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THE CANADA MEDICAL RECORD.

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Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, March 16th, 1883.

T. G. RODDICK, M.D., VICE-PRESIDENT, IN THE CHAIR.

Dr. Osler exhibited the following pathological specimens:—

Membranous cast of Windpipe and Bronchi.—An unusually extensive cast of the air passages taken from a patient of Dr. Blackader's who died of diphtheria. Tracheotomy had been performed, but death took place from the gradual filling of the bronchi with the exudation. The glottis was completely occluded, and the membrane was so firm and consistent that it was removed entire from the rima to the tubes of the 3rd dimension, the tracheotomy orifice perforating it about 1½ inches below the rima.

Chronic Bright's Disease.—The patient had been ill for six weeks with dropsy and other signs of chronic renal trouble. The fluid in the peritoneum and pleural sacs was milky, and a specimen of it was shown by Dr. Ross at a former meeting. The kidneys were large, pale and smooth; cortices swollen, and presented many opaque areas of fatty degeneration. Examination showed the interstitial tissue to be also somewhat increased, and many of the Malpighian bodies were atrophied.

Aneurism of Pulmonary Artery in small cavity.—Taken from patient with chronic phthisis, who had had profuse hæmoptypsis, which had been checked, but death followed in 48 hours from exhaustion. In the upper part of the right lower lobe there was a small cavity filled with clots, and projecting from the wall was an aneurism the size of a large pea. This had ruptured, and was filled with pretty firm clots.

Dr. Osler called attention to the frequency of these small aneurisms, and to the fact that the fatal hæmoptysis in chronic phthisis is very often due to their rupture.

Acute Tuberculosis of Lung and Spleen.—A. M., aged 26, under care of Dr. Geo. Ross, admitted into hospital with symptoms suggestive of some low form of blood poisoning, with severe pain and tenderness in right side of abdomen. No physical signs of lung or heart trouble. A year before, had symptoms of chest trouble, apparently recovered from, with exception of loss of weight and night sweats. While in hospital he failed rapidly, with irregular temperatures. One week before death, physical signs began to develop over front of left chest, slight dullness, feeble breathing, and fine râles; this condition soon extended over the whole of both lungs, increasing rapidly in intensity. At autopsy, lungs crepitant, except at apices, where they are firm; both organs universally stuffed with miliary tubercles, largest in upper lobes, making small caseous nodules size of

split peas. This condition most marked at apices, in which are seen small old cavities. Spleen there times normal size, presenting numerous miliary tubercles in its substance. Kidneys average size; through cortices are several small scattered tubercles. Under the microscope, in spots, a good deal of proliferation of epithelium is seen in the tubes and around the Malpighian capsules. Liver normal. Brain not examined. Careful examination showed no sign of disease in right side of abdomen.

Lead Poisoning.—Dr. Girdwood read the reports of two cases occurring in the practice of Dr. Groves, Carp, Ont. The first was that of a widow, aged 34, who sent for the doctor November 30th, 1880. She was suffering from pain in abdomen; no tenderness on pressure. Appetite bad, much thirst, fœtor of breath, tongue coated, constipation. Treated her for colic. Was seen again in three days. Pain worse. Now found blue line on gums. Diagnosed lead poisoning. After much trouble, the source was traced to the well, or rather the pump. Six months before, a large piece of lead had been placed on the valve to weight it down, and the water, being very pure, acted upon the lead and made a solution. Other members of the family had been slightly affected by it. All recovered completely after the cause was removed. The second case was a Mrs. C., aged 37, who sent for Dr. Groves Oct. 19th, 1882. She complained of abdominal pains, also pains in the back and limb; had been so affected for two weeks before sending for the doctor. Her tongue was heavily coated with a dark fur; blue line on gums; inside of cheeks bluish-black; countenance anxious; face pale, subicteroid. Abdomen slightly tympanitic; no pain on pressure. Pain in abdomen was paroxysmal and lancinating in character, and seemed to shoot into the back and down lower limbs. Complained of metallic taste, fœtor of breath, and annoying eructations. No appetite; bowels constipated. Urine scanty and dark-colored. Extensors of forearms paralyzed. Wrist-drop more marked on right side. Was much emaciated; raising head off pillow caused nausea. Pulse 120; temperature 102°. Treatment: Gave first a brisk purgative, and left mixture of Potass. Iodid. v grs. three times a day and Chlor. Anodyne to relieve pain. After examining the well, cooking utensils, etc., at last came across a jar of vinegar, which was examined, and found to contain a large percentage of lead acetate. On breaking the jar, a rounded elevation was seen on the inside of its bottom. This prominence was eaten into by the vinegar. The jar and vinegar had been purchased on October 4, '82. After questioning, he found his patient had partaken largely of this vinegar. In connection with these cases, Dr. Girdwood said: Dr. Groves sent me, in December last, a sample of vinegar which he wished me to analyse for lead, stating that he had a case of lead poisoning. I examined the sample of vinegar, and found it to contain 2.01 per cent. of acetate of lead. He also sent me a piece of broken pottery, which he informed me was a portion of the bottom of the stone jar which had contained the vinegar. I found this jar had been glazed with litharge, or oxide of lead, and that it had been acted upon by the acetic acid and the whole surface eroded. In these two cases of lead poisoning there is considerable interest in the sources whence the lead was taken into the system, and these point to the necessity of being constantly alive and searching all possible and impossible causes or avenues by which poison may be introduced into the system. In the first case, the danger of storage of water, more especially water which is pure, in leaden cisterns or carried through leaden pipes is brought prominently out. Had the water contained any sulphate, an insoluble sulphate of lead would have been found, which would have been inert. In the second case, the necessity of greater care in guarding food of all kinds from contamination is shown. Had this sample of vinegar been adulterated, as it frequently is, by 3 per cent. of sulphuric acid, this case of poisoning would not have come to light, because the sulphuric acid would have formed an insoluble sulphate, which would have stayed further action. But from not having any sulphuric acid in it, the acetic acid gradually acted on the oxide of lead and dissolved it. Another point of interest is the fact of increased temperature and increase of pulse, symptoms which I fail to find recorded in authors who speak of the symptoms of poisoning by lead. They also exhibit the cumulative effect of the poison, the gradual introduction of the poison, at last producing the set of symptoms which lead to the diagnosis of lead as the poison. And the poison acting on the liver, preventing the secretion of bile, and all the train of symptoms indicating hypochondria, depression of spirits, fear of impending danger, being well marked, especially in the latter case. And the gradual diminution of the

symptoms after the cessation of the cause. These cases also determine, as far as they go, that the amount of lead sufficient to produce these symptoms is eliminated from the system in the course of two or three weeks. It is a pity that the urine in these cases was not examined, so as to ascertain the exact period at which it ceased to appear, and so have given a little more definite criterion of the time it takes to eliminate lead from the system. I scarcely see what steps can be taken legally to prevent a recurrence of these accidents; but it will be well to diffuse the knowledge that lead used for water storage, especially in a country where good soft water is common, is liable to be dangerous. And that it is customary to use lead in the glaze of common earthenware, and that such a practice is fraught with danger to the public.

DR. KENNEDY, PRESIDENT, IN THE CHAIR.

April 13th, 1883.

Dr. Trenholme exhibited the ovaries or fallopian tubes removed from a patient three weeks ago.

This is the first time Tait's operation has been made in Canada.

The right ovary was cystic, and weighed about 1 lb.; the other ovary and both tubes were normal.

The patient, aged 33, had been a sufferer for the last 14 years from pelvic derangement, and general prostration of health had followed, so that of late years she was incapacitated for any usefulness in life.

The uterus was retroverted and could not be maintained in its natural position. It is too soon to express an opinion as to the results of the operation, but so far every thing looks favorable for a perfect cure. The menses have not appeared though four weeks have passed.

The abdominal incision was completely united by 3rd day, and all the sutures removed on the 6th day. She was sitting up on 10th day, down stairs to her dinner at end of the 3rd week.

Dr. Osler showed the following specimens :—

Aneurism of aorta, rupture into pericardium.—The specimen was taken from a gentleman about 70 years old who had never, so far as is known, suffered from any symptoms of heart disease, and had not consulted a medical man. Death took place suddenly while at stool. The sac, as large as the closed fist, was connected with the arch, and projected above and anteriorly, eroding the first piece of the sternum. It was lined with thick laminæ of fibrin. Below it was attached to the pericardium, and a small rent had occurred 4 by 2 mm., through which the blood had escaped into the pericardium. The valves of the heart were a little atheromatous and the muscles very fatty.

Double Hernia.—From a man aged 80, an inmate of the House of Refuge, who had died of cerebral softening. There was double inguinal hernia, both the sacs very large. The left one contained the whole of a very long and lax sigmoid flexure, which was full of hard scybalous masses; the right sac contained the cæcum and appendix, the first three or four inches of the colon and the last twelve inches of the ilium.

Puerperal convulsions, ventricular hæmorrhage.—Dr. Osler showed the specimen taken from a primipara in 9th month, æt. 40, who was admitted to the Lying-in Hospital on 23rd of March. Seemed pretty well, but at times acted strangely; had been intemperate, never complained of swelled feet. Thursday, April 5th, she seemed as well as usual, and ate heavy meals. A little after 11 p.m. she vomited, but after 2 a.m. laughed and talked with the other patients. At 3.30 a.m. she was found sitting up in bed with the chamber-pot between her knees. Soon after she had a convulsive seizure, became profoundly comatose, and died at about 5 a.m. The urine was drawn off and found loaded with albumen, and contained numerous casts. At the autopsy the condition of the brain as here seen was found. An extensive hæmorrhage had taken place into the ventricles, and the clots form perfect casts of the lateral, 3rd and 4th; tha tin the left lateral is the largest, and the blood has come from the corpus striatum of this side, the intraventricular portion of which is swollen and infiltrated with clot. In the uterus there was a mature fœtus. The kidneys were enlarged, congested, and the tubules of cortex swollen; epithelium cloudy and granular.

Fibroid Heart and Atrophic Kidneys.—The specimens were taken from a man aged about 80, who died of softening of the brain (thrombotic) in the House of Refuge under Dr. Burland's care. The left ventricle presents, as seen in the specimen, a large area of fibroid degeneration occupying the usual position at the apex and lower part of the septum. The valves were all thickened, but the atheromatous changes in the aorta were slight. The kidneys show advanced senile atrophy, cortices much reduced, pelvic fat greatly increased, arteries very prominent.

Dr. Roddick read a short paper entitled "Notes on Hare Lip." He first spoke of the etiology of this deformity, believing that it was sometimes hereditary, and due also in many cases to maternal impressions. Instances were cited in proof of both theories. The important question regarding the age at which the operation should be performed was then discussed. It was thought that some time between the fourth week and third month should be chosen, the exact time depending on certain circumstances connected with each case. The reader of the paper always gives an anæsthetic, and prefers ether to chloroform. He uses a narrow tenotomy knife with which to make the parings, and always saves the latter until the operation is completed. As to sutures, he prefers the hare lip pin properly armed with leaden discs, the other sutures being of catgut. Reference was then made to the treatment of the jaw in cases of clef palate complicating hare lip. It was recommended to break down the projecting portion, and to wire the two parts of the jaw together. Where the intermaxillary body was prominent it should be broken back, wedged in, and wired between the lateral portions, the incisor teeth being thus retained. With regard to the after treatment, the child should be allowed to suckle only when the nipples of the mother are small, and readily grasped by the child. In the application of plaster and other dressings care should be taken not to have them too wide as they cross the lip lest they disturb the wound.

Dr. Fenwick asked Dr. Roddick, how to get over fact that you have rudimentary teeth in intermaxillary bone? Rarely met with a case without these rudimentary teeth.

Dr. Blackader reported a case in point through alveolar border—operated on by Dr. Roddick with excellent results. Suggested the feeding of these cases with cream and lime water.

Dr. Hingston agreed in general with paper, but there were some features to which he did not assent. First as to life, he thought the selection of the 2nd or 3rd month of infantile life somewhat arbitrary, and preferred to operate immediately after birth. His success was almost in direct ratio to the early period at which the operation was performed. If a few months elapsed before seeing the child he preferred waiting till after teething. He was not in favor of the hare lip pin, and had discarded it nearly twenty years ago. He had found that at the point of entrance and of exit marks were left, and if the pin were left four or five days, as recommended by the reader of the paper, the marks would necessarily be unseemly. He preferred wire sutures, but relieved tension on them by the plasters on the cheek of a deltoid form, broad behind and drawn towards each other by wire. Wire had an advantage over thread; as the plaster yielded, a twist or two made all tight again, whereas loosening a knot and retying disturbed the parts, and sometimes occasioned separation. He thought no general rule could be laid down as to treatment of the inter-maxillary bone. Generally it could be utilized, and in this he agreed with Dr. Roddick, rather than with Dr. Fenwick, and the danger of having the teeth which might be growing in it turning back, as alluded to by one speaker, who was chimerical, as the bone was merely brought back to its normal position. Where the hard palate was separated, treatment necessarily varied. Where the fissure was wide Langenbeck's uranoplastic operation had to be deferred; but where the fissure was narrow and of uniform width throughout, the operation could safely be performed immediately after birth, paring the edges of the fissure, pressing the maxillary bones together, and retaining than *in situ*. Of the latter operation, however, he had not sufficient experience to warrant him in giving it preference over the later uranoplastic.

Dr. Henry Howard spoke of a case operated upon at birth where there was double hare lip with cleft palate with good results.

Dr. Shepherd asked for statistics as to heredity.

Dr. Hingston denied heredity, but accepted nervous influence.

Dr. Roddick made a few remarks in reply to members who had spoken on the paper. As to the question of heredity, the last case on which he had operated bore out the law, the grandfather of the child having suffered from hare lip. Notwithstanding the strong ground taken by Dr. Hingston in favor of operation immediately after birth, he still thought that in the vast majority of cases it should be deferred for at least three or four weeks.

Dr. Trenholme related a case of utero-tubal gestation, where the use of the sharp curette was followed by the escape of a dead embryo *into*, and then from, the uterine cavity. This was the second case of irregular gestation he had met with this winter. It was of special interest as shewing what can be done in those cases where the fœtus is partly within the cavity of the uterus. The patient made a good recovery.

Dr. Shepherd mentioned having lately seen a boy 8 years of age suffering from chancroid and gonorrhœa.

The Secretary, Dr. Henderson, handed in his resignation which was accepted. A resolution was passed by the Society to present Dr. Henderson with an illuminated address, expressing appreciation of past services and good wishes for future success in his new sphere of labor.

Dr. Gurd was appointed Secretary and Dr. J. Leslie Foley, Librarian.

Progress of Medical Science.

ON THE TREATMENT OF CROUP.

By Professor Dujardin Beaumetz, Member of the Academy of Medicine; Physician to the Hospital St Antoine, etc., Paris, France.

To guide you in the diagnosis of pseudo-membranous croup, and of the grave forms of simple laryngitis, you will have only two important symptoms to take into account—of course, you should first settle the question, if possible by inspection whether there be false membranes in the throat or windpipe: 1. In simple laryngitis, paroxysms of suffocation are not so common or so noticeable as in croup, the difficulty of breathing is constant, but exacerbations are not so marked. 2. The march of croup is more sly, insidious, and progressive, the symptoms of the *Debut* are not generally alarming. The onset of simple laryngitis is more acute, noisy and violent, but in the milder cases we soon see improvement. The graver cases, however, of this affection soon manifest symptoms not at all easy to discriminate from the ordinary symptoms of membranous croup; in both we have the gradual increase of pallor and prostration, the weakening and extinction of the voice, the hoarse, barking cough, and the laryngeal whistling giving place to silence, the dyspnœa becoming more and more intense, till death ends the scene.

Thus we see that in very young subjects the confusion is almost inevitable between simple laryngitis and membranous croup, but this is not prejudicial to the patient, since the same line of treatment is applicable to both cases. The prognosis, however, is different, and it is easily understood that tracheotomy gives better results in the first case than in the second.

The difficulties of diagnosis between membranous croup and laryngismus stridulus are much less great, and you will hardly fail to know the latter when you see it, if you will keep in mind the classical description. The little patient is attacked suddenly in the night with a paroxysm of suffocation. The child was in perfect health the evening before, or had only a slight cold. Respiration is obstructed and occurs with convulsive struggles and crowing inspirations. There is a sonorous cough, and a peculiar hoarseness of the voice. During the paroxysms the child is in the greatest distress, and asphyxia seems imminent. The family in the utmost alarm summon the physician. Here is an opportunity for a brilliant triumph of therapeutic skill; you can very easily subdue this false croup by the use of two remedies, chloral and bromide of potassium. When your patient is very young, under two years of age, I advise you to employ bromide of sodium in the dose of 7½ grains. This dose may be given in a teaspoonful of syrup of chloral; the whole may be administered in a cup of warm, sweetened milk, to which the yoke of an egg is added. [The strength of the French syrup of chloral is fifteen grains to the tablespoonful.] For older children you may administer in the same vehicle the bromide of potassium, in the dose of 7½ to 15 grains, and you may double or even quadruple the dose of syrup of chloral.

I have felt it to be my duty to emphasize the importance of correct diagnosis, for before you undertake to treat a case of croup you ought to be sure that you have a case of croup to treat. When once you shall have recognized in your patient the symptoms of membranous laryngitis, symptoms which I need not describe to you, and for whose full exposition I refer you to your treatises on clinical medicine and practice, you have two methods of combating this dire affection and these are—(1) medicinal, and (2) surgical.

(1) The medicinal methods are absolutely identical with those which I have indicated for diphtheria angina, and the difference in the localization of the disease necessitates but slight modifications in the treatment.

These modifications affect especially the mode of application of the remedy. While it is an easy matter to make applications directly to the pharnyx, it is extremely difficult to medicate topically the windpipe. When treating of diseases of the lungs I pointed out to you how hard it is to make medicinal substances penetrate the air-tubes, and demonstrated how little service cold pulverizations can render. Hence, swabbing of the larynx and insufflations of powders have been recommended. All these means, so difficult of accomplishment, should be abandoned, and you should rely on the steam atomizer, whose medicated vapor moistens the upper part of the larynx, and is about the only topical agency which I advise.

Another indication to fulfil is to promote expectoration of the false membrane in the air passages. You understand the utility and the necessity of this therapeutic measure. Unhappily we have no expectorants of real utility except the emetics, which only indirectly favor expectoration; at the same time the efforts of vomiting promote the expulsion of the false membranes, and it is advantageous to avail ourselves of their aid.

In these cases three medicaments are especially recommended, ipecac, sulphate of copper, and apomorphia. Ipecac is the expectorant by far the most used; as an emetic it is the safest. Unfortunately it does not always produce vomiting, and one is obliged to have recourse to the sulphate of copper in the dose of 50 centigrammes (7 grains) in mucilage. Sulphate of copper is somewhat harsh in its action, but it may render you great service in these cases.

A priori apomorphia ought to be the best of emetics, since it is capable of employment in subcutaneous injections, which is a great advantage in the case of young children affected with sore throat, who refuse often with extreme obstinacy all the medicines which you try to give them by mouth. Apomorphia, in the dose of one-sixth grain for the adult, one-twelfth grain for young subjects of from eight to ten years, one-thirtieth grain for children of a still younger age, promotes vomiting in a few minutes after its introduction under the skin. It is, however, a medicament which very readily undergoes change, and on the other hand its action seems to be feeble in cases where hæmatosis is retarded as in asphyxia; finally, it is a toxic substance which in some cases determines symptoms of supreme gravity, as Pecholier has recently shown, and as I have myself pointed out. These circumstances have led to the virtual abandonment of apomorphia in the treatment of membranous croup.

Besides medicated inhalations, expectorants, and emetics, besides a tonic regimen, there remains but little to be done, from a medical point of view, in the treatment of croup. These are you see, arms of little potency to combat so formidable a malady.

At the same time, if we lack medications of great activity, there are kinds of treatment that are dangerous, such as revulsives and blood-letting. Considering diphtheritic laryngitis as a veritable inflammation, some physicians have undertaken to combat it by antiphlogistics, and they have even applied vesicatories, or (what is worse still) leeches to the larynx and chest. This practice is to be mentioned only to be condemned, it weakens the patient and, by the denudation of the epidermis, favors the production of cutaneous diphtheria. You ought then to refrain from all such measures.

Struck with the importance of keeping patulous the windpipe, Bouchat thought that one might obviate the dangers which result from the presence of false membranes by tubes introduced into the glottis. I was interne of the Hospital St. Eugenie when the first trials of catheterization of the glottis were made by Bouchat; these first attempts did not seem very encouraging and the method never became general. This practice has lately been revived by Von Huttenbrenner, with, however, no better success.

(2.) When, in consequence of the progress of the disease, and the failure of internal medication, you find yourself powerless to prevent the more and more frequent return of the suffocative paroxysms, and the gradual progressive asphyxia which results, it is your duty to intervene surgically and perform tracheotomy.—*Medical Record.*

In the *Brit. Med. Journ.*, 1882, vol. ii. p. 169, Dr. Dreschfeld reported his first observations in the treatment of phthisis by iodoform. The favorable opinion then formed has been still further strengthened. Of sixty-four cases of confirmed phthisis, thirty-four had been under treatment sufficiently long to be available for the purposes of this communication. Of these thirty-four cases, four were in so far advanced a condition that the iodoform was only borne in the form of inhalation, but gave no results; two cases were complicated with amyloid disease, and here also the iodoform was useless. Of the remaining twenty-eight cases ten showed either no improvement or only a temporary improvement (increase of weight, improvement of appetite, decrease of cough and expectoration); while the physical symptoms showed no alteration at first, but afterwards the phthisical process gradually advanced, and associated again with loss of flesh, night-sweats, etc. Of the remaining eighteen cases, some showed slight but steady improvement, broken only temporarily by a fresh cold or some complication, such as gastric catarrh, pleurisy, etc.; whilst in six cases the improvement was most marked and beyond all expectation, the increase in weight amounting in one case to fourteen pounds, in another to ten pounds, and in a third to eight pounds in one month. The physical symptoms also improved; the sputa, however, continued to contain tubercle-bacilli. The iodoform treatment was also tried in six cases of incipient phthisis. Of these, two had only been under treatment a very short time. Of the four remaining cases, two showed no improvement, one was at once benefited; cough and expectoration entirely ceased, the apex-catarrh disappeared, and the patient felt now perfectly well. In the second case the treatment was equally successful—only, however, after having been continued for longer time. There being an almost entire cessation of cough, it was difficult to obtain any sputa; one specimen, however, was obtained, and this was found free from bacilli, whilst before they were found abundantly. Two cases of laryngeal phthisis, treated both by inhalation, and also locally by the application of iodoform powder to the ulcers, gave satisfactory results; the ulcers cleared and became smaller, and the general condition improved. The iodoform was given in the form of pills (one grain of iodoform, two grains of croton-chloral, one minims of creasote) and in the form of inhalation (twenty grains of iodoform, twenty minims of oil of eucalyptus or ten minims of creasote, and half an ounce each of rectified spirit and of ether). The inhaler used was one devised by Dr. Roberts,

consisting simply of horsehair matting, to the inner side of which was attached some flannel or cotton-wool, and on this the inhalation-mixture was dropped. The cost of the inhaler was about threepence. Where the pills were badly borne (especially in women), the iodoform was added to cod-liver oil. In very young children, iodoform inunction, made with olive oil or vaseline, was to be recommended, while older children seemed to take iodoform, either as powders or in small pills, very siwell. The good effects of iodoform seemed to consist in the following: 1. Increase of weight; 2. Increase of appetite; 3. Diminution of cough and expectoration; 4. Diminution or even total cessation of night sweats; 5. The temperature was often a little lowered. No symptoms of iodoform intoxication had ever been seen. Several medical men who had tried the iodoform treatment, had also obtained every satisfactory results.—*Brit. Med. Journ.*

THE TREATMENT OF SPERMATORRHŒA.

Dr. H. Coupland Taylor thus sensibly writes in the *Brtt. Med. Jour.*, March 24, 1883:

Obstinate cases of spermatorrhœa and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that, if he breaks off the pernicious habit of masturbation, which has probably originated his malady, he will soon quickly recover. But in fact, in most cases, the habit has already been abandoned before he comes to seek advice; and these cases do not get well for months or even years afterwards, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be: 1. Moral; 2. Hygienic; 3. Medicinal. 1. *Moral. a.* The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good can result from any treatment. *b.* The thoughts should be directed from himself by his having regular work and exercise. *c.* The anxiety of mind which ensues should be allayed as much as possible, and a happy state of mind instituted. 2. *Hygienic. a.* The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding or outdoor sports and games. *b.* Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. *c.* The patient should have a hard mattress, and as little and as light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. *d.* No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing. 3. *Medicinal.* A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa or simply from frequently returning nocturnal emissions, will steadily improve, and the emission will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.

SULPHUROUS ACID IN SCARLATINA MALIGNA.

In the *British Medical Journal* Dr. Keith Norman Macdonald, after denying the prevalent opinion, that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues: "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red-hot cinder, and diffusing the the sulphurous acid vapor through the room, until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed, if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's hair brush, several times in a day; but, as in the majority of cases among children it is next to impossible to use a local application more than once; the spray and permanganate solution will then prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."

HINTS FOR THE DIAGNOSIS OF OVARIAN TUMORS.

Dr. A. MacDonald gives the following hints in the Edinburgh *Medical Journal* for November:

1. *Pregnancy.*—The possibility of pregnancy, the signs and symptoms of pregnancy, and waiting if in doubt, place the diagnosis beyond possible mistake, with a fair measure of care.

2. *Fibroid.*—A large fibroid with solid walls, leading to general enlargement of the uterus is easily diagnosed. The increased length which the sound enters, the fact that the uterus moves with the sound, the peculiar feel of the uterus, and the nearly constant menorrhagia, suffice to keep the diagnosis correct. It is quite common to hear a bruit in a case of uterine fibroid; only in vascular sarcomata is such audible if the tumor is ovarian. But much greater difficulty is experienced in cases of fibro cystic tumors connected to the uterus, with or without pedicle. In that case we must try to ascertain whether the tumor is connected or disconnected with the uterus. Then the cyst of a fibro-cystic tumor may be tapped, when we expect to find only a thin fluid of great density, with some blood corpuscles, and possibly some non-striped muscular fibres. But in those cases it is often found that only an exploratory incision can determine the diagnosis with accuracy.

3. *Renal Cysts* begin below the false ribs and extend downward and forward. They have a line of resonance between them and the liver, due to the transverse colon, which is of value, as showing they are not of hepatic origin, and when aspirated they contain urea. Usually accompanying such there are urinary symptoms, but not always.

4. *Ascites* exhibits the characters of free motion of fluid to an imperfectly filled cavity. Accordingly, when the patient lies on her back, the abdomen is flattened anteriorly, the flanks give a dull note, and there is clearness round and above the umbilicus. With change of the patient's position, the areas of resonance alter. Thus, if the patient is turned on her left side, the right flank gives a clear note, and *vice versa.* In case of tapping, an ascites, the thick gelatinous fluid characteristic of ovarian tumor is never obtained.

5. *Hydatid Cysts of the Liver.*—In this case the tumor grows from the liver, distending first the distance between the ensiform cartilage and the umbilicus, the reverse of an ovarian cyst. Again, tapping and discovering acephalocysts in the fluid is convincing evidence of the true nature of the tumor.

6. *Hysterical Abdominal Distention,* commonly known as spurious pregnancy, need deceive no one, as the percussion is uniformly resonant, and the tumor disappears under chloroform.—*Can. Lancet and Clinic.*

APHTHOUS SORE MOUTH OF INFANTS.

Prof. Wallace, Phila., believes that the sodium sulphite solution is the best remedy for aphthous sore mouth in infants. ℞. Sodii sulphit., gr. xxx; glycerini, aquæ, a a ℥ ss. M. To be used on a swab every two hours. Where the child is using a nursing bottle, scrupulous cleanliness is required. The rubber nipple should be turned inside out after each time of using, washed clean, and placed in a solution of bicarbonate of sodium (baking soda), in a tumbler, until again needed. It is better to have two, and use them alternately. Milk must never be allowed to stand in the nursing bottle until it becomes sour.—*Col. & Clin. Record.*

INHALATION OF MEDICATED VAPORS IN DISEASES OF THE RESPIRATORY ORGANS.

Guillemin (*Archives Med. Belges*) summarizes his views as follows:

1. The affections of the mucous membrane of the respiratory passages may in certain cases be advantageously treated by inhalations of medicated vapors.

2. In the first stage of acute inflammation of this mucous membrane, pain, cough, and painful sensations, which are the consequence of irritation and dryness, are rapidly calmed by inhalations of warm, moist and aromatic vapors.

3. The calming action is still more decided if to the liquid, which serves for inhalation, there be added a small quantity of certain volatile calmative substances, such as ether, distilled cherry-laurel water, or conium.

4. Frequently renewed inhalations of essence of turpentine, when they are administered at the commencement of the first period of inflammation, may arrest its progress.

5. The vapor of iodine exercises an irritant action on the mucous membrane of the air-passages. It induces efforts of coughing, and augments the secretion of the mucus of the air-passages. This irritating action may be utilized: (*a*) To diminish the swelling of the mucous membrane by causing the inflammation to pass from the first to the second stage; this indication is present especially in cases where the inflammation occupies the small bronchi; the swelling of the mucous membrane is sufficient to give rise to fear of respiratory insufficiency. (*b*) To diminish the vicosity of the products of morbid secretion by their admixtures with the mucus, of which the vapors increase the formation. (*c*) To induce efforts to cough, and to disembarrass the air-passages from the products which are there accumulated.

6. It is not only by its irritating properties that the vapor of iodine modifies the mucous membrane of the air-passages. Iodine in reality possesses the property of stopping purulent secretions, and, on the other hand, it arrests and prevents putrescence. Thus, when the mucous membrane of the air-passages yields a purulent secretion, resulting either from an acute inflammation in the third stage, or from a chronic inflammation, the inhalation of iodine will determine by degrees the quantity of pus, and finish in certain cases by entirely changing the nature of the secretion, which becomes completely mucous.

7. Although the essence of turpentine, in the fluid condition, is a sufficiently powerful irritant for the tissues with which it is placed in contact, inhalation of this essence is easily supported by the mucous membrane of the air-passages. It only brings on very moderate irritation, and very rarely provokes fits of coughing.

8. When the mucous membrane is affected, and yields a product of secretion, these vapors have the effect of diminishing the quantity and augmenting the consistence of this.

9. If the product of the secretion be purulent, the inhalation of essence of turpentine, continued during a sufficiently long time, progressively diminishing the quantity of pus, may, in certain cases, completely stop the secretion. The inhalations are indicated in all affections of the larynx, of the trachea, and of the bronchi, when accompanied by a very copious muco-purulent secretion without vicosities. On the other hand, the use of them must be avoided whenever expectoration is difficult, in consequence of the too great viscosity of the products of secretion.

10. In cases when these products are at the same time very copious and very viscous, it is possible, by alternate inhalations of vapors of iodine and vapors of turpentine, to rapidly diminish the quantity of secretion without increasing its vicosity. The inhalation of iodine should always be used in the first instance.

11. Inhalations of essence of turpentine is indicated in hemoptysis, and is very successful in cases of hemoptysis of average intensity.—*Detroit Lancet.*

THE PATHOLOGY AND TREATMENT OF BURNS.

By J. BRINDLEY JAMES, M.R.C.S., Late Assistant House Surgeon, St. Bartholomew's Hospital, Chatham.

INTRODUCTION.

There is no accident calling for prompter treatment at the hands of the general practitioner than that painful injury, a burn; and it is an incumbent duty on him to collect as much practical information as possible relating to this frequent emergency: a more fit or interesting subject I could scarcely select for inviting the attention of the professional reader.

Great differences of opinion exist to the present time among the most experienced surgeons with regard to the treatment best adapted to this painful accident, each one extolling his own favourite remedy, and advocating its use to the exclusion of all others; and, in my opinion, burns have been treated in past ages in a purely empirical fashion, without any regard to fixed principles. But before proceeding further on the subject of treatment, I will endeavour to give some general descriptions of the nature of a burn.

PATHOLOGY.

The application of a heated substance to the surface of a living body gives rise to the injury designated a burn, the degree of such injury being proportionate to that of the heat of the substance applied, varying also according to the nature of the substance, and the period during which it is applied to the body. A burn due to oil at a boiling temperature will prove far more severe than when caused by boiling water, the former possessing a greater capacity for caloric than the latter, and its temperature, consequently, being higher in proportion. Oily substances, moreover, adhering with more tenacity to the skin, while water merely flows on it, the degree of injury must be proportionate. Heated metals will burn more severely than either oil or water, while such substances as burn rapidly and enter into a state of fusion (such as phosphorus, sulphur, and the resins) cause the deepest burns. By a *burn* proper we designate injury from application to the body of extreme heat through the medium of a solid body, or of actual fire; but a *scald*, a similar injury due to the contact of heated liquids or vapours; but the foregoing shows their action and effect to be analogous.

Burns have been variously classed by different authors.

Hester divides them into four classes or degrees:—(1st) heat and redness; (2nd) blisters; (3rd) when an eschar is formed; (4th) where all the tissues are destroyed to the bone.

Dr. Kentish divides them into two classes:—(1st) where the action of the parts is alone increased; (2nd) injuries where the action of *some* parts is increased, and the organization of other parts destroyed.

Dupuytren's classification into *six* varieties is that most generally recognized by all modern surgeons:—(1st) erythema, or superficial phlogosis of the skin, without vesicles; (2nd) inflammation of the skin, with detachment of the cuticle, and formation of vesicles filled with serum; (3rd) destruction of a part of the corpus papillare and rete mucosum; (4th) disorganization of the cutis completely down to the subcutaneous cellular tissue; (5th) when, in addition to the cellular tissue, the deep structures (muscles, fasciæ, vessels, &c.) are destroyed and reduced to a black charred mass; (6th) when the whole thickness of a limb, including the bone, is implicated.

General Pathology.

In all burns there must be pains, more or less severe, according to the degree of injury; for though acute in all such injuries, it is more intense when the *surface only* of the skin is implicated than when its texture is deeply destroyed; while every burn varies according to its depth, its extent, the patient's constitution, &c., while its effect may be purely local, or may give rise to constitutional disturbance endangering more or less the life of the sufferer. Where a burn produces only an erythematous redness of the skin, but is of wide extent, the nervous and vascular systems become affected, and much pain is produced; but should the epidermis be removed by it, and the papillary surface beneath exposed, the pain is more severel and the effect on the nerves and vascular systems proportionately increased. Where the papillary surface itself is destroyed the pain is far greater and more prolonged than in the preceding instance. When disorganization of the whole integument has taken place, the pain continues only while the cause acts and the effect on the vascular and nervous systems is less marked; but inflammation will commence in four or five days tending to the separation of the dead parts, and the suffering then becomes intense. In proportion to the depth of tissue destroyed so is the time required for their separation, and also that required for the healing of the injured parts.

Symptoms.

The local symptoms of burns may be divided into three classes: (1st) where there simply exists inflammatory action tending to resolution; (2nd) where this action terminates in suppuration; (3rd) where there is complete destruction of the part. In the *first* class we find: sharp pain, the part of a bright red colour, somewhat resembling erysipelas in appearance, while vesicles filled with a clear transparent serum may be formed. Where the burn is slight, the pain and redness gradually disappear in a few hours perhaps, almost always in a few days, the case terminating by desquamation of the cuticle and resolution. Burns of this degree *may* prove fatal through excessive pain, especially in the case of children; and if situated in the head, inflammation may be conveyed to the brain through the medium of the vessels of the diploe, entailing convulsions, delirium, and coma, followed by death.

In the *second* class of burns, we find greater pain, with larger and more numerous vesicles, filled with a bloody serum, or a turbid milky fluid; the cuticle not unfrequently destroyed, exposing the rete mucosum and causing most severe pain; the parts swollen, bearing a more dusk-red appearance; and suppuration in such cases will generally commence on the fourth or fifth day. A new cuticle, of a bright red colour, will be subsequently formed.

Burns of the *third* class are effected by heat at a much higher temperature, or applied for a longer period than in the preceding. We have here a total disorganisation of the part, converting it into a deep yellowish or blackish dry mass, totally insensible to the touch, harder and tenser in proportion as its colour is darker; the adjoining skin is wrinkled (as if pinched up), the radiating folds around the burned part denoting the shrinking it has undergone. On the third or fourth day, an inflammatory circle forms around the slough, which is generally loosened between the fifteenth and twentieth day; the suppuration is then very copious, and granulations rise up with vigour.

The suffering produced by a burn may cause instantaneous death from shock to the nervous system; this frequently occurs where the victims are nervous females or children. Where instant death does not result, the sufferer sinks into a state of stupor and prostration, the pulse becomes small and rapid, the skin becomes cold and pallid on the uninjured parts, the respiration is slow and laborious, the limbs are motionless and abandoned to their own weight; the patient answers questions reluctantly and imperfectly, or perhaps, does not reply at all. This state of collapse may soon terminate either in death or in general re-action; in which case, these symptoms are accompanied by convulsions, spasms, and extreme restlessness.

Where the burn is superficial, and of no great extent, the formidable symptoms mentioned above do not occur, but a general re-action takes place. The pulse becomes frequent and strong, the skin hot, the tongue dry and red (denoting irritation of the digestive organs), while thirst, nausea, vomiting, constipated bowels, loss of appetite, &c., occur.

In extreme burns, remarkable difficulty of breathing and oppression of the lungs will be seen. Dupuytren attributes these symptoms in the first place to the impression made on the organs of circulation and respiration, and then to the secondary development of intense bronchitic irritation or considerable pulmonary congestion. Considering that the skin and lungs both eliminate carbonic acid from the system, may it not be assumed, in cases where a considerable portion of the skin has been destroyed, that these symptoms are due to the lungs being called upon to eliminate a larger quantity of carbon than usual, to counterbalance the diminution of this function in the injured skin?

Supposing the patient to have surmounted all these dangers, others still await him. In severe cases, the profuseness and prolonged continuance of suppuration frequently exhausts his strength, inducing hectic fever, great emaciation, and finally, death. This stage is characterised by the symptoms accompanying the latter stages of all chronic diseases.

PROGNOSIS.

Our prognosis in cases of burns is determined by the extent and depth of the injury, its situation, the nature of the originating cause, and by the age and constitution of the patient. According to Dupuytren, strong sanguineous persons are more exposed than others to such unfavourable symptoms as characterise excessive inflammation; while the aged and weakly constituted are more likely to sink under the effects of excessive suppuration. Burns occurring on the head, thorax or abdomen are far more dangerous than if situated on the limbs. When they extend through the whole thickness of the integument, they may give rise to frightful deformities, more especially in the neighbourhood of the face, neck and joints. This is due to the contraction of the cicatrices, and often results in most fearful disfigurement; the chin may be drawn down towards the sternum, the angle of the mouth towards the chin, or the mouth itself so deformed as to deprive the unhappy patient of the power to restrain the saliva from trickling down the chin, and give the countenance a most horrible appearance; the head may be forcibly drawn down to the shoulders, or the nape of the neck rendered adherent to the bank; the fingers may adhere together or be tucked inwards, owing to loss of power of the extensor tendons, or the hands and feet may be otherwise distorted. Where the thigh has been chiefly injured, it may become adherent to the abdomen; but should the burn be very deep, involving the muscles and tendons, there is great danger of the patient totally losing the use of his limbs. In cases where the bones are exposed during suppuration, necrosis may take place: if in the neighbourhood of a joint, the synovial membranes may become inflamed, and anchylosis result. Burns of the eye may cause ophthalmia and dusky vision, from opacity of the cornea, where their effect has penetrated more deeply total disorganization of the eye may be produced

POST MORTEM APPEARANCES.

On investigation after death, traces of congestion or inflammation of the lungs, brain, or bowels may be detected; but the organ most frequently affected is that in the immediate vicinity of the injured part; thus, in a case where the face is the part burned, and the patient having survived the irritative stage, dies when that of inflammation supervenes, the brain is frequently found in an inflamed or congested condition, with slight effusion into the ventricles. The same observations may be applied to the chest and abdomen, with respect to the organs connected with them.

But where the patient has died in the inflammatory stage, effusion of serum into the cavities of the serous membranes is the most frequent result, and we invariably find that this class of membranes suffer more than the mucous ones, except in cases characterised by long protracted suppuration, when the mucous lining of the intestines is always found inflamed; in some instances ulceration of the intestines has been found to have occurred, more especially of the ileum and stomach.

TREATMENT.

The treatment of burns may be divided into, (1st) constitutional, (2nd) local.

(1st) *Constitutional treatment.* A severe burn having occurred, the first thing to do is to bring about a salutary reaction. The patient is in a state of extreme depression, suffering acute pain, is cold, trembling and shivering, and, unless properly supported, very likely to sink under the shock. A full dose of Liquor Opii Sedatium should be given at once (duly proportioned to the age of the patient) in some brandy and water, and repeated, if necessary, in the course of an hour or two.

When the body is at once extensively and superficially injured, immersion of the patient in a warm bath gives instantaneous relief, assuaging pain and removing depression.

When reaction has set in, the bowels should be kept open by a mild saline aperient. Should inflammatory symptoms arise in connection with the head, chest, or abdomen, appropriate treatment according to their nature should be adopted. In these cases leeches and blood-letting are sometimes necessary; but in the vast majority of instances it is on *stimulants* we must principally rely. Ammonia and bark, brandy and wine should be freely given, with a sufficiency of nourishment, while the irritability of the nervous system must be soothed by frequent doses of opium. At a later period, when the discharges have impaired the strength of the patient, this tonic and stimulating plan must be actively continued.

(2nd) *Local treatment.*—The burned clothing having been removed, the patient should be laid upon a blanket, and, whatever be the degree of the burn, he should be well covered with fine wheaten flour by means of an ordinary dredger. It should be laid on thickly, but also uniformly and gradually; this forms a soft and soothing application to the surface. Where the cuticle has been abraded or vesicated, the flour will form a thick crust by its admixture with the serum discharged from the injured surface. The crusts thus formed over the surface of the burns should not be disturbed until they have become loosened by the discharge, and then they should be removed; the ulcerated surfaces thus exposed must be dressed with water-dressing, red-wash, or lead ointment, according to the amount of irritation existing; the surrounding sore must be treated on ordinary principles. In some cases, lint dipped in the "Carron Oil," composed of equal parts of linseed-oil and lime-water,

to which a small quantity of oil of turpentine might advantageously be added, has appeared to act with more efficacy than anything else; while in others cotton wadding answers admirably. Whatever be the local applications employed, change the dressings as seldom as possible, and only when they have become loosened, or offensive from the infiltration of the discharges. It should be borne in mind that each fresh dressing causes very severe pain to the patient, and produces depression, thereby materially retarding the progress of the case.

Hoping that I may have succeeded in condensing within the limits of this scanty outline the more salient points in connection with so fearfully common an accident as injury by burning, and which may claim the practitioner's services at any moment's notice, I shall feel deeply gratified if any of the remarks it contains can ever prove of the least service to any of the readers of this paper.—*London Students' Journal and Hospital Gazette.*

TREATMENT OF SUMMER DIARRHŒA IN CHILDREN.

Dr. A. Muller (Transactions of Lancaster County Medical Society.) Attention to diet is a very important point in the treatment of diarrhœa. In regulating the diet, we will often remove the cause of the disease, which is commonly induced by improper food, and which may often be remedied by attention to this point alone; while no medicines will be of any account if this be neglected. In the begining of the attack, gum-water and barley-water form very good articles of food and drink. Milk had better be diluted with water, even to the extent of one-half, as in its pure state it is almost always too strong for the delicate stomach and yet more sensitive intestines. Rice forms a very good article of food, if thoroughly boiled (especially if the child is not at the breast), as it, as a matter of food, leaves very little excrementitious matter. But if the child is nursing, the mother's milk is sufficient; and by far the best diet for it, provided her health is in a good condition. Keeping the surface warm and the skin in a good condition are very important in the treatment of diarrhœa, hence the utility of warm clothing, warm baths, fermentations to the abdomen, and friction. A flannel bandage around the abdomen is often of great service, both from the warmth it imparts, and the supports it gives to the viscera within. The feet should be kept warm. Pure air and an equable temperature are also very essential.

As to medicines, the question of giving an aperient at the onset is to be considered. If the child has been fed on improper food, and we have reason to think that indigestible articles of diet are in the alimentary canal, it is proper to begin the treatment with an aperient, in the shape of castor oil, magnesia, or some one of the preparations of rhubarb. But when the infant is very young, and fed on nothing but the mother's milk, and the evacuations profuse, we must in all cases try to moderate the discharge from the bowels. This can be done by the exhibition of some of the vegetable astringents, either alone or combined with opium in properly guarded doses and antacids. A very good method of administering opium is in the form of Dover's powder, where we have the sedative effect of the opium and the diaphoretic action of the ipecacuanha. Although some may object to giving opium to a very young child, we meet with cases in which the pain and tenesmus are so great that it is our sheet anchor. Mercurials are also very necessary sometimes, where there is a lack of bile in the evacuations, they being white or clay-colored. The form in which I generally give it is the hyd. cum creta. When we have green and acid stools, some of the antacids are to be given in the form of lime-water, creta prep. or chalk mixture. In case of high fever nitre may be given, in the form of nitrate of potash or spts. ether nit. When diarrhœa has long existed, the use of turpentine is occasionally of great service, especially if much flatus exists in the bowels. In cases where the head is involved, or likely to become involved, great benefit will be derived from the use of blisters on the side of the head, back of the ears or the nape of the neck. Cold in the form of cloths wrung out of ice-water to the top and front of the head at the same time to be used.

THE TREATMENT OF PRURITUS URETHRÆ DURING GONORRHŒA.

During the third stage of gonorrhœa a very unpleasant and often distressing symptom that sometimes arises is the occurrence of a most intense itching along the course of the urethra— a condition not common or not often distressing enough to attract much attention from writers.

In the case of the patient which illustrated most strikingly this complication, in each of three successive gonorrhœas the itching had been so intense as to be almost unendurable, a little relief being obtained by kneading such portions of the urethra as could be brought into position against the arch of the pubes. Various injections were tried in vain, astringents seeming to aggravate the pruritus, others giving but a few minutes relief.

Finally it was found that by moderately distending the urethra with a cold steel sound (No. 16 Am. scale in this case) the trouble was instantly and completely relieved, but would return again in from twelve to twenty-four hours, the distress being such that the patient would run into the office and ask that the sound be passed immediately.

If the urine were passed soon after the withdrawal of the sound, small yellowish bodies were seen floating about, which under the microscope

proved to be masses of pus corpuscles, These were found independent of injections, since medication of all kinds had been discontinued.

It was soon found that this method of treatment had its disadvantages; although it relieved the pruritus, the frequent passage of the sound so early in the course of the disease aggravated the periurethral effusion and in one instance chordee returned, making it questionable if anything had been gained. Afterwards the warm sound and the flexible catheter were found equally efficient, and it began to be evident that *distention* of the urethra was the important factor in the problem.

Finally the trouble arising from the frequent passage of instruments was eliminated in the following way; the patient was directed to hold the end of the penis firmly between the thumb and index finger in such a way that no urine could escape, then to make an effort to pass his urine, in this way thoroughly distending the urethra and keeping it distended for one or two minutes, the sensations of the patient to be the guide as to the amount of force to be used. This measure has proved entirely successful, the period of relief is as long as that obtained by the sound, the relief is as complete, and no unpleasant consequences have followed.—*Jour. of Cutaneous and Venereal Diseases.*

MINOR DYSPEPSIA.

This is the subject of an interesting paper read by Dr. W. R. D. Blackwood before the Philadelphia County Medical Society, January 10, 1883, and printed in the *Medical Times*. The causes of the ailment he specifies as bad cooking, hurried "bolting" of food at table, imperfect digestion in the stomach (through impaired function), and defective duodenal digestion. After dwelling at length on each of these, and remarking that "in all forms of indigestion prevention is better than cure," he proceeds to consider the treatment to be adopted. The indiscriminate use of bitters, cordials, and the like is condemned as "indefensible on rational grounds." Most of the artificially prepared pepsins and pancreatines are pronounced worthless. Bismuth "has been blindly handled, especially in combination with pepsin, whose action it neutralizes." What follows seems to us worth quoting in full:—

The nitro-muriatic and phosphoric acids are much better, and, if urgent need prevails, the administration of a soda or potassa salt for a short time will do much more service than either the subnitrate or the subcarbonate of bismuth. In all forms of dyspepsia strychnia or nux vomica is extremely valuable; and where acidity or constipation is present, very small doses of belladonna, with at times cascara sagrada, will remove the difficulty.

Regular exercise, especially equestrianism, is very efficient in atonic conditions, and, where this cannot be had, walking, together with abdominal massage, is good. General faradization of the abdomen is an admirable method of toning up the peristaltic action, particularly in constipated patients; whilst galvanism is unusually efficient in hepatic torpor, and static electricity in my hands has acted promptly, thoroughly, and permanently in revealing the dyspepsia so common in nervous, hysterical school-girls. Where liver congestion exists to a decided degree, the employment of mercurials, such as calomel, blue mass, or hydrarg cum creta, is better avoided, because of their blood-defibrinizing quality, and recourse should be had to one or more of the efficient agents long used by the eclectic fraternity, and lately investigated in a series of exhaustive experiments by Rutherford and others. Of these, podophyllin, irisin, and euonymin are the most valuable; but I am in the habit of combining them with very felicitous results, and at the risk of being criticised I annex a favorite formula, used for many years; and it is, I may say, the only one approaching the so-called "shot-gun" prescription which I ever use, my habit otherwise being to order simply one ingredient, or at the most, and that rarely, three, in any one recipe:—

Cinchonidiæ sulphatis,
Euonymin,
Irisin,
Leptandrin,
Juglandin. . . . . aa 3 ss
Podophyllin,
Ext. belladonnæ,
Ext. nucis vomicæ,
Ext. hyoscyami . . . . . aa gr. x.
M. In pil. no. 60 div.
Sig. One or two at bed-time.

Many a stubborn case of dyspepsia, that had run the gauntlet unavailingly of all sorts of peptonoids, has given way to this, and it is an admirable cholagogue on general principles. In scrofulous subjects, with deficient nutrition, I have had much benefit from minute doses of mercuric bichloride (the one hundreth of a grain) in tinct. calumbæ comp., the dose being a drachm of the latter thrice daily. Within a few weeks a most interesting case, treated by several physicians for organic cardiac lesion, has recovered under the remedies just alluded to. The palpitation, the supposed dilatation with compensating hypertrophy according to canonical dicta, has subsided; the patient can lie down, and sleep too when recumbent; he has no night tremor or dread; he can run up-stairs or after a car; he can eat, drink, and be merry now, whereas before he was morose, taciturn, and a family nuisance; in short, he has dropped a minor dyspepsia, and with it a prognosed incurable heart-trouble. Dyspepsia, like charity, covers a multitude of troubles and sins, and a good deal of the "malaria" so fashionable with the fraternity, and with the laity also, is one or an other form of indigestion.—*Boston Journal of Chemistry.*

MANGANESE IN AMENORRHŒA.

Drs. Sydney Ringer and Murrell write to the following effect:

"We are desirous of calling attention to the value of a very simple remedy in a very common complaint. For some time past we have used permanganate of potash with much success in the treatment of certain forms of amenorrhœa, and are satisfied of its value. Our observations have extended over a period of thirteen months, and we have now notes of sixty-nine cases. The majority occurred in hospital practice, but some were private patients. A small number remained under observation for a few weeks only, but the majority continued to attend for a much longer period; so that in some instances we have a complete record of the menstrual history for a year or more. In some cases the amenorrhœa was the cause of the patient seeking advice; in others its existence was mentioned incidentally, the patient suffering from some other complaint. Our cases are such as come under the care of the general, as distinguished from the obstetric, physician, and do not include those requiring operative interference. As a rule we refrained from making a vaginal examination, but with this exception our notes are complete. We have used the permanganate in two forms, first, the pharmacopœial solution, and, secondly, the permanganate made into pills, each containing either one or two grains. Generally we begin with a grain three times, and then gradually increase the dose to two grains four times a day. Our most striking results have been obtained with the larger doses; a large dose sometimes succeeding admirably after the failure of a small one. Before commencing treatment we inquire carefully into the menstrual history of the patient, and as a rule give the remedy only for the three or four days immediately preceding the expected period, but should it fail to produce the desired effect we direct the patient to continue steadily taking it, and in some cases it has been taken continuously for nearly three months. In our experimental observations we have given the one drug only, and have done nothing in the way of accessory treatment. Our most striking results have been obtained in young women between the ages of eighteen and twenty-five, who from some accidental or trivial cause, such as catching cold or getting wet, have 'missed' once or twice after having been regular. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. In some instances the periods were brought on after the patient had ceased menstruating for over a year. In the case of country girls who have 'seen nothing' for a month or two after coming to town the treatment has answered admirably. Often enough patients do not consult their doctor until they are 'overdue,' until the time of the expected period has passed by for some days. Even then the prompt administration of the permanganate will often bring on the flow at once, but should it fail to do so the treatment ought to be continued, and the patient will probably menstruate normally at the next monthly time. Generally our efforts are not crowned with success until the medicine has been taken for at least three or four days, but in some instances the permanganate acted with striking rapidity, the menstrual flow making its appearance after only two or three doses had been taken. It is not necessary to discontinue the treatment on the appearance of the menses; in fact we generally tell the patient to continue taking the pills three or four days longer, finding that it facilitates the flow. The permanganate often succeeds well after the failure of other remedies, such as iron, aloes, nux vomica, strychnia, pulsatilla, nitroglycerine, and hot mustard baths. Sometimes, however, it is necessary to give it for six weeks or even longer before the desired result is obtained. In those cases where the patient has menstruated only once or twice, and has then entirely ceased for some months, our treatment answers well; the menstrual function is re-established, and thenceforth proceeds normally at every successive monthly period, In some cases there was no actual amenorrhœa, but the flow was scanty, lasting perhaps only a single day, or it may be only a few hours. Here the administration of the permanganate prolonged the flow, and even in some instances when it had ceased brought it on again. In girls of about fifteen or sixteen, who have never menstruated at all, the permanganate, as might be expected, is not so certain in its action; but even here it not infrequently acts promptly, bringing on the flow at once. In some cases where the general health was bad, and the permanganate had failed, we suspended treatment for a time, and sent the patients into the country for a month. On their return we gave the permanganate a second trial, and it succeeded at once. We have, however, sometimes failed to bring on the menstrual flow even when the patient was in fairly good health, and when there were the usual indications of puberty. It is not only in the case of young women that manganese is so useful, it succeeds almost equally well with women between thirty-five and forty, who, as the result of many pregnancies and much suckling, have ceased to be regular. Here for example, is a typical case. A married woman came to us complaining that she was never regular. She had had nine children in as many years, and rarely 'saw anything' more than once between her pregnancies. She had been suckling for eight months, and had not been poorly for seventeen months—the nine months she had carried and the eight months she had suckled. She was not in the family-way, but she said she expected she would be soon if she weaned the baby. She did not know when she ought to be poorly, and had given up all expectation of seeing anything. She was ordered two one-grain permanganate of

potash pills four times a day, and came on poorly a fortnight after, the first time for seventeen months.

We need hardly say that before treating the amenorrhœa care should be taken to see that the patient is not pregnant, although we are satisfied that the permanganate given in the dose we recommend has no power to produce abortion either in the early or late stages of pregnancy. We find that manganese fails to induce the flow when the amenorrhœa is due to advanced phthisis. But in some cases of arrestetd phthisis the treatment was successful, and the patient after a time, under the influence of the permanganate, menstruated freely and at regular intervals. In several instances patients informed us that the pills had proved of value in curing 'whites' of long standing. As a rule the permanganate is taken without difficulty, but patients much prefer the pills to the solution. The solution is peculiarly disagreeable to take, and in some cases produces nausea and even vomiting. Patients frequently complained after taking the pills of a heavy persistent pain over the upper part of the sternum, 'as if something had stuck there and would not go down.' This was not due to the drug being given in the form of a pill, for the same complaint was made when the same dose was given in solution. One patient said the pain was of a burning character, and another said it was like heartburn. A girl of sixteen, to whom two two-grain permanganate of potash pills were given four times a day, said the pain, 'like a lump at the chest,' came on immediately after each dose, and was so intense that she had to go to bed for two hours. That the effects we have described are due to the manganese, and not to the potash in the salt, is shown by the fact that manganate of soda and binoxide of manganese are equally efficacious in the treatment of amenorrhœa. The manganate of soda was given in two-grain pills, two four times a day; and the binoxide in four-grain pills, one four times a day. It may be thought that the manganese acts by improving the condition of the blood, but this is not the case. The treatment succeeds equally well in the plethoric and in the anæmic. Given in cases of chlorosis, the permanganate not infrequently brings on the period without in any way improving the anæmia."—*Lancet.*

Concentrated solutions of saline cathartics are recommended by Dr. Matthew Hay in the treatment of dropsy (London *Lancet*). He has succeeded in demonstrating, from experiments on man and dogs, that saline solutions, given in a concentrated form when the alimentary canal contains little or no fluid, produce an almost immediate and very decided concentration of the blood, by depriving it of a large amount of its water through the intestinal secretion which the salt excites. This concentration of the blood reaches its maximum in about half an hour, and is so marked that he found in the case of a man, to whom he gave three-fourths of an ounce of sulphate of soda in three ounces of water, that the number of blood-corpuscles in each cubic millimetre of his blood rose from about 5,000,000 to 6,790,000. This degree of concentration does not last long, but in from one to one and a half hours begins to decline, and at the end of about four hours is reduced to normal. This reduction is effected by the abstraction of lymph and other fluids from the tissues, but the alternations in the volume of the blood seem to have no effect on the blood-pressure. A second concentration takes place some hours after, owing to the diuretic effect of the absorbed salt. Based on these considerations, he made several trials of the concentrated salt in cases of dropsy, with very satisfactory results in most of them. He says, that he has found it more useful in general dropsies than in local ones, and of the general dropsies most beneficial in those dependent upon a stasis of the circulation, as cardiac dropsy. He particularly recommends the sulphate of magnesia as the most suitable saline cathartic for this purpose, owing to its ready solubility, being soluble in less than its own weight of water.—*Chicago Weekly Med. Review.*

For a day or two antecedent to the actual commencement of the catamenial flux (Virginia *Medical Monthly*) women not unfrequently suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this I have found no treatment give such satisfactory results as the following: ℞ Codeiæ Sulphatis, gr. j.; Chloral Hydratis, Ammonii Bromidi, aa grs. xx; Aquæ Camphoræ, ʒ j. M. Sig.—For one dose. Take at bedtime. A repetition of the dose at that period is rarely necessary. In some cases a warm sitzbath of fifteen minutes duration before retiring is a valuable adjuvant.

REMOVAL OF WARTS AND CORNS.

Warts and corns are so frequently a source of discomfort or pain to those unfortunate enough to possess them that any remedy which promises to remove them, short of the knife, caustic, or actual cautery will doubtless be warmly welcomed by the profession. At the last meeting of the American Dermatological Association (*Med. Chronicle*, October, 1882), Dr. Jas. C. White gave an account of a very successful experience with the following remedy:

℞	Acidi salicylic	3 ss.
	Ext. cannibis	grs. x.
	Collodii	ʒ i M.

This is painted on the corn or wart in successive coats at short intervals until three or four lay-

ers are applied. The next day the growth can be easily scraped off. The reporter has tried this in several cases of corns with good effect. Care should be taken not to make the application to the sound skin, as it sometimes causes an unpleasant degree of irritation.

Unna (*Monatshefte f. Prakt. Dermotologie*, May, 1882) speaks highly of the value of the application of an *arseniated mercurial plaster* in destroying warts. This is applied continuously, and, in a few days, the growths became flattened yellowish white in color, and in the course of a week or two disappear entirely. No sloughing of the warts takes place, but they undergo gradual absorption. The application used by Unna contains from five to ten per cent. of arsenic. The combination may be made as follows:

℞ Acidi arseniosi . . . . grs. xii—xxiv
Ungt. hydrargyri . . . . . ʒ ss.
ft. Ungt.

This is to be spread on muslin or adhesive Plaster and applied to the parts containing the warts It should be kept applied constantly, or at least all night. It would be well, however, in using this to guard against absorption of mercury.—*Medical Chronicle.*

Medicated Gelatine in local treatment of skin diseases is highly spoken of by Prof. Pick, of Prague (*Wein. Med. Zeit*). The gelatine is dissolved in double its weight of distilled water, in a bath, and the desired medicine stirred in. This is cooled in any convenient shape. The patient is instructed to melt a piece of this in a saucer set in hot water and apply with a brush to the dis eased surface. After this is dry it should be occasionally painted with a thin coat of glycerine which prevents its getting so dry and peeling off, and also makes it flexible, so that motion at the joints is not prevented. It is a most clean and convenient dressing, and should come rapidly into favor. It is easily removed in the warm bath.—*Chicago Weekly Med. Review.*

SPECIAL REMEDIES OF VALUE IN INEBRIETY.

Our object is to call attention to some of the remedies that are being used in the treatment of inebriety, and indicate their general value, from the experience of to-day. We would not have the reader infer that these are the only therapeutic agents of use in the treatment of inebriety, or that we call attention to them simply as advertisers in this journal.

Most of these remedies have been tested clinically from samples sent direct from the manufacturer, and while we have not yet completed the clinical observations of these drugs, enough has been ascertained to fully sustain the following endorsements. *Coca* and *Jamaica Dogwood*, prepared by Park, Davis & Co., of Detroit, either used in combination, or separately, have often a marked action as a nerve tonic and sedative. The *coca* has been given as a tonic in cases of great debility, and so far seems of greater value than quinine. The dogwood is in some instances a very pleasant narcotic, and is always worth a trial. The *Vitalized Phosphates* of F. Crosby, New York, have in our hands proved to be of much value in cases suffering from great debility and acute dyspepsia.

Lactopeptine is another remedy that has a peculiar value in inebriety where nutritive disturbances are present. *Fellows' Hypophosphites* may be placed in the same list, as a remedy that should be tried in all these cases of chronic inebriety, where conditions of profound neuræsthenia are associated with this disease. *Horsford's Acid Phosphate* should be used in every case of inebriety, and as a general tonic and nerve sedative it seems unequaled, but should be given many weeks after the alcohol is withdrawn. *Avena Sativa*, by Keith & Co. of New York, is a remedy about which much difference of opinion exists. From a limited observation it is evidently a medicine of some value, and has been used with success to combat the peculiar exhaustion from opium and alcoholic inebriety. The value of *Bromida*, prepared by Battle & Co. of St. Louis, is so well attested that it needs no comment.

The Horsford Acid Phosphate, the Hypophosphites of Fellows' and the Vitalized Phosphates of Crosby, have each a personal value in all cases of inebriety, but we need further study to determine their use minutely. The other remedies have been found essential, and should always be included in the means used to treat inebriety.—*Quarterly Jour.*

AN IMPROVED METHOD OF CIRCUMCISION FOR CONGENITAL PHYMOSIS.

Dr. Neil McLeod recently operated on a child of two years, in whom the orifice of the prepuce scarcely admitted the point of a probe, but by dilating this orifice forcibly with "sinus forceps," and the addition of a few tiny snips with scissors round the margin of the orifice thus dilated, the foreskin could be drawn back until the point of the glans showed itself. Further retraction was prevented by the adhesions referred to, but these were easily broken down by means of a probe passed between the corona glandis which was exposed in its whole extent. The prepuce was next replaced forward, and the amount to be cut off was marked by a clip arrangement, made by tying two ordinary directors, groove to groove, at one end and slipping the prepuce into the clip formed by the untied ends. Three carbolized silk threads were then passed through the prepuce at equal intervals close to the clip on its proximal side, the glans being guarded as the needle was

passed, and each thread being of sufficient length to form two sutures. The prepuce in front of the clip was then cut close off the clip separated, the penis released, vessels twisted, the threads fished up with a blunt hook from the now enlarged preputial slit, cut, and then tied on each side. The orifice in the inner or mucous layer of the prepuce can then be slit with scissors down to the corona, but this is unnecessary if the clip is put on so that the line of section runs in the direction from the corona to the orifice of the urethra.

The surface of the glans being anointed with vaseline, a plug of absorbent cotton dipped in one to twenty solution of boroglyceride made an excellent dressing, and was kept applied by a bandage passed round the abdomen, knotted behind, and the two ends brought forward between the legs over a piece of light macintosh or oiled silk, the bandaged ends diverging so as to include the genitals, then converging and being looped through the bandage crossing the abdomen. The absorbent pad was changed every time that urine was passed. Healing took place by first intention, and not a trace of odor was detected from first to last. Carbolized catgut sutures would have been better than silk, as they do not need to be removed.—*Edinburgh Medical Journal.*

CHAMOMILE IN INFANTILE DIARRHŒA.

Dr. Christopher Elliott, physician to the British Hospital for Sick Children (*Practitioner, Dec.*, 1882), endorses Ringer's claim for the great value of infusion of chamomile in infantile diarrhœa connected with dentition, and in which the stools are many in number, green in color, or are slimy and streaked with blood, and accompanied by pain and cramp. He gave ʒss ʒj of the infusion to a child under one year, and double the quantity to a child over that age, giving it three times a day, or oftener, according to the severity of the attack. He explains the rationale of this treatment by the power which chamomile flowers possess of subduing reflex excitability, a power residing in the volatile oil contained in them. Grisan was unable to tetanize, by means of strychnia, a decapitated frog which had been fortified with a dose of chamomile oil, and *vice versa* when reflex excitability has been artificially produced by means of strychnia, it could be calmed again by chamomile oil.—*The Medical Summary.*

TREATMENT OF CONSUMPTION.

Dr. Robert Saundby, in the *Practitioner*, gives a very valuable *resume* of this subject. Cod-liver oil and quinine are Dr. Saundby's sheet anchors, the hypophosphites having disappointed his expectations. Good nourishment and attention to the digestive functions form the best treatment of cough. If a consumptive patient wants to take a short cut to the next world, he has only to take an opiate, paregoric for example. Codeia is most valuable. Camphor inhaled, a lump under the pillow, or some powder in a jug of boiling water, form an effectual anodyne. To prevent dryness of the mouth, a compressed tablet of chlorate of potash and borax in the cheek remains all night, and causes sufficient salivary secretion to keep the air-passages moist. The bronchitic attacks are to be met by the use of turpentine vapor and counter-irritation, and sulphur internally. Nothing controls the profuse secretion of the bronchial mucous membrane so readily as fifteen to twenty grains of sulphate of iron, given in pills or mixture during the day. The use of oro-nasal inhalers, charged with carbolic acid or eucalyptus oil, is strongly advocated. For anorexia, quinine does more than any other drug; while the peptones, Hoff's malt-extract, and such like preparations, are in many cases most valuable. Cod-liver oil, in doses of one teaspoonful, after meals, thrice a a day, Dr. Saundby believes to be quite sufficient, larger doses not being assimilated. The diarrhœa is always controlled by two drachms of dilute sulphuric acid to the pint of sugared orange-water, drank *ad libitum*, unless ulceration be present; and then starch and laudanum enemata, or an enema of half an ounce of liquid extract of ergot, will in most cases give relief. The sweating is generally controlled by the same means as are used for the diarrhœa; but if not, then atropine or picrotoxine must be used. Hæmoptysis Dr. Saundby treats with ergot internally or subcutaneously. In conclusion, a tabulated view is given of the different remedies. Specific: quinine, cod-liver oil; Cough: liquorice, camphor, codeia lozenges; Bronchitis: turpentine inhalations and epithens; Purulent expectoration: eucalyptus inhalation, sulphate of iron; Anorexia: quinine, peptonized food, malt extracts, cod-liver oil, ether alcohol. Diarrhœa: sulphuric acid, ergot, ergotine. —*London Med. Record.*

HÆMOPTYSIS.

Dr. Brown says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. The extractum ergotæ fluid may be given in doses of a teaspoonful every fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of 15 drops, or ergotine may be used. If the stomach is irritable, ergotine may be given, per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with aromatic sulphuric acid, which makes a more efficient and pleasant mixture:

℞. Acidi gallici, 2 drachms; acidi sulphurici aromat, 1 drachm; glycerinæ, 1 ounce; aquæ, q. s. ut. ft., 6 ounces. M. Sig. A tablespoonful, as required.

This is to be given every hour, every half-ho u or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.—*Med. Brief.*

DEATHS DURING THE ADMINISTRATION OF ANÆSTHETICS.

In a paper entitled " Remarks on the Death-rate of Anæsthesia, with an account of six fatal cases," Mr. W. Roger Williams, F.R.C.S., remarks, in conclusion, " I have observed that those who administer anæsthetics too often do so without any fixed principles to guide them. This is regretable, because, as many of these cases show, the fundamental laws of the anæsthetic art cannot be disregarded without entailing a deplorable sacrifice of life. I will here endeavor to state, in the briefest manner possible, the most important practical inferences from them. With regard to chloroform, then, subject to the attainment of the object in view too much air cannot be given during its administration; and, with regard to ether, too little air cannot be given during its administration. From this, it follows that a long time is required to induce anæsthesia by chloroform; but to produce the same result with ether, a short time is sufficient. Now by a long time, I mean about a quarter of an hour, and by a short time, about five minutes. Surgeons are not unfrequently to blame in this respect. How often one has heard it said to the chloroformist—' be as quick as you can, I want to commence the operation in five minutes.' In my opinion, this is equivalent to saying—' Kill at least 1 per cent. of my patients.' Those kind of inhalers are the best which most facilitate the fulfilment of these requirements. For giving chloroform, one with a wire framework, having a diaphragm of flan nel, or some similar material stretched over the top of it, on which to evaporate the anæsthetic, but open at the sides, would be very good; but a piece of lint, or the corner of a towel, properly used, would do as well. A graduated drop bottle is necessary in any case, as only a small quantity of chloroform should be poured on at a time, which requires to be frequently renewed. For the administration of ether, Ormsby's inhaler seems to me to be the best; it was designed to fulfil the requirements just mentioned, and I have found it answer admirably. There is only one other point I will now mention, and that is the importance of watching the respirations during the process. To do so properly, of course the epigastrium must be uncovered. It is of much greater value than feeling the pulse, since, when the latter stops, there is, as a rule, an end of the patient. Mr. Lister has very ably insisted on this. However, I have found it generally neglected at King's College.—*British Medical Journal.*

BRUNELLI PROCESS OF EMBALMING.

The process of embalming is as follows, and is called the " Brunelli process:" 1. The circulatory system is cleansed by washing with cold water til it issues quite clear from the body. This may occupy from two to five hours. 2. Alcohol is injected, so as to abstract as much water as possible. This occupies about a quarter of an hour. 3. Ether is then injected to abstract the fatty matter. This occupies from two to ten hours. 4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours. 5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours. The body is then perfectly preserved, and resists decay. The Italians exhibit specimens which are as hard as stone, retain the shape perfectly, and are equal to the best wax models. It will be observed in this process that those substances most prone to decay are removed, and the remaining portions are converted by the tannin into a substance resembling leather.

A NEW TREATMENT OF DYSENTERY.

Dr. F. Rawle recommends the following treatment in the *Brit. Med. Jour.*, January 27, 1883:

First, having placed the patient between warm blankets, I proceed to inject a pint and a half of warm water, at a temperature of 90° Fahr. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, I then proceed to administer a small injection of two ounces, by measure, with a gum-elastic bottle. The form I administer is the following:

℞.	Quiniæ disulphat.,	gr. x.
	Tinct. camphoræ comp.,	ʒ iv.
	Decoctum amyli ad	℥ ij.

M., and when about milk-warm, inject.

It is generally retained, but if ejected, it may be repeated after an hour or two. This I have found of great service, and very grateful to the patient. I do not stop to inquire how it acts, but the effect is like magic. If griping pains be felt over the region of the epigastrium, I administer half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed. The diet, of course, should be of the most soothing kind: jellies, isinglass, linseed, toast and barley water, *ad libitum.* Ipecacuanha I have found of little service, and have discarded it from my treatment. If any of my medical brethren will try these measures, he will not often be disappointed. I have used with advantage warm turpentine stupes on warm fiannels, over the hypogastrium.

ON PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.

Mr. Alexander Duke, M.K.Q.C.P.I., Obstetric Physician to Dr. Steveens' Hospital, Dublin, remarks, "The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text-books on midwifery) is this:—When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perinæum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on, till I can draw back the perinæum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perinæum, but when the pubic arch is narrow (which can be easily determined) I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaseline, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, "the process of extension," while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

"The drawing back of the perinæum produces no additional pain to the patient, as it is done during a uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perinæum previous to its distension with the presenting part, we should see and hear less of lacerated perinæum."—*British Medical Journal.*

In a Recent Editorial concerning Smartweed as an emenagogue, in the *Medical News* it is stated that the drug (whose botanical name is polygonum hydropiperoides) is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systematic depression, and is contra-indicated in the condition of plethora. Its power to stimulate the uterine circulation renders it useful in menorrhagia, and in metrorrhagia due to relaxation of the uterine vessels. Subinvolution of the passive kind with a sluggish circulation, cold hands and feet, and general depression, are also benefited by this remedy. The best form for administration is the fluid extract in five to thirty minim doses, mixed with glycerine and wine, three or four times a day.

ANTISEPTIC INHALATION IN PHTHISIS.

Dr. J. G. Sinclair Coghill of the National Hospital for Consumption gives the following formula for an inhalation in phthisis:

℞. Tr. iodi, ether, acidi carbolici, aa ʒ ij; creosoti (or thymol), gtt. j; alcoholis, ad, ʒ j. M.

This may be inhaled through cotton wool on which it has been dropped.—*Mich. Med. News.*

TO DEODORIZE IODOFORM.

Dr. Q. C. Smith, of Austin, Texas, recommends the following (*Southern Practictioner*): ℞ Iodoform, fine powdered, ʒ j; Tannic acid, ʒ ss; Balsam Peru, Oil Sassafras, Oil roses, Oil camphor, aa gtt. ij. Mix thoroughly. We have used this formula for several months, and find it much the best of the many we have tried.

SALICIN AND RHEUMATIC ENDOCARDITIS.

In a paper by Dr. T. J. Maclagan on "Rheumatic Endocarditis," the author remarks, in conclusion:—"Salicin is the preparation to which I give preference, not because I regard it as superior to salicylate of soda as an antirheumatic, but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of the salicylate, and necessitates its suspension. My experience, too, is that those treated by salicin (which is a bitter tonic) convalesce more rapidly than those treated by the salicylate. There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacturers of it have told me that they are prepared to supply it to hospitals and dispensaries at 10s. 6d. a pound. Convalescence is so much more rapid under its use, that I am not sure that it would not in the long run prove cheaper than salicylate of soda. But, whichever is employed, let it be given in large and frequent doses. I make this appeal in the interest of the heart as well as of the joints. Let every case of acute rheumatism be regarded and treated as one in which heart complications may possibly be prevented, and it is probable that in some cases they will be prevented. But every hour is of importance, for it needs no argument to show that the danger to the heart is less in a case in which the course of the disease is arrested within twenty-four hours than it is in one in which three or four days are expended in the process. The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within twenty-four hours of the time that treatment commences. The recognition of that fact is the keystone to all possible success in the prevention of cardiac complications."—*British Medical Journal.*

TREATMENT OF GONORRHŒA.

A rather large number of American, German, French, and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow* oleum santali. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose, which may be administered on sugar or in gelatine capsules.

In Ulcer of the Stomach and in chronic gastritis M. Broca advises (*Practitioner*) that the stomach should be washed out systematically, and that the patient should be fed artificially. In washing out the organ there are two indications to fulfil—one, to empty it of whatever it may contain, and the other to treat the diseased membrane with medicated solutions. He recommends the syphon tube, for the reason that it is so easy to manipulate that the patient can soon learn to wash out his stomach himself. After the washing, the patient is to be fed through the tube before it is withdrawn with powdered meat, raw eggs or broth. He thinks great advantage is to be derived from overfeeding the patient, and states six hundred grammes of raw meat, one dozen eggs, and three litres of milk as a daily allowance, which may be easily exceeded. The increase in the amount of food should be gradual, a small quantity being given at first, until it is shown that milk and eggs are easily digested. If pain should come on several hours after eating, the stomach should be emptied with the tube. There is a permanent cure if the patients take proper care of themselves afterwards. He thinks this plan of treatment might be pursued with advantage in other than gastric disorders, as for instance in advanced phthisis.

CURE OF SQUINT WITHOUT OPERATION.

In the early stages of convergent strabismus, before the internal rectus muscle is permanently contracted, Dr. Boucheron (*Schmidt's Jahrbacher*, January 17, 1883) claims that a cure is possible without operation. He states that as convergence is caused by efforts of accommodation for near objects, if we take away the power of accommodation squint will not occur. He maintains a constant mydriasis by the instillation of atropine night and morning. A cure is usually obtained in two or three weeks. If atropine is not well borne, other mydriatics, such as duboisia, may be used. In nine cases of intermittent strabismus the author obtained eight cures by this method.—*The Medical Record.*

TREATMENT OF ULCERS WITH LARGE AND SLOWLY SEPARATING CENTRAL SLOUGHS.

By B. A. WHITELEGGE, M.D., Resident Medical Officer.

The following is, as far as I am aware, a new method of treating these ulcers, although possibly the same idea may have occurred to others as well as to myself. In these ulcers the slough frequently remains, as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no possibility of healing whilst this mass remains, its rapid removal becomes a matter of some importance. Finding that the ordinary methods of treatment were slow in effecting separation of the slough, I was led to try the effect of pepsine as a dressing. I have now used it in some half-dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. My method of using it is to apply a lotion to the ulcer containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tr. of lavender to improve its appearance.—*Medical Press.*

A NOVEL AGENT IN THE RADICAL CURE OF HYDROCELE.

J. E. W. Walker, M.R.C.S.E., L.S.A., late H.M. 55th Regt., writes:—"In bringing this matter before the profession, I feel bound to admit that, but for a curious accidental circumstance, the agent might never have presented itself to my notice. In the year 1875, I proposed to operate upon a patient, aged 65, for the radical cure of hydrocele of the tunica vaginalis. The disease had existed for about ten years, and had been repeatedly emptied by other surgeons. At this time I removed, by the trocar and cannula, about twelve ounces of serum, and by accident, took from my pocket a bottle containing about two drachms of liquor ergotæ (Battey) in the place of the same quantity of tincture of iodine, which it was my intention to throw into the cavity. On my return home, I discovered the mistake, and watched the patient for some hours at intervals. No inflammatory state occurred, and there was entire absence of pain, so that I allowed my patient to return to his ordinary occupation the next morning. To the present time there has been no return of the abnormal secretion. I have since, on two occasions, used the same plan with perfect success, and I attribute the cure to a specific action, exerted by ergot which re-establishes the balance between secretion and absorption."—*British Medical Journal.*

OPHTHALMIC APHORISMS.

Dr. J. J. Chisholm, of Baltimore, gives the following valuable aphorisms in a report presented to the Maryland State Medical Society at its last session:

1st.—*Do not blister.* In forty-nine applications out of fifty, as I find it used by physicians at large, it is an additional and useless torture to the eye disease from which the patient is already suffering.

2nd.—*Do not use nitrate of silver.* As constantly prescribed by general practitioners, it is not beneficial in one case out of one hundred, and therefore is a very painful infliction to the ninety-nine who would have been so very much better off without it.

3rd.—*Do not prescribe sugar of lead.* In every case zinc, tannin or alum is better, and then there is no fear of having insoluble deposits incorporating themselves with the exposed surface of corneal ulcers.

4th.— *Always use weak solutions of the mineral and vegetable astringents* in the treatment of eye inflammations which attack the mucous surfaces, and restrict their application to conjunctival diseases exclusively. One grain of alum, sulphate or chloride of zinc, sulphate of copper or nitrate of silver, in an ounce of water, will in the majority of cases of conjunctival diseases, do much more good and give much less uneasiness than the very painful five and ten grain solutions which are so often injuriously prescribed by physicians.

5th.—*Solution of the sulphate of atropia,* from one to four grains to the ounce of rose water, is an essential eye-drop in the treatment of acute iritis, to break up newly formed adhesions. One drop of the atropia solution in an inflamed eye is a most valuable means of establishing the diagnosis whether iritic complications exist or not, and should be used in most cases of eye inflammation to find out whether there are any adhesions of the pupil to the lens.

6th.—*Eserine in solution of one grain to the ounce of water* is the remedy for purely corneal lesions.

7th. When physicians are in doubt as to the character of an eye disease, they should seek a consultation from specialists who are more familiar with eye diseases than general practitioners can possibly be. Such timely aid often saves the patient a lifetime of trouble.

If physicians would commit to memory and keep at their finger ends, and ready for use, these simple aphorisms, the amount of mental and bodily suffering which they will prevent in their eye patients is beyond calculation. While all good rules have necessarily many exceptions, they may safely follow their simple guidance.—*Ohio Medical Journal.*

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Surgery.

EDITORS:

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

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MONTREAL, MAY, 1883.

THE NEW ANATOMICAL ACT.

The Lieut-Governor of the Province of Quebec, under date of May 19, has issued his proclamation, stating that for the purposes of the New Anatomical Act the Province shall be divided into the Quebec section and the Montreal section The former comprises the judicial districts of Arthabaska, Beauce, Chicoutimi, Gaspé, Kamouraska, Montmagny, Quebec, Rimouski, Saguenay and Three Rivers. The Montreal section includes Beauharnois, Bedford, Iberville, Joliette, Montreal, Ottawa, Richelieu, St. Francis, St. Hyacinthe and Terrebonne.

THE MONTREAL GENERAL HOSPITAL.

On the 17th of this month the annual meeting of the Life Governors of this Hospital was held in the Governors Hall. As the election to fill the vacancy created by Dr. Wright's resignation took place at this meeting the attendance was very large, in fact the largest ever known. The candidates were Dr. Shepherd and Dr. F. W. Campbell, and on the final ballot Dr. Shepherd had a majority of 12 votes, viz., 75 votes, and Dr. Campbell 63 votes. Personally interested in the contest we would that we felt our task was completed by a bare statement of the result. But it is not, and we feel compelled to say that a large amount of dissatisfaction exists among the Governors at the manner in which the election was conducted. There is a very general belief that the meeting was opened at least five minutes before the time named, instead of allowing the

usual five minutes for differences in watches. This belief we emphatically endorse. By five minutes past three the election of the lay officers and of the old Indoor Staff of Physicians was completed, and balloting for Dr. Wright's vacancy begun. By ten minutes past three the ballots were announced as all collected, whereupon the President declared the ballot closed. After the closing of the ballot a gentleman only just arrived, insisted on his ballot being received, and, after a few minutes' discussion, it was decided to re-open it for five minutes, new votes to be initialed by the President. We have been thus particular with a view of showing that to say the least no time was lost in bringing the contest to an issue. This celerity has not been usual, and many who on the occasion of former elections were delayed for some time, trusting to a similar delay, arrived too late to deposit their vote. We are of opinion also that, once the ballot was closed, it was not right—perhaps not legal—to re-open it, and in consenting to it the worthy President erred. This re-opening may have cost Dr. Campbell his election, for we have good reason to know that when the ballot first closed the candidates tied, and the chairman would therefore have been called upon for the casting vote. Dr. Campbell's friends have as good a right as the other side to anticipate that he would have received it. It may be argued that the arrival of several gentlemen after the ballot was re-opened who voted for Dr. Shepherd proves that that gentleman had the majority in his favor. But against this is the fact that by the time the President gave the result more than sufficient of Dr. Campbell's friends had arrived to reverse the position of things. If the ballot had not been re-opened, their only grievance would have been the unusual rapid termination of the election, while now they feel that they had quite as strong a ground to ask for its re-opening as existed when the meeting consented to its being done. The lesson which all the facts that we have narrated teaches is that in future elections the ballot must be kept open for a specified time, which time shall be known to the Governors before the meeting. Analysing the vote cast upon the present occasion, it is believed, in fact admitted, that the majority of twelve was secured by the twelve Medical Governors connected with McGill Medical Faculty, who were at the meeting casting a solid vote against Dr. Campbell. Such of course was expected by those acquainted with the history of the Hospital, but it certainly opens the eyes of the Governors to the fact that, so far as these gentlemen are concerned, they are determined that McGill College shall alone be represented on its Medical Staff. It has been a hard task to convince the Governors of this fact, but convinced they are now, and we are satisfied that they are determined it shall not be permitted to continue. We are quite willing that they shall have an equal representation, but we do not think it either for the interest of the Hospital, or for the city as a seat of Medical education, that they should have a monopoly of the appointments on the indoor staff of the Montreal General Hospital. How this equal representation is to be brought about will, we believe, be brought before the Governors at an early date.

DR. W. E. SCOTT.

Once more the hand of death has appeared among the profession in Montreal, and removed a prominent member. Few who two months ago saw the apparently strong and manly form of the late Dr. Scott busily engaged in the practice of his profession, would have thought it possible that death was so near. Truly in his case, to his friends at all events, the announcement of his serious illness was most unexpected, and they hoped almost against hope that his vigorous constitution might, for a time at all events, enable him to resist the inroad of the renal and cardiac trouble from which he suffered. But they were mistaken, and on Thursday, May 24th, he breathed his last. Dr. Scott was born in London, Eng., in 1823, and came to this country in 1831. He studied medicine as a pupil of the late Drs. Holmes and MacCulloch, and in 1844 took the degree of M.D. at McGill College. Previously he had practiced as a Provincial Licentiate, and was House Surgeon to the Montreal General Hospital from 1841 to 1843. In 1845 he became connected with the Medical Faculty of his Alma Mater as Demonstrator of Anatomy, and in 1851 was named Lecturer on Forensic Medicine. In 1853 he became Professor of Clinical Surgery. On the retirement from the Faculty in 1856 of Dr. O. T. Bruneau, Dr. Scott became Professor of Anatomy, which chair he held at the time of his death, being then the senior member of the Faculty. For many years he was one of the Attending Physicians to the Montreal General Hospital,

which position he resigned some four years ago, being then elected one of the Consulting Staff. He enjoyed a very considerable family practice, and among his patients and acquaintances his genial manner made him many warm friends. He also occupied many positions of trust, principal among which was that of Consulting Surgeon to the Grand Trunk Railway.

MEDICAL FACULTY OF BISHOP'S COLLEGE.

Dr. Wilkins has resigned the chair of Physiology which he has held since 1880, and accepted a position on the Medical Faculty of McGill.

Dr. Armstrong has been transferred from the chair of Anatomy to that of Physiology.

Dr. J. Leslie Foley, lately Assistant Demonstrator of Anatomy, has been appointed Professor of Anatomy.

Dr. C. A. Wood has resigned the Professorship of Chemistry, and assumed the chair of Pathology.

Dr. Wm. Young has been appointed Professor of Chemistry.

Dr. Herbert L. Reddy has been appointed Professor of Therapeutics.

Dr. J. B. McConnell has been transferred from the Chair of Botany to that of Materia Medica.

Dr. E. H. Trenholme, who a few years ago retired from the Faculty, re-enters it as Professor of Gynecology. No one in the Dominion, perhaps, is better qualified to fill such a chair, and as he has become connected with the Women's Department of the Western Hospital, this chair promises to become one of great importance in connection with this school.

Dr. Kennedy retains Midwifery, and adds to it Diseases of Children, on which a complete course of lectures will now be given.

Dr. A. Lapthorn Smith, lately Demonstrator of Anatomy, has been appointed Professor of Botany.

Dr. Gaherty has been named Demonstrator of Anatomy.

Dr. F. W. Campbell, acting as Dean since Dr. David's death, has been unanamiously elected Dean of the Faculty.

Three Professorships in the School, viz., Chemistry, Anatomy, Pathology, as well as the Demonstratership of Anatomy, are now held by its own graduates. The Thirteenth session opens on the 2nd of October next, when we believe a good class is anticipated.

McGILL FACULTY OF MEDICINE.

The following further changes have taken place in this Faculty:—Dr. George Wilkins, "M.D., Toronto University," has been appointed Professor of Medical Jurisprudence. Dr. Shepherd becomes Professor of Anatomy *vice* Dr. Scott, deceased. Dr. MacDonnell, Assistant Demonstrator of Anatomy, becomes the Demonstrator. Dr. W. R. Sutherland, lately appointed Junior Assistant Demonstrator, becomes Senior Assistant, while Dr. Robt. Jared B. Howard, now in Europe, son of the Dean, has been named Junior Assistant Demonstrator.

MONTREAL HOMŒOPATHIC ASSOCIATION.

The above Association, constituted by Act of Parliament in 1865, obtained an amendment during the last session of the Quebec Legislature, and at a special meeting held early in May, it was resolved to establish a college, and a faculty was elected as follows:—Dr. Wanless, President, Theory and Practice of Medicine and Clinical Medicine; Dr. Muller, Registrar, Obstetrics and Diseases of Women and Children; Dr. Nichol, Materia Medica and Medical Jurisprudence; Dr. McLaren, Physiology and Institutes of Medicine; Dr. Fulton, Surgery and Clinical Surgery.

It was also decided to reorganize a free dispensary for the poor.

MONTREAL GENERAL HOSPITAL.

Dr. Wm. Wright has been elected to the Consulting Staff.

Dr. Shepherd has been elected an Attending Surgeon, *vice* Dr. Wright promoted.

Dr. R. L. MacDonnell, has been elected to the Out-door Department in place of Dr. Shepherd.

UNCERTIFIED CLINICAL THERMOMETERS.

A good clinical thermometer is as indispensable to the careful practitioner of Medicine as a good stethoscope; but to ensure accuracy of observation every one should make sure that his thermometer is reliable. Such serious discrepancies have been detected in uncertified thermometers, that, where accuracy is required, uncertified instruments are utterly useless. In a recent number of the *British Medical Journal*, Dr. Robertson, re-

sident Medical Officer of the Ventnor National Hospital for Consumption, records his experience of a dozen new clinical thermometers as follows: The Kew standard being 105.2°

No. 1	registered	94°
" 2	"	97.4°
" 3	"	99.8°
" 4	"	99.9°
" 5	"	100.8°
" 6	"	105.1°
" 7	"	105.2°
" 8	"	105.3°
" 9	"	105.5°
" 10	"	105.9°
" 11	"	106.2°
" 12	"	108.5°

The difference between the readings of No. 1 and No. 12 was 14.5°. While such errors are possible, reports of unusual thermometric readings can have but little scientific value, unless it be expressly stated that a certified instrument was employed.

UNITED STATES DISPENSATORY.

During the present month the fifteenth edition of the United States Dispensatory will be completed. The editors are Dr. H. C. Wood, Prof. J. P. Remington, and Prof. S. P. Sadtler. The revision has occupied about three years, and embodies the most recent discoveries in materia medica, pharmacy, chemistry and therapeutics. This is a revival of an old and famous medical work. The relation of the work to the United States Pharmacopœia will be maintained, but the Dispensatory will be encyclopedic in character, and will contain in addition to the list, official drugs and preparations, not only those being out of date, but a careful consideration of the most recent non-official drugs. The work is published by J. P. Lippencott & Co.

The London *Medical Press*, in referring to a serious falling off in the revenue from intoxicating drinks, states that since October, 1880, one million people in England have put on the blue ribbon, and 564,000 have signed the pledge.

The *Lancet* condemns the new article of female attire called the "crinolette." It is an impediment to walking, induces an uneven bodily temperature, adds another to the many burdens borne by the waist, and bids fair to compete with crinoline in encouraging a prevalence of deaths from fire.

BEEF PEPTONOIDS.

This preparation, now being brought to the attention of the Medical Profession in Canada, deserves more than a passing notice at our hands, as its importance as a food, in all cases of convalescence where a concentrated form of nourishment is required in an easily assimilated condition, cannot be overestimated. In a communication to the *Medical Record*, New York, July 15th, 1882, the results of its use, both when administered per anum as well as per rectum, are clearly set forth in the history given of several cases, in which the writer (Dr. Bliss) employed it with the utmost satisfaction. One of these cases being that of the late President Garfield, the results of its administration per rectum were closely watched by the attending Physicians, and there seems to be but one opinion among them, that for rectal feeding the profession have no preparation before them of anything like corresponding value.

"Beef Peptonoids" is a concentrated powdered extract of beef, *partially digested*, and combined with an equal portion of gluten, this latter substance being one of the most nutritious found in the vegetable kingdom, and closely allied to beef in nutritive value. In addition to its value as a nutrient Beef Peptonoids contains sufficient peptone to assist the digestion of any other food administered at the same time, which is a most important feature.

PERSONAL.

Dr. W. T. Duncan (M.D. McGill, 1882) and J. W. McLean (M.D. McGill, 1882), who for a year past have been resident Medical officers at the Montreal General Hospital, have left for the West, the former gentleman intending to locate somewhere in Dakota.

Dr. Henderson (M.D. McGill, 1881), and formerly House Surgeon of the Montreal General Hospital, and for the past year Secretary of the Medico-Chirurgical Society of Montreal, left, April 18th, for Calgarry, N.W.T., where he has taken up land, and intends to settle.

Dr. Burke (M.D. McGill, 1862,) superintendent of the London Insane Asylum, was in Montreal early in May, and was the guest of his former classmate, Dr. Trenholme.