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THE CANADIAN PRACTITIONER

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TORONTO, MAY, 1883.

Original Communications.

Introductory remarks by Dr. WORKMAN, to an article translated from the Italian *Rivista Sperimentale*, on the "*Cortical Functional Compensations of the Cerebrum*;" read before the Toronto Medical Society, on Thursday evening, 22nd March, 1883.

Mr. President and Gentlemen :

I presume you are all aware that the operation of the Act of the Imperial Parliament for the purpose, or the pretence, of suppressing cruelty to animals, framed under the auspices of a certain congeries of maudlin male sentimentalists, led on by a battalion of semi-lunatic itinerant female propagandists, has virtually, in our mother country, brought experimental physiology to a dead stand-still, and has transformed the once fertile field of British experimental research, into a sterile waste, over which ignorance and rehabilitated barbarism now exult in all the self-complacency of triumphant stupidity.

This famous, or too truly infamous, Act was, as you may have learned, rushed through its third reading, if not indeed its second, on the last day of a summer session, when a no small minority of the members of both Houses were on tiptoe impatience to rush off next day to the moors of England and the hills of Scotland, to illustrate their tender-heartedness and moral consistency in the wanton slaughter of hares, rabbits, deer, partridges, pheasants, grouse, woodcock, and all other sorts of creatures designated as game, and therefore not included in the catalogue of

protected animals. Is there a sensible, honest man or woman in all the empire, who will deny that this army of licensed slaughterers, or rather this scattered gang of legislative empirics, inflicted more animal suffering, more barbaric torture, more lingering agony (for they wounded far more than they killed outright), on their unoffending and defenceless victims, within even the first day of their wanton butchery, than all the experimenting physiologists of England had done in the previous century? but with this terrific difference, that the object of the latter was the acquirement of a clearer knowledge of animal organization and functions, with the truly rational and humane view of enabling us better to understand these, and more successfully to combat those morbid deviations from the healthy state, without which medicine must have for ever remained in its pristine blind empiricism. But, behold the contrast! See the worse than insane, profitless, heartless butchery of the sporting parliamentarian, or empty skulled aristocrat! What object, one hundredth part so necessary, or so natural, as that which impels the tiger or the shark to seize its prey, has he, that urges or lures him on to imitate their craft and to transcend their ferocity? Does the physiologist ever inflict avoidable pain? Does he ever mutilate for the glory of having maimed? On the contrary, in almost every process of modern physiological experiment, the subjects of it are first brought into a state of complete

insensibility to pain, by appropriate anæsthetics; and they are treated, when they survive, with all that humanity and skillful care which may mitigate pain, when such really remains, or restore them to their prior health, which is certainly one of the most desirable results of the experiment, in both a physiological and a pathological view. None but the wilfully ignorant, or the perversely blind, can fail to know these facts. Was it then anything less than a rebuke to the common sense of a universally and deservedly beloved Queen, the mother of a numerous family, whose parturient agony had been so often nullified by anæsthetics, that Her ministers should present to *Her*, for Royal sanction, such a "Bill of Pains and Penalties," thereafter to be inflicted on the very class of men to whom Her Majesty was indebted for so priceless a boon? Was not this the very bathos of Bœotian irony?

But despite all the remonstrances of sober reason, and all the regrets of genuine humanity, there, on the Imperial Statute Book, stands the Act, and there it must stand until the ponderous elephantine slowness and mulish obstinacy of John Bull shall permit his arrival at the goal of common sense.

The anti-vivisectionists have secured the Royal seal to their death-dealing bond, and just like Shylock, they have never dreamed of the human blood its execution must cost, nor of the human pain its non-existence might avert.

Is it any wonder that both the scientists and the laity of other lands are now pointing with the finger of scorn at their British neighbours, and ridiculing, in very pungent terms, their rotten sentimentality and national hypocrisy? What other terms, indeed, can they select, in which truthfully and frankly to characterise the whole legislative pretence and procedure, or the purling fanaticism of the unreasoning bipeds who frightened Parliament into the committal of such an act of treason against the true interests of science and humanity.

No longer now, as erewhile, may the student of medicine, or the cultivator of physiological science, seek for instruction in the schools of England, Scotland, or Ireland. "Othello's occupation's gone."

The young men of Canada, as well as those of other countries, must now wend their way to France, Germany, or Italy, (as indeed they already are doing in considerable numbers,) in order to acquire that knowledge of animal organization, animal functions, and animal diseases, which they know to be indispensable to the rational and successful practice of the medical profession. Continental physiological science is yet unshackled. "Wherever liberty is," said Franklin, "there is my country;" and just so now, say our most talented young men, who desire to complete their studies wherever the best and largest facilities for so doing are presented. Paris, Berlin, Vienna, and a goodly number of the revived seats of science in Italy, are now the objective points to which our young men must direct their pilgrimage, in search of that which our motherland denies them the privilege of there obtaining. And here I may, with both pertinency and justice, on the present occasion of reading before your Society an article which I have translated from that splendid periodical, the *Rivista Sperimentale*, state the gratifying fact, that the Italian schools, not only of medicine, but of every other department of science, are rapidly revindicating their too long neglected honours, and proving their right to the resumption of rank, in the very front of the allied forces of free and fearless scientific research.

The article to which I invite your attention is from the pen of *Professor Bianchi* of Naples. The subject is entitled, "*The Cortical Functional Compensations of the Cerebrum*," and I cannot avoid flattering myself that it is one which cannot fail to interest warmly every member present, who has endeavoured to follow the march of modern

cerebral physiological research. As you will observe in the course of my reading, the present paper is but an anticipative communication, relating to a full work which Prof. Bianchi intends shortly to publish; it may, therefore, in some parts, appear undesirably defective, and in some others obscurely antagonistic to present cerebral theories. On the very important subject of cerebral localizations, it appears to me that Prof. Bianchi has thrown more cloud than sunshine, notwithstanding his declaration of unshaken faith in the theory; nor do I see that his appeal to the writings of *Prof. Golgi*, from which I shall, at the end, read you a few of the most pertinent passages, tends to dissipate our apprehensions. It is not, however, to be forgotten, that all *Golgi's* conclusions are based solely on his researches into the "*fine anatomy*" of the ganglionic cerebral cells, and the nervous fibrillæ emanating from these, and that, in truth, his admirably minute tracing of these elements but leads us into a "*diffuse network*," or entanglement, in which nature seems to indulge in a hide-and-go-seek sort of sport, that defies even our conjectural ingenuity, and leaves us in very great doubt as to the antagonising force of speculative inferences so based against the clearly established results obtained by the experiments of a host of able and truthful physiologists. The intelligent and honest enquirer, who wishes only to discover the truth, will never decline to read both sides, and he who reads only one side, or none at all, will best consult his own comfort by keeping silence.

OVARIOTOMY.—FOUR CASES.

BY W. T. AIKINS, M.D., ETC.

(Reported by Mr. C. M. Foster.)

The following four cases represent all the ovariectomies which Dr. Aikins has performed since his return from Europe, in October, 1882.

Case I.—Miss M. B., æt. 22, Nov. 7th, 1882, general health good; menstruation regular and painless until January, 1882, since which time the flow has been irregular and more frequent.

January, 1882.—Abdominal pain on flexion of either thigh; no fullness noticed until the following March, when *general* abdominal fullness became evident.

November 9th, 1882.—Operated in private boarding-house, Toronto, assisted by Drs. U. Ogden and L. M. Sweetnam, of Toronto; Drs. Robertson and Bennett, of Milton, and some junior assistants being present. Right multilocular ovarian tumour, non-adherent. The after history of the case was most satisfactory, there being only slight elevation of temperature for two or three days, after which it continued normal, there being no unpleasant symptom to interrupt the steady return to recovery; the patient sat up on the fourteenth day, and a week later returned home, feeling perfectly well and has since continued so.

Case II.—Mrs. S., æt. 28, strongly built, healthy looking woman. Menstruated first between 13 and 14, not again for twelve months, then every two weeks during the seven cooler months. "Nothing seen" during the following summer. Then every two weeks during the fall and winter, as before, until June, when there was a constant flow for twenty-four days, followed by a sudden arrest. Then no menstruation for six years. About the end of the fifth year of arrest, when 22 years old, pain and swelling noticed in left iliac region, increase very slow until last fall, after which very rapid. Greatest girth, 2 inches below umbilicus, 40½ inches; umbilicus to pubes, 8¾ inches; umbilicus to ensiform cartilage, 9¼ inches; umbilicus to superior iliac processes, 9 inches right and left.

December 23rd.—Operated, assisted by Drs. U. Ogden and Sweetnam. Large, dense multilocular cyst of right ovary, compelling considerable extension of the abdominal incision in order to remove it.

A flattened out prolongation of the pedicle was found firmly applied to and adherent to the anterior surface of the cyst, which on plunging Spencer Wells' trocar into the body of the tumor, became wounded, all hæmorrhage being at once arrested by a temporary ligature about $1\frac{1}{2}$ inches from the uterus. Dr. Aikins here pointed out the importance of carefully examining the anterior surface of the cyst before using the trocar, in order to determine the exact position of the pedicle, or any unusual extension of it over the surface of the tumor, due to unsymmetrical development of the latter, thus avoiding severe, or fatal hæmorrhage, by temporarily ligating the pedicle from 1 to 2 inches from the uterus before using the trocar.

Weight of tumor and contents, 40 pounds. The left fallopian tube was firmly adherent to the surface of the tumor, and the left ovary had upon its upper surface a small cyst. It might be a point worthy of inquiry, whether the distended position of the fallopian tube was the direct cause of the distended and arrested menstruation observed in this case.

There were no unpleasant symptoms in the history of the case after operation; a glass drainage tube was inserted, but only small quantities ($\zeta i.$ to ζiv) of bloody serum were contained in the tube on removal of the dressings; the tube was removed on the sixth day. Patient sat up in bed on twenty-first day, temperature and pulse being normal. Returned home shortly after.

Case III. Miss G., æt. 28, slender, delicate looking woman, nervous temperament. Fullness in umbilical region noticed $2\frac{1}{2}$ years ago, no pain until last summer when the tumor became considerably enlarged, only painful when lying down. Tapped last September producing relief from pain until the original size was reached, when the same pains returned.

February 16th, 1883. Operated, assisted by Drs. Ogden and Sweetnam. When the

superficial structures had been divided down to the peritoneal membrane, a sac-like protrusion of this membrane pushed its way between the lips of the incision, and on being punctured was found to contain 2 or 3 oz. of a straw-coloured fluid.

The uterus considerably pushed up out of the pelvis, so that the fundus was only slightly below the point where the abdomen had been tapped—this organ was also much enlarged and congested; the bladder was also forced up out of the true pelvis.

Two cysts, in each about two thirds of the tumor consisted of one large unilocular cyst, the other third of a number of small dense cysts.

The cyst of the right ovary contained a thick brownish black fluid, the left a perfectly colourless fluid.

On the 14th day was sitting up in arm-chair feeling well and cheerful.

On the 13th of March went home.

Case IV. Mrs. B., æt. 46, November 3rd, 1882, general health good, quite well until five years ago when for nine months there were severe abdominal inflammatory attacks at each menstrual period, after this there were occasional similar attacks.

Tumor easily felt in pelvis by abdominal palpation. March 22nd, 1883; fairly good health since November. Kept in bed from March 1st to 11th suffering from severe pain in left lumbar and inguinal regions; on the 5th day of this illness, the menstrual flow began and continued for four days giving marked relief. Tumor twice as large as in November, and cannot now be pressed down into the true pelvis.

March 27th, operated, assisted by Drs. Ogden and Sweetnam. A dermoid cyst of the left ovary, containing a thick yellow oily fluid which on cooling solidified, also a ball of coarse brown hair about the size of a small orange, and four or five fully developed teeth; on the inner surface of the cyst wall were several small islets of skin with long hairs attached.

There were extensive adhesions to the walls of the pelvis.

Beyond the slight vomiting and troublesome eructations together with some easily pacified hysterical symptoms, the after history has been good in every respect. It is now some nine or ten days since the patient has been allowed to sit up in bed and in an arm chair, and is feeling well and in the best of spirits.

In each case special attention was paid to the ventilation and purity of the room in which the operation was performed.

The room chosen was large, with high ceiling, admitting as much sunlight as possible; all excess of carpets and curtains being got rid of, and the room sprayed out for an hour before the operation with 1 in 40 to 50 carbolic solution. The woodwork and floor of the room well scrubbed previously.

The air of the room was conducted through a pipe, opening a few inches below the ceiling and leading into the chimney flue, fresh air being admitted by keeping the lower part of one window slightly open and a grate fire kept constantly burning; the temperature regulated by thermometer kept in the room.

The patients were required to pay special attention to personal cleanliness, thoroughly bathing the whole body on the night before the operation.

A dose of castor oil was given on preceding night. Nothing more than a little toast and tea (in some of the cases nothing) was allowed to be taken on the morning of operation, which in each case began at about eleven a.m., ether being the anæsthetic used.

Every antiseptic precaution was observed, the sponges being thoroughly cleaned on the day before, and each sponge wrung out of a 2½ per cent. solution of carbolic acid before being used.

The instruments were kept in a solution of 2½ per cent., the hands of the operator and assistants washed in a solution of equal

strength; the surface of the abdomen first washed with soap and warm water, and then with a 2½ per cent. solution.

Baker Brown's clamp and the actual cautery were used in each case in order to secure the pedicle against hæmorrhage. Throughout the operations a spray of a 1 in 40 to 50 solution of carbolic acid was thrown upon the surface of the abdomen by means of the steam spray apparatus.

The pelvis was in each case well sponged out. Sutures of silk-worm gut were used, passing through all the structures of the abdominal wall.

Before opening the peritoneal cavity all oozing was arrested by Pean's compression forceps. Lister's dressings were finally applied (gauze and mackintosh), then narrow slips of plaster passing over the mackintosh to each flank—then cotton batting, and over all the abdominal bandage.

There was not the slightest indication of pus in any of the cases at any time. The sutures were removed with the exception of two or three of lowest on the ninth day.

The catheter was used by the nurse from time to time, when required, and enemata of warm water, when indicated.

In Case I, highest temperature, 100° 2/5.

In Case II the highest temperature recorded was 101°, about 12 on the night after operation.

In Case III, 101° 3/5, was the highest, taken at 11 p.m. on the night after operation.

In Case IV, 101° 2/5, on the second evening after operation.

CLINICAL REMARKS ON THE NEPHRITIS OF PREGNANCY.

(Summer Session Course, McGill College, April 10th.)

BY WM. OSLER, M.D., M.R.C.P., LOND., PROFESSOR OF THE INSTITUTES OF MEDICINE.

Reported by Mr. W. A. Smith.

Gentlemen:—

I want to speak to-day on the subject of nephritis, or inflammation of the kidney in

pregnancy. A special interest is attached to this form, inasmuch as one of the most terrible complications which can occur in the pregnant condition, is liable to supervene in these cases, viz: puerperal convulsions, or *eclampsia gravidarum*.

In ward 24 you have had an opportunity of studying one of these cases, and another occurred a few days ago in the Lying-in-Hospital, the post-mortem on which most of you saw.

The history of the first case is as follows:—

Catharine D., *æt.* 21, was admitted into the General Hospital, March 20th, 1883, with vomiting and headache. She was pregnant, in the eighth month. While in the bath she was seized with a severe convulsion which lasted about two minutes. She then became unconscious. Two hours after, she had a second fit. Examination showed no signs of life in the child. The woman's feet were swollen, and her eyelids puffy. The urine was drawn off, and on boiling was found to be nearly solid with albumen. The specific gravity was 1032. It was dark brown in colour, and contained numerous granular and epithelial casts, with blood corpuscles. She was given ℥ xii. of Battley's sedative solution hypodermically. At five o'clock p.m., there was another slight convulsion, and the hypodermic was repeated, ℥ xv. being given. At ten o'clock p.m., this was again repeated, and she had a good night.

The next day she was easier and passed urine freely. Another hypodermic injection was given, the loins were cupped, and poultices were applied. On the 24th there was occasional vomiting. She had a convulsion last night at ten p.m., and another at six a.m. There was one at midday, followed by another in half an hour. These were all severe, and there was brief coma after each. The Battley's solution was given every six hours hypodermically. In the last twenty-four hours she had passed only of urine, of a normal colour, and not containing much albu-

men. She was given chloral hydrate gr. x. with potass. bromide gr. xx. every four hours.

March 25th.—She has had no convulsions for twenty-four hours. She has had the Battley's solution every four hours for four doses. She had a steam bath this morning, and was better after it.

March 26th.—Has had no opium since last night, there is no vomiting, and the œdema has left the legs. She has passed $\frac{3}{4}$ xxx. of urine in the last twenty-four hours; it was clear and contained albumen, but no casts or blood.

March 27th.—Labour pains came on last night and patient was delivered of a macerated fœtus about eight months old. From the time the pains began the patient was quite delirious. Labour lasted twelve hours, and during it there were no convulsions.

March 28th.—Patient was still delirious, and for three or four days there was an irregular fever. The discharges were free and not offensive, but the uterus was washed out with a solution of carbolic acid two or three times a day.

April 2nd.—The temperature was normal and the patient felt better, and the delirium had ceased.

On the 8th the patient was better, and there was only a very slight trace of albumen in the urine.

To-day, the 10th, the patient is quite well, and will be up to-morrow.

The case which occurred in the Lying-in-Hospital is as follows:—This patient was admitted on the 23rd of March, pregnant with her first child. She was 40 years of age. While in the hospital she was noticed to act peculiarly. She said she was married. Was of intemperate habits. Had inflammatory rheumatism five years ago, which left one of her legs stiff. She never complained of swelling of the feet or legs.

Thursday, April 5th.—She was quite well; complained of being very hungry, and ate heavy meals. She first vomited a little after eleven o'clock in the evening.

but talked and laughed with the other patients after two o'clock on Friday morning. The vomiting returned at intervals, but she complained of no pain. About 3.30 a.m. she was found sitting up in bed, with her head on her chest and a chamber pot between her knees. Mrs. Smiley was then called upstairs and found her rigid, but soon her hands and arms began to work convulsively. After a time these movements ceased and then recurred, the limbs in the meantime being rigid. The pulse was full and not rapid; the heart's impulse was weak. The eyes were fixed, and the pupils were larger than natural. The spasms soon became more violent, the hands and arms worked violently, and the teeth were clenched. She passed a fair quantity of urine and of a natural colour. Dr. Browne was called in, and drew off a small quantity of dark-coloured urine, containing a large quantity of albumen and some granular casts. The woman died about five o'clock in the morning during a convulsion. This is a case of special interest, as the woman complained of nothing, and was apparently well when she went to bed. She had taken her meals through the day, and during the night was seized with severe convulsions, and died in three hours.

At the autopsy we found that the brain was full, the convolutions flattened, and the vessels tolerably injected. At the base, blood was seen projecting immediately in front of the optic commissure, at the infundibulum, and was extravasated beneath the meninges on the left side of the pons, left side of the medulla, and projected from the fourth ventricle, when the cord was cut, and also extended down the cord as far as could be seen. When the ventricles were opened we found the condition as here seen in the specimen. The left lateral ventricle contained an enormous blood clot, forming a complete cast of the chamber. This clot infiltrates and breaks up the corpus striatum, through which it has burst, but the superficial layer of the corpus striatum is

still seen covering the clot. The blood has burst into the third ventricle, and into the right lateral ventricle, and the clot is moulded to its shape, but it is smaller than on the other side. The blood has passed through the iter, into the fourth ventricle, and forms a very perfect cast of that cavity. I do not remember ever to have seen a more complete set of blood casts of the ventricles.

On opening the abdomen the pregnant uterus was seen to reach nearly to the xiphoid cartilage, and when removed was found to contain a nearly mature fetus. Covering the surface of the liver were numerous superficial extravasations.

In the thorax there was nothing of note in either pleural sac. The heart was of full size; the left ventricle a little enlarged, but the walls were not specially increased in thickness. They were pale, and under the microscope showed signs of slight fatty degeneration. The valves were healthy.

There was a good deal of serous infiltration in the connective tissue in the abdomen, especially about the kidneys, omentum, and retro-peritoneal tissues.

The kidneys presented the following conditions:—they were slightly enlarged, weighing 180 and 200 grammes. The capsules were exceedingly opaque, thicker than natural, and somewhat adherent, in places tearing the substance in the removal. The exposed surface was of a dark brownish-red colour; smooth, except where torn in the detachment of the capsule. On section they cut with slightly increased resistance. The cortices were full in volume, and blood in considerable quantity dripped from the surface, more particularly from the large veins at the base of the pyramids. The tissue looked turbid, and had not the usual clear appearance of healthy renal substance. There were no spots of localized opacity. The medullary rays were not specially marked. The malpighian bodies were only just visible. The pyramids, deeper in colour than the cortex, showed the straight vessels with great distinctness. On microscopic

examination, the convoluted tubules were largely distended with very granular epithelium, which in places appears like granular debris, without any signs of epithelial cells. The special points are the granular degeneration of the renal cells, and the swelling of the tubules.

What produces the nephritis in pregnancy? Several theories have been advanced to account for it, but none of them are entirely satisfactory, and we may as well at the outset confess our ignorance of the true cause.

The most common theory, that which was advanced by the late Dr. Lever, of Guy's Hospital, in 1843, was, that it was due to pressure on the renal veins by the gravid uterus. The condition occurs most frequently in the later months of pregnancy, more often in primipara than in multipara, and it was thought that the enlarged uterus pressed upon the renal veins, produced congestion of the kidneys, a sort of mechanical hyperæmia, and gradually the inflammation. There are many points against this view, which is now not held by many.

Those of you who noted the post-mortem in this case, remember that the uterus when the abdomen was opened was in front, the intestines were above and behind. The fundus uteri was not in contact with the vertebral column, but was separated from it by a pad of intestine. Then again, there are many other tumors in the abdomens, as ovarian tumors particularly, which grow larger, are more solid, and have a better chance of compressing the renal veins than the pregnant uterus, and yet it is the rarest thing for nephritis to be the consequence of these tumors. Another pressure theory is, that it may be due to compression of the ureters and stoppage of the free flow of urine, which causes dilatation of the calices, and by damming back the urine produces inflammation of the kidneys. A view held by many writers is that it is due to an altered blood crasis in the pregnant woman in whom the blood is more watery

than normal, and Frerichs thought that there might be such an altered condition of the blood, that inflammation of the kidneys might be induced, but there is no satisfactory evidence to show that this is the case.

Some have thought that the kidneys had more work to do, in that they had not only to excrete the excrementitious substances of the mother, but also the waste of the fetus, and that under the increased stress of work in certain instances inflammation was produced.

These are some of the views which have been held with regard to the etiology of this form of nephritis, but in reality the cause is not satisfactorily known.

There are certain peculiarities in the nephritis of pregnancy. In the first place, it comes on very insidiously, with but few of the prominent features of the acute nephritis from other causes. There is rarely any fever; no pains in the loins. The first thing that the patient notices is swelling of the feet, perhaps puffiness of the eyelids, or a little swelling of the hands. The urine is diminished in quantity; it rarely contains blood; the amount of albumen is very large. On examination with the microscope hyaline and epithelial casts are found. So gradual and so insidious is the onset of nephritis in pregnant women, that you should be most watchful, and take note of any symptoms which point in that direction in any woman who has engaged you to confine her. The most unfortunate peculiarity in the nephritis of pregnancy is the frequency with which uræmic convulsions supervene. In no other renal trouble is the ratio so high; at least 25 per cent. of these patients have convulsions.

A point to be borne in mind in reference to the diagnosis is, that dropsy of the feet in pregnant women does not always indicate implication of the kidneys. You may have œdema of the feet from a watery condition of the blood, or from the pressure of the uterus on the larger veins, but it is a condition that you would most carefully look into.

The convulsions themselves are essentially due to the existence of that condition known as uræmia: the important factor in which is inadequate action of the kidney. Whether the uræmia, as its name implies, is due to the retention in the blood of certain excrementitious substances, or whether it is due to mechanical or vascular changes in the brain, œdema or anæmia, has yet to be settled. The special manifestations of uræmia in the Bright's disease of pregnancy are convulsions, which may precede, accompany, or follow labour. These patients often have premonitory symptoms, as in the first case, headache and vomiting. They complain of being out of sorts, and may be sick at the stomach. Such symptoms in a pregnant woman should receive your most watchful consideration. The attacks resemble those of epilepsy, but they are never preceded by the epileptic cry. They usually begin with clonic, convulsive movements of the limbs. It is common for the arms to move much more than the legs. Succeeding these there are tonic contractions, in which the muscles become rigid, the neck stiff, and the eyeballs fixed. The spasms of the muscles of respiration prevent the movements of the chest. These patients become livid. This condition rarely lasts for more than thirty or forty seconds and then they begin to breathe again. Following the seizure there is a period of stupor, which may deepen into actual coma. The respirations become stertorous, and the patient sinks into a deep, heavy sleep, which may last for an hour or two, rarely longer. There may be a series of these convulsions, but the rule is not to have very many, although they may have ten, twenty, or even a hundred.

The relative frequency of eclampsia varies in different quarters. In the Lying-in-Hospital, here, (in Dr. MacCallum's report for eight years, ending 1875) in 995 cases of labour, there were seven cases of convulsions. In 24,000 cases in Braun's Clinic, in Vienna, there were 44 cases. The usual

proportion is one in four or five hundred cases. The ratio here has been high. The mortality is very great, ranging from 25 per cent. to 30 per cent. of all cases. The mortality also varies considerably. Of the seven cases at the Lying-in-Hospital (during the eight years ending 1875) all recovered; but since that time there have been two fatal cases. The fatal result may be due to the long continuance of the convulsions, or to the exhaustion supervening upon them, or the patient may die from hæmorrhage during a convulsion, as in the second case given above. A similar case occurred in the Hospital a few years ago of a woman who died in convulsions, and we found in her also extensive hæmorrhage in the brain. It may be, indeed, that in those cases in which the patient has a severe convulsion becomes quickly and profoundly comatose, and never recovers consciousness, that the fatal result is due to extravasation of blood. If the patient recovers, the renal disease may subside after delivery, as it is doing in the case downstairs. It is not often that it passes on to the chronic form, though it does so sometimes, as in the case in which I made the autopsy in 1877, in which the kidneys weighed over 11 oz. each.

Among the forms of treatment of this condition, that which I read to you in the first case will give a good idea. Give opiates hypodermically, or by the mouth. Chloral hydrate is highly praised, and Dr. McCallum has used it with great success. Bleeding is frequently resorted to, and with good effect. Make use also of the special treatment of the renal symptoms, by cupping, hot poultices, diuretics, and the steam or vapour bath.

GLOSSO-LABIO—LARYNGEAL PARALYSIS.

BY JOHN FERGUSON, B.A., M.B., L.R.C.P.

Assistant Demonstrator of Anatomy, Toronto School of Medicine.

This disease has been so well described, its clinical history so carefully recorded, and the hopelessness of its treatment so

universally admitted, that it would seem as if nothing was left for the practical observer. Strange varieties occur however, in the many ailments to which human flesh is heir; and it is by noting these varieties and applying their teachings to the general case that we often obtain our best lessons. When a certain combination of symptoms occurs and we have by means of these symptoms, a picture which can always be recognized, then we have what is known as a disease. This combination of symptoms in some cases may be caused in different ways. No one ever heard of traumatic measles, but all are acquainted with traumatic and idiopathic cataracts. The same is true with regard to nerve affections. The same condition may be brought about, as the result of injury, or in other ways, too subtle for the most accurate observation to detect. An interesting case, again, is of no small value, for it may act as the key to many an obscure condition of the organism, in other and allied affections. Slight abnormalities are not seldom the chinks that let in a little side light which may lead to the explanation of a long series of symptoms hitherto enshrouded in thickest gloom, to the addition of a new disease to, or the removal of an entire class of disorders from our nosological catalogues. Some time ago I offered a short contribution on the subject of "Peripheral Paraplegia," in which I tried to show that cases of paraplegia running somewhat anomalous courses could be explained by supposing that the original disturbance existed in the peripheral nerves; and from these as a starting point extended, till the centres became involved, producing the true characters of a paraplegia. Recently great attention has been paid to this most interesting department of medical study; and much light has been thrown upon affections of the cord, arising from lesions in nerves at some distant part of the body. The abnormal action started in the distal nerve, creeps onward with more or less rapidity,

implicating larger nerve trunks in its progress, giving rise to a condition of the parts, not by any means easy of explanation, and, on finally reaching the cord, producing paralytic affections, similar to those where the centres are primarily the seat of disease. What have we in tetanus, following an operation in the morbid state of the cord, long after an amputation, or in the loss of function in the optic nerve as the consequence of spinal concussion, but an illustration of the thesis, that diseased action can and does travel along nerve trunks. It is admitted that inflammation may extend in the same tissue until a very wide area is involved. Thus from a small inflammatory patch on the synovial membrane of the knee, what an amount of mischief may follow as to lead to the utter destruction of the joint. In fracture or dislocation of the spine, with injury to the cord, there may be softening, and this softening may extend upwards and downwards from the seat of injury, until the greater part of the cord becomes involved.

With these remarks, on the possibility of peripheral nerve lesions passing onwards to the centres, and thereupon producing widespread derangement, I shall record a case of bulbar paralysis, in consequence of a blow to the facial nerve. Mr. V. E. R., a relative of the writer, received a severe blow on the left side of the face and head early in March, 1882. While rolling sawlogs, one of them came down heavily on the end of a handspike, causing the other end to fly up, taking him across the face in an oblique direction over the ramus of the lower maxilla. As the effects of the blow apparently soon passed away, no attention was given to the matter for about a week. During this time there was evidence that the muscles of the left side of the face were somewhat paralysed; but particularly, as regards the eye, the upper lid remaining constantly open. On the 21st March I received a letter from him giving a detailed account of the condition of the face.

"My left eye remains always open. I feel a good deal of loss of power over the muscles of the same side, and the mouth is drawn to the opposite side, giving me a rather odd expression. When I laugh the corner of my mouth goes distinctly to the other side. There is a sort of stiffness on the affected side when eating; and I often rub my chest and move my head about as if to get rid of the disagreeable sensation of loss of power." I advised him to come to the city, which he did, and I made a careful examination of the case on 1st April. From the time of the accident, shampooing and friction had been diligently kept up. Blistering fluid and stimulating embrocations were employed in turn; internally, tonics, principally strychnine. On the date first mentioned, there was distinct paralysis in all the muscles supplied by the facial, excepting the platysma. From this it would appear that the infra-maxillary division of the facial had escaped in the first instance, as it passes lower than the angle of the jaw. By the middle of April there was evidence of the platysma becoming involved. This would point in the direction of an extension of the diseased state towards the centre. The progress now began to be rapid. The branches of the facial, that come off nearer the origin of the nerve, as the stylo-hyoid, digastric, and chorda-tympani, appeared to be implicated. The lingualis muscle, soft palate, and the secretion of saliva on the affected side were slightly deranged. The flow at first was too abundant, while later on it became scanty, again to be greatly increased in amount. Early in May there was slight deafness on the left side, perhaps due to a diseased condition of the branches to the stapedius, laxator tympani and tensor tympani. On May 10th there was severe tinnitus, which lasted about a week, and ended in almost total deafness on the injured side. This might be due to the auditory portion of the seventh being involved, through its close connection with the portio dura, by means

of the portio intermedia, and some small filaments, or, because the diseased condition had reached the floor of the fourth ventricle. The next structure to suffer was the sixth. This happened as an external strabismus of the left eye on 29th May. In seven days little or no external squint could be detected, and by the lapse of three weeks the eye had become convergent. In the meantime the glosso-pharyngeal nerve gave some signs of impairment. This was manifested by difficulty in swallowing, a feeling of loss of both sensation and power in the affected side of the pharynx, and modification in sense of taste in that part of the tongue to which this nerve is distributed. At this date it will be seen that the facial, auditory, sixth and glosso-pharyngeal nerves had become affected.

The patient's condition gradually got worse until about the beginning of September, when the symptoms of glosso-labio-laryngeal paralysis were fully shown. Throughout the month of September the case remained, to all appearances, nearly stationary; and then began slowly to improve. The lost sensory functions were the first to mend, while motion continued very imperfect for about another month. By the end of October there was a fair amelioration of all the symptoms; and things looked as if a recovery might take place. Lately, however, the condition has been getting worse, and from the tone of letters received a very unfavourable prognosis must be given.

PUERPERAL SEPTICÆMIA.

By R. WHITEMAN, M.B., SHAKESPEARE, ONT.

In the spring of 1882 I was called to see Mrs. M. I found pulse 140, temp. 105° F. Some delirium, restless, very thirsty, tongue coated, constant chills, anxious expression of face, abdomen very tender, enlarged, and tympanitic, an offensive lochial discharge, uterus enlarged, os patulous and tender; she had, I was informed, been confined three days previously. I first gave

R Tr. opii ʒ ss.
 Ext. Ergotæ Fl. ℥ xlv.
 Ext. Digitalis Fl. ℥ iv.

I next passed a tube similar to that of a stomach pump into the os and well up to the fundus uteri. Through this I poured, by means of a syringe, a constant stream of a weak solution of carbolic acid. The first water I used hot, about 110° F., that the heat might excite uterine contraction, and also for the greater cleansing power of hot water. This stream was kept up until the water returning was quite clean and free from offensive smell; making it gradually cooler until about 60° F., which assisted very much to cool the patient.

I next had the bed made dry under her, gave gr. x. of quinine, and ordered a powder containing one grain each of opium, quinine, and digitalis, to be given every two hours until pain is relieved (or every hour if necessary) then from four to six hours apart until my next visit. My next care is to cool the abdomen. For this I first dip my hand in cold water and apply it, then a towel. The first application or two gives a good deal of shock, but after that she does not mind it. When the skin is slightly cooled I apply an ice compress. In this I am aware that I differ from the usual line of treatment, which is to apply hot stupes or fomentations, for which I see no good reason, but several serious objections, which I will state below.

In this case I also gave ice in her mouth and applied a cold compress to her head. I then gave an enema of turpentine fl. ʒ ss., castor oil fl. ʒ iv. in about a pint of starch. This I instructed her to retain as long as she could. As I had come about eight miles to see the patient I waited a little after I was through to observe the effect, and before I left she felt quite comfortable; pulse, 116, temperature, 100.5°, and no more chills. I left the tube in the uterus, and ordered it to be washed out every three hours, using a bedpan, so as not to wet the bed. It is needless to give all details, but

this patient steadily progressed towards recovery and was up on the tenth day from her confinement. I have altogether treated about six cases as bad in the same way, and all recovered. I attach much importance to the cold compress instead of hot fomentations, and will now tabulate my reasons for and against each:—

The patient is in a high fever.	{ Cold will assist in reducing temperature. Heat will increase temperature.
Absorption is going on.	
The abdomen is tympanitic.	{ Cold, by checking vital activity, diminishes it. Heat, by increasing vital activity, increases it.
Putrefaction is going on.	
	{ Cold will diminish volume of gas. Heat will expand it.
	{ Cold will check it. Heat will promote it.

The effect of cold over the uterus is to promote contraction of that organ, which, of itself, will do much to diminish absorption by presenting both a small surface and smaller orifices: and although heat applied internally will also produce contraction it is more likely, by the time it is conducted to the uterus, when applied internally, to become the gentle warmth that would expand it. This line of treatment I have now employed for about six years with results that appear to me to be better than any other yet published. I thought some time ago of publishing some cases, but being pressed for time, I postponed, and write this in haste, as I have lately received accounts of several fatal cases of puerperal septicæmia. Of course, in such cases, one cannot fairly give all the credit of success to one portion of the treatment. I have sent you all that I deem important, and if any of the positions taken by me appear untenable I shall be glad to see a fair criticism.

Selections : Medicine.

GLYCERINE GLUE IN SKIN DISEASES.—(Monat f. Prak. Dermat.), Paul G. Unna, and Paul Beiersdorf, speak very highly of a mixture of gelatine and glycerine. One

form is called soft and contains five per cent. of gelatine to a varying amount of glycerine, from twenty to ninety per cent. The other is hard and contains ten per cent. of gelatine, and from forty to eighty per cent. of glycerine. The third form contains twenty per cent. of gelatine, and from sixty to seventy-five of glycerine.

TABLE A.—SOFT.

MEDICAMENT.	Gelatine.	Glycerine.	Water.	THERAPEUTIC USES.
5 Iodoform....	5	20	70	Apply freely to buboes.
10 Sulphur....	5	25	57	{ The different forms of Acne.
2 Camphor...				
1 Calc. Carb..				
10 Zinci Ox...	5	30	45	Erysipelas.
10 Alum Acet..				

TABLE B.—HARD.

.1 Hydrag per chl.	10	50	25	Lichen ruber, Myc'sis, etc
5 Carb'lic Acid				
10 Zinc. Ox. ..				
10 Acid	10	45	35	{ Condylomata, Ver- ruca, Mollusc. Con- tag, Callus.
Salicylic..				
10 Pix. Liquid..	10	50	30	{ Psoriasis, Acne, Ecze- ma, Pernio, Acne, Rosacea.
10 Ichthyl.....				

TABLE C.—HARD.

10 Ol. Cadini ..	30	70	} Eczema, Psoriasis, etc.
20 Pix. Liquid ..	20	60	
10 Ichthyl	20	60	
10 Pix. Liquid. }			
5 Pyrogallic Acid	20	75	{ Psoriasis, Mycosis, Swell- ings, etc.

Any number of variations can be made, according to the agent employed, and the strength required. In the first two tables a certain amount of water is used. In the third there is no water.

A MODIFICATION OF ANSTIE'S TEST FOR ALCOHOL.—Into a tube containing a gram of white sulphuric acid pour twice as much of the urine to be tested, so as to overlay the acid. Now drop in a small clean crystal of potassium bichromate, and slowly mix the liquids by rotary motion of the test-tube. If alcohol is present in proportion as large as two or three parts per thousand, a permanent green discoloration of the liquids will result; if there is less than this, the liquids will remain of a ruby color.—*Philadelphia Medical Times.*

THE PATHOLOGY OF ACETONURIA.—Dr. R. Jaksch (*Zeitschr für Klin. Medizin*) in an article on acetonuria gives the following classification :

1. Febrile acetonuria.
2. Diabetic acetonuria.
3. Acetonuria in certain forms of carcinoma, and
4. Acetonuria along with acetonæmia.

He has on several occasions found acetonuria in cases of very lingering fevers. This condition is most marked in the morning urine as a result of the elevation in temperature of the previous afternoon. The continued fever changes the glycogenic function in some way.

In diabetes he has found this condition in the urine, without the same condition existing in the form of acetonæmia to any marked extent, there being no symptoms present of the latter trouble.

In real cases of acetonæmia, acetons could be found in the urine.

Of twelve examples of carcinoma, acetonuria was present in three, in one of the stomach, another of the œsophagus, and a third of the stomach and pancreas.

He also found acetons in the urine of a patient suffering from hydrophobia.

POISONING BY BELLADONNA PLAISTER.—Dr. Mather, of Suffield, Connecticut, reports a severe case of belladonna poisoning from the use of a plaister. It was seven inches by seven inches, and was placed over the left lung. It remained on for six weeks, when it began to annoy the patient. Dr. Mather removed it altogether, and rubbed the surface freely with his hand. The plaister was then replaced. On the following morning, the pupils were dilated, the throat was dry, and the pulses could not be found. Stimulants and morphine were administered, and recovery ensued.

Belladonna plaisters often cause symptoms of poisoning. In a case in my own practice a six by six plaister, (Seabury & Johnson), caused almost immediately the

characteristic symptoms, the dry throat and dilated pupil.—*New York Medical Record, January 20th, 1883.*

ACTION OF OXYGENATED WATER UPON ALBUMINOID SUBSTANCES.—M. Paul Bert and M. Regnard made a communication upon this subject to the *Société de Biologie*. Ovalbumen shaken with oxygenated water becomes incoagulable by heat—remaining coagulable by other re-agents. In the polarimeter this albumen continues to deviate in the same direction, but to a slighter degree. It does not dialyse like the peptones—whenever a portion passes in dialysis—this portion is incoagulable by heat. Blood albumen acts in the same manner.

Fibrin treated by oxygenated water becomes a substance incoagulable both by heat and nitric acid, but coagulable by other agents of coagulation. This is then a new modification of albuminoid substances.—*Gaz. des Hôp.*

BROMIDE OF GOLD has been tried for seven months in the treatment of epilepsy by Bourneville at Bicêtre. The initial dose was one milligram, gradually increased, until at the end of the seven months the daily dose was ten centigrams. In the doses given it had no appreciable effect upon the paroxysms. For this reason, and on account of the high cost of the drug, it was discontinued.—*Le Prog. Méd.*

CONTRIBUTION TO THE STUDY OF BLENNORRAGIC SCIATICA.—Very interesting relations exist between blennorrhagia and the development of sciatic neuralgia. Becchini reports in *La Sperimentale* the history of two patients who were seized with very acute pain along the tract of the sciatic nerve during the course of an acute blennorrhagia. The usual treatment for sciatica failed, and recovery ensued only on the cure of the blennorrhagia by the ordinary means.—*Lyon Méd.*

M. SOREL, in a great number of autopsies of non-tubercular individuals, finds ancient pleural adhesions in about one-third; they are more often upon the right side than the left, but are sometimes bilateral. He finds it difficult to specify the origin of these alterations, but points out pneumonia, pleurodynia, neuralgias, cirrhosis of the liver and rheumatism. These adhesions render the lung more vulnerable, retard the recovery from common phlegmasias, &c. They may serve as a *point d'appel* for the thoracic localisation of general diseases. The author recognizes the need of a control of his facts, their criticism and interpretation.—*Le Prog. Méd.*

THE RENAL ASTHMA that appears sometimes comparatively early in Bright's disease, Dr. Miles has frequently observed to consist in the alteration of the ordinary respiratory rhythm by the introduction of active, or forced expiration, giving the panting respiration of mental agitation. The patient's speech is interfered with, because the respiratory act is precipitate and beyond his control. There is an abnormal excitement of the respiratory centres. This is sometimes accompanied with a feeling of anxiety and apprehension, sometimes not. It may come on in a moment and last but a short time, and be so little marked that the patient does not seem aware that he is breathing abnormally.—*Med. Jour.*

Dr. E. LUDWIG concludes from eight experiments upon dogs, that in arsenical poisoning, the liver contains the largest proportion of arsenic. It was found to contain nearly seventeen times as much poison as the brain. Observations on men poisoned by arsenic corroborate these facts.—*Gaillard's Med. Jnl.*

CHLORINATED OIL IN SCABIES.—A new remedy for this affliction, says the *Med. and Surg. Reporter*, is made by passing chlorine into olive oil. A compress of cotton with this oil is to be applied night

and morning. It is said to be equally efficacious in other parasitic skin affections. —*Pittsburgh Med. Jnl.*

Surgery.

NAPHTHALIN DRESSING.—Fischer (*Berl. Klin. Woch.*) employed this agent as an antiseptic dressing. He covered the wounds with the pulverized crystals. It causes no irritation, and has a good effect on the granulations. Hœfmann (*Central f. Chirurgie*) has used it as a powder, and as a salve in equal parts of vaseline. At first he used it in fresh wounds only, but afterwards employed it in necrosis, syphilitic ulcers, lupus, coryza, etc. Hager (*ibidem*) has used it with good results. He washes the wounds with a one per cent. solution of perchloride of mercury, and then applies the naphthalin on a water dressing compress. Hager speaks highly of this as a non-irritating form of antiseptic.

NEW OPERATION FOR SPINA BIFIDA.—At the Leeds and West Riding Med. Chir. Soc. (*Brit. Med. Jour.*), Mr. A. W. Mayo Robson showed a child six weeks old, on which he operated when six days old, in the following way:—He first removed the redundant parts and stitched up the arachnoid over the spinal canal. Periosteum from a rabbit was then inserted between the meninges and the skin, so as to cover the gap in the bones. The wound healed perfectly, and the skin over the lumbar region was quite level. There was no tenderness on pressure. Mr. Robson drew attention to the following points: 1. Full antiseptic precautions were employed, eucalyptus air being used instead of carbolic spray. 2. The meninges were closed by uniting the serous surfaces, as in peritoneal surgery. 3. The transplantation of living periosteum, and its continued vitality. It had not yet, however, formed new bone, but already the covering of the canal had a greater than mere skin firmness. 4. The entire absence of bad

symptoms in the child operated upon at so early an age.

VASCULAR CHANGES IN AMPUTATED LIMBS.

—In a paper in the *Révue de Chirurgie* upon the modification in calibre of the vessels of amputated limbs, M. Segond comes to the following conclusions:—

1st. After amputations the arteries and veins almost always undergo a notable diminution of calibre. This is observed even when the amputated segment represents, as in amputations of the foot or the hand, a very small part of the total mass of the limb.

2nd. The extent of this diminution of calibre is such that the vascular irrigation is lessened, not only in the stump itself, but in the entire mutilated limb from its extremity to its root.

3rd. The diminution of the calibre of the vessels is precocious. It ought not to be considered as consecutive to the atrophy of the amputated limb. Indeed, after this last phenomenon has been developed, we always find a diminution of the calibre of the vessels, and this may even be shown before the atrophy of the soft parts is appreciable.

4th. The primitive diminution of the calibre of the vessels probably plays an important part in the pathogeny of the atrophy of amputated limbs. — *L'Union Méd.*

SARCOMA.—Dr. Kobner, (*Berl. Klin. Woch.*) records a case of sarcoma in a child eight years old. The nodules were like split peas, and occurred in the skin. They consisted of spindle cells. The nodules were increasing rapidly. He gave five minims of an equal solution of liq. arsenicalis and water hypodermically twice in three days, increasing to nine minims. The disease entirely disappeared in six months.

LITHOTOMY FOR SEVERE CHRONIC CATARRH OF THE BLADDER.—Dr. M. Horovitz, (*Wein. Med. Woch.*) recommends lithotomy for

severe cases of bladder catarrh, when there is much pain, great difficulty in passing water, and an accumulation of thick ropy mucus. The operation at once gives the organ rest, relieves the spasm and pain, and permits a free escape of the thick mucus. When timely performed decomposition is prevented or arrested; kidney complications and uræmia avoided.

REINFECTION OF SYPHILIS.—H. V. Hebra, (*Monat f. P. Dermat.*) records two cases of reinfection of syphilis. In one the man had a bad chancre in his twenty-third year, in 1867. From this date up till 1880 he had become the father of seven children. In August, 1881, he had a second well marked hard chancre.

The second case was first infected in the year 1854; and the second time in 1882. In both cases secondary symptoms followed each infection.

THE TREATMENT OF ECZEMA by the application of remedies to remove the cuticle and stimulate the deeper layers of the skin is not new, but has not been considered as suitable for very young children. Dr. Charles W. Dulles reports a case (*Medical News*) of an infant with eczema of the cheeks and chin, which he treated by applications of tincture of iodine with happy effect.—*The Weekly Medical Review.*

EAR AFFECTIONS IN DIPHTHERIA.—Two cases are reported in the (*Berl. Klin. Woch.*) in which the membrane was punctured for suppurative inflammation in the middle ear. It gave immediate relief, and hearing remained good.

L. DE WECKER ON JEQUIRITY IN OLD GRANULATIONS (*Klin. Monat. Blat. für Augenheilk.*)—Jequirity (*Abrus precatorius*) is one of the family of leguminosæ, and grows in Africa, the southern parts of Asia, and the central parts of America. The infusion of the seeds has been used in Brazil for a long time as a people's remedy in eye diseases. 32 seeds are pulverized, and put in

500 grm. cold water for 24 hours. Then 500 grm. hot water added. This infusion is filtered when cold, and applied three times a day.

About an hour after the first washing severe irritation comes on, which usually lasts about three days, when a free discharge of matter ensues. This gradually subsides, and by about fifteen days the patient is free from all inflammation and granulations.

1. Jequirity is a sure remedy, speedily exciting purulent ophthalmia.

2. The advantage of this method is that we do not take matter from another eye, of which we may not know the real nature, and

3. By the more or less free use of the infusion we can regulate the inflammation, which we cannot in inoculation.

REMOVAL OF SPLEEN.—Billroth has recently removed a spleen, for the third time. In each case he says he made a mistake in diagnosis—in the first two, thinking they were cysts, and the third a fibroid.

Midwifery.

DR. GOODELL'S YEAR'S WORK IN OVIOTOMY.—Dr. Goodell, of Philadelphia, gives an account (in the *News*) of his ovariectomies last year. He had twenty-five cases with six deaths. He had in addition two cases which he was unable to complete, with one death. Of the six fatal cases, one aged seventeen, died from acute peritonitis; one, aged sixteen, from septicæmia; one from shock or œdema of the lungs; one (in last stages of septicæmia before operation), from shock; one, aged sixty-five, from uræmia; one (from whom a pedunculated fibroid was also removed), from acute mania on eighth day.

The first two were favourable cases and results unexpected. From this experience the doctor will in future be disposed to wait until tumour has developed and so altered the character of the peritoneum by pressure as to lessen its vulnerability. He acknowledges his results are not so good as those

of British ovariologists, but says they do not publish their incompleated operations, nor the cases on which they decline to operate. Dr. Goodell declined in no instance during the year. He thinks it safer to administer ether largely diluted with air, and that the recti muscles should not be included in the sutures which close the abdominal cavity.

THE
Canadian Practitioner,

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

TORONTO, MAY, 1883.

THE ONTARIO MEDICAL ASSOCIATION AND A PATHOLOGICAL MUSEUM.

At the last meeting of the Ontario Medical Association a committee was struck to consider the ways and means of establishing a Pathological Museum and Library, in connection with the Association. Next month the Association will be again convened in this city, and up to the present, so far as we are aware, no meeting of the committee, to which the consideration and determination of this momentous question was entrusted, has been held. It is apparent therefore that no further time should be lost before the initiative is taken. There can be no doubt as to the utility and desirability of the foundation of a museum under the auspices of the Society, and we think, also, none as to its feasibility. Many of the members throughout the country would be glad to forward the interesting specimens they are constantly meeting with for the sake of having them properly mounted, preserved, and catalogued—an enduring monument

to their zeal in the cause of science, and a large storehouse of valuable information for all. As to the feasibility of the Library scheme we are less sanguine. If nothing further can be done in the month which remains before the meeting of the Association, the committee might at least devise some means of assisting the energetic secretary, Dr. White, in his endeavours to secure a worthy temporary exhibit of pathological specimens, which might indeed become the nucleus of the formation of that permanent museum with the existence and interests of which they are more immediately charged. As we go to press we learn that a meeting of the committee has been convened. We trust its deliberations may result in some tangible suggestions.

**TRAINING SCHOOL FOR NURSES,
TORONTO GENERAL HOSPITAL.**

This important Training School, which has been in operation for two years, held its first examination, April 13th, and granted diplomas to Mary Graham and Eleanor Potter, who had completed their two years' course, during which time they attended regularly their lectures, and performed faithfully the duties allotted to them. The examiners were Drs. Thorburn, Fulton, and Cassidy, of the Hospital staff, and subjects examined in were medical, surgical, and midwifery nursing, sanitary arrangements of sick room, including ventilation, etc. The examiners expressed themselves as well pleased with the answers of the candidates. Twenty-six nurses are now taking the regular course in the Training School, from which we may expect at least twelve trained nurses a year. The successful candidates receive certificates of qualification and a neat silver medal with name and date of graduation inscribed thereon.

VICTORIA School of Medicine, of Montreal, wiped out by the Papal decree, proposes to become affiliated with St. Joseph University of Ottawa.

ACTION FOR SLANDER AGAINST A PHYSICIAN.

An unusual action for slander against Dr. Robert McWilliam, of Drayton, was tried in Toronto in April. The plaintiff, Mr. Moore, of London, was engaged to a young lady in Berlin. Shortly before the marriage was to have taken place the defendant wrote to the lady asking an interview, and on meeting her stated that the plaintiff suffered from diseases which rendered him unfit to contract a marriage. In consequence the ceremony was indefinitely postponed as the lady refused to marry Mr. Moore on account of the information thus received from her physician. Mr. Moore alleged that this statement was false, and claimed \$2,000 damages, but stated through his counsel that his object was simply to vindicate his character. After the evidence of the lady and her father had been taken, a compromise was effected whereby the defendant consented to a verdict of \$20 damages with costs, and made ample apology for his admitted mistake.

THE TORONTO MEDICAL SOCIETY.

This Society has just completed the fifth year of its existence. Although we cannot claim for it any wonderful success, still we rejoice in the fact, that its condition is now more prosperous and flourishing than it has been at any period since its inception. It is a great misfortune for our city, that the majority of what may be considered our professional leaders have for many years persistently and religiously abstained from appearing at anything like meetings of medical societies: why, nobody knows. The absence of such, has perhaps had at times a depressing effect on those present at some of the smaller meetings, while they sat, sad-eyed and lonely, longing for the absent ones; but, notwithstanding such drawbacks, the Toronto Society has lived, and now enters upon its sixth year with the brightest prospects. While we have to regret the remarkable exclusiveness of a few, we

take the greatest pleasure in referring to the substantial assistance given by our noble and venerable Nestor, Dr. Workman. His faithful and untiring efforts, his courtesy towards all, and his simple unpatronising kindness towards the young men have done much to insure success; and the members all feel that they owe him a debt of gratitude which can never be repaid, but which, they hope will always be fully appreciated as long as the Society has an existence.

TORONTO WOMAN'S MEDICAL COLLEGE.

From information which we have received we are authorised to say that a medical college for women will be established in Toronto with every prospect of success. The preliminary arrangements have not been completed, and we are not in a position to give the names of the faculty, but the liberal donation of ten thousand dollars is an assured fact, and it is expected that this will be supplemented by additional subscriptions which will ensure success for the undertaking without any possibility of doubt. The movement is exceedingly popular with the citizens of Toronto, and they will see to it that nothing like failure will result. It is fortunate that the originator and prime mover in the scheme is such a man as Dr. Barrett, whose name in connection with it at once commands the respect and confidence of all classes. In our next issue we will probably be able to give full particulars. The college will be formally opened on the 1st October of this year, when the lectures of the session will commence.

The Inaugural Lecture of the Summer Session of the Toronto School of Medicine was delivered in the school building, on the 26th of April, by Dr. George Wright. The prizemen of the preceding course were presented with their well-earned rewards. The prospects of the Summer Course of Lectures are of the brightest, not only in Toronto School but also in Trinity.

THE COUNCIL EXAMINATIONS.

The Examinations held by the Ontario Medical Council in April, were upon the whole, very satisfactory. The examining board was not much different from that of last year. It was improved by the appointment of Dr. Canniff, and weakened by the absence of Dr. Eccles. It is becoming more evident every year, that frequent changes of examiners add an element of uncertainty and instability which is in all respects unsatisfactory. A few years ago the examinations conducted by the Council were the most unpopular that were ever known in this country, while at the present time, they command the respect and confidence of the great majority. We hope the lesson to be learned is obvious. Let the changes of examiners in the future be *few and far between*.

DR. CANNIFF desires to say for the information and guidance of the profession of Toronto, who wish to obtain admission of any one to the Hospital, that according to the by-law defining his duties, he has to examine all applicants. It is, therefore, unnecessary to give a certificate of disease except in cases of internal ailments such as uterine diseases. Also in cases of eye and ear affections. But it is necessary for the applicant to furnish a certificate of indigency and of having lived in Toronto, and if the physician likes to give this, it will save the applicant the trouble of seeking it elsewhere.

He is at his office, City Hall, every day from 10 to 12 and from 3 to 4, Saturdays from 10 to 12, where applications must be made. He cannot carry the order book away to his home; and begs to be spared the necessity of requesting persons who come to his house to call at the office. He has to spend no little time in visiting applicants who often live in the outskirts of the city.

THE *Maryland Medical Journal* is about to appear as a weekly, in a slightly changed dress.

NEWSPAPER OFFENCES AGAIN.—The *Daily British Whig* of Kingston, in its issue of April 16th, contains a full and particular account, in its editorial columns, of an operation after epithelioma of the lip, performed a few days previously by Dr. Dupuis of that city. The extent of the growth, the direction of the lines of incision and their extent, the number and situation of hair-lip pins and sutures employed are stated with particularity and precision. As there was nothing novel or unusual either in the case or the operation, it is doubtless only fair to acquit the surgeon of any complicity in the publication, since, higher motives for the moment apart, he could have no desire to appear ridiculous before the world; and we merely mention the fact in order to protest once more against the editorial bad taste displayed in publishing in disgusting detail such purely professional items, and to admonish the friends of surgeons who supply such notices to the press that by their injudicious zeal they jeopardize the reputation of their friend, and incur the risk of compromising his standing among his professional brethren.

CORRIGENDA.—In Dr. Canniff's article upon "A Case of Hip Joint Disease" the following corrections should be made: on page 104, line 19, for "lung" read "bony;" in line 20 for "not" read "met;" on page 105, line 18 from the bottom for "two" read "tow."

In Dr. Graham's "Cases in Practice," page 107, line 26 for "3ii." read "3ii.," and in the next line for "3i." read "3i."

Page 114. No credit was given to M. Brissaud in *Le Progrès Médical* for his article on Pulmonary Syphilis. We crave the author's indulgence and heartily make all the amends in our power.

Page 127, line 3 from the bottom of the pages for "commissioners." read "commissions." Page 128, line 5, from the top for "papers" read "pages;" line 12 for "eloquence" read "elegance."

RESULTS OF MEDICAL EXAMINATIONS.

VICTORIA UNIVERSITY.

List of the successful candidates arranged in the order of merit:—

PRIMARY.

1, A. R. Harvie; 2, T. W. Simpson; 3, H. S. Martin; 4, E. F. Hixon; 5, W. A. Goodall; 6, S. S. Wattam; 7, J. O. Orr; 8, J. A. Burgess; 9, J. E. Ellis; 10, J. H. C. Willoughby; 11, J. Verner; 12, S. M. Hay; 13, G. G. Hutton; 14, H. A. Wright; 15, J. S. Freebourne; 16, F. Beemer; 17, B. B. Pattullo; 18, A. T. Rice; 19, C. W. Hunt; 20, J. R. Phillips; 21, D. D. Ellis; 22, O. Grain; 23, J. W. Campbell; 24, Thomas Verner; 25, J. Barber; 26, Jos. Hord.

FINAL FOR M. D., C. M.

1, J. M. Jackson; 2, Richard Hearn; 3, A. D. Watson; 4, H. S. Clarke; 5, W. Cuthbertson; 6, E. M. Hewish; 7, J. S. Draper; 8, S. Stewart; 9, J. E. Case; 10, Wm. Jaques; 11, F. P. Drake; 12, A. L. Brown; 13, Augusta Stowe; 14, C. S. Grafton; 15, George Wyld; 16, J. Z. Wild; 17, C. E. Cochrane; 18, J. H. C. Willoughby; 19, Wm. Kennedy.

TRINITY UNIVERSITY.

PRIMARY.

Frank Krauss, J. Kennedy, C. W. S. Harrison, and C. A. McBride; J. H. Kilgour and W. H. Hamilton, A. C. Woodley, J. H. Caldwell.

FINAL FOR M.B.

The following have passed for the degree of M.B.:—Frank Krauss (gold medalist, having taken honours in all the subjects both primary and final), B. H. Scott, J. A. Lea, J. E. Jenner, E. M. Hoople, L. Backus, S. W. Lamoreaux, F. H. Sawers, H. R. Casgrain, T. D. Meikle, T. H. Robinson, R. Hislop, S. W. McConochie, C. E. B. Duncombe, D. F. Rae, A. Hawk, J. H. McCullough, E. B. O'Reilly, W. T. Freeman, T. C. Cowan, W. T. Dickson, R. M. Fairchild, G. J. Charlesworth, A. G. Elliott, J. A. Thompson, and J. B. Gullen.

ROYAL COLLEGE OF SURGEONS, KINGSTON.

FINAL.

J. F. Kidd, gold medalist; W. G. Anglin, silver medalist; J. Cryan, H. Freeland, T. Moore, and W. Young, with honours; C. C. Clancy, L. T. Davis, W. Hall, D. C. Hickey, G. McGhie, T. A. Page, R. Smith, and A. McMurchy. R. N. Fraser, and J. E. Sterling, recommended as House Surgeons to Hospital, and J. Herald and E. Forrester, as demonstrators of Anatomy.

MCGILL UNIVERSITY.

PRIMARY.

J. H. B. Allan, R. A. Arthur, T. A. D. Baird, J. A. Barrett, F. N. Burrows, G. A. Cassidy, J. H. Darly, W. D. Daley, D. W. Eberts, W. A. Ferguson, F. G. Finley, W. Groves, E. O. Hallet, A. E. Hanna, Fred Harkin, W. T. Hurdman, J. A. Hutchinson, R. T. Irvine, C. E. Johnson, H. D. Johnson, J. H. Joliffe, W. H. Klock, T. H. Landor, D. P. Merritt, N. McCormack, W. McClure, M. C. McGannon, J. T. McKenzie, J. H. McLellan, D. S. McMillan, T. O'Brien, A. B. Osborne, James Park, F. H. Powell, A. M. Robertson, L. D. Ross, R. F. Ruttan, J. M. Scott, I. C. Sharp, J. L. Shibley, H. E. Trapnell, J. A. K. Wilson, E. G. Wood.

FINAL.

C. E. Allan, J. C. Bowser, C. E. Cameron, Geo. Carruthers, G. A. Dearden, J. J. Gardner, Jas. Gray, C. B. H. Harvey, H. J. Harrison, W. G. Henry, A. L. Hopkins, J. R. Johnson, J. S. Lathern, J. B. Loring, J. J. E. Maher, O. Martel, Arch. McLeod, B.A., A. McNeil, J. W. MacLean, A. McDonald, F. S. Mackey, S. S. C. Phippen, W. K. Ross, A. J. Rutledge, W. McE. Scott, W. H. Shaver, G. A. Sihler, Andrew Stewart, R. B. Struthers, E. S. Wood. Holmes, gold medalist, C. E. Cameron; "Final" Prizeman, J. B. Loring. Deserving honourable mention; in final examination, Messrs. Struthers, Lathern, Bowser, Gray, Carruthers, Gardner, Henry, Scott, and Johnson.

TORONTO SCHOOL OF MEDICINE.

SCHOLARSHIPS.

D. R. Johnston, 1st year scholarship; Leeming Carr, 2nd year scholarship; Richard Hearn, 3rd year scholarship; W. J. Robinson, 4th year scholarship.

HONOUR LIST.

First Year.—First-class honours, 1, D. R. Johnston; 2, W. J. Greig, B.A.; 3, George Peters; 4, J. E. Pickard; second-class honours, 5, A. W. Bigelow.

Second Year.—First-class honours, 1, Leeming Carr; 2, Horace Bascom; second-class honours, J. H. Howell.

Third Year.—First-class honours, 1, R. Hearn; 2, J. W. Clarke; second-class honours, 3, W. H. Carlton; 4, A. F. McKenzie; 5, James Johnston; 6, Wm. Jaques.

Fourth Year.—First-class honours, 1, W. J. Robinson; 2, J. M. Jackson.

TRINITY MEDICAL SCHOOL.

Stuart Scott, 1st year scholarship; J. R. Logan, 2nd year scholarship.

Final Examination.—J. E. Jenner, gold medalist; B. H. Scott, 1st silver medalist; E. M. Hoople, 2nd silver medalist. J. McConochie, T. H. Robinson, H. Backus, A. Hawke, certificates of honour.

COLLEGE OF PHYSICIANS AND SURGEONS,
ONTARIO.

PRIMARY CANDIDATES PASSED.

Bell, W.D.M., Bingham, G.A., Burgess, J.A., Beemer, F., Beatty, Elizabeth, Brown, W.M., Carveth, G.H., Couch, J.A., Courtenay, J.D., Cane, F.W., Cherry, G.A., Cochrane, J.M., Clerke, H.S., Case, T.E., Chafee, C.W., Derby, W.J., Dewar, P.A., Draper, J.S., Duff, H.R., Elliott, J.E., Eberts, D.W., Eede, T.E., Emory, W.J.H., Fairchild, R.M., Fergusson, John, Freiheller, G., Goddall, W.A., Gunne, W.J., Gordon, C.M., Hawley, H.H., Hixon, E.F., Harvie, A.R., Howell, J.H., Hunt, C.W., Herald, John, Hanks, A.R., Harkin, Fred., Hall, E.A., Harrison, W.S., Hislop, Robert, Hickey, D.C., Johnston, G.L.,

Jones, D.O.R., Johnston, F.H., Kinsely, A.B., Kuck, C.A., Knight, J.H., Krauss, F., Leitch, H.D., Lake, A.D., Lockhart, R.J. Logan, J.R., Murray, T. W., Martin, H.S., Minchin, D., McGillivray, Alice, McGannon, M.C., Ovens, Thos., Orr, J.O., Paul, J.J., Phillips, J.R., Patterson, J.W., Palmer, G.F., Robertson, W.N., Ruttan, R.F., Rattray, J.C., Stewart, R.L., Stewart, S., Sutherland, J.G., Smith, Elizabeth, Stirling, J.E., Trow, Charles, Webster, H.E., Wilson, A.B., Watson, J.A., Wattam, G.S.

FINAL CANDIDATES PASSED.

Anglin, W. G., Bates, F. D., Belt, R.W., Bell, W. D. M., Bray, James, Collver, M. K., Casgrain, H.R., Clerke, H.S., Case, T. E., Carleton, W.H., Chafee, C.W., Cryan, John, Cuthbertson, W., Derby, W.J., Drake, F.P., Dickson, W.F., Emory, W.J.H., Freeman, W.F., Fairchild, R.M., Frost, R. S., Gullen, J.B., Gordon, C.M., Housler, J. E., Hearn, R., Hislop, R., Hickey, D.C., Jackson, J.M., Jaques, W., Kidd, J.F., Krauss, F., Lepper, W.J., Meikle, T.D., Meldrum, J.A., McConochie, S.W., McMurchy, A., O'Rielly, E.B., Rattray, J.C., Ross, W.A., Robinson, T.H., Robinson, W.J., Ray, J.W., Spilsbury, E.A., Stowe, Augusta, Sawers, F.H., Wilson, J.D., Whitely, J.B., Woods, E.R.

TEWKESBURY ALMS HOUSE.—Most startling evidence has been given at this investigation, disclosing a condition of affairs truly deplorable. Economy carried far beyond the verge of parsimony and an appalling indifference to human suffering.

THE Alumni Association of the University of Maryland propose instituting a Pathological Laboratory, to be called the Nathan R. Smith Pathological Laboratory. The *Maryland Medical Journal* says there is no question of the need of such an establishment, as "this important branch has hitherto been taught in Baltimore either not at all or in the most rudimentary manner."

MCGILL MEDICAL FACULTY.

Important changes in the *personnel* of the McGill Medical Faculty have been recommended by the Faculty to the Governors. Dr. Wright, Professor of *Materia Medica*, and Dr. McCallum, Professor of Obstetrics, have resigned. Dr. Stewart, formerly of Brucefield, now on the Continent, has been appointed to the chair of *materia medica*. Dr. McCallum's subject has been divided, and Dr. Brown, of Montreal, appointed Professor of Obstetrics, and Dr. Gardner, Professor of Gynæcology. Jurisprudence will probably be given to Dr. George Wilkins, and Hygiene to Dr. R. L. MacDonnell. It is feared that the serious illness of Dr. Scott, Professor of Anatomy, will prevent him from active work in the future, and in that case his chair must be filled. Dr. Howard, jr., who promises to prove worthy of his distinguished father, will be curator of the museum.

No man in Western Ontario was probably more widely and favourably known than Dr. Stewart, of Brucefield, and we cannot but regret for the sake of this Province that our Eastern friends should have captured him. Since, however, this has occurred we cordially congratulate McGill upon such an important acquisition to its Faculty, and at the same time wish that our friend, Dr. Stewart, may attain the highest possible success in his new sphere. Drs. Gardner and Brown are both known to be thoroughly well informed in the departments for which they are chosen. Their appointments will be very popular among the friends of McGill.

SENATE OF TORONTO UNIVERSITY.—Four gentlemen are nominated for election this year, and no others will be eligible: Dr. J. H. Richardson, Messrs. J. Morrison Gibson, and James Bethune, Q.C. (retiring members), and Rev. Robert Cameron.

In Great Britain and Ireland there are 260 Homœopaths; in the United States, about 6,000.

BANQUET TO DR. OLIVER WENDELL HOLMES.

A grand complimentary banquet was given in honour of Dr. Holmes by the physicians of New York, on Thursday evening, April 12th, at which there were present about 300. Nearly all the most prominent physicians attended, as well as many from other cities, including Boston and Philadelphia. Dr. McFarlane, of Toronto, was the sole representative from Canada. It was a grand success in every respect.

THE ANATOMICAL EXAMINATION AT THE COUNCIL.—We are greatly pleased to learn of the success attending Dr. Fulton's efforts this year to carry out practical examinations in anatomy at the Council, inaugurated under the memorable *régime* of Dr. Sullivan, of Kingston. We heartily congratulate the editor of our contemporary upon the expressions of satisfaction which we have everywhere heard expressed with his mode of conducting the examination, and cannot but compare these favorable comments with the stormy denunciations which were prevalent a short time ago, when Michael Sullivan accomplished the very desirable change from theoretical to practical, and by his manly but ill requited stand in behalf of practical examinations, not only performed a present duty nobly, but taught the students of Ontario a lesson for all time, viz., that to learn and know anatomy they must consult the book of nature and not Gray or any other.

THE Philadelphia Hospital for Skin Diseases, at 923 Locust street, now in its second year of successful operation, has recently added a complete system of baths, and contemplates paying great attention to balneology in dermatological therapeutics. Physicians and advanced students desirous of studying the subject in this aspect will be welcome at the clinics which are held daily by Dr. Jno. V. Shoemaker.

MEDICAL GRADUATES.—The regular sessions of the Schools have closed, the dreaded examinations are concluded, and an unusual number of the fully-fledged appear on the arena. It is thought by many that the supply already exceeds the demand. If so, it becomes an interesting question to decide whether the public or profession will suffer more from the excess. If the variety and severity of physical ailments be diminished, it will be better for the public; if not thus, it will probably be otherwise.

You have a race to run with the general public, and if you do not take care it will get ahead of you, and undermine your curative skill altogether by leaving you nothing to cure. You may boast of your physiological learning; but where will it be if the people get it up for preventive purposes as heartily as you? You may boast of your pathology; but where will that be if the causes that beget it are removed wholesale? Think only of the book of pathology that will be closed to you when the use of only one disease-producing agent—*alcohol*—is, as it surely will be, thrown entirely out of use, and such like other evil agencies that are entirely under human control. You may boast of your *materia medica*, but how long will that be wanted when men are wise and call for it as reluctantly as the members of the faculty do themselves when out of health? You may boast of your diagnosis, your prognosis; but when pathology is wanting, and *materia medica* is a ghost, of what use are they?—Dr. B. W. Richardson
Philadelphia Medical Times.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The next annual meeting of this Association will be held in Cleveland on June 5th and 6th, at the time of the meeting of the American Medical Association in the same city.

A SANITARY Convention under the auspices of the State Board of Health was held in Reed City, Michigan, on the 26th and 27th ult., the Rev. J. W. Hallenbeck, A.M., presiding.

DOCTORS' SIGNS.—The latest thing is the erection of a capacious signboard in the centre of a vacant lot adjoining the doctor's residence. It answers well in cases where the number of gate-posts and walls is limited.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Regular meeting, March 8, 1885.

The President, Dr. George Wright, in the chair.

Dr. Cameron showed a young lad with general deformity of the osseous structures, especially marked in the extremities. There was a probable history of syphilis.

PATHOLOGICAL SPECIMENS.

The President presented the following:—(1), a stomach with cancerous deposit—scirrhus—at the cardiac orifice. It was from a man who had been intemperate for years. He complained of the dyspeptic symptoms first in August last. About three months ago dysphagia first became apparent. He came to the General Hospital about five weeks ago, and then nothing could be swallowed except, perhaps, a little fluid. Cachexia was well marked. Probang was easily passed till the cardia was reached, when there was obstruction. Pharynx and larynx appeared solidified *en masse*—all were hard. Movement of larynx gives a sensation of grating. All the other organs were healthy. (2), A fusiform aneurism of arch of aorta extending from origin to beyond commencement of left sub-clavian artery. The arteria innominata not dilated, though its walls were thinned; valves somewhat thickened; much fatty degeneration of tissues generally; kidneys each $2\frac{1}{2}$ oz. heavier than normal; liver enormously enlarged. Ante-mortem clot occupied left ventricle, and extended through entire length of aneurism, and into the arteria innominata, carotids, and sub-clavian arteries.

The specimen was from a man aged 40, a hod-carrier. Had been intemperate.

Began to feel a difficulty in breathing four months ago. Had evidently been failing for some time. Had had hæmoptysis. Examination on admission to the Hospital revealed aneurismal bruit in the region of the arch of the aorta, but not definitely located, though the Dr. thought it to be in connection with the arteria innominata.

Treatment.—Rest, low diet, and iodide of potash, 45 grains per day increased to 60 grains. After a few days vomiting occurred and the iodide had to be omitted.

There was considerable improvement in the local symptoms, but he gradually sank with marked febrile disturbance.

Dr. Cameron remarked that the presence of ante-mortem clot extending from the ventricle up into the arch of the aorta and its branches, was worthy of note. The possibility of its development had been denied by some pathologists. Possibly to the presence of this clot the febrile symptoms, which were probably pyæmic, were due, since fibrino-plastin injected into the blood vessels of a healthy animal gives rise to pyæmia.

Dr. Davidson reported a case of probable superfœtation: the woman miscarried, one fœtus being four months and the other five or six weeks. The first was delivered breech presenting; the placenta was removed 20 minutes afterward. On examination a small bag was found which, with clots, was removed from the uterine cavity by the finger. The bag contained the second fœtus.

Dr. Cameron thought it a good specimen, but thought there was no doubt as to its being a case of arrested development of twins.

Dr. Davidson said in that case there would be more maceration of the blighted ovum.

Dr. Clark then proceeded to read a paper on "*Some Facts in Pathology*," treating chiefly of the nervous system. After lengthened criticism by Drs. Workman and Cameron.

Dr. Reeve said that a congested fundus oculi does not necessarily indicate cerebral hyperæmia. He very rarely sees a normal optic disc, hyperæmia being frequently present and caused by optical defects. Some years ago he examined the eyes of many of the inmates of the Toronto Asylum and obtained negative results. When there were coarse pathological changes in the brain and membranes, we would expect to find corresponding changes in the fundus.

Regular meeting, March 22, 1883.

The President in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Graham showed the following: Carcinoma involving the ascending colon. He believed it to be scirrhus. There was no contraction of the bowel. The President said that he had seen an autopsy in a case some years ago in which there was an encephaloid in the same situation.

Part of the ileum and colon from a case of enteric fever with perforation. Adhesion had taken place between the ileum and colon before perforation had occurred. By some means the adhesion was partially broken, resulting in the extravasation of a small portion of the intestinal contents, causing general peritonitis.

A photograph of a case of lupus vulgaris, exfoliatus occurring in a young woman aged twenty-five.

Dr. Oldright reported a case of fracture of the skull, caused by a fall on the sharp iron of a coal cart. Compression was relieved by trephining. There was some loss of brain matter.

Dr. Cameron, for Dr. Machell, presented a case of Erythema Nodosum in a woman suffering from suppressio mensium for five months.

Dr. Workman then read a paper on the "*Localization of the Cerebral Functions*," being a translation of an article in *Lo Sperimentale*, by Prof. Bianchi.

Regular meeting, April 5, 1883.

The Vice-President, Dr. A. H. Wright, in the chair.

Dr. McPhedran reported the following case occurring in the House of Providence: Mrs. B., aged about fifty, became suddenly comatose on March 17th. Recovered consciousness two hours afterwards, but was paralyzed in the left leg and forearm and left side of tongue. Dr. Cameron, who saw her shortly afterwards, attributed the attack to hæmorrhage, causing injury of the cortical substance of the anterior part of the middle lobe of right hemisphere. The paralysis increased gradually till all the left side was affected and for three or four days before death, she was almost completely comatose. She died on April 3rd.

P. M. Twenty-four hours after death. Body well nourished; skin clear.

Brain.—Somewhat firm adhesions between arachnoid and dura mater, along the course of the superior longitudinal sinus, and a slight recent deposit of lymph beneath the arachnoid membrane on the upper surface of the anterior lobes. In the anterior part of the middle lobe of right side a clot about the size of a small hen's egg was found, due to rupture of the middle cerebral artery. It extended backwards from the fissure of Sylvius. Its inner margin implicated the outer part of the lateral ventricle, the descending horn of which was filled with a sero-sanguinolent fluid. The greater part of the clot was black and friable, but some of it was decolorized considerably and evidently of slow formation. The choroid plexuses of the descending horns of the lateral ventricles presented a gelatiniform appearance.

Chest.—Heart, the seat of considerable fatty deposit. The walls very friable, and flabby. Valves competent though considerably thickened and calcareous at one or two points.

Abdomen.—Transverse colon occupied a V shaped position. The great omentum was adherent to the anterior wall of the

abdomen a short distance above the pubes.

Liver.—Contained many small patches of black pigmentation.

Spleen contained many similar pigmented patches, but more triangular in shape. Pigmentation in both organs probably due to hæmorrhagic infarcts.

Kidneys.—In left, several cysts, one of large size. Vessels entered it without dividing. In right kidney a very small cyst. This kidney had two ureters which entered the bladder separately.

Supra-renal capsules considerably enlarged; aorta very much calcified.

Dr. Graham was inclined to look upon the pigmentation in liver and spleen as due to bile staining, though he admitted there should have been some jaundice in that case.

Dr. Nevitt who showed the liver, spleen, and kidneys in the foregoing case, showed for Dr. Cameron the lungs, heart, colon, and uterus from a young girl, who died also in the House of Providence, from tuberculosis. The bronchial glands were considerably enlarged, abundant vegetations on the mitral valves, causing insufficiency. Some hæmorrhagic infarcts in the spleen. The colon was very small.

Dr. Workman showed the skull of a Huron Indian obtained from an ossuary in Simcoe County, by Mr. Hirschfelder, jr., of this city. It was in an excellent state of preservation. It showed four or five clefts, doubtless due to blows from a tomahawk, and their appearance indicated that the man must have lived some considerable time after the wounds were received. As the Huron tribe was exterminated in 1649, this skull must be at least 234 years old.

Dr. Duncan reported the following case: Patient æt. 25, farmer, unmarried, with a good family history, and no previous diseases of importance.

Three years ago began to feel weak, unable to work, and, gradually getting worse; came to the city to obtain advice two years

ago. The consultant, after a careful examination, pronounced him perfectly well.

Feeling gradually more unfit for work, came in again, when the following history was obtained.

Was a remarkably strong and healthy man previous to this complaint. But for 3 years back, has had peculiar attacks, coming on quite irregularly—also in that period has fainted twice. The attacks came on mostly in warm weather, generally after an extra day's work, once a week, once a month, or less often. In those attacks he felt feverish in the evening, rigors, would retire when he felt them coming, and always passed next morning a large amount of urine—very dark in color. In a few hours after, the urine was normal, and he felt well. Careful physical examination revealed no positive abnormality; heart seems weak in action. Diagnosis paroxysmal hæmatinuria. Patient has done well on digitalis treatment.

Dr. Graham saw a case of paroxysmal hæmaturinuria some years ago. He thinks blood corpuscles were present in the urine. The attacks were irregular. He feared organic disease might follow.

Dr. Spencer then read a paper on *Injuries of the Chest*. He thought moderate efforts should be made to extract foreign bodies.

Dr. A. H. Wright was of the opinion that probing should be very limited as pyæmia is much more liable to occur after probing. This is the view of the German surgeons, especially Esmarch.

Dr. Davidson referred to two cases he had seen, one of bullet wound, and the other from a knife which penetrated three or four inches. Both recovered without bad symptoms.

Dr. Cameron said that all gunshot wounds not treated antiseptically suppurated owing to the presence of dead tissue in the track of the wound. If treated on aseptic principles the dead tissue is absorbed, and union results without suppuration.

Dr. Cassidy said he removed an enchondroma which was attached to three ribs in a man some years ago. The pleura was opened. The case did well. He asked if the operation was advisable.

It was pointed out that it might be so, and that even portions of ribs might be removed with propriety in certain cases.

Book Notices.

Index of National Board of Health Bulletin. Vol. III., 1881-2.

Fortieth Annual Report of the State Lunatic Asylum at Utica, for the year 1882.

The Opium Habit: Its successful treatment by the Arena Sativa. By E. H. M. SELL, A.M., M.D.

Report of Births, Marriages, and Deaths in the Province of Ontario, for year ending 31st Dec., 1881.

Weekly Health Bulletins, published by the Provincial Board of Health of Ontario. P. H. BRYCE, M.A., M.D., Sec.

Weekly Health Bulletins and Meteorological Reports for the State of Michigan, and Monthly Mortuary Statistics for the City of Lansing, Michigan. HENRY B. BAKER, M.D., Sec.

Trichina: Their Microscopy, Development, Death; and the Diagnosis and Treatment of Trichinosis. By W. C. W. GLAZIER, M.D. Illustrated with 17 wood cuts. Price 25 cents. The Illustrated Medical Journal Co., Detroit, Mich.

Pocket Therapeutics and Dose Book. By Morse Stewart, jr., B.A., M.D., third edition, revised and enlarged. Detroit, Mich.: George D. Stewart & Co.

This is a convenient little *vade mecum*, whose title sufficiently expresses its scope and utility. As to correctness, from a cursory survey, it seems to be satisfactory, and when the fact of a third edition has been mentioned, enough has been said.

MANUAL OF GYNECOLOGY. By D. Berry Hart, M.D., F.R.C.P.E., Lecturer on Midwifery.

ery and Diseases of Women, School of Medicine, Edinburgh, etc.; and A. H. Barbour, M.A., B.Sc. M.B., Assistant to the Professor of Midwifery, University of Edinburgh, etc., vol. i. New York, William Wood & Co.; Toronto, Willing & Williamson.

This is the first of Wood's 83 Library, and will be found one of the best works produced by that enterprising firm. This volume includes the anatomy, physiology, and methods of examining the pelvic organs, and commences in Part ii. the treatment of some of their diseases. The first part is especially good, the description of modes of examining being very clear and concise. There is probably nothing better of the kind in any of our works on Gynæcology. The treatment of the various diseases is perhaps too brief, shows but little individuality or originality on the part of the authors, but gives within a small space a very impartial account of the views of modern Gynæcologists. The plates and figures, many of which are new, are interesting and instructive, though some are rather rough. The type is large and clear, and the fantastic cover is perhaps intended to be *pretty*, but is not suited to our taste. Upon the whole we feel certain the work will be highly appreciated by General Practitioners.

Rheumatism, Gout, and Some Allied Diseases. By Morris Longstreth, M.D., of Philadelphia. New York: Wm. Wood & Co. 1882.

This volume constitutes the October number of Wood's Library for 1882; and while it contains nothing strictly original, is, beyond doubt, the most complete, impartial, and best *resumé* of the subject in any language. Unfortunately it is only purchasable with the rest of the series, but in point of fact two or three such books are well worth the annual subscription to the library.

Legal Medicine. By CHARLES MEYMOTT TIDY, M.B., F.C.S., M.S., Prof. of Chemistry

and of Forensic Medicine and Public Health at the London Hospital. New York: Wm. Wood & Co. 1882.

Volumes I. and II. of this work constitute the November and December Numbers of Wood's Library for 1882. They take up the subjects of Evidence, The Signs of Death, Identity, The Causes of Death, The Post Mortem, Sex, Menstrosities, Hermaphroditism, Expectation of Life, Presumption of Death and Survivorship, Heat and Cold, Burns and Scalds, Lightning, Explosives and Combustibles and Starvation: its Treatment. Of the Author's special fitness for this labourious task the profession has already had ample evidence in the ponderous tome on Forensic Medicine and Toxicology published by him in conjunction with the late Bathurst Woodman. Of this present work, suffice it to say, that the first two volumes certainly fulfil all reasonable expectations, and whilst constituting a part of a most excellent book of reference, reflect the highest credit upon the author's untiring industry and great ability.

Scrofula and its Gland Diseases. An Introduction to the General Pathology of Scrofula, with an account of the Histology, Diagnosis, and Treatment of its Glandular Affections. By Frederick Treves, F.R.C.S., Eng. Philadelphia: H. C. Lea's Son & Co. 1883.

Readers of the *British Medical Journal* will be familiar with Mr. Treves' views on Scrofula and its Gland affections, and will not be surprised to learn that this little *brochure* of some eighty pages contains a full and fair discussion of the subject, and presents, as no other work in the language does, a succinct synopsis of continental labours in this field. Mr. Treves is, however, sufficient authority in himself in this particular; and when it is known that the information he has to impart is purchasable (in paper cover) for ten cents, it is surely a matter for wonder if any practitioner can afford to be without it.

EXPERIMENTAL PHARMACOLOGY: A Handbook of methods for studying the Physiological Action of Drugs. By L. Hermann, Prof. of Physiology, University of Zürich translated by Robert Meade Smith, M.D., Demonstrator of Physiology, University of Pennsylvania. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co.

This little book will greatly assist students and physicians in their studies of the physiological actions of drugs. It is well illustrated, and explains various simple experiments on animals so clearly, that the amateur will be enabled by following instructions to perform his own experiments without further assistance.

Transactions of the Twenty-ninth Annual Meeting of the Medical Society of North Carolina, and conjoint Session of the North Carolina Board of Health, 1882.

Under the presidency of Dr. Thomas F. Wood this live society held its annual meeting in Concord, North Carolina, upon the 9th of May, 1882. After the usual routine and official business, in which most complete and interesting reports were read by the chairmen of the various sections, the conjoint session of the State Board of Health was held, Dr. Whitehead, of Salisbury, presiding—the secretary, Dr. Thos. F. Wood, presented his report, which dealt in an exhaustive manner with the work accomplished by the Board: relating its determined but unsuccessful struggle for existence. Its work has been carried on without the provision of any means by the State, except the printing of blank forms and the use of the tax lists in distributing, collecting, and returning these forms with the required information. Canvassers, for the purpose of securing the attention of the Legislators to the work of the Board of Health, who had been appointed in 1881, had worked, but unfortunately to little purpose, and the struggle has ceased for the time.

The address of the President of the Society gave an interesting review of the his-

tory of the Society. Amongst other duties is that of licensing physicians. A board of examiners is appointed by the Society, and it is necessary to pass their examination in order to become a member of the Society and in order to hold any public appointment. The fact that North Carolina possesses no medical school necessitates some such central examining board.

A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners. By James Nevins Hyde, A.M., M.D., Prof. of Skin and Venereal Diseases, Rush Medical College, Chicago. Philadelphia: Henry C. Lea's Son & Co. 1883, Toronto: N. Ure & Co. Price, \$4.50.

Amongst American Manuals of Dermatology this work assumes an intermediate place between the little handbook of Bulkley (not that author's edition of Neumann) and the excellent treatise of Duhring, presenting much closer affinities with the completeness of the latter. The volume opens with an extended and excellent chapter on the anatomy and physiology of the skin, general symptomatology, etiology, diagnosis, prognosis, therapeutics and classification, a convenient modification of Hebra's being herein adopted. The various affections of the skin are then considered in order; and it may be briefly said that the author's descriptions are clear and concise; his prescriptions and directions perspicuous and judicious, displaying that happy eclecticism in the combination of the commendable characteristics of German, French, and British dermatology which has raised the American school to the highest rank in that department. The author claims no originality in his work, but merely aims at setting forth the present status of this ever-advancing branch of science. He fully acknowledges his indebtedness to his predecessors and contemporaries; and it is only fair that others should freely admit the highly satisfactory accomplishment of the task which he set before him. Students and practitioners alike will find

the work a safe and pleasant and efficient guide through what many inexplicably consider the devious paths of this field of dermatology.

A Text Book of Pathological Anatomy and Pathogenesis. By Ernst Ziegler, Prof. of Pathological Anatomy, in the University of Tübingen. Translated and edited for English students by Donald MacAlister, M.A., M.B., of the University of Cambridge. Part I. General Pathological Anatomy. London: MacMillan & Co., 1888. Toronto: Willing & Williamson. Price, \$3.50.

This translation of Dr. MacAlister's was begun from the first edition of Ziegler's great work; but a second edition having been called for and published in Germany with unexpected rapidity, such changes have been made in the translation as to make it really a reflex of this second edition, improved moreover by the incorporation of such English contributions to the subject as the German author had overlooked. Ziegler's work whilst written for students in an intentionally dogmatic strain has met with great success as a textbook in its native land; and, indeed, its clear reflection of the personal characteristics of so eminent a writer is probably the secret of its high appreciation. This first volume is divided into an introduction and seven sections. Section I. treats of Malformations; section II. of Anomalies in the distribution of the Blood and of the Lymph (within the vessels and without); section III. of Retrogressive Disturbances of the Nutrition; section IV. of Progressive or Formative Disturbances of Nutrition; section V. of Inflammation and Inflammatory Growths; section VI. of Tumours, and section VII. of Parasites. To English readers this last section will be most novel and complete. Dr. MacAlister has not only done the work of translation well; but by the additions he has made has greatly enhanced the value of the work. When it is stated that in the work of preparation he has had the assistance of friendly criticism

and suggestion from such men as Klein Greenfield, Cossar Ewart, Payne, Vines and the late lamented F. M. Balfour, it must be apparent that the volume needs no commendation at our hands.

Personal.

DR. TESKEY has gone to Paris. He is expected to return in October.

DR. WINSTANLEY, of Toronto, sailed for England on the 26th April.

DR. GALABIN has succeeded Dr. Braxton Hicks as Obstetric Physician at Guy's.

DR. MCCOLLUM contemplates a trip to the centres of learning on the other side of the water.

DR. W. R. SUTHERLAND has been appointed one of the Assistant Demonstrators of Anatomy in McGill.

HUGH H. GRAHAM, of Toronto, has passed the Primary Examination of the Royal College of Surgeons of England.

DR. J. A. GRANT, jr., has returned from England, and will practice with his father in Ottawa. We wish him all success.

DR. McLEAN, of Ann Arbor, brought his libel suit against the *Detroit News* to a successful issue, and a verdict of \$20,000.

MISS EDITH SHOVE, M.B., London, has been appointed medical superintendent of the female staff at the General Post Office, by the Postmaster General, Mr. Fawcett.

PROF. VON BRUNS, of the Department of Clinical Surgery in the University of Tübingen, well known for his contributions to Laryngology and the use of the laryngoscope, is dead, aged seventy-one.

DR. ORTON, of Fergus (report says,) is likely to be appointed Minister of Agriculture. Such an appointment would be popular with the profession of Ontario, and there are many reasons why a physician would be specially fitted for the position.

DR. WM. G. EGGLESTON, late of Hampden Sidney College, Va., has moved to Philadelphia to become Assistant Editor of the

Medical News and the *American Journal of the Medical Sciences*. Dr. Eggleston was a valued contributor to the *Virginia Medical Monthly*.

A SCIENTIFIC CENTENARIAN.—An unprecedented remark in the history of science was made the other day by M. Chevreul. Said this learned centenarian, the inauguration of whose fiftieth course of annual lectures, with the vigour and freshness of perennial youth, we announced some years ago, "Moreover, gentleman, the observation is not a new one to me. I had the honour to mention it here, at the meeting of the *Académie des Sciences* on the 10th May, 1812."

WE learn from the *Montreal Med. and Surg. Journal* that Dr. Wright has resigned his positions as Surgeon to the Montreal General Hospital and Lecturer on *Materia Medica*, McGill College. Being possessed of unusual literary culture and great ability his decision will be a source of regret to his numerous friends. Rumour says that Dr. Wright's position on the regular staff will be given to Dr. Shepherd, who is now on the out-door staff, and that Dr. Shepherd's position will be given to Dr. R. L. MacDonnell. Both are recognized in Ontario as ranking among the ablest men in Montreal, and we have no doubt that this appointment would add much to the efficiency of the hospital.

OBITUARY.

GIUSEPPE ROSSO, Prof. of Surgery in the University of Genoa, is dead.

PROF. CARL VON HECKER, the celebrated obstetrician and gynaecologist of Munich, is dead, at the age of fifty-five.

M. L. BERTILLON.

M. L. Bertillon, founder and chief of the Bureau of Vital Statistics of Paris, died at the age of 62 years.

PROF. LASÈGUE.

Dr. Lasègue, Clinical Professor at the *Hôpital de la Pitié*, and principal editor of

the "*Archives Générales de Médecine*," recently died at the age of 67.

CHARLES SEDILLOT, the eminent Parisian surgeon, aged sixty-nine, and Prof. Von Sigmund, the well-known Viennese syphilographer, aged seventy-three, have recently paid the debt of nature.

J. K. BARNES, M.D.

Dr. Barnes, late Surgeon-General U. S. Army, died in Washington, April 5th. He inaugurated the Medical History of the War, and founded the Medical Museum. He attended two Presidents in their last illness.

M. JULES CLOQUET.

M. Jules Cloquet, Dean of the Academy of Medicine, died at the advanced age of 98 years. He published a number of works chiefly upon Anatomical and Surgical subjects. He invented the *enterotome* and *rachitome*, so much used at autopsies, and he foreshadowed in 1821, by his graduated aspirator siphon, the improved aspirator of modern surgery.

W. H. VAN BUREN, M.D., LL.D.

Dr. Van Buren was known for many years as one of the most able and scientific surgeons of America. He graduated in 1840, and commenced active practice in New York in 1845. He was for a time Professor of Anatomy in the University of New York, and afterwards became a lecturer at Bellevue in the surgery of the genito-urinary organs and syphilis. His contributions to surgical literature were many—the principal ones being on "Diseases of the Rectum," "Genito-urinary Surgery," and "Inflammation," (Ashurst's *Encyclopedia*.) He died in New York, March 25th, at the age of 64.

JOHN VERNER, MEDICAL STUDENT.

Among the most deserving and promising students of the Toronto School of Medicine during the last two sessions was Mr. John

Verner. He had worked with unusual perseverance during the winter, and went up for his primary examination at Victoria. During the examinations he was taken ill with typhoid fever, complicated with pre-existing heart disease. He was confined to bed on Monday, April 2nd, and died on the following Thursday, at the age of 18. The students of the two Medical Schools, together with many teachers and friends of the deceased, and his afflicted family, attended the funeral on Saturday, the 7th.

Miscellaneous.

M. C. H. STEARNS, F.R.M.S., has adapted a small swan lamp of two or three candle power for use with the microscope, to which it is permanently attached. It offers many advantages over the ordinary oil lamp, and the light is controlled by a small resistance coil, and two or three Grove or Bessemer cells are sufficient to work it.—*Gaillard's Med. Jul.*

"In one case, convulsions of an epileptiform character, were so violent, that alcohol was applied the whole length of the spinal column and *fired* by a match. The relief was immediate. Spasms ceased and sleep ensued," is a Southern treatment of "intermittent hysteria, complicated with organic uterine affection."

DR. ROBERT NEWMAN in the *Southern Clinic* recommends in gonorrhœa the Good-year P.P.P. syringe. This is a soft rubber bulb syringe with a stiffened conical nozzle, fitted with a screw cap to prevent leakage. Its capacity is five drachms. It can be filled in the morning and carried in the pocket to business and used during the day, the contents being sufficient for several injections.

The death rate in *Billroth's Clinic* was 9.5 per cent. in 1881, and in 1882 it sank to 6.3 per cent. Iodoform gets credit for the improvement.

IODOFORM PENCILS.

Iodoform.....	ʒ ij.
Gum Tragacanth.....	grs. ij.
Glycerine.....	gtt. ij.
Distilled water.....	gtt. iij.

Make a pill mass to be rolled into pencils as thick as a small penholder.

The pencil should be recently prepared. Introduced into a fistulous tract it is generally found dissolved between one dressing and another.—*Journal de Pharmacie d'Alsace Lorraine (Lyon Méd.)*

This is the season of the year when the thrifty, honest, conscientious, busy practitioner, who places his spare dollars where they will do the most good, encloses the amount of his "subscription in advance" to his medical journal. He thus lays up treasure which neither rusts nor is corrupted, and which yields him the largest percentage of interest of any investment he can make. Moreover, by such remittance he makes glad the heart of the publisher, and infuses new life and zeal into the editorial quill. As an act which is "twice blest," "drops as the gentle dew upon the place beneath," etc., the prompt remittance of the subscription, accompanied by a word of good cheer, double discounts that "quality of mercy" which, Shakespeare says, "is not strained." Try it, friends.—*Med Age.*

PERMANGANATE OF POTASH PILLS.—Since the recommendation of this salt in amenorrhœa by Ringer & Murrell, many have doubtless tried to compound these pills and found them to explode or burn. Mr. Snell, L.R.C.P., Edin., advises that the permanganate be reduced to powder, mixed with a drop or two of water and rubbed up with starch powder or compound tragacanth powder; it may then be made into a mass with extract of gentian, and if a coating is desired, compound tincture of benzoin answers well. Dr. MacPherson, of Glasgow, uses liquorice powder and a little oil. B. S. Proctor (*Pharm. Jour and Trans.*) recommends china clay and water. Martindale, of Cavendish street, also uses kaolin and coats with sandarach.

AN HISTORICAL CASE OF HYDROPHOBIA.—The Duke of Richmond, August 23rd, 1819, dined with a detachment of officers at Perth, in Canada. On the 25th, the first symptoms of that cruel disorder presented themselves, which three days afterwards terminated in death. Early on that morning, his valet found his Grace alarmed at the appearance of some trees near a window where he slept, which he insisted were people looking in; shortly afterwards, a basin of water was presented to him; he exhibited evident abhorrence at sight of it, and on several other occasions that day, and the 26th, the same symptoms were obvious whenever any liquid was presented, which his Grace partook of with extreme reluctance. At dinner he requested Col. Cockburn to take wine with him; his Grace had no sooner lifted the liquid to his lips, than he replaced the glass on the table, observing—"Now is not this excessively ridiculous?—well, I'll take it when I don't think of it." The same evening, an assistant surgeon was sent for, who bled him. His Excellency apparently found so much relief from the operation, that he arose early next morning and proposed walking through Richmond wood. He had, in his progress through the wood, started off at hearing a dog bark, and was with difficulty overtaken; on the party's arrival at the skirts of the wood, at sight of some stagnant water, his Grace hastily leaped over a fence, and rushed into an adjoining barn. The paroxysm of his disorder was now at its height. It was almost a miracle he did not die in the barn. He was with difficulty removed to a miserable hovel in the neighbourhood, and early in the morning of the 28th, expired.

His Grace's sufferings were extreme. He directed Col. Cockburn not to attend to his orders any longer,—“For you see,” said this great man, “the state I am reduced to.” During a paroxysm of pain, he exclaimed, “For shame, Richmond—shame, Charles Lennox, bear your sufferings like a man.”

Official despatch from C. Cambridge, Esq. to Lord Bathurst:

A GOOD HINT LOST.—In the *Boston Medical Intelligencer* of the 13th April, 1824, is recorded the following case:—

“EFFECTS OF ETHER BY INHALATION.

“On the 18th ultimo I was called to visit U. A. H., a servant girl, residing in my neighbourhood, whom I found in a state of almost profound stupor from inhalation of ether. The heart and lungs were greatly oppressed; to appearance the energies of the mind and body were nearly extinct. After I had succeeded in partially overcoming this state (which was not until the evening of the 21st), she complained of great pain in the head, which was relieved by free cupping. On the 23rd she began to show signs of returning animation, and is now quite well. “E. P. ATLEE.”

TEA AND COFFEE FROM GUANO.—The *Quinologist* of March contains a learned article on this subject, of much scientific interest. Horace Greeley once replied to an agricultural correspondent inquiring about fertilizers, who asked, “How does guano do with potatoes?” “It is purely a matter of taste, but I prefer butter with mine.” We shall continue to draw our caffeine and theine from the foreign flora, and leave the products of the fauna to more experienced and enthusiastic scientists.—*Louisville Medical News*.

TO DISGUISE THE ODOUR OF IODOFORM.—Mr. Chas Arthur, chief dispenser to the Royal Infirmary, Edinburgh, gives the following formula:—*R* Iodoform, $\bar{3}$ ij; *O* Eucalypti, \bar{M} \bar{xv} ; *O*l. Verben, *O*l. Mirban, *O*l. Lavand, *O*l. Limon, \bar{aa} \bar{M} \bar{v} , \bar{M} . This does not interfere in any way with the use of Iodoform as a powder.—*Braithwaite's Retrospect*.

THE indications for the use of digitalis in heart troubles are empty arteries, full veins (Fothergill). The bulk of urine is the index of arterial fullness, and tells whether digitalis is acting (Traube). Digitalis fills the arteries and empties the veins (Rosenstein).—*N. Y. Med. Record*.