.; pulse very weak, 120; respirations 40. Is a large, pale, cachectic-looking man. Arms, face, trunk and legs very oedematous. Abdomen full, dullness in both flanks; cannot palpate on account of the thickness of the walls with the anasarca. Large bubbling râles over front of both lungs; cannot examine back. Heart sounds scarcely audible. In 24 hours, passed 75 ozs. urine, which contains a very small trace of albumen, very little deposit, and no casts. Skin acting freely. To have *Infus. Digitalis, Liq. Am. Acet.* āā ʒss, 4 q.h. From the time of his admission till his death, March 8, nothing special to note. Temperature from 99°F. in the morning to 101°F. in the evening.

Autopsy by Dr. Osler.—General anasarca; left arm more swollen than the right. Abdomen protruberant; when opened coils of intestines matted together by tolerably firm, but separable adhesions; a large mass filled the left half of the cavity, from the ribs to the crest of the ilium. The omentum was closely adherent to it, as were also several coils of the small bowel and the descending colon. It was readily peeled out of its bed; the

left kidney was firmly attached to it behind, and the colon and sigmoid flexure to the left border. On dissection, the tumour proved to be an enormous growth, involving about 18 inches of the jejunum, which tunnelled the mass in a curved direction. The walls of the gut were infiltrated with the neoplasm, being in places 6 to 8 inches in thickness, of a greyish-white colour, and firm. The lumen was expanded and the mucosa represented by blunt valvulæ conniventes; about the centre of the canal there was a transverse depressed ulcer almost encircling the tube. There was a large ischio-rectal abscess, communicating by a round orifice with the upper part of the rectum. The walls of this were much thickened and infiltrated with the new growth. It had no direct contact with the jejunal mass. The *kidneys* were enlarged, and presented innumerable secondary masses. So far as Dr. Osler's examination has gone, he believes it to be a primary large round-celled sarcoma of the jejunum with metastases in kidneys.

MEDICAL CASES UNDER CARE OF DR. OSLER.

Cases of Tubercular Meningitis.—(Reported by Dr. J. A. MACDONALD.)

Cases I and II illustrate well the common forms of this affection. Cases III and IV are of interest, from the existence of tubercles—extensive in IV—without special head symptoms.

CASE I.—*Chronic Phthisis—Tubercular Meningitis—Cheyne-Stokes Breathing.*—E. S., aged 31, admitted Feb. 3rd, 1882. On admission, complained of cough, shortness of breath, night sweats, and loss of flesh. Gives a well marked history of slowly advancing phthisis. Slight consolidation in left apex; a little more advanced in right. Had an ischio-rectal abscess six months ago; fistula still discharging.

April 1st—Nothing special to note up to this time. For a few days patient has been complaining of headache and lassitude, and now lies in bed all day. Temperature 101°F. Disease in lungs progressing slowly. *13th*—Still complains of headache. *15th*—Patient passed stools and urine in bed last night. To-day the patient is delirious, not noisy or talkative, but as he lies in

bed answers questions in a fairly rational manner. He is sullen and contrary; refuses to take his medicine. Abdomen markedly retracted. Temperature 101°F.; pulse 95. 16th—Drooping of right upper lid to-day. Lies in same condition as yesterday. Passes stools and urine in bed. Occasional long, sighing respirations. 17th—Patient quite heavy and stupid to-day. Cannot be roused. Eyes examined last night; no neuritis. Marked Cheyne-Stokes respiration. Next day, same condition. Death on the 19th. No autopsy, as body went to the college.

CASE II.—*Basilar Meningitis*.—S. M. F., aged 4½ years, admitted to Hospital April 24th, 1882, in a perfectly unconscious condition. Lies with eyes wide open, face turned towards left. Breathing quietly and regularly, 25 to the minute. Temperature 99°F.; pulse 120. Child is a thin, spare lad, face pale. No evidence of paralysis. Eyes open equally; pupils dilated and equal. Conjunctiva slightly injected. No plantar reflex. On tickling soles of feet, the legs are drawn up very slowly. Hands appear to have much less sensation than legs. Abdomen not retracted. *Tache cerebrale* well marked. Nothing abnormal found in lungs. The following is the only history that can be obtained: Has been ill two weeks; friends could not say what the trouble was. Six days ago, noticed continual tossing of left arm and leg; this lasted three days. Three days ago had a fit, and that morning became unconscious, and has remained so ever since.

April 25th.—Child is much brighter to-day; spoke to the nurse several times. Ptosis of left upper lid. Sighing, irregular respirations. Pulse 130. 26th—Child became comatose during the night, and died this morning.

Autopsy showed matting and opacity of membranes at the base; not much exudation. Numerous tubercles on arteries of perforated spaces and branches of the middle meningeal. Fluid in ventricles, central softening. Two caseous masses in lungs. No general eruption of miliary tubercles.

CASE III.—*Chronic Phthisis—Tubercles in Occipital Meninges*.—No head symptoms.—C. L., æt. 36, admitted into Hospital with well-marked phthisis for the first time, Jan. 16th, 1882, and was discharged unimproved, March 3rd, 1882.

April 23rd.—Patient readmitted into Hospital in a very weak state; had been in fairly good condition for a week after his discharge, when he began to loose flesh rapidly; cough very bad, and expectoration abundant. At present patient is emaciated to an extreme degree; speaks in a low, hoarse whisper, and is unable to swallow on account of the soreness of throat, which has come on in the last two weeks; extensive disease in front of both lungs; large cavity in right mammary region; marked retraction of abdomen, with some tenderness in umbilical region. Mind quite clear; no symptoms of meningeal or brain trouble. Died April 26th, the third day after his admission. Mind remained clear till death. Refused all nourishment on account of the difficulty in swallowing.

At the autopsy an extensive cavity was found in right side, occupying nearly the whole of the upper lobe; smaller one in left apex. No peritoneal tubercles. Mesenteric glands much enlarged. Extensive ulcerations in ileum and cœcum. One ulcer had perforated, and the contents of the gut had passed into the pelvis. In the brain no basilar meningitis; no effusion into the ventricles. The meninges of both occipital lobes on the upper surface a little thickened, and on removing the pia mater from these regions many tubercles were found on the vessels, particularly those in the calcarine fissures; some were as large as peas, and were imbedded in the brain substance.

CASE IV.—*Diarrhœa—Diphtheria—Chronic Tubercle of Brain and Meninges—No head symptoms.*—J. E., æt. 2½, a feeble and emaciated child, admitted with diarrhœa, which had existed for several days, and which improved with treatment. No chest symptoms. On April 8th took diphtheria of severe type. Throat symptoms improved by the 12th, but the child did not rally, and died on the 16th. There had never been any head symptoms further than heaviness and stupidity during the attack of diphtheria.

At the autopsy, brain only examined. No basilar meningitis. On the cortex, vessels full; no lymph, no ventricular effusion or softening. On both hemispheres, in parietal lobes close to the longitudinal fissure, small tubercles adherent to the mem-

branes and imbedded in the substance; none of these were larger than peas. On the inner faces of the hemispheres, occupying the *precuneus* and convolutions of *cuneus*, were numerous coarse tubercles, isolated and in groups. These were most abundant on the right hemisphere, and in the *precuneus* of this side there was a mass the size of a quarter dollar, the membrane adherent to it and thickened.

Reviews and Notices of Books.

The Illustrated Quarterly of Medicine and Surgery.—Edited by GEORGE HENRY FOX, Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, and FREDERICK R. STURGIS, Professor of Venereal Diseases, Medical Department, University of the City of New York. Vol. I. Nos. I and II. New York: E. B. Treat & Co.

This *American Quarterly* marks quite a new departure in the Medical journalism of the United States; indeed, as far as we know, there is nothing similar to it in any country. The intention is to give illustrations of large size and artistically executed of a great number of important and unique medical and surgical cases, such as are continually presenting themselves to the eminent practitioners of a great city like New York. The idea of the publication has no doubt originated from the great success which was achieved by the two illustrated serials already produced by Dr. Geo. H. Fox, viz., those on Skin Diseases and on Venereal Skin Affections. The size, get-up and general appearance of the *Illustrated Quarterly* is very similar to those just mentioned. Each number of the journal is to contain four quarto plates, on cardboard, 10 x 12 inches, with twenty-four or more quarto pages of accompanying text. Woodcuts are also interspersed where found necessary. It consists thus entirely of original matter.

The first two numbers, January and April, have now appeared, and enable us to judge of the merits of the work. The large illustrations in No. I are devoted to the following cases:—Dr. Post, Restoration of the upper lip; Dr. Parker, Fibrous tumour

of the face; Dr. Little, Separation of the lower epiphysis of the femur; Dr. Sexton, Facial paralysis in connection with aural disease. Besides which, other cases are illustrated by excellent woodcuts. In No. II, the following cases have artotypes attached:—Dr. Isaac E. Taylor, Ovarian pregnancy; Dr. Sabine, Plastic operations for loss of nose, lower eyelids, &c.; Dr. Gibney, The pathological anatomy of a case of spinal caries with paraplegia; Dr. VanWagenen, A case of skin-grafting for a burn.

These artotype illustrations are most excellent pieces of work—perfectly accurate, of course, as they are photographs, and very well coloured by hand. The letter-press, paper, and other typographical work also leave nothing to be desired. We are satisfied that there will be a large demand for this really valuable periodical, because in a few years each subscriber will find himself in possession of a complete picture-gallery of an immense number of the rarest and most unique cases in all branches of medicine and surgery. The long list of eminent names given as collaborators ensures a never-ending supply of such material. We wish the *Illustrated Quarterly* much success, and shall always look with interest for its arrival.

The subscription price is \$8.00, which may be paid quarterly. Considering the great amount of skilled labour needful for producing such artistic plates, this must be considered very reasonable.

Illustrations of Dissections in a series of Original Colored Plates, the size of life, representing the Dissection of the Human Body.—By GEORGE VINER ELLIS, Professor of Anatomy in University College, London, and G. H. FORD, Esq. (Reduced on a uniform scale, and reproduced in *fac-simile* expressly for Wood's Library of Standard Medical Authors.) Vol. I. Second edition. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin.

This is the first volume of the new series of Wood's Library for the present year. There are twenty-eight colored lithographic plates of dissections of various important regions of the body, including the head, neck and upper extremity. The

reduction from life-size has been well executed, so that the outlines are very distinct, and all the parts can be seen quite clearly. If exception should be taken to them on any point, it would probably be that in some of the examples so many structures are brought into view that upon the small scale it cannot avoid making it look somewhat confused. It will no doubt prove a very welcome addition for all students of anatomy and of surgery.

A Manual of Organic Materia Medica, being a guide to Materia Medica for the vegetable and animal kingdoms. For the use of students, druggists, pharmacists and physicians.—By JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With many illustrations on wood. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

An excellent concise description of all the organic drugs of the United States and British Pharmacopœias. It is claimed to contain in concentrated form "what may be considered the *essential* physical, histological, and chemical characteristics of the organic drugs, so as to render the work a useful and reliable guide in business transactions." The name of the author and his previous association with the large National Dispensatory are, of course, ample guarantee for the accuracy of the descriptions and the care with which they have been compiled. A few useful drugs which are not found in the pharmacopœias but which are employed in certain localities with success, are also very properly introduced. Upwards of two hundred wood cuts are used for illustration. It is a very handy volume, and will no doubt be widely availed of by those for whom it has been more especially intended.

Marriage and Parentage, and the Sanitary and Physiological Laws for the production of children of finer health and greater ability.—By a Physician and Sanitarian. New York: M. L. Holbrook & Co.

The first thing that strikes one on looking at the title page of this book is the absence of the author's name. It is probably

not a wise father who is ashamed to own his offspring, and it would *primâ facie* appear as though in this case hiding under an *incog* betrayed a consciousness of the defects which might be found to exist in the production. The subject treated of is necessarily one of importance to every nation, but at the same time it is beset with difficulties, and it would require a very clear mind to grapple with these and be able to suggest practical means for their removal. We find nothing of that kind here. The principal point dwelt upon is that science, having done so much for the improvement of the domestic animals by careful selection of sires and dams in the hands of judicious breeders, should also be allowed to arrange the pairing of the human family in some way so that the results should be the improvement of the race. That like produces like, and that the direst results are brought about by hereditary taints, every one admits; but we look in vain for the real remedy for this state of things. A number of chapters are given relating to marriage and constitutional diseases, &c., with reference to their transmissibility. They contain numerous quotations and illustrations from Darwin, Hæckel and other scientists, but very little that is either new or original.

An Index of Surgery, being a concise classification of the main facts and Theories of Surgery. For the use of senior students and others.—By C. B. KEETLEY, F.R.C.S., Senior Assistant Surgeon to the West London Hospital, Surgeon to the Surgical Aid Society. New York: Bermingham & Co.

This compendium or compact note-book of surgery will probably find a good many admirers amongst students going up for their final examination. If it is made simply to supplement the reading from text-books and other treatises, its employment can only be productive of good. It has evidently been carefully prepared, and by one who fully appreciates the proper method for a book of this kind. It is arranged in alphabetical order the names of important diseases and important parts of the body, and under each heading is given in as few words as possible all that it is essential that a well-informed student should know

about the affection in question. Every attempt to assist a student in the arduous work of preparing himself thoroughly for his searching examinations is a good work done, and the *Index* certainly belongs in that category.

Books and Pamphlets Received.

ON THE MORBID CONDITIONS OF THE URINE DEPENDENT UPON DERANGEMENTS OF DIGESTION.—By Charles Henry Ralfe, M.A., M.D. London: J. & A. Churchill.

DE LA LITHOTRITIE RAPIDE.—Par le Dr. Peliquet. Paris: Adrien Delabage et Emil Lecrosnier.

ELEMENTS OF PHARMACY, MATERIA MEDICA AND THERAPEUTICS.—By Wm. Whitton, M.D. London: Henry Renshaw.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA at its 32nd annual session, held at Lancaster, May, 1881.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XXXII.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Criminal Abortion.—Dr. Thomas reported a case as follows: While visiting a patient in the upper part of the city, Dr. Nicoll, his assistant surgeon at the Woman's Hospital, came for him in great haste, saying that he had had an unfortunate occurrence in the hospital. Dr. Thomas went with him immediately, and found that the alarm was concerning a patient who was admitted with the following history: A German woman, the mother of three or four children, was admitted, so exceedingly blanched from prolonged hemorrhage that she could scarcely move about the ward. She said that she had had a miscarriage six or seven weeks previously, and that the after-birth could not be got away. The physicians who attended her for the retained placenta had passed instruments, but had failed to remove it, and she had nearly bled to death, and came into the hospital for the purpose of having the after-birth, or what remained of it, removed. Dr. Thomas saw the patient at the time of her admission, and recommended to Dr. Nicoll that he dilate the os and empty the uterus. Accordingly, Dr. N. introduced one or two sea-

tangle tents on the next day; but before passing the tents, he introduced Sims' flexible probe, and found that it passed in *four* inches. After the dilatation, Dr. N. introduced Dr. Thomas' small wire curette, and removed quite a large piece of placenta. With the finger he touched more, and then introduced a pair of curved forceps, seized it and withdrew it. The portion came into the vagina readily, and he then discovered that he was still drawing something out, and to his great surprise he found that he had a foot or more of intestine between the woman's thighs. Dr. Thomas found a tampon in the vagina, and when it was removed, a piece of the omentum and a coil of intestine came out. He found it impossible to return the gut and the omentum to the abdominal cavity. The patient was in collapse. He at once began laparotomy, and as soon as the abdominal cavity was opened, it was seen where the hernia had occurred. Taking hold of the intestine, he readily drew it back into the uterus, and thence into the abdomen, and then found the explanation of the case which, up to that time, had been mysterious. In the anterior wall of the uterus was an opening sufficiently large to admit his thumb. It was evidently an old wound. The portion of the intestine that had escaped into the uterus was very dark, but it was decided that the chances were in favour of its being restored. The opening in the uterus was closed with three or four silver sutures, the abdominal wound was closed, and the patient put to bed. Within 24 hours peritonitis developed, and the woman died. The case was remarkable in several respects. In the first place, it was very evident that nothing which Dr. Nicoll had done had made the opening in the uterus. The opening was not a recent one, and the probe which he introduced probably passed through it into the abdominal cavity. Besides, the probe used was not able to produce such an opening. The tents used were the ordinary sea-tangle tents made by the instrument makers, and could not have passed so as to disappear through the external os. Again he saw the intestine within fifteen minutes after it came down, and certainly within that time it could not have got the blackened colour it presented. The curette could not have made the opening, because it is not able to inflict such a wound. Besides, there

was exudation of lymph upon the edges of the wound in the wall of the uterus; all of which proved that the uterus had been full of intestine ever since the miscarriage.

Dr. Mundé referred to a case somewhat similar to the one last reported by Dr. Thomas, and communicated to him by Dr. Baldwin of Columbus, Ohio. A multiparous woman became pregnant, and had an abortion produced at about the third month of utero-gestation. Within a week after, she was suddenly seized with abdominal pain, fell into collapse, and died within 24 hours. At autopsy, the uterus was found enlarged, it contained a few fetal bones, and there was a hole in the side of the organ large enough to admit the index finger, and under the layers of the broad ligament was a mass of fetal bones. The report gave no history of placenta. The questions were, whether this opening in the uterus was made by the abortionist, whether the fetus could have passed between the layers of the broad ligament and become macerated within a week, or whether there was extra-uterine pregnancy, and the opening in the wall of the uterus was of gradual formation.

Dr. Thomas referred to a remarkable case reported by Douglas of Dublin, in which the uterus ruptured during labour at full term, and the child was delivered through the vagina. The woman began to improve, and continued to do so steadily; and there was only one peculiarity in her case after recovery, and that was that she passed all her fœces through the uterus. It was recognized that a portion of the intestine had been dragged into the uterus and permanently opened into the uterine cavity. The more curious part of the case was, that after a time fœcal matter ceased to pass through the uterus, and the patient ultimately got perfectly well.—*American Journal of Obstetrics.*

Percussion as a Therapeutic Agent in Nervous Diseases.—BY DR. J. MORTIMER GRANVILLE.

With the cognisance of the leading physiologists and neurologists in England and on the continent, I have for some-years past been employing carefully graduated and precisely applied percussion as a therapeutic agent in the treatment of nervous diseases and disturbances, on a principle of which the following statement,

published by me in February, 1881, may be taken as a brief exposition:—

“As far back as 1862-3, I was, in the course of certain clinical studies of mental and sensory phenomena, induced to believe that many forms of the sensation we call ‘pain’ were, in fact, unnecessary, and might be interrupted by appropriate mental and physical methods and appliances. My first observations were made in connection with the paroxysmal or recurrent pains accompanying the uterine contractions in the natural process of parturition. On May 4th, 1864, Dr. Graily Hewitt was good enough to communicate the results of my experiments and to show certain apparatus to the Obstetrical Society of London. In a paper ‘On the application of extreme cold as an anodyne in the pain attendant on parturition,’ a short abstract of which will be found in the *Lancet* of July 9th, 1864, I contended that the sensations of pain experienced by the parturient woman were not invariably synchronous with what, for want of a better name, we term the ‘pains’ of her labour; and from this and other premises—for example, the circumstance that the sensation is commonly ‘referred’ to some region more or less remote from the contracting uterus, or the dilating external passages, in which the real seat of the pain might have been supposed to be located—I deduced that the pain attendant on labour is neuralgic in its character. I had constructed small boxes or chambers of such sizes and shapes as to admit of their being conveniently applied to the supposed seats of the pain. These were filled with freezing mixture, and the effect of sudden contact in some thirty cases was to arrest the sensation of pain without in the least degree lessening the force of the uterine contractions. The experiment was, of course, simply interesting as bearing on the nature of the pain, as this process was too troublesome to admit of its adoption in practice; albeit some of the persons on whom I had the opportunity of trying my method experienced such striking relief that, on subsequent occasions, I believe they asked that the measure might be repeated. Having thus far persuaded myself that this form of pain was neuralgic, and that if the nerve affected could be strongly impressed, so as to change its *state of irritation*, the pain would

cease, I proceeded to try the effect of rapidly tapping the skin over the fifth nerve in ordinary facial neuralgia with a Bennett's percussion hammer, using the ivory pleximeter as a shield. The results obtained by this method were very remarkable. Still, I simply thought of arresting the morbid action by shock. Later on—it is only possible to sketch the outline of the inquiry—I was led, by the light thrown on Newton's doctrine of concords and discords by Grove's generalisation as to the correlation of forces, and, more recently, by Professor Tyndall's beautiful series of experiments with sensitive flames and musical burners, to believe that the results of the tapping were not, like the interruption with shock produced by the sudden application of cold, due to a mere arrest of the painful state of irritation into which the nerve had been thrown, but were, in fact, brought about by the extinguishment of some morbid—that is, either inordinate or disorderly—set of vibrations by the superimposition of another, incompatible or discordant, set of vibrations mechanically produced. With this notion I set to work to devise an instrument which should give a known number of blows per second, and thus admit of this new phase of the inquiry being pushed further.

“ The sensation produced by the application of the instrument over a healthy nerve, so situated as to be readily thrown into mechanical vibration, closely resembles the effect of a weak dose of the interrupted current of electricity, and if it be prolonged the vibration will extend its area, exciting first formication or tingling, then a sensation of numbness, and finally some twitching of the superficial muscles. A nervous headache, and even migraine, may be induced by the application of the percuteur to the frontal ridges or the margins of the orbit. By the interposition of a thin plate of metal, or even stiff paper, the vibration may be readily propagated through a considerable region of the surface of the body, and in time the deeper muscles will frequently begin to act. I have even produced an involuntary movement, not unlike tendon-reflex, by applying the percuteur for some time over the ligamentum patellæ or the margin of the patella. Still more notable has been the fact that, by laying a sheet of paper over the abdomen, and moving the percuteur slowly in large

circles round the umbilicus, the intestines have seemed to be excited to vermicular movement, and the bowels commenced to act. These results have not been constant, but have occurred with sufficient frequency to indicate that the experiments already made are worthy to be repeated. . . .

“ I will take leave to say that I think these results go to support my theory that it is by the introduction of discord into the rhythm of the morbid vibrations of the painful ‘ state ’ the change which brings relief in neuralgia is effected. To apply the percuteur with a high rate of blows per second will aggravate the morbid state when that is itself a series of rapid vibrations ; and in the same way a low speed of percussion increases, instead of relieving, the pains of a low-pitched and slow ‘ boring ’ or ‘ grinding ’ sensation. Acute or sharp pain is, I believe, like a high note in music, produced by rapid vibrations, while a dull, heavy, or aching pain resembles a low note or tone, and is caused by comparatively slow vibrations. A slow rate of mechanical vibration will therefore interrupt the rapid nerve-vibration of acute pain, while quick mechanical vibration more readily arrests the slower. The aim—if I am right in my conjecture—should be *to set up a new set of vibrations which shall interrupt or change the morbid set by introducing discord.* This is the principle. Failure in the application of this principle will, I believe, be found to explain the failure to put an end to the pain ; and I have, accordingly, set as much scientific value on my failures as on my successes.”

My method is, it will be seen from these extracts, based upon the hypotheses (1) that all nerve action, whether normal or morbid, is vibratile ; and (2) that it is possible to influence and control abnormal vibrations—in the manner above described—by mechanical vibrations propagated to the nervous structures, in *particular* directions and at *known* rates of speed. It is not my present purpose to discuss these hypotheses, or the method in detail ; but I am anxious to re-state, and now affirm, certain propositions, founded on experience, which, in previous intimations of the progress and success of my experiments, I submitted tentatively. They are these.

1. I have rarely failed, in a fairly large number of cases—many of them of several years' standing—to bring the cerebro-spinal and, sometimes directly at others in secondary circuits, the sympathetic, ganglia under control, by the application of my percuteur over, or in mechanical relation through the adjacent tissues with, those ganglia.

2. I have in no instance failed to produce activity of the bowels, even in cases of previously obstinate constipation; and in many instances I have succeeded, within a short period, in restoring the periodic evacuation of their contents without recourse to drugs. This success alone places the method on a footing of value in daily practice.

3. I can now, in result of my more recent experiments, propagate the vibrations I produce along the trunks and into the branches of most of the principal nerves, from their centres of origin, or call them into action, reflexly, through the afferent nerves connected with those centres. In limited paralyses, and even in circumscribed scleroses, this power is of the highest therapeutic importance.

4. I can nearly always arouse torpid centres to action, and thus pave the way for their restoration to states of normal activity. Since it is physiologically certain that nutrition depends on exercise, and every part of the organism feeds in proportion as it works *healthily*, it is a great thing to be able to act thus directly on the nerve-centres which are the seats of energy.

5. I can subdue the exaggerated reflex irritability of revolting subordinate centres, and replace them under the control of the higher centres, even in cases of lateral sclerosis.

Applying these facts—for such they undoubtedly are—to the needs of special nervous states, the practitioner will have no difficulty in perceiving that my method has great and obvious uses. I am anxious not to overstate the results I am obtaining, but they are such as to show that the physiological process of mechanical vibration is likely to prove a potent agent in the treatment of a wide range of maladies now the most intractable. It will afford me much pleasure to show the process to any medical man who will call on me. It is impossible at present to describe

its details in writing ; but I will gladly aid anyone in its application. My method has nothing in common with the "muscle-beating" and shaking to which you directed attention in your last issue. It is a system which must be approved and practised by the profession exclusively. Nothing do I so much dread as its falling into unprofessional hands. I have been engaged upon it since 1862, shortly after which date some of the results were communicated to the Obstetrical Society.—*Brit. Med. Journal*, March 11, 1882.

Self-Mutilation in China.—Dr. R. J. Jamieson, of Shanghai, has recently presented to the Museum of the Royal College of Surgeons a pair of feet, to which the following remarkable history is attached. Some months ago, a Chinese beggar excited much pity, and made a very profitable business in the streets of the foreign settlement, Shanghai, by showing the mutilated stumps of his legs, the feet belonging to them being tied together and slung around his neck. Warned frequently by the police, he was knocked down one day by a carriage when scrambling out of the way of a constable. He was brought into the hospital, under Dr. Jamieson's care, being slightly injured ; and on recovery from his bruises, he sold his feet to his medical attendant, which otherwise would have been confiscated by the police. He admitted that, for the purpose of making himself as attractive as possible to the charitably disposed, he had, about a year previously, fastened cords around his ankles, drawing them as tight as he could bear them, and increasing the pressure every two or three days. In about a fortnight the bones were bare, and he had no more pain. At the end of a month and a half the bones were quite dry ; and by this time, according to his account, he was able to remove the feet by partly cutting and partly snapping the bones. The feet were quite black and mummified ; on the wounded surface of the right foot the upper aspect of the astragalus was seen, no trace of the malleoli remaining ; but the external malleolus lay in its normal position in the left foot, and it had evidently been removed by cutting and snapping, as the patient affirmed. The stumps were perfectly healed, and conical ;

the ends of the tibiæ and fibulæ were apparently fused, and both stumps were covered in with a good cicatrix, puckered at the centre, and admitting of a very considerable amount of pressure before pain was produced. Such instances of self-mutilation appear to be frequent in China; and, when performed for such a motive as in Dr. Jamieson's case, they throw a light on that singular mixture of courage, deceit and sacrifice of almost anything to advance low enterprise, which characterize the lower orders of that country.—*Brit. Med. Journal.*

On Abuses of the Jacket-Treatment of Spinal Disease.—

The writer, while acknowledging fully the debt European surgery owes to Dr. Sayre for the able advocacy of his treatment, and granting that it is due to his exertions that in England it has come into such general use, considers that in many cases the jacket is hastily and needlessly applied, and that its employment is often actively harmful. He divides the cases in which the jacket-treatment is abused into two classes—*A*, Those due to a wrong selection of cases; *B*, Those due to wrong methods of application of the jacket. In class *A* the following are given as improper instances:

1. *Simple rickety spines*, often mistaken for cases of commencing caries.

2. *Cases of simple lateral curvature*, in which the disease is perpetuated by the use of rigid support.

3. *Certain cases of true spinal caries*.—In infants, during the early progress of the disease, the older plan of rest and horizontal position succeeds better than does any attempt to immobilize the spinal column; it is free from the risk of preventing due development of the trunk. But the jacket may be used from the first in older children with or without confinement to bed.

4. Cases in which the lungs or heart are affected, in addition to the affection of the spine.

5. Cases in which the carious spine is associated with any high degree of paralysis, incontinence of urine, etc.

In class *B*, the following are the chief instances of misapplication of jackets:

1. *Undue heaviness*, many jackets being far too thick and strong.

2. *Use of the swing*.—This apparatus is considered to be, for children, useless, if not harmful, the object of extension being to allow the body to hang as straight as it may while avoiding all risks of disturbing any adhesions between consolidating vertebræ, and to bring the chest-walls into a condition of extreme inspiration. It is held that these objects are best attained by holding the child by the arms, with the feet on the floor, or by the use of an inclined plane.

3. *Bad fitting and bad shaping of the jacket*. More especially neglect of the inspiratory position of chest-walls, insufficient hold of the jacket on the pelvis, and inaccurate fitting to the spinal curve or angle.—*Walter Pye in Amer. Jour. of Obstetrics*.

Partial Resection of the Lungs.—Abdominal surgery is every day achieving fresh successes, and while ovariectomy remains, and probably will remain, its greatest triumph, the later successes have been neither few nor small. So recently as the close of 1879, Professor Nussbaum, of Munich, said in a public lecture, “So soon as the physician diagnoses with certainty a cancer of the pylorus, the surgeon will allow but little time to pass before he excises the cancerous growth.” The words seem almost prophetic, for within a year and a half we have from Dr. Wolfier an account of several such operations, some of them successful, performed in the clinic of Professor Billroth. The operation is now recognized, the cases suitable for it described, and the method of performance fully detailed. With regard to abdominal surgery generally, we may say that operations which a very few years since would have been scouted as utterly beyond the pale of rational and justifiable surgery, have been performed with a success which more than justifies the boldness of the operators. The question very naturally suggests itself, how far the thoracic organs lie outside the domain of surgery. The successful treatment by free incision and drainage of pleuritic and pericarditic effusions, whether serous or purulent, is the last advance in this direc-

tion ; but in the localized catarrhal pneumonia, the phthisical cavity, and the limited pulmonary tumor, there seems to be a field for further advance, although it is admittedly beset with difficulties of diagnosis for the physician, of technique for the surgeon. As a contribution to the subject, Dr. Schmid, of Berlin, details (*Berliner Klin. Wochenschrift*, No. 51, 1881) the result of certain experiments he has performed on the dog. These results are put forward in the most modest possible manner, with full knowledge of what they do and what they do not prove. The operation performed by Dr. Schmid consisted in the resection of apex of the lung on one side. On the day before the operation one side of the dog's chest was shaved and thoroughly cleaned, and the animal was operated upon while under the influence of morphia and ether. A portion of the fourth or fifth rib was excised subperiosteally, the portion being made as large and as far from the sternum as possible. A lobe of the lung was now drawn through the opening, or as much of it as possible. This was transfixed with a double catgut thread below the part to be excised, and a part of the lung, including the wedge to be excised, was then ligatured. The wedge was excised with scissors, all the larger bloodvessels and bronchi ligatured, and the edges of the lung brought together with catgut sutures. The double catgut ligature round the base of the lobe was now removed, and after seeing that no hemorrhage occurred, the part was returned into the thorax and the external wound closed. Almost no antiseptic precautions were adopted throughout, with the exception of disinfection of instruments, sponges, etc., with salicylic acid. The operation was performed eight times in all, and succeeded in three cases, while in five death occurred. The first dog operated on died within half an hour from carbolic poisoning, the spray having been used ; while the other four died within two to five days from purulent pleurisy, evidently the result of septic infection. There was no hemorrhage or gangrene in these cases, and in only two was there a slight local pneumonia. Several of the animals had subcutaneous emphysema. In no case was there loss of blood from the lungs. Two of the successful operations were on the

same animal. Dr. Schmid has performed the same operation, *post-mortem*, on the healthy and the phthical human lung. He finds the great difficulty lies in getting the lung drawn through the opening, more especially when there are extensive adhesions. The operation, he believes, however, is perfectly practicable, and with the choice of suitable cases, and the use of all anti-septic precautions, he considers that the operation is one that can justifiably be attempted on the human body. The results of incision and drainage of phthical cavities have not as yet proved very encouraging, but it must be admitted that the procedure has not yet had a fair trial. Any advance in the treatment of this terrible malady, before which, in the great majority of cases we stand so hopeless and helpless, will be welcomed by us all. Whether such an advance is possible, can be determined only by the skilful diagnosis of the physician, the bold and careful operating of the surgeon.—*Med. Times and Gazette*.

How the Fibrinous Clot of an Aneurism is Formed.—The old and long-accepted view that laminated aneurismal clots are formed by a retarded blood-current depositing its fibrin in successive layers, and the late theory of Broca, by which clots were classified as vital, active, or fibrinous, in contradistinction from those that were passive or mechanical, have been re-examined by Dr. H. D. Smith of New Orleans, with special reference to a case of fusiform aneurism of the femoral. He had been much struck on previous occasions with the irregularity in the disposition of the fibrinous layers, differing as they did much from types that have been described. In this present instance he found abundant evidence to prove that the original fibrinous deposit, which measured only $2\frac{1}{2}$ inches in diameter, had been separated from the wall of the vessel, allowing the blood to pass behind it. The laminae also were not concentric, but imbricated, as a rule, and it was plain that the blood-current wave had swept in different directions, at different times. The appearances called to mind the arrangement in the corollary petals of a flower like the rose, rather than the coatings of an onion, which has been the object so often selected for comparison.

The cause of these peculiar deposits he traces to various conditions, and even to the position of the patient. When the fibrin is deposited between the clot and the sac, ridges and columns are formed, which at first are rectangular to the sac, but subsequently are pressed down by the onward current of the blood, which, in passing, deposits another series. The blood-corpuscles are thought to be active agents in the organization of the thrombus. Each change in the form of the tumour necessitates a change in the manner in which the fibrin is deposited.—*Annals of Anatomy and Surgery.*

Puerperal Infection in the Male.—During (*Centralblatt für Gynäkologie*, August 6th, 1881,) a severe epidemic of puerperal fever in Pollenza, a woman in childbed was attacked by a fever. A few days after the last paroxysm, when the patient left perfectly well, her husband attempted to have sexual intercourse with her, but intense pain in the frenum compelled him to desist. He stated that he was sure something must have been torn at the time, but had not noticed any bleeding. In a short time the pain subsided. Twenty-four hours later, however, a chill occurred, followed by fever, with remission of all the symptoms on the following morning. In the evening the chill and fever recurred. On the third day, the right inguinal glands became swollen. The fourth day Lapponi diagnosed erysipelas of the skin of the penis, lymphangitis and lymphadenitis. The erysipelatous inflammation continued to spread and the skin became gangrenous at several points. On the sixth day the patient died with septicæmia. Although not able to discover any laceration, Lapponi still assumes that the point of infection was a slight tear of the frenum, which the patient suffered during the unsuccessful attempt at sexual intercourse.—*New Eng. Med. Mo.*

Genital Irritation.—At a recent meeting of the New York Neurological Society (*American Journal Neurology and Psychology*), a paper entitled “The Effect of Genital Irritation in the Production of Reflex Nervous Symptoms” was

read by Dr. L. C. Gray, of Brooklyn. His conclusions were as follows:—1, That there is no proof that genital irritation can produce a reflex paralysis. 2, That while it is probable that the slight nervous disorders, as incontinence, retention, difficult micturition, erratic movements, and slight nervous disturbances, can be produced by genital irritation, the proof is not yet complete. 3, That operations for the removal of genital irritation may be beneficial even in organic nervous disease. 4, That we should, therefore, remove such genital irritation, if it exists, in any case whatsoever, and thus give our patients the benefit of the doubt. 5, That in all cases of nervous disorders, with accompanying genital irritation, we should not regard the latter as the cause of the former until all other probable or even possible causes have been rigidly excluded. 6, That operations upon the genitals, even when there is no genital irritation present, may prove to be a useful therapeutic measure in certain cases.

Salicylate of Soda in Acute Tonsillitis.—

From the close connection which has long been recognized between rheumatism and certain forms of tonsillitis, Dr. Jos. W. Hunt has been induced to try this remedy, and the results have been most favorable. In his hands it has acted almost as a specific in acute tonsillitis. Provided that there is no actual formation of pus, most decided relief is afforded in about twenty-four hours—*i.e.*, the swelling and angry-looking condition of the tonsils are reduced, pain diminished, and the patient can swallow with comfort, while the temperature becomes normal, and the pulse is reduced in frequency and improved in quality. Since he has used this drug he has had no single case go on to suppuration; nay, more, where it has appeared, from the state of the tonsils and the brawny and infiltrated condition of neighboring parts, that suppuration must ensue, it has been arrested by this treatment. The doses used have been fifteen grains every four hours for an adult, and about ten grains every four hours for a child. He has met with no unpleasant symptoms from its use, beyond a little tinnitus and occasional vertigo. When the brunt of the attack has fallen upon one tonsil, a relapse in the other,

when the salicylate has been discontinued, is not uncommon, but this speedily yields to the same treatment. One or two medical friends, who have used the salicylate at his suggestion, have expressed themselves in equally favorable terms.—*Lancet*, March 11, 1882.—*Medical News*.

How to apply the Soda Remedy in Burns and Scalds.—It is now many years ago (see the *London Medical Gazette* of March, 1844) that the author of this paper, while engaged in some investigations as to the qualities and effects of the alkalis in inflammations of the skin, etc., was fortunate enough to discover that a saline lotion, or *saturated* solution of the bicarbonated soda in either plain water or camphorated water, if applied speedily, or as soon as possible, to a burned or scalded part, was most effectual in immediately relieving the acute burning pain; and when the burn was only superficial, or not severe, removing all pain in the course of a very short time; having also the very great advantage of cleanliness, and, if applied at once, of preventing the usual consequences—a painful blistering of the skin, separation of the epidermis, and perhaps more or less of suppuration. For this purpose, all that is necessary is to cut a piece of lint, or old soft rag, or even thick blotting paper, of a size sufficient to cover the burned or scalded parts, and to keep it constantly well wetted with the sodaic lotion so as to prevent its drying. By this means, it usually happens that all pain ceases in from a quarter to half an hour, or even in much less time. When the main part of a limb, such as the hand and fore-arm or the foot and leg, has been burned, it is best, when practicable, to plunge the part at once into a jug or pail, or other convenient vessel filled with the soda lotion, and keep it there until the pain subsides; or the limb may be swathed or encircled with a surgeon's cotton bandage previously soaked in the *saturated* solution, and kept constantly wetted with it, the relief being usually immediate, provided the solution be saturated and cold. What is now usually sold as bicarbonate of soda is what I have commonly used and recommended; although this is well known to vary much in quality according to where it is manufactured—but it will be

found to answer the purpose, although, probably, Howard's is most to be depended on, the common carbonate being too caustic. It is believed that a large proportion of medical practitioners are still unaware of the remarkable qualities of this easily applied remedy, which recommends itself for obvious reasons.—*F. Pepercorne in Popular Science Monthly for March.*

The Treatment of Syphilis without Mercury.—A NEW ABORTIVE REMEDY.—Dr. J. Edmund Guntz of Dresden, in a work just published by him, makes some novel announcements regarding the treatment of syphilis. If true, they are of the highest importance, for he claims to be able “not only to do away with mercury in syphilis, but, in a large proportion of cases, to abort the disease.” It is now over twelve years since Dr. Guntz wrote on this subject. He is therefore not a novice in the matter. In 1869 he advocated the use of bichromate of potassium as being a useful drug in treating syphilis. He could not prove any very great advantages for it, however, at the time. It acted slowly, and was apt to disturb the stomach, but being convinced that there was something in the drug, he set to work to find some way of getting more into the system without producing functional disturbance. For a time he combined the bichromate with the nitrate of potassium, and gave pills containing 1-16 gr. of each three times a day. With these pills he produced “remarkably favourable results.” Yet the action was slow, and when a prompt amelioration of symptoms was needed, as in malignant cases, the remedy would hardly meet the expectations. From the favourable results obtained by giving the various minerals in solutions with carbonic acid water, our author was led to attempt administering chromium in the same way, and with, as he now claims, very great success. He found that much larger doses could be taken in this form, and that a profounder impression on the system could thus be made. As a maximum dose he was able to give $3\frac{1}{2}$ grains (.3 grammes) daily of bichromate of potassium in about 600 grammes of carbonic acid water, this being divided into five doses. Larger amounts provoked vomiting. This “chromwater,” as he calls it, could also be given daily for

weeks and months in all forms of syphilis without detriment to the health.

Having described his method of giving the drug, Dr. Guntz discusses its action upon the initial stage of syphilis and upon the disease itself after its full development in the system. In estimating the possible value of any drug as an abortive of syphilis, the numerous sources of error are referred to. The existence of and difference between true chancre and chancroid are admitted. The following are his statistics: Within one and a quarter years the author treated 194 cases of chancre. For comparative study he selects only 85 of these, since in the others there were sources of error. In 14 of these 85 cases the sores were cauterized. The remainder were treated with nothing but the chromwater; and in 47 of them constitutional syphilis failed to appear. In order to avoid every possible chance of mistake the author excludes 10 of this 47. Even then there were left 37 patients, or over one-half, who, when given chromwater alone, developed no after-symptoms. It is not stated, however, how long they were watched, except that 18 were under observation for 159 days. Still more favourable results took place with the 14 cases in which the initial lesion was cauterized. Of these only two developed symptoms of constitutional syphilis. Of the 85 patients therefore presenting, as Dr. Guntz asserts, initial lesions of syphilis, 49, under the "chromwater" treatment, remained entirely free from the disease. This is certainly a very extraordinary showing, and will be received with a great deal of incredulity. If this new agent is given after constitutional symptoms make their appearance, its action is to ameliorate the disease and hasten its course. It is efficient even in cases where mercury fails, and it acts more pleasantly and promptly. In fact, the disease is "in the shortest time definitely cured." The author has, for several years, used the chrome salt exclusively in the treatment of syphilis, and has given it in more than a thousand cases. He thinks that the day of mercury is over. He has recorded the histories of a large number of his cases.

Dr. Guntz has also used his chromwater with the best results in diphtheria. He suggests that the drug acts by reason of its

powerful oxidizing properties. Without committing himself to any germ theory, it is thought that there is certainly a specific poison which develops in the various contagious diseases. And in chromium we have an agent that is inimical to the syphilitic poison, while it does not harm the system itself, but rather benefits it. The importance of Dr. Guntz's claims, and the caution with which they should be received, are alike apparent and need no comment.—*N. Y. Medical Record.*

The Tomato as a Dietary.—The profession and the public are by no means agreed as to the dietetic value of the tomato. The classical authorities on food, such as Pavy and Chambers, dismiss the claims of this vegetable very curtly, simply placing it among the anti-scorbutics, and allowing it little, if any, nutritive power. The public, on the other hand, believe this ally of the potato to be not only a highly nutrient vegetable, but a stomachic, a cathartic, and generally a potent blood-purifier. That the tomato is thought too little of by the profession generally is true, but it may be doubted whether it possesses those wonderful alterative powers ascribed to it by the Americans, many of whom persuade themselves that they are never in health except in the tomato season. This fruit (as it may also be called), however, exhibits one remarkable property in connection with plant diseases, which suggests its use as a germicide and a protector against those disorders, so many of which we now know derive their origin from bacteria and allied germs. If a tomato shrub be uprooted at the end of the season, and allowed to wither on the bough of a fruit tree, or if it be burnt beneath, it will act not only as a curative, but protective, against blight and similar attacks. This hostility to low organisms is due to the presence of sulphur, which is rendered up in an active condition in the decay or burning. Remembering that digestion also splits up the tomato into its chemical constituents and releases sulphur, probably in a nascent condition and probably in the intestinal canal, it may have as great potency there as experiments prove it to have outside the body. Summer diarrhoea, English cholera and typhoid fever are all due to low organisms. As the diarrhoeal

and typhoid seasons are luckily contemporaneous with the fruiting of the tomato, it is not unreasonable to assume that tomato-eaters would be more than ordinarily likely to escape such diseases. It is worth noting that typhoid fever is most prevalent among the poor, to whom this expensive vegetable is almost unknown. Sailors, too, just after landing, are particularly liable to typhoid, and in them we may always assume a more or less scorbutic condition. But the question of the protection against disease by certain diets, and by such habits as the use of alcohol, tobacco and opium, has as yet been hardly inquired into.

Experiments are now being made on the tincture of the tomato which will help in determining its therapeutic value. Meanwhile, eaten cooked with hot meats, and in the form of salad *after* a cold lunch, it is a pleasant and useful addition to our ordinary regimen. The fruit-acids it contains, combined with the mechanical effect of the seeds and skins, render it to some extent an enemy to scurvy as well as a laxative, and the sulphur, with its known power over septic conditions, would probably contribute to make its use a protection against the poison germs of those diseases, like typhoid, that find their way into the system primarily by the alimentary canal. One caution is needed to the lovers of this esculent. The taste for it being an acquired one, it is the more likely to be indulged in to excess, and we have known almost as many *tomato-maniacs* as *ostro-maniacs*. All kinds of raw fruit, it should be remembered, except used with care, are liable to irritate, and we have known an instance where a person, working hard all day on raw tomatoes only, was seized with inflammation of the bowels, which proved fatal in a few hours. As an article of diet, then, two or three tomatoes will be found as effective as, and certainly safer, than a dozen.—*Australian Medical Journal*.

Mitral Presystolic Cardiac Murmurs.—

From a careful clinical study of the varieties, mechanism, and clinical significance of mitral presystolic murmurs, in the *American Journal of Medical Sciences* for April, 1882, Prof. Austin Flint draws the following conclusions:—

1. There are two varieties of this murmur, which are dis-

tinguished by differences in quality and in mechanism. One variety is a rough, and the other is a soft, murmur.

2. The roughness in the first of these varieties is characteristic, and may be distinguished as vibratory or blubbering. The softness of the second variety is bellows-like, like other soft cardiac murmurs. It may vary in pitch and intensity, but as a rule, it is low and weak.

3. The rough murmur is due to vibrations of the curtains of the mitral valve, caused by the passage of blood from the auricle to the ventricle. The soft murmur, like other bellows murmurs, may be due either to contraction of the orifice through which the blood passes, or to roughness of the surface over which it flows.

Hysteria.—When called to treat a young girl with an hysterical attack, there are three things which you had better do: 1st, Institute at once firm pressure in the neighbourhood of both ovaries. This is very apt to quiet the patient at once. 2nd, Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. 3rd, And this method of controlling the spasm will often act charmingly: take a good-sized lump of ice and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.—*Dr. Goodell in Clinical News.*

Gezow's Corn Cure.—The following formula, which produces a clear, light, green solution, was recommended by Gezow, a Russian apothecary, in the *Zeitschrift für Russland*:

Extract of cannabis indica,	- - -	5 parts.
Salicylic acid,	- - -	30 “
Collodion	- - -	240 “

Mix and dissolve.

It is applied with a camel's-hair pencil, so as to form a thick coating, for four consecutive nights and mornings. The collodion at once covers and protects the corn from friction. The Indian hemp acts as an anodyne, and the acid disintegrates the corn, so that after a hot bath on the fifth day, it will come out, adhering to the artificial skin of collodion on the toe. This causes no pain, and is said to be very effective.—*New Remedies.*

CANADA

Medical and Surgical Journal.

MONTREAL, MAY, 1882.

CHARLES DARWIN.

On the 20th ult., the scientific world was bereft of its brightest ornament, its most distinguished member. For nearly half a century the name of Charles Darwin has been associated with a series of memoirs on natural history, subjects of extraordinary excellence. From the early papers on coral reefs and volcanic islands to the "Habits of Earth Worms," published a few months ago, the patient observer, the skilled experimenter, the philosophical thinker, has been apparent to all. But it is not so much as a naturalist that his name is famous in outside circles. The theory of natural selection, as elaborated in the "Origin of Species," published in 1850, while it shocked the sensibilities of the public, at once was accepted as a working theory by a considerable number of biologists, with whom it has steadily increased in favor. There are now very few distinguished men (of whom Principal Dawson is one), who do not acknowledge it in some form or other. Its influence has been enormous, and, chiefly through the writings of Herbert Spencer, the evolution philosophy has become the creed of modern science. The storm of opposition has now virtually spent itself, and even the "Queen of Sciences" has in many quarters adapted itself to the new conditions, and the very pulpits which were loudest in denunciation of the iniquity of the theory and its inconsistency with religion, have recently acknowledged the possibility of its truth. The attitude of Mr. Darwin during the controversy was characteristic of the man. Leaving the war of words to the rank and file, he quietly set to work to collect and arrange various facts bearing on the habits of animals and plants and the

variability of species, and science has reaped a rich heritage in such volumes as the "Fertilization of Orchids," "Animals and Plants under Domestication," "The Descent of Man," "Expression of the Emotions in Man and Animals," "Climbing Plants," &c. With a comfortable fortune, he resided in his quiet British home, rarely visiting the haunts of men, but delighting all whom he happened to meet by the modesty and native integrity of his character. His family forms a striking illustration of the laws of heredity; the father of Dr. Robert Darwin, F.R.S., was the noted son of the still more noted Erasmus Darwin, author of "Zöonomia" and other well-known works. Three sons survive him, all of them rapidly rising to eminence in their respective professions. Robert (M.B. of London), has been associated with his father in several of his recent works.

McGILL UNIVERSITY.

ANNUAL DINNER OF THE MEMBERS OF THE GRADUATES' SOCIETY.

The annual University dinner, under the auspices of the Graduates' Society, was held in the Windsor Hotel on the 2nd inst., and both from the number of those present and from the high order of the intellectual proceedings, the gathering was a most decided success. About eight o'clock the President (Dr. Osler), the invited guests, and the members of the Society, about 130 in number, entered the dining-room and took their seats. On the right of the President sat Principal Dawson, LL.D., F.R.S., C.M.G.; Mr. John H. R. Molson, Mr. G. W. Stephens, M.P.P.; Mr. S. Haight, and Rev. James Roy, and on his left Hon. P. J. O. Chauveau, Hon. Justice Mackay, Mr. R. A. Ramsay, Rev. W. H. Drewett (of Manchester, England), Rev. Dr. Stevenson, and Dr. J. Clarke Murray. The vice-chairs were occupied by J. Hall, Jun., Mr. C. H. McLeod (Vice-President), and Dr. F. W. Kelley.

In proposing "The University," the President said he felt highly honored to have the privilege of proposing this toast on such an occasion, and in doing so would give, in a few words, the history of this University, of its early trials, and of the men

who so nobly encouraged its career, of its founder, and of those who in the past had borne the burden and the heat of the day, who had sown the seed from which they had reaped the harvest, and who had long entered into their rest. He felt honored, because he felt that this was a festive gathering to celebrate the coming of age of their University. McGill University was in the 50th year of its existence, or more correctly its 50th session. A University, like some other things, came to maturity slowly, and he thought they might safely say that their University was to-day coming of age. In this connection it might be interesting to ask the parentage of this Institution; who fathered her? Why, the merchants of Montreal; she was born, so to speak, in the Chamber of Commerce. She had been reared, wet and dry nursed, by merchants; all her little early difficulties and troubles had been treated by the Corn Exchange. To whom did she first lisp forth her early prayers? To the merchants of Montreal. They had seen her safely through the teething, the measles and the several other critical periods of her existence. Moreover, they saw her through the critical period of puberty, and he believed that period was the time at which they sought the aid of their noble Principal; he was the doctor called in, and he reared her through that critical period. In looking over the history of the institution briefly, he did it with a medical eye, and just at that time there were indications of commencing maturity, and it was very fortunate for this institution and this city that they called in so skillful a physician. He might say in this connection that this University was a child of trade; founded, as he said, by the merchants of Montreal, she owed her continued existence almost exclusively to these gentlemen. There was nothing in the whole history of Montreal to which the merchants of Montreal could look forward with so much pride as McGill University. The coming of age of this University brought with it additional responsibilities. In the first place, the University should be a teaching place where the youth could go and seek information in all departments of knowledge, where men could be educated to fill any calling in life. To do this they required a staff of the ablest men they could get—not only the ablest

men that the country possessed, but the best that money could get, the best talent that they could get irrespective of nationality. He hoped that by the time of the next jubilee—namely, the centennial dinner—their University would be known not only as a centre where men could come and get education, but a centre where men could find the means of extending the limits of knowledge. The graduates of McGill University should look forward to the time when she would have her laboratories and the necessaries to give to students opportunities of individual and private research. Referring to the large amount of work done by the professors, Dr. Osler said that the man who gave twelve or thirteen lectures a week could not be expected to devote much time to original work with any proper degree of enthusiasm. He would give them “The University.”

The toast was received with the greatest enthusiasm.

Hon. Justice Mackay responded. He alluded especially to the financial difficulties which had lately beset the University, and to the exertions that are being made to prevent the usefulness of the Institution becoming crippled. He thought the appeal for help to the citizens a very wise step, and spoke hopefully of what had already been accomplished and would be likely still to result therefrom. Special mention was made of the recent very handsome donation of \$30,000 from Mr. W. C. MacDonald, and of the approaching completion of the great Redpath Museum.

Rev. Prof. Clark Murray also responded for the University. He dwelt particularly upon the changes recently made in the curriculum, stating his firm belief that they were in the best interests of coming students and of the efficiency of the University teaching.

Rev. E. J. Rexford, as a Representative Fellow, addressed words expressive of the affection and gratitude entertained by graduates towards their University.

Prof. Moyses proposed “Our sister Universities,” which was responded to in an eloquent speech by the Hon. P. J. O. Chauveau. The hon. gentleman, at the conclusion, took occasion to recommend very strongly the establishment of a *pensionnat* for students such as they have already at Laval.

Principal Dawson then proposed "The University and Montreal." He spoke of the founder, James McGill, as "a giant in his day," and alluded feelingly to many others upon the now long list of benefactors. He referred to the love of fame inherent in man, and contended that no more lasting monument could a man raise for himself than an endowment, a chair, or a scholarship, and finally compared the University to the peaceful St. Lawrence—always flowing onwards, and bestowing benefits throughout its course.

Mr. Geo. Hague responded for the citizens, and strongly urged the necessity of providing the \$150,000 asked for, showing how easy it would be for such a wealthy city to find so small a sum for such a great purpose.

The Rev. Dr. Stevenson then proposed "Canada." In a most eloquent and stirring address he drew a picture of this great country as it is and is bound to become. Its climate, its scenery, its perfect freedom, its peaceful admixture of two great nationalities, its boundless capabilities,—all these were touched upon with a master hand.

This toast was most suitably responded to by Dr. Louis H. Frechette, the crowned poet of the French Academy, of whom this Canada is so justly proud. On resuming his seat Dr. Frechette was greeted with loud cries of *Soixante-dix*, in response to which he repeated the words of his poem "1870." This stirring recitation by the talented author was warmly applauded. Mr. Eugene Lafleur then sang "*Sol Canadien*."

Prof. J. E. Robidoux then proposed "McGill in Parliament," which was responded to by Mr. G. W. Stephens, M.P.P.

The toast of "The Ladies," who have been largely benefactresses of McGill University, was duly honoured, and a very successful meeting came to a close.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The semi-annual meeting of this College (the Provincial Medical Board), was held in the old Government House (Laval Medical School) Notre Dame street, Montreal, on the 10th May,

Dr. R. Palmer Howard, President, in the chair. The attendance of governors was good, only six being absent. After the opening of the meeting resolutions of condolence with the families of the late Drs. Munro and Bibaud, of Montreal, and Dr. Dubé, of Rivière-du-Loup, were passed, and copies ordered to be sent to the relations of deceased. The President announced that at the present session of the Legislature the College had obtained important amendments to its Act, having especial reference to the penal and prosecuting clauses of the Act. These amendments were drawn up by the Hon. Mr. Mercier, and before presentation to the Legislature were submitted to and approved by the Governors of the College representing Montreal and Quebec. The tariff which had become law only last year was abolished, but the right to make a tariff was still possessed by the College.

The Board of Preliminary Examiners reported that the following gentlemen had successfully passed the required examination, and been admitted to the study of medicine:—Alfred Letourneau, H. Ernest Choquette, Albert Rolland, Ovide Ostigny, Charles Collett, John L. Duffett, Touissant Charron, Charles Pilon, F. Marquis, Jules Laberge, L. J. Hercule Roy, Alfred Poole, Aiex. Boucher, A. Faucher de St. Maurice, Aquilas Cheval, Auguste F. Schmidt, Wilbrod Henault, Henry Dauth, Anaclet Bernard, James B. Gibson, Hercule Roy, Eugene Mackay, Arthur Delisle, Joseph Rodier, A. N. Worthington, Charles Rochon and L. J. N. Delorme. Twenty-one candidates were rejected. The assessors of the various schools reported favorably on all the examinations. The question as to the right of Dr. Keyes, of Georgeville, P. Q., to register his Eclectic diploma, granted in 1868 by the Province of Ontario, came up for discussion. The Secretary read the opinion of the Hon. Dr. Church, Q.C., a member of the College, affirming Dr. Keyes' right to register; also an opinion obtained by the College from W. H. Kerr, Q.C., to the same effect. The subject was deferred to another meeting for discussion and action.

Mr. C. E. Lamirande, the detective officer of the College,

presented his report for the past six months, showing that during that time he had taken out twenty-two actions; of these, eleven had resulted favorably to the College, four had been dismissed, and seven were still pending in court. He reported having compelled two persons to properly qualify themselves by taking out the license, and to having collected a considerable amount of arrears of contribution. The collection of the contributions was placed in Mr. Lamirande's hands. The committee to whom had been referred the charges against Dr. A. M. Ross, and who reported at the last semi-annual meeting that the Act gave them no power to act, again reported that in accordance with the instructions given them they suggested that the following be inserted in the Medical Act, with a view of meeting such and similar cases:—"Any registered member of the medical profession who shall have been convicted of any felony in any court of law, or who shall have been guilty of infamous or disgraceful conduct in any professional respect, shall be liable to have his name erased from the register, and in case of a person known to have been convicted of felony or who has been guilty of infamous or disgraceful conduct in any professional respect shall present himself for registration, the Registrar shall have the power to refuse registration. The Provincial Medical Board may, and upon application in writing of any three registered members of the profession in this province, shall cause enquiry to be made in the case of any person alleged to be liable to have his name erased from the register under the provisions of this section, and on proof of such conviction or of such infamous or disgraceful conduct as aforesaid, shall cause the name of such person to be erased from the register."

The following gentlemen were appointed a committee to arrange a new tariff of fees, and to be ready to report at the September meeting of the College: Drs. Lemieux and Parke (Quebec), Drs. Lachapelle and F. W. Campbell (Montreal), Dr. Perreault (Longue Pointe), Dr. Prevost (St. Jerome), Dr. Ladouceur (Sorel), and Dr. Worthington (Sherbrooke).

The President suggested that it would be as well to confine

the new tariff to a few items, and to have the fees for operations, &c., a matter for arrangement.

The following women, after examination, were found qualified and received the Midwifery Diploma of the College : Mrs. Mary Davies, Mrs. Mary Böhme, Mrs. Jessie McNab, Mrs. Margaret Miller, Mrs. Elizabeth Sutherland, Mrs. Sophie Husson,, and Miss Emily Harris.

The following gentlemen presented diplomas from the Universities named, and, after being sworn, received the license as member of the College :

McGill University—A. A. Henderson, M.D., Ottawa ; Wm. Stephen, M.D., Montreal ; Alex. D. Struthers, M.D., Frelighsburg, Q. ; Hastwell W. Thornton, M.D. ; New Richmond, Q. ; Alex. H. Dunlop, M.D., Pembroke, Ont. ; Robt. H. Klock, M.D., Aylmer, P.Q. ; Wm. G. Duncan, M.D., Granby ; Wm. B. Burland, M.D., Port Kent, N.Y., U.S. ; R. C. McCorkill, M.D., West Farnham.

University of Bishop's College—Walter J. Prendergast, M.D., Montreal ; Ninian C. Smillie, M.D., Montreal ; James L. Foley, M.D., L.R.C.P., Lond., Montreal ; William D. M. Bell, M.D., Ottawa.

Victoria College—Fred. St. Jacques, M.D., St. Anne des Plaines ; J. Bpte. LeRoy, M.D., Montreal ; Jos. H. Gauthier, M.D., St. Pie ; Felix P. Vanier, M.D., St. Martin ; Samuel K. Kelly, M.D., French Village, Kingsey ; J. Bpte. Maillet, M.D., Memramcook, N.B. ; Alex. Snyek, M.D., Wright ; Horace Marseau, M.D., Montreal ; Napoleon Dubeau, M.D., St. Gabriel de Brandon.

Laval University (Quebec)—Albert Marois, M.D., Joseph A. Marcoux, M.D., Auguste C. Hamel, Laval University, Montreal ; Isaic Cormier, M.D., Montreal ; Joseph Cuerrier, M.D., Coteau Landing ; Ovil Maillet, M.D., Montreal.

Dr. Larocque, Health Officer of Montreal, appeared before the College and advocated the Public Health Bill now before Parliament. A resolution heartily endorsing it was unanimously passed, after which the College adjourned.

Obituary.

HORATIO YATES, M.D.

We regret to chronicle the death of this eminent physician of Kingston. Dr. Yates was one of the most prominent physicians of that city, and his name was known and respected throughout the profession. The following particulars are taken from the *Queen's College Journal* :—

“ Dr. Horatio Yates, son of Dr. Wm. Yates, of Sapperton, Derbyshire, Eng., was born in 1821, in Otsego County, N.Y., and came to an uncle in Kingston at 12 years of age. Five years later he was articled to the late Dr. Sampson as a medical student, attended the courses at the University in Philadelphia, and took his degrees there in medicine in 1842. Thence he went to London and spent a year at St. George's Hospital. Since then he has been employed here in an active and successful practice of his profession to the present time. He was much devoted not only to science, but to works of charity, and the poor always received medical services and medicine at his hands without stint. In 1854 he undertook a reform of the Kingston Hospital, which had become completely demoralized. He found, on his return to Kingston after a long absence from sickness, the building in a state of complete dilapidation, the fences gone and the little remaining furniture utterly worthless. The wards contained less than a dozen patients, and the medical services performed by an inexperienced young man at a petty salary. The Hospital was being managed by a committee of the City Council, good men in their way, but who knew nothing and cared less for hospital work. In order to achieve his purpose, he became a city alderman, got placed on the Hospital Committee, and soon assumed full charge, medical and financial, assisted by Drs. Dickson and Strange, who cordially co-operated in the work. His first act was to advance from his own pocket many hundred dollars to pay off executions against the Hospital and to purchase necessary supplies; next he sought and obtained a new charter, which he himself had drawn up, placing the charter in the hands of life governors and a few *ex-officio* governors. The new board relieved

him of personal supervision, and has to this day managed the Hospital with great success. He was for many years chairman of the Board. In the establishment of the Medical Faculty of Queen's University in 1854 he took an active part, and chose for himself the chair of science and practice of medicine. Until the change to the Royal College he had for some time been Dean of the Faculty.

“In the fall of 1873 he was appointed Surgeon in A Battery, which position he occupied until recently, when he resigned and came to Kingston to resume the practice of his profession. The reason he accepted the position in the first place was with a view to recuperating in health and securing a cessation from his arduous duties. His last residence here has been very short.”

Dr. Yates had as a young man been threatened with pulmonary disease; but his final illness was very short, as he died a few days only after having been taken with pneumonia. His genial social qualities, combined with much ability, had made him very popular, and he will long be missed in his chosen city.

—We regret to hear of the death of Dr. Fred. Wright, of Toronto, son of Dr. H. H. Wright, Lecturer on Medicine at the Toronto School. Dr. Wright graduated in 1872 at the University, and after two years in the hospitals of Europe, returned to his native town, and was appointed joint Lecturer on Histology at the Toronto School.

Medical Items.

THE MEDICAL ASSOCIATION OF ONTARIO.—The second meeting of the Ontario Medical Association will be held in Toronto on June 6th.

—John Campbell, M.D., McGill, has been admitted L.R.C.P., Edinburgh, at the examinations held in April.

—Rankine Dawson, B.A., M.D. (McGill, 1882), has been appointed surgeon to a section of the Canadian Pacific Railway.

—J. Williams, M.D. (McGill, 1881), has been appointed City physician to Charlestown, Mass.

—The Canadian students attending at Edinburgh have formed themselves into a club, and have obtained rooms at the Literary Institute.

—We are pleased to notice that James Robertson, M.D. (McGill), of Montague, P.E.I. ; P. McLaren, M.D. (McGill), of New Perth, P.E.I. ; and J. Gillies, M.D. (McGill), of Summerside, P.E.I., have been elected to the Local Assembly of Prince Edward Island.

MCGILL GRADUATES SOCIETY.—The annual meeting of the McGill Graduates' Society was held on the 2nd inst., in the Natural History Society's Rooms, when the following officers were elected for 1882 :—President, J. S. McLennan, B.A. ; Vice-Presidents, J. Hall, B.A., B.C.L., W. A. Molson, M.D., J. McLeod, M.A. ; Secretary, W. McLennan, B.C.L. ; Treasurer, H. H. Lyman, M.A. Non-resident Councillors—Rev. J. Taylor, B.A., Quebec ; Brown Chamberlain, D.C.L., Ottawa ; J. A. Grant, M.D., Ottawa ; Chas. Gibb, B.A., Abbotsford ; J. Stewart, M.D., Brucefield, Ont. Resident Councillors—R. L. Macdonnell, M.D., A. McGowan, B.C.L., J. R. Dougall, M.A., F. Kelly, Ph.D., Rev. E. J. Rexford, B.A., C. H. Chandler, M.A.

—Among the widespread and steadily increasing race of bores, a high place must be claimed for those fussy and objectionable people who, under cover of social relations, persist in endeavoring to obtain a medical opinion without payment of a fee. An old lady the other day asked an eminent London surgeon, who was seated beside her at a dinner table, what was the best "cure for corns." To this the surgeon replied : " You can adopt no better plan, my dear madam, than to grease the corn over night with a tallow candle, when I venture to say you will find the corn kicking about the bottom of your bed next morning." The old lady was profuse in her thanks, but the surgeon cut them short by adding, " I should say, my dear madam, that it would still be on your foot."