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CANADA

MEDICAL & SURGICAL JOURNAL

Original Communications.

CASE OF SYCOSIS,—TREATED BY CARBOLIC ACID AND CANADA BALSAM.

BY G. A. STARK, M.D., MILWAUKEE, WIS.

R. B. M., short, and of a nervo-sanguineous temperament, applied to me on the 22nd of May, 1874, suffering from an attack of Sycosis or Mentagra. He says that he contracted the disease at a barber's shop, about three weeks before. Had been under treatment elsewhere for about two weeks, and as no improvement had taken place, he was much discouraged. He had become thin, nervous, irritable and sleepless, and his strength and appetite had failed. The disease was confined to those parts covered by the beard, whiskers and moustache, and was accompanied in some cases by inflammation, in others by induration, and in some by suppuration. Numerous scabs also were present. The pustules were characteristic, small and acuminated, and a hair traversed the centre of each. The scabs and pustules were more numerous on the left side and under the chin than elsewhere. Hairs when extracted looked as if covered with a whitish powder.

Treatment.—He had been using benzoated oxide of zinc ointment. I prescribed an ointment of ac. carbolic gr. x to ung. zinc. ox. ζ i, to be applied thoroughly two or three times a day, the hairs to be first cut short, and the parts washed with juniper tar soap. He was put upon iodide of potassium with

tonics, and ordered a purgative when necessary. Diet: beef-tea, milk, eggs, &c. This treatment was continued for about a week, and I also pulled out the hairs in some places; the disease, however, continued unabated.

I then ordered the iodide of sulphur ointment to be applied as above for a week, without any perceptible improvement, and the patient complained much of the irritation caused by the application. I now ordered him a teaspoonful of the Elixir Iodo-bromide of Calcium Compound in a little water, before each meal and at bed-time. I also prepared the following to be applied by a camel's hair pencil, viz., equal parts of carbolic acid and Canada balsam. The change proved satisfactory, improvement being most apparent where the hairs had been pulled out. Epilation was then done more generally and the preparation applied as before. The first application was made on June the 5th, and by the end of the month the disease was completely cured. I ordered him to continue the internal treatment for another month as his appetite and general condition improved under it. I also recommended him to go on using the juniper tar soap.

The acid in combination with the balsam acted admirably in this case. The acid, especially after epilation, enters the pustules, and thus strikes at the very root of the disease. The contents of the pustules are almost instantly converted into a white crisp, and I have no doubt it destroys the offending parasite. The balsam forms a varnish over the parts to which it is applied and thus diminishes irritation. The irritation caused by the application only lasts a short time and is followed by relief. The irritation is not to be compared to that caused by the application of iodide of sulphur ointment, &c. The patient's appearance is much improved, the parts looking somewhat paler than natural, instead of being studded with pustules, or covered with filthy-looking scabs. If applied thoroughly, once in three or four days, or in some cases a week would be soon enough to renew the applications. If necessary, it may be applied every day. It may also be used in different proportions as to the proportion of acid in the combination, as deemed most suitable in

each particular case. I have found this preparation satisfactory in other forms of disease of the skin, as ring-worm, &c. It is worthy of trial in any form of disease of the skin which is thought to be of parasitic origin. I have accomplished more with this combination, prepared in suitable proportions respectively of the acid and balsam to suit individual cases, and in a much shorter time, as an external application in many forms of cutaneous affection, than with all other local applications combined. I have also found it to act well in some cases of burns and scalds.

CASE OF SUNSTROKE TREATED BY QUININE,

BY DR. DRAKE.

Reported by J. C. CAMERON, M.D., House Surgeon, Montreal Gen. Hospital

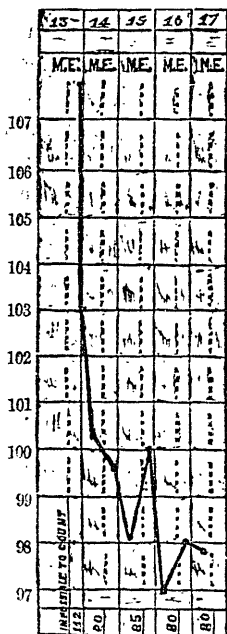
G. D., æt. about 45, was brought by the police to the Montreal General Hospital about half past five o'clock in the afternoon of July 13th, suffering from symptoms of sunstroke.

The patient is a harmless, good-natured fellow, somewhat imbecile: he has been for some time an inmate of the Protestant House of Refuge. The day before admission he went away from the Refuge and did not return. The following afternoon the police found him lying on his back, insensible, in an open place near the wharves quite unsheltered from the intense rays of the sun. He was at once conveyed to the Hospital.

On admission he was insensible, skin hot and dry, face dusky, pupils contracted, conjunctiva injected, tongue dry and parched, respiration shallow, pulse feeble and thin, almost imperceptible and quite impossible to count, secretion completely arrested; temperature 107.8°

Seeing the necessity for prompt action, I at once applied an ice-bag to the head and on account of the excessively high temperature gave him 30 grains of quinine in three doses at intervals of half an hour. Two hours after the first dose was administered, the skin became moist and was soon covered with

profuse perspiration; four hours after the first dose, urine and liquid fæces were passed freely in bed, and the urine



continued to pass away in large quantity during the night. Six hours after the quinine the temperature had fallen to 103°, pulse 112, and fourteen hours after quinine to 100.4°, pulse 90. Dr. Drake saw him the following day, and ordered quin., gr. v, to be given every four hours; four such doses were given when he was allowed up. All bad symptoms disappeared, and he was discharged from Hospital on the morning of July 17 having been under treatment for three days and a half, and having taken altogether fifty grains of quinine in divided doses.

The quinine was administered by the mouth in the form of 10 grain cachets: if it had been impossible to give the quinine in this manner, it would have been administered hypodermically.

The accompanying chart shews the rapid fall of the temperature under the quinine treatment.

PROCEEDINGS OF THE ANNUAL MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

The ninth annual meeting of the Canadian Medical Association was held in the City of Toronto on the second and third days of August, ult:

The morning session was occupied with routine business, and the proceedings in the afternoon commenced with the address by the President, Dr. Hodder, of which the following is a synopsis.—“Gentlemen, we meet together this [morning, to celebrate the ninth annual meeting of the Canadian Medical Association, and from the large number of visitors and members whom I see

before me, I feel assured that it will continue to meet with the support and approbation not only of the medical practitioners in the larger cities of the Dominion, but of the medical profession throughout the length and breadth of the land. In the first place, gentlemen, allow me to offer, on the part of the medical men of Toronto, a most cordial and hearty welcome to the delegates from the United States, as well as those from the eastern and more distant portions of the Dominion, and to invite them to join in all the discussions or debates, and to consider themselves for the time being in every particular as members of the Association.

When we see the success which has attended the formation of these societies in the United Kingdom, and in almost every other country of Europe; when we see the ponderous volumes yearly issued by our hard-working, industrious, and painstaking friends and professional brethren in the United States; it ought to stimulate and induce the medical men of the Dominion to follow so excellent an example. When we consider the vast amount of practice and observation which is daily and hourly going on, not only in the larger cities but in the surrounding districts of the Dominion, we cannot but feel with regret that an enormous fund of valuable information and experience is and has been allowed to run almost entirely to waste for a long succession of years. By joining such an Association as that which I have the honor to preside over this day, the numerous body of our professional brethren extensively engaged as general practitioners, who spend long and active lives in the practice of their profession, would undoubtedly be able to contribute inexhaustible stores of medical experience of the highest interest and value, and which, but for such a society, would remain uncommunicated, and therefore lost to the profession. The local medical societies do some good, but the results of their meetings are rarely published, and therefore many valuable cases never meet the eye of the profession generally, and are thereby lost to the world. There is, however, one point of very considerable moment to which I beg to draw the attention of the younger members of the profession:—Many

young practitioners are deterred from publishing or bringing before an association or society cases of interest which occurred in their practice, from an erroneous supposition on their part that it is necessary to work them up into the form of an elaborate essay. In nothing are they more deceived; the plain and truthful narrative of a single fact is of infinitely more value than a thousand theories. Wisely then, did this Association when they met last year at Halifax limit the time for the reading of papers to a short time, by which I trust many members will be induced to send in communications which otherwise they might not feel disposed to do. It is only therefore in an Association such as this that the accumulated experience of a large body of the medical profession in this Dominion can be properly collected and concentrated so as to turn such inestimable stores of knowledge to good account, and to render them available and useful to the profession at large. When we glance over the medical literature of former years, not only of Great Britain and the continent but of the United States—what, I would ask, are the works which have stood the test of time, and which among the numerous changes produced by improving and increasing knowledge are still “lasting monuments,” while systematic and, for their time, learned works have long since sunk into oblivion?—it will be found that those simple records of the experience of long lives, devoted with ardent zeal to the cultivation of medical knowledge retain their value into the present moment, and will doubtless continue to be consulted and referred to by succeeding generations, as mines of invaluable practical information. Now, if the practice of one man, as in the case of Hunter, Harvey, Smellie, and a host of others, can produce recollections of facts which have immortalized their names and conferred lasting benefits on every department of the healing art, how much more useful and important will be the combined efforts of hundreds of fact-collectors, concerning all the results of their practice and their observations, thrown into one great depository, viz.: the Canadian Medical Association.

There is another point which I must not omit, I mean the effect these meetings have on our social position. It brings

together the members of the medical profession, it enables us to know each other, it binds us together with a social band which must ever be not only a source of sincere satisfaction but of mutual improvement and advantage. The friction of different minds earnestly engaged in similar pursuits is peculiarly valuable, for it is scarcely possible for any man who has been moved by the same impulses, agitated by the same fears, excited by the same hopes, and elated by the same successes, who has felt the responsibilities, and experienced the hours of painful anxiety in the treatment of difficult and dangerous cases, not to derive consolation and benefit by consultation and communication with his professional brethren."

Allusion was then made to some recent discoveries in Medicine, Surgery and Midwifery, and finally he mentioned and commented on the names of distinguished medical men, who had died during the last year.

PRIZE ESSAYS.

On the report of the Committee on Prize Essays being called for,

Dr. TRENHOLME, Montreal, asked, if any prize was offered.

The General Secretary said Dr. Grant offered a medal for three years, but no one competed for it.

NOMINATING COMMITTEE.

Dr. THORBURN proposed that the following form the Nominating Committee. Drs. Canniff, Trenholme, Robillard, Zimmermann, Temple, Rosebrugh, Strange, Osler, David and Thorburn.

Dr. WORKMAN then read an excellent paper on Criminal Insanity, commenting on the recent McConnell case. This paper is we believe, to appear in one of our Western contemporaries.

TREASURER'S ACCOUNT.

Messrs. Oldwright and Trenholme, auditors, reported that they had found the Treasurer's accounts and vouchers correct.

OVARIOTOMY.

Dr. STRANGE of Aurora, read a paper on Ovariectomy, in which he advocated strongly the treatment of the pedicle with

the actual cautery. A discussion ensued in which several members participated. Dr. White, of Buffalo, moved a vote of thanks to Dr. Strange for his very interesting paper, after which the Association adjourned till 8 o'clock, p.m.

EVENING SESSION.

Eight o'clock was the hour for re-assembling, but the doors were not opened until 8.15, and the chair was not taken until 8.30, p.m.

PHYSIOLOGY OF MENSTRUATION.

Dr. ROSEBRUGH read a paper on the physiology of menstruation, and produced specimens of membranes cast off from the uterus of a patient of his while menstruating, for the consideration of the Association.

Dr. OSLER offered a few remarks on the subject, which was then dropped.

VITAL STATISTICS AND PUBLIC HYGIENE.

Dr. CANNIFF moved, seconded by Dr. Trenholme, "That the following Committee be appointed to prepare a memorial to the Dominion Government with respect to vital statistics and public hygiene:—The President, Drs. Hingston, Workman, Clarke, Playter, Canniff and Oldright."

Dr. RIDDELL thought the first question to be decided was whether the subject of vital statistics came within the scope of the Dominion Parliament or Provincial Legislature. In old Canada a law prevailed calling for certain statistics to be made to the Board of Statistics, but one of the first acts of the Ontario Legislature was to do away with the obligation to send statistics to Ottawa and to provide that such should be sent to the officers of the Provincial Government. In the Act of last session the Ontario Legislature provided that the statistical returns should be made to it and not to the Government at Ottawa. In asking the Dominion Government to deal with the subject, he feared the Association was ignoring the rights and privileges of the different Provinces.

Dr. TRENHOLME, Montreal, reminded the meeting that Dr. Brouse had introduced a Bill on the subject in the Dominion Parliament last session.

DR. HINGSTON concurred in the opinion that the difficulty in dealing with the subject arose from the circumstances of the question of jurisdiction not being decided. If, however, medical men united on a common system of registration, some plan might be adopted by the different Governments to have it carried into effect.

Dr. CANNIFF advocated the adoption of the motion on the ground that it was necessary to educate the public mind regarding public hygiene.

Dr. PLAYTER thought the view entertained at Ottawa was the establishment of a central board for the collection of statistics for the Dominion.

Dr. WORKMAN feared that such a scheme would involve the preparation of duplicate returns for the Dominion and the Province.

THE PRESIDENT suggested that the Association should cooperate with the medical men of Quebec in pressing the subject on the attention of the Dominion government.

Dr. HINGSTON remarked that while nothing had been done by the Ottawa and Ontario Governments, the Quebec Government had introduced a bill on the subject, even though it was not so complete as it might be desired.

Dr. SLOANE said the registration system of Ontario was as complete as the Government could make it, but they had not yet received that co-operation from medical men which would render it completely successful.

The motion was carried.

The Association then adjourned till 10 o'clock to-morrow (Thursday) morning.

SECOND DAY'S PROCEEDINGS.

The second day's proceedings of the Canadian Medical Association opened at ten o'clock yesterday morning, Dr. Hodder again presiding. The minutes of the last meeting were read and confirmed.

VITAL STATISTICS.

Dr. RIDDELL laid on the table the various Acts with reference to vital statistics, which showed that the Province of Ontario assumed all rights with regard to the collection of statistics. He presented the copies of the Acts. He also produced copies of schedule of registration of births, deaths, and marriages.

Dr. HINGSTON considered himself very much indebted to Dr. Riddell for the inquest he had held on these Acts. He called it an inquest because he believed the state of matters to be such that the registration of births, deaths, and marriages was not properly carried out.

PAPERS READ.

Dr. GEIKIE read a paper on gastric ulcer, in course of which he gave an account of a case of that kind in which he was engaged.

The case was discussed by several of those present.

Dr. TRENHOLME read a paper on Clinicology, and gave the outlines of some important advances which had been made during the past few years. In treating of uterine diseases he commented on the keeping of late hours, dancing, etc., which were taking away the health and beauty of our young women.

A short discussion followed on the subject of tumours, after which the Association adjourned till the afternoon.

The Association re-assembled at two o'clock.

ANTISEPTIC SURGERY.

Dr. GRASSETT read a paper on the principles and practice of the Antiseptic system of treating surgical cases so as to prevent the occurrence of putrefaction of the part concerned. The guiding principle, the germ theory of putrefaction, was explained, and the numerous forms of life which spring from fermenting and putrefying fluids were attended to. Passing from the discovery of the germ theory in 1830 by the observation of vital germs in yeast and the belief in the existence of germs of minute organism in the atmosphere, several experiments by Dr. Lister, of Edinburgh, were described and commented on, the opinion

being expressed that the results of the experiments were strong evidences of the truth of the theory. The most successful antiseptics were carbolic acid, salicylic acid, and chloride of zinc, and the only means of successfully treating antiseptically was by paying attention to the minute details recommended to prevent the germ from taking possession of the wound. The various wounds in which antiseptic treatment was necessary were enumerated, and they include the lancing of abscesses, the incision of the knee-joint, and the treatment of compound fractures. The value of the treatment was dwelt upon at length, and he (Dr. Grasett) expressed his belief in it.

Drs. Workman, Hingston, Canniff, Ross and Hornibrook took part in the discussion which followed, and a vote of thanks was tendered Dr. Grasett for his paper.

OFFICERS.

The Nominating Committee reported the nomination of the following officers for the ensuing year: President, Dr. Hingston, Montreal. Vice-Presidents—Ontario. Dr. Workman, Toronto; Quebec, Hon. Dr. Ross, Quebec; New Brunswick, Dr. Baird, St. John; and Nova Scotia, Dr. Moran, Halifax. Secretaries—Ontario, Dr. Zimmermann, Toronto; Quebec, Dr. Russell, Jr., Quebec; New Brunswick, Dr. Hannington, St. John; Nova Scotia, Dr. Almon, jun., Halifax. General Secretary, Dr. David, Montreal; general Treasurer, Dr. Robillard, Montreal.

Committees on the following subjects, were also nominated: Publications, Medicine, Surgery, Obstetrics, Therapeutics, Necrology, Medical Education and Literature, and Climatology.

The delegates to the International Medical Association were named as follows: Dr. Grant and Dr. Sweetland, Ottawa; Dr. Hingston and Dr. David, Montreal; Dr. Oldright and Dr. Fulton, Toronto; Dr. Marsden and Dr. Russell, sen., Quebec.

The delegates to the International Medical Congress, to be held in September at Philadelphia, were named as follows: Dr. J. Ross, Dr. F. H. Wright, Toronto; Dr. Macdonald, Hamilton; Dr. Grant, Ottawa; Dr. Brouse, Prescott; Dr. Workman, Toronto; Dr. Dixon, Kingston; Dr. Osler, Dr. Wilkins, Dr.

Craik, Montreal; Dr. Russell, jun., Quebec; Dr. Earle, St. John; Dr. Wickwire, Halifax; Dr. Canniff, Toronto; Dr. Yeomans, Mount Forest.

The nominations were accepted.

THE NEXT MEETING.

Dr. OSLER moved that the next meeting be held in Montreal, on the second Wednesday in September.

The motion was carried, and a Committee of arrangements was appointed.

MEDICAL EDUCATION.

Dr. HINGSTON read the report of the Committee on Medical Education, to the effect that as the question of medical education was under the consideration of the Legislatures of Quebec and Ontario, the Committee recommended that the education and examinations in the Provinces be the same, so that licentiates of one Province would have the privileges of the other Province.

The report was adopted.

VITAL STATISTICS.

Dr. HINGSTON moved, seconded by Dr. Canniff, that the Association was of opinion that the sanitary laws at present in existence in the Dominion were insufficient to meet the requirements of public health, and that a system of public hygiene must embrace an acquaintance with vital statistics; that the importance of that knowledge was recognised elsewhere, and that in countries not more favorably situated than Canada, systems more or less complete of vital statistics obtain, and sanitary laws had been enacted and enforced. The Association therefore prayed that if it were within the scope and power of the Dominion Parliament such a comprehensive scheme should be introduced as would supply a much felt want, and afford to the members of the profession throughout the Dominion, and other scientific persons, additional means of acquiring a more extended knowledge of the more prevalent diseases, and establishing a comprehensive law relating to public health.

The motion was carried.

The communications which were to have been read by Dr. Yeomans, of Mount Forest, and Dr. Oldwright, were, at the request of those gentlemen, deferred because of the lateness of the hour.

Dr. REEVE, Toronto, read an interesting paper on Otology or Aural Surgery, for which he received a vote of thanks.

VOTES OF THANKS.

The President then left the chair, after which the thanks of the Association were, on motion of Dr. Sweetland, seconded by Dr. Workman, presented to Dr. Hodder for his conduct in the chair.

Dr. TRENHOLME moved the thanks of the members of the Association to the Toronto members of the Association for the reception they had given to their visitors.

The motion was seconded and carried unanimously.

On motion of Dr. WORKMAN, seconded by Dr. Rosebrugh, votes of thanks were passed to the General Secretary, Dr. David, and the Treasurer, Dr. Robillard.

The Association then adjourned.

EXCURSION TO COUCHICHING.

At the invitation of the medical men of Toronto, the members of the Canadian Medical Association, which has been holding its annual meeting in this city, yesterday took a trip to Lake Couchiching. At 8 o'clock a special train consisting of a locomotive, three ordinary and two drawing-room cars left the City Hall Station of the Northern Railway, for Belle Ewart. The party numbered 150, fully half of whom were ladies. The Band of the Tenth Royals, under the direction of Mr. Toulmin, was on board, and performed a select programme of music during the journey. At Belle Ewart the party left the train and embarked on the *Lady of the Lakes*, which conveyed them to Couchiching. The weather was delightful though a trifle warm, and no unpleasant swell disturbed the equanimity of the ladies. The charming scenery of Lake Simcoe was generally admired, and when after passing the Narrows, a view of Lake Couchi-

ching was obtained, it was admitted that no more charming summer resort could be found in Canada. The excursionists landed at the pier, and proceeded to the Couchiching Hotel, a handsome and commodious wooden structure, situated in the midst of tastefully arranged grounds, which occupy an extensive promontory facing the rising town of Orillia.

At half-past two the party sat down to an excellent dinner, which was served in Mr. Scully's best style. The chair was taken by Dr. Hodder, President of the Association.

Hospital Reports.

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

Malignant disease of the peritoneum complicated with Phthisis pulmonalis. Under Dr. DRAKE. Reported by Mr. C. S. MURRAY.

M. S., about 60 years of age, of medium height, very emaciated, of a cachectic appearance, was admitted into the Montreal General Hospital on the 25th Sept. 1875. Her history could not be obtained. On admission she was in a very weak state, complained of great pain in the bowels, vomited a few times. Had a slight cough but did not complain of any pain in her chest or distress of breathing. Abdomen moderately distended by ascitic fluid. No anasarca. Over the pubes a firm non-sensitive tumour was felt. On examination per vaginam a similar firm non-sensitive tumour was felt through the upper wall of the vagina; a tumour of similar character was felt on examination per rectum. When this was pressed by the hand over the pubes, or by the finger in the rectum, it gave a sensible impulse to the finger of the other hand placed on the os uteri. Length of the uterus was $1\frac{3}{4}$ inches. The existence of two fibroid tumours was diagnosed. She was ordered the Chronic Pectoral mixture of the Hospital. She presented well-marked signs of pulmonary phthisis, and died six days after admission.

Autopsy, 4 hours after death. No rigor mortis, body warm,

skin dirty yellow, conjunctiva yellow, abdomen moderately distended, lineæ albicantes faintly marked, axillary glands not enlarged, no cancer of the breast.

Brain, normal; *liver*, normal; *spleen*, congested; *left kidney*, healthy; in the upper part of the right kidney was a firm cancerous nodule, of the size of a bean; in the inferior extremity was a similar small nodule the size of a pea. Each of these was situated at the base of a pyramid.

Pancreas, healthy.

Lungs.—In the apex of the right lung was a large cavity with membranous walls; the rest of the lobe and the middle lobe were infiltrated with caseous spots. The inferior lobe was congested, crepitant. In the left apex was a small cavity the size of a walnut filled with yellow caseous matter. The whole of the superior lobe and upper part of the inferior lobe were infiltrated with spots of degeneration, about the size of split peas. The intervening tissue was dense and fibrous. No military tubercle noticed. Extensive pleuritic adhesions existed all round both lungs.

Heart.—All valves competent but the mitral, the smaller segment of which was thickened and puckered. Left ventricle firmly contracted. Right heart and inferior vena cava filled with dark grumous blood. 5 oz. of clear fluid in the pericardial sac.

Peritoneum.—35 oz. of a greenish fluid in the peritoneal sac. Both visceral and parietal layers were studded with numerous cysts with their walls, of the size of hazel nuts, filled with a clear colourless fluid. On the parietal layer, mesentery and omentum were numerous small soft sacs or irregular tubercular elevations, 3 lines high, filled with a thick yellow substance, which under the microscope was seen to consist chiefly of large oval cells, with two or three nuclei. These small masses had coalesced and become matted to form a somewhat nodulated soft lamina over the upper surface of the liver and spleen, in the iliac fossa and pelvis. Scattered over the omentum were several small tumours, and one larger one about the size of a pigeons egg, firm, hard, of a cancerous nature. The omentum

was contracted, puckered, and reduced in size. There was thickening and matting together of the peritoneum, forming the broad ligaments, but no adhesions existed between the peritoneum and the viscera of the abdomen; the intestines and stomach were unaffected.

Uterus.—A globular tumour about the size of a man's fist was situated in the anterior wall of the uterus, separated from the muscular substance which surrounded it by a capsule of loose connective tissue, so that it could readily be enucleated. This tumour, which involved the whole anterior wall, extended upwards and caused slight anteflexion of the body of the uterus. On section, the exposed surface varied from whitish to a grayish color; firm throughout. It consisted chiefly of bundles of fibrous tissue interlaced with one another in an irregular manner. The pressure of these bands threw up ridges upon it, so that the surface was uneven. The walls of the uterus were of normal thickness, and the length of the cavity was increased to the extent of a quarter of an inch. A small subperitoneal fibroid the size of a marble was situated on the posterior surface of the large interstitial one, connected to it by a short oval base about 2 lines thick. Anteriorly at the junction of the body and neck there was a small interstitial fibroid; two larger ones, the size of walnuts, also interstitial, were situated one in each angle, occluding completely the Fallopian tubes. Another smaller fibroid was situated in the left wall of the cervix and immediately behind it was a small sub-serous one. These tumours are similar in appearance to the one described. Rugæ of the cervix were distinctly marked. Os externum small. The vaginal portion of the uterus smaller than normal. Both Fallopian tubes were occluded by the tumours situated in the angles, and were thickened and hardened. The right ovary was completely replaced by three or four separate cysts, containing fluid of the consistence of water; collectively they were equal in size to an orange. The left ovary was replaced by an old abscess with thick irregular walls, having in places fibrous trabeculæ connecting the adjacent parietes. When removing the uterus the posterior wall of this ulcer was ruptured and a small quantity

of thick yellowish pus escaped. The tissues forming the broad ligaments were matted together and thickened, the peritoneum being covered with the same cancerous deposit as was observed in other parts.

Glioma of the Corpus Striatum.—Autopsy.—Under Dr. Ross.

Reported by Mr. R. L. MACDONNELL.

M. M., æt. 60, admitted to the Montreal General Hospital July 23, 1875, under Dr. Ross.

Is mother of a large family, and has always been of temperate habits. No history of syphilis. In good health and perfectly sane up to a month ago. Was then observed to act in a strange manner. Became irregular in habits. Assumed at times a sleepy, stupid air, so much so that her friends at first thought she was drunk. Evinced desire to steal and secrete articles of no use or value. On one occasion attempted to set her bed on fire. Became subject to involuntary passages of urine and fæces.

On the day of her admission, she was dull and stupid; could not answer correctly the simplest questions; regarded everybody with a peculiarly vacant stare; voice thick and husky, like that of a drunken man. Could give no information whatever, as to the history of her ailments. Can hardly be kept in bed, falls or slides out of it to sit or lie on the floor; occasionally hides, under the mattress or pillow, all articles within her reach. Is highly emotional, laughing or crying on the slightest provocation. Left leg paralyzed from hip downwards. Pupils, rather contracted, answer to stimulus of light, and are of equal size. Urine and fæces pass involuntarily.

Pulse, 56, full and regular. Radial artery tortuous but not stiffened. Temperature, 97°. Urine darkish in colour, contains mucus and pus corpuscles with a very small percentage of albumen. Sp. gr. 1.018.

Ordered to take potassii bromidi, gr. xv. three times a day. Also a white draught.

July 28th.—Motor paralysis of right side apparent to-day.

Facial nerves unaffected. No twisting of mouth or protrusion of tongue to wrong side noticed to-day. Patient very stupid: can scarcely articulate.

July 29th.—Pulse and temperature unchanged. Breathing stertorous. Unable to speak or protrude the tongue. Can open the eyelids at will. Pupils contracted but equal in size; Pulse 60.

July 31st.—Right eye less sensible to touch than left. Left pupil more dilated than right. Neither affected by light. Clonic spasms of muscles of the left side. Pulse 60. Temperature 97.4° . Equal on each side.

Aug. 1st.—A little improvement. Can swallow well. No more spasms.

Recognized her son who had come to see her, and cried on his departure, though unable to speak to him.

Remains in bed without constraint. Pulse 80. Temperature 97.6° .

Aug. 8th.—Condition improved. Spoke once or twice with distinctness. Can answer questions correctly by "Yes and No."

Aug. 11th.—Again stupid and somnolent. Urine unchanged. Pulse 90, small and weak. Right and left axilla show a difference of temperature. Right 99.0° . Left 102.0° .

Aug. 12th.—Died late last night.

Autopsy.—Brain generally firm.

Arachnoid thickened along line of the vessels. Slight effusion between dura mater and arachnoid. Arteries of circle of Willis, enlarged, atheromatous and calcified. Right internal carotid large and more calcareous than left. Puncta vasculosa numerous and large. Pinkish discoloration along the margin of the gray substance in the centrum ovale majus. Lateral ventricles contain about four drachms of fluid. Anterior cornu of the right lateral ventricle flattened and atrophied. No distension. Fornix firm. Inflammatory thickening of lining membrane of corpus striatum. Under the outer lateral half of the corpus on the left side is a hard, well defined tumour, as large as a hazel nut, lying embedded in softened brain substance,

from which it could readily be enucleated. No distinct capsule around growth. Other organs healthy.

The tumour when separated was found hard and tough, white in colour and rather vascular. Having allowed it to harden in alcohol for several days, I examined it under the microscope, and found it to present the following characters. Sections from the outside of the tumour were composed of extremely small, non-nucleated cells, of equal size, very numerous, closely aggregated, and embedded in a matrix which in some places appeared to be composed of fine fibrillæ, while in other sections it was homogeneous. Every here and there was the cut end of a fine capillary vessel. The microscopic structure of the interior of the growth was slightly different. The distinction between cells and matrix was not so well marked, and the tumour appeared to be undergoing some process of disintegration.

From these characters it may be inferred that it is a glioma.

Reviews and Notices of Books.

Medical Thermometry and Human Temperature, By E. SEGUIN, M. D.—New York, Wm. Wood & Co., 1876.

This is the second edition of this work. It is however our own first acquaintance with it, and we feel sure that there are also many of our readers who are in ignorance of its existence. For this reason we may extend our remarks further than is usually necessary in the case of works which have already undergone previous editions.

Dr. Seguin is a profound enthusiast on the subject of which he writes, and having devoted many years to the accumulation of innumerable observations and much thought to the scientific elaboration of this material, he is enabled to furnish us with an amount of concentrated information which is truly surprising. Besides which, it is at once visible to the reader that he is a most advanced thinker, and every page is found to contain suggestions very striking, from their originality, and from the comprehensiveness of their grasp.

In accordance with its title, the work is composed of two essentially distinct portions. The first deals with medical thermometry, that is to say, the science of observing and appreciating abnormal temperature in disease. The second, on human temperature, discourses on the norms of the human temperature, under varying conditions, the relations this bears to the other vital functions, the importance of pyrogenic observations for social, educational and other purposes.

After a short historical notice of the origin of the practice of thermometry, showing how much of our present knowledge is strange to say only an "Hippocratic renaissance"—the author proceeds to show by what means the physiological temperature is maintained and to what variations it is subject. Then follow chapters upon the temperature waves which are found in various diseases. The list of these is extremely complete and in every case it is attempted to be shown how far we may be guided in our diagnosis and prognosis by the thorough and frequent use of the clinical thermometer. All these chapters are embellished with numerous carefully executed charts exhibiting the typical curves together with examples of the more exceptional varieties of these. Dr. Seguin everywhere claims for thermometry superiority over every other means of diagnosis and persistently urges the recognition of its claims—holding its great attraction to be that it is an instrument of *Positive Diagnosis* as contrasted with those of *Physical Diagnosis*—the latter requiring the intervention of our educated medical senses to interpret their reports, the former mathematically indicating the phenomena which our senses cannot reach. "Of all recent improvements," he says, "none will be so potent to give medicine a place among the Positive Sciences as its adoption of thermometry."

The author urges the adoption of a new thermometer for observations on human temperature—one which he calls the *Physiological Thermometer*—this is to have its zero at the norm of the human adult, viz: $98.6^{\circ}\text{F} = 37^{\circ}\text{C}$ —and to have a graduated range downwards of 7°C , and upwards of 10°C . The general adoption of such an instrument by the profession

would undoubtedly save a great deal of the present confusion which arises from the diversity of the scales in use in different countries. Besides which, it would simplify much the observations to be recorded by lay persons whose assistance in this practice is almost essential to us.

It is also recommended to us to accustom ourselves to the use of the surface-thermometer and thermoscope. Without doubt, these aids are invaluable for careful scientific observations in hospital wards, but we doubt if they will readily be adopted in ordinary practice.

The chapters on thermo-therapeutics and apyretic medication are particularly interesting. Every one now admits that one of the greatest of modern improvements in therapeutics has been the systematic and persistent employment of measures calculated to maintain the body at a point as near its norme as possible. Much is already known of the application of these means, but very much more has yet to be learnt. It is the primary duty of every medical man to make himself conversant with the rules and regulations which are capable of guiding this fundamental portion of his management of all febrile complaints. A very full and able account is here given of the various ways in which water is to be used as a carrier of temperature whilst attention is also fairly directed to the important part played by food in governing the temperature of the body. Apyretic drugs are also noticed.

The special application of thermometry to Life Insurance, and to the supervision of the health of schools is then shortly dwelt upon.

Our author would be for having the "thermometer in every family"—and he would educate every mother in its use. He would make her "love, study and trust the little magician who like the finger in the fairy tale, tells things that nobody can know otherwise, with it she will give us a trusty account of the condition of her patient. During our absence, her hand will be our hand, her eye our eye."

This work should be read by every practitioner desirous of keeping well informed of the present status of his science in all

its branches. It is a complete compendium of our present knowledge of this important and interesting subject. It is written in clear, concise, philosophical language, and is closely and convincingly argumentative throughout. The confidence of the author is found to be unbounded in the great future that stretches out before the science of Thermometry, and it must be said that it is almost impossible to read Dr. Seguin's confident predictions without becoming a sharer to some extent in the enthusiasm he exhibits.

A Contribution to the Medical History of our West African Campaigns.—By Surgeon-Major ALBERT A. GORE, M.D., late 34th Regiment; Sanitary Officer on the Staff of the Quarter-Master General's department during the Ashanti war of 1873. 8vo. pp. 218. London: Baillière, Tindall & Cox, King William street, Strand, 1876.

Surgeon-Major Gore has given us in this brochure a highly interesting account of military service on the West Coast of Africa. In a very readable form he mentions many facts of deep interest and value in connection with the efficiency and health of the soldier in the malarial districts of Western Africa, and proves beyond doubt the possibility of a successful campaign, in that unhealthy climate, by the rigid enforcement of hygienic rules and regulations.

Until quite recently the medical profession in the army occupied a most unenviable position. Being non-combatants and junior in rank, physicians frequently found themselves quite unable to carry out practical suggestions which were of paramount importance to the success of a military enterprise. This, we should judge was a prominent cause of the want of success of the various campaigns undertaken against the Ashantee and other tribes in the early part of this century—the troops having to stand on the defense, being unable to strike a severe blow on the enemy, by marching inland and destroying their towns—perhaps the natives of Africa depended on the nature of their climate as their principal safeguard. This, however, will

no longer hold good, since the very successful campaign under Sir Garnet Wolseley, the curtain has been raised, and the Ashantee is fully alive to the fact that the European if he pleases can traverse his jungle and reach his sacred retreat without let or hindrance.

The book is divided into eighteen chapters. In the first chapter we have an account of the early medical history in which we learn that a European regiment, of ordinary strength, serving on the coast of Africa, would die out in the brief space of four years, whereas native troops serving side by side with their white comrades, lost on an average 3.72 per cent per annum.

In the second chapter we have a resumé of later military and medical events, and in this chapter the author has vividly laid before us what the station was at the time of the beginning of the campaign of 1873. With such an amount of filth, squalor, neglect of ordinary everyday cleanliness, and a tropical climate as is described by Dr. Gore, the wonder is that any European could survive four years of military service. After the Ashantee campaign was determined upon, and before the arrival of the troops, or at least before they were permitted to land, the strictest sanitary rules were enforced, proper barrack accommodation secured, and advantageous camping ground selected. There appears to have been no clashing of authority. Every man had allotted to him his own proper work, and as a result the troops were led on to Coomassie without interruption, completed their work, and were again landed in England before the middle of March, having accomplished their task after a stay in the country of barely two months.

In chapter eight, the author discusses the use and abuse of a spirit ration. He alludes to the benefits to be derived from a judicious use of alcohol, pointing to its true value when given under proper supervision, and when taken in moderation and at the proper time.

There is an excellent chapter on the medico-chirurgical lessons of the campaign. The author is of opinion that quinine given as a prophylactic against attacks of remittent fever

failed. That in many persons a tolerance of the drug resulted, and as a consequence it had not the same decided effect in cutting short an attack of fever when administered as a remedy. So that the premature use of quinine would seem to impair its curative action.

Space will not permit our giving this interesting work a more extended notice. It is, however, a valuable addition to the store of knowledge already given in the Army Medical Report of 1875, and should be in the hands of every medical officer who is liable to undertake service on the west coast of Africa.

Pathology and Morbid Anatomy. By T. H. GREEN, M.D., (Lond.), Second American from the third English edition, pp. 316. 8vo. : Philadelphia, HENRY C. LEA, 1876.

Dr. Green's manual is now so well known that detailed criticism is unnecessary. It will be sufficient to call attention to the fact that in this edition the whole work has been thoroughly revised, much new matter added, and the number of original illustrations increased. As a hand book for students the work stands unequalled in this department.

Extracts from British and Foreign Journals.

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

Torsion versus Ligature of Large Arteries.—At the meeting of the *Société de Chirurgie*, held March 22nd, 1876, Tillaux advocates the torsion of large arteries instead of ligature, after amputation.

In five years he had practised torsion of arteries heretofore considered too large for this means of preventing hæmorrhage, in more than one hundred cases.

He only finds it necessary to use one pair of forceps, and with these he twists the end completely off the artery. The end of the artery must be grasped obliquely, not in the direction of its long axis.

Since T. has employed this method he has never seen secondary hæmorrhage, and he finds that it facilitates healing by first intention. He convinced himself that the torsion of large arteries would be a safe procedure by experiments on the cadaver.

In some of these experiments he cut through the lower end of the femoral artery, and after twisting off the proximal extremity, forcibly injected the artery by means of a hydrocele syringe, inserted at Scarpa's triangle. The twisted end never permitted the escape of any water.

The anatomical investigation of an artery upon which torsion has been practised, shows that the outer coat separates from the two inner, to the extent of about $\frac{2}{3}$ of an inch, and tapers off to a point. Within this cone the inner coats are retracted and turned in towards the axis of the vessel so as to form a real valve upon which the usual thrombus is formed, and gradually becomes inseparably united with the inner coat.—(Quoted in the *Berliner Klinische Wochenschrift*, No. 31, 1876.)

On Parametritis.—The Ætiology and Treatment of Parametritis.—By DR. S. H. KISCH of Prague, Physician to the Marienbad Water Cure Establishment, &c.

Gynæcologists have recently given much attention to the subject of inflammation occurring in the mass of connective tissue, which abounds at the sides of the upper end of the vagina and the lower part of the uterus, contributes largely to the formation of the broad ligaments, and is remarkable for its rich supply of blood-vessels and lymphatics. All writers on this subject agree that the puerperal state is the most frequent cause of Parametritis, and some go so far as to assert that it seldom or never occurs under other conditions. The latter view is not only held by certain English Gynæcologists, but has also recently been advanced by a distinguished German author, Professor Schroeder, who in his admirable work on "The Diseases of the Female Organs of Generation," says: "Parametritis is rarely met with excepting in the puerperal female, but whenever it does

otherwise originate the cause is generally to be found in some surgical operation on the vagina or cervix uteri. Any cutting operation done on the cervix uteri may give rise to Parametritis, as may, also, its dilatation by means of sponge tents, the pressure of which upon the mucous membrane causes absorption of offensive secretions. In short, whenever there is abrasion of the epithelial lining of the cervix, so that the subjacent connective tissue is exposed to the influence of septic material, Parametritis is liable to ensue. Any traumatic injury of the cervix may give rise to perimetritis, *but not to Parametritis unless infection of the wound has taken place.*"

For some years past I have in my practice repeatedly had opportunity of observing inflammation of the periuterine cellular tissue result from very slight injuries, and I cannot coincide with the opinions of those English authors who hold that Parametritis is a phlegmonous inflammation of the pelvic cellular tissue which is invariably secondary to the absorption of septic material. In my experience the exciting causes were want of skill in the application, or too much force in the use of vaginal douche, and imprudence in the matter of exercise after stimulating hydropathic procedures.

The persons in whom Parametritis occurred were women suffering from various alterations in the form or position of the uterus as well as ulceration of the cervix, and extreme irritability of the sexual organs.

In the last three years I have seen fourteen such cases of Parametritis traumatica occurring in women from twenty to thirty-two years of age.

In eleven cases it was caused by the use of a vaginal douche which permitted the flow of too large a stream of water from too great a height, and at too high a temperature; the other three cases were caused by taking violent exercise immediately after the use of the earth, and mineral water baths, (*Moor-und Säuerlingsbäder*). In all these cases the local inflammatory infiltration was accompanied by general febrile disturbance. The local symptoms being preceded from 24 to 40 hours by high temperature, rapid pulse and sometimes by a sharp rigor.

The local symptoms were a feeling of weight and pain in the pelvis, especially when not at rest; discomfort at stool and in micturition, and great sensitiveness of the genital organs when examined. The vaginal mucous membrane felt warmer and moister than normal, and was unduly sensitive.

The inflammatory infiltration appeared as a soft doughy, diffuse and sensitive swelling, situated chiefly at the side of and behind the cervix uteri, but shading off into the broad ligaments. The uterus was always less movable than normal, and in some instances it was quite firmly fixed.

In three cases there appeared not only to be Parametritis, but also an extension of the disease to the pelvic peritoneum.

Febrile symptoms lasted from two to eight days, but the local phenomena continued from one to three weeks, excepting in the three cases last mentioned, where they lasted more than six weeks. The disease always ran a favourable course, and in every instance terminated in complete recovery.

From the foregoing I am inclined to think that Parametritis traumatica occurs rather frequently after slight injuries to already irritable or diseased female sexual organs, but that it runs a favourable course and terminates in speedy recovery, especially when the disease is limited to the periuterine cellular tissue. But to obtain this result a suitable antiphlogistic treatment should be instituted with as little delay as possible; in this connection I purpose to make a few remarks.

Authors are unanimous in recommending vigorous antiphlogistic treatment in pelvic cellulitis, some advise venesection, others are content with local bleeding by means of scarification, leeches and dry cups, but strangely enough they all seem to have overlooked the very best antiphlogistic remedy, that is, the use of cold. In my experience there is no other remedy so reliable as this when used early and in an appropriate manner in traumatic Parametritis, for it will arrest the progress of the disease and bring about resorption in the shortest time possible.

I do not make use of cold water injections, which I consider injurious in all inflammatory affections of the sexual organs, because the water itself acts as an irritant independently of the

mechanical force which it exerts upon the parts, but I apply dry cold by means of my vaginal irrigator, which is a sort of metal speculum placed in the vagina and so arranged that a constant stream of cold water may be conducted through it, and thus cold is applied to the vagina without moisture. — (See *Wiener Med. Wochenschrift*, 1870.)

I make the applications from three to six times daily, according to the severity of the symptoms.

In addition to the local application of cold the patient requires to be kept completely at rest. Occasional purgatives are advisable, and the free action of the kidneys should be sustained by drinking plenty of cold water or soda water.

The purgative I prefer is *Infus. Fol. Senna*, with a carminative to prevent griping.

Cold water clysters I consider objectionable, though less so than the cold vaginal douche.

If, when the acute symptoms have subsided the exudation does not show signs of undergoing resorption, but becomes firmer and the inflammation assumes a chronic form, the cold applications are no longer indicated, and must be replaced by warmth, which is best applied by means of earth poultices to the abdomen, frequently renewed; the latter by their concentrated warmth, are the most efficient aids to absorption, and they act on the skin as powerful derivatives.

It is to be hoped these remarks may be the means of attracting more attention to inflammation of the periuterine cellular tissue; in the continental water cure establishments at least many such cases have been wrongly classified as inflammation of the uterus or peritoneum, in consequence of the injudicious use of baths, douches, &c.

If the attending physicians at such establishments are familiar with the science of Gynæcology, and will take the trouble to make a careful examination whenever pain in the pelvis is complained of in connection with general febrile reaction, the diagnosis of Parametritis will more often be established; but, on the other hand, the disease will occur less frequently in such establishments when more care and discretion is exercised in the use

of vaginal douches and other similar local remedies.—(Quoted from the *Berliner Klinische Wochenschrift*, No. 31, 1876.)

Phosphorus in Nervous Diseases.—By E. LEMAIRE.—After having devoted some pages to the history and physiological action of this drug, as well as to the pharmacology of the same, the author explains its principal therapeutical applications, based upon 73 cases.

I. In paralysis subsequent upon acute diseases, and ataxo-dynamic fevers, as well as hysterical paralysis and that from exposure to cold, phosphorus possesses no special action. The same may be said of paralysis the result of cerebral softening or a cerebral hæmorrhage of a certain extent. But in a paralysis following a hæmorrhage of limited extent, and which has not produced too much disturbance in the nervous system, phosphorus seems to assist and hasten the curè, even when the palsy has lasted for a considerable time, say, for example, for a year. But that the drug may exhibit its full action, it is necessary that all congestive and inflammatory symptoms shall have disappeared. Then we must begin with a dose of $\frac{1}{10}$ grain and gradually increase to a larger quantity, never going beyond $\frac{1}{2}$ or $\frac{1}{6}$ of a grain.

In spinal paralysis, phosphorus is quite inert if the paraplegia be of very long standing and if it be connected with softening or advanced sclerosis of the cord.

II. In locomotor ataxia, the administration of phosphorus is sometimes followed by good results, inasmuch as it strengthens the patient, diminishes the incoördination of the movements, and seems to arrest the progress of the disease and keep it in a stationary condition for perhaps a long period.

It does not appear to have any beneficial action upon the lightning-like pains or upon the ocular disturbances of this disease; and it exerts a very varying influence upon the genito-urinary organs, since it sometimes excites sexual desires, and at other times has no effect of that kind at all.

Want of success of the phosphorus treatment seems to depend

upon several circumstances: 1st. Duration of the complaint. 2nd. The existence of symptoms of congestion of the spinal centres or of an excessive irritability of the nervous system. 3d. The existence of gastro-intestinal troubles, diarrhoea or vomiting, in which cases phosphorus is contra-indicated.

III. Phosphorus has been employed in lead and mercury-poisoning, and in poisoning by the fumes of carbon sulphide. In lead-poisoning it produces no effect, but in the two last it is often followed by very marked improvement.

IV. In paralysis of some of the ocular muscles, in incomplete amaurosis, in amblyopia not symptomatic of organic disease of the retina, in anaphrodisia, the results obtained are uncertain.

The author repeats that we must begin with a dose of $\frac{1}{100}$ gr. gradually increasing the dose to $\frac{1}{2}$ or $\frac{3}{10}$ grain which should be given in two separate portions, and during meal-time, because when fasting it gives rise to eructations of phosphorus odor, and is also more irritating. Besides, as this is a drug which is cumulative in the system, the treatment must be suspended at the end of ten or twelve days, to be recommenced some day subsequently.—(*Revue des Sciences Médicales*, 15 Jan. 1876.)

Congenital Absence of Rectum.—The subjoined case will be interesting, following immediately upon one somewhat similar, recorded by Mr. Howard Marsh in the *Medical Times and Gazette* of May 20.

On Tuesday, May 16, Dr. Bate sent a female child five days old, to see Mr. Maunder. There had been no evacuation from the bowel, but vomiting was frequent. The anus was well formed, and Dr. Bate, who had carefully explored this region with a scalpel, had failed to discover the rectum. Mr. Maunder extended the search, but also failed. He determined to open the abdomen through the left groin, with the hope of reaching the large intestine there.

Operation.—A longitudinal incision, about three-quarters of an inch in length and a finger's-breadth internal to the left antero-superior spine of the ilium, was made through the integ-

uments. The muscles and transversalis fascia were divided to a somewhat less extent, and the peritoneum least of all. A few drops of clear serous fluid escaped, and the bowel having a sacculated appearance presented. Half a dozen very fine sutures made of Chinese twist, fastened the peritoneal coat alone of the bowel to the edges of the wound. The intestine was now opened longitudinally to the extent of about one-third of an inch, and its contents escaped. The margins of the incision into the intestine were then stitched to the wound by four silk sutures.

May 23.—The infant is in capital health a week after operation.—*Medical Times and Gazette.*

Treatment of Diphtheritic Paralysis.

We give here the conclusion of Sir J. Rose Cormack's paper on Diphtheria and its treatment:

“The principles applicable to the dietetic and medical treatment of the general disease are also applicable to its paralytic sequels. So-called specifics are valueless. The system must be nourished and tonified—the plan adopted being based on rational principles, and carefully modified in accordance with signs, symptoms and results. Cod-liver oil, from its nature as well as from its easy assimilation, proves of signal benefit in arresting waste of tissue. Bordeaux wine is often at once food and physic in the paralysis of diphtheria; and in cases of flagging convalescence, it is of all wines the most recuperative, being alimentary and tonic, as well as stimulating. Sometimes it may be administered very largely; but it must always be given with the greatest discretion and watchfulness.

Iron is particularly indicated in diphtheritic paralysis, as the patients are always anæmic. There are few cases in which its administration does not prove itself in an obvious manner to be useful in a high degree. Sometimes it is only borne in very small doses.

Nux vomica, either in the form of extract or the liquor strychniæ of the British Pharmacopœia, taken daily, with some ordinary combination of laxatives, such as the compound rhubarb-

pill of the British Pharmacopœia, ought to constitute a part of the treatment in nearly every case. It increases the peristaltic action of the intestine, imparts impulsive and retentive power to the bladder, and likewise has a general influence in improving innervation. The dose ought to be moderate, for large doses prove too exciting to the nervous system, and so tend to exhaust rather than invigorate its flagging powers. From half a grain to two grains of the extract once a day, with or without the occasional or constant addition of from five to ten drops of the liquor strychniæ two or three times a day, are suitable doses.

Local treatment is of the utmost importance with a view to direct towards the wasted and wasting muscles a greater supply of blood, and thereby improve their nutrition. Occasional blisters act very beneficially in this way; but they must not be relied on to the exclusion of the constant use of stimulating pastes or liniments. I do not know of any local stimulant more efficacious or better adapted for continuous use, than a ginger and mustard paste. The object of using the paste is to maintain a warm glow in the skin without vesicating it. The potency of the paste must therefore be proportioned to the susceptibility of the skin. By applying too powerful a stimulant to an extensive cutaneous surface, we may be obliged to suspend the local treatment, and so impede the progress of the cure. In some excitable patients who cannot bear long-continued counter-irritation of the skin, a gentle kneading of the paralysed muscles three or four times in the twenty-four hours will be found useful as a means of directing a supply of blood to them. In such cases, after each kneading, a moderately stimulating liniment containing a small quantity of laudanum may be applied with great benefit. The laudanum prevents an uneasy bruised feeling, which is often complained of after the kneading, and in irritable subjects is apt to induce restlessness and insomnia.

Galvanic excitement of contraction in the paralyzed muscles is often decidedly useful; but it is a measure which requires to be employed with moderation and at intervals of about twenty-

four hours. If resorted to too early, or too freely, it exhausts the nervous power of the affected muscles.

The principles of the treatment of diphtheria are precise and simple; and yet there are few if any diseases which more severely tax the patience, ingenuity and therapeutic resources of the physician. He has to devise and carry out innumerable little details which do not admit of description, and yet upon which success or failure may depend. He has also more frequently in this than in most diseases, difficulty in holding his own against the wishes of despairing affection, too eager to seek counsel from some special quack, or to try an infallible nostrum, which meddling ignorance has declared to have been successful in a "precisely similar case."

The modern neglect of Calomel.— My attention is called not unfrequently to the fact that there is an aversion at the present time to the employment of calomel in many cases in which it appears to me to be plainly indicated.

I shall presently illustrate my meaning, but I cannot forbear to remark that in the neglect of this drug a serious wrong is done to many patients, and a measure of speedy relief to numerous ailments is withheld.

I suppose that at least two causes are to be found for the present disuse of calomel. The first is almost certainly the fact that a large number of the most active practitioners of to-day were educated systematically and clinically in the belief that powerful medication of all sorts is an evil, that mercury in particular should be avoided if possible, or very cautiously administered, and that the laws of nutrition, the natural history of disease, and the *vis medicatrix nature* were better objects for study and observation. At all events, it may be stated that in the Edinburgh school some fifteen or twenty years ago, with some decided exceptions, however, and more than one London Hospital, this was the general drift of the teaching, flowing as it did from the remarkable advances in physiology, pathology and histology which characterized that period. In truth it is not too

much to affirm that a thread of scepticism as to therapeutics generally was woven into medical teaching at that time, and the effects of this are still manifested in various ways.

Secondly, notwithstanding this, and during the above-mentioned period, the list of the *materia medica* has been considerably enlarged, and many new drugs have been introduced into practice, and many improved preparations of old ones have been made.

Again, the views of many distinguished teachers have differed, and still differ, as to the value of mercurial medication in the treatment of syphilis, and not a few students have been educated of late years in the belief that mercury exerts no real power for good over syphilitic processes.

Much change of practice has likewise occurred in the treatment of acute inflammation during the last quarter of a century: thus pneumonia, peritonitis, and pericarditis were formerly systematically treated by calomel and opium; but the *nihilism* of homœopathy, and so-called expectant treatment showed what the natural history of these disorders really was, and enabled a more rational system of therapeutics to be evolved.

There is, I believe, little doubt that mercury gained undue reputation in the treatment of disease at a time when the diagnosis of visceral and other forms of syphilis was either not made, or was at any rate less exact than now, and when many disorders of a venereal origin were thus supposed to be inflammatory or idiopathic in their nature.

But I am not now about to discuss this or any other like matter.

Nothing is more certain in the history of medical art than that mercury was too freely and too often employed at the beginning of this century; but it appears to me that the reaction has been too extreme, and thus the disuse of mercurials has become with many almost a principle in modern practice.

What I now desire to call attention to is the neglect of mercurial medication in many so-called "functional" derangements of the body. And, as being uppermost in my thoughts, I mention first, as an instance which calls for this treatment,

cases of acute gastric catarrh, the conditions described by French writers as *embarras gastrique*, and but too well-known in all ranks of English life as "biliousness." As an accompaniment of many constitutional ailments, of acute inflammations, the continued fevers, the exanthemata, and rheumatic fever, it is commonly enough met with, while as a result of intemperance in food and strong liquors it is even more familiarly known. But the frequency of its occurrence in children, not always as a result of over-eating, but often ensuing, I believe, upon check to the functions of the skin from improper exposures, and insufficient clothing, is not fully appreciated. In these cases there is sometimes a remarkable degree of pyrexia present at some periods of the day, and several *pseudo-prodromata* of enteric fever may be noted. Indeed this catarrhal fever really constitutes a large part of the early trouble in many cases of the latter disorder. The same condition is also very common during active periods of dentition, when the catarrh is often more distinctly appreciable as a flux from the nasal or bronchial membranes, and may be, and often is, mistaken for the ordinary effects of cold.

Strong prejudice is met with sometimes amongst classes of patients who can descry the word "*hydrargyrum*" in their prescriptions, and its presence is held to savour somewhat of violent and effete practice, and of unwarrantable undermining of the constitution.

It is in response to some such feeling and objections as these that many practitioners hailed with satisfaction the advent of such a drug as podophyllin, which gained for itself, somewhat unwarrantably, as I believe, the name of "vegetable mercury." This drug, which is uncertain in action and often productive of griping, even when guarded with henbane and given with other aperients, generally requires to be repeated, and in this way time is lost, and the results are often far from being so beneficial as those which follow the action of a grain or two of calomel.

It cannot, I think be doubted that calomel, either alone or in combination with jalap, colocynth, or scammony, constitutes one of the most certain and efficacious purgatives, clearing the entire

portal system, producing a large flow of bile in the motions (though not manifestly acting as a strict cholagogue from the liver), and affording a measure of relief to the body unattainable by any other means.

To secure this result is a leading principle in the conduct of the catarrhal state above described. And besides this condition, I would adduce the cases of acute gout and of gouty dyspepsia, which are eminently well treated by calomel at the outset; so, too, many of the recurring congestive troubles of chronic cardiac and pulmonary disease are amenable to the same medication, care being taken to withhold the drug in cases where there is manifest renal degeneration, since, as is well-known, mercury is ill borne under these circumstances, and may be mischievous.

Undesirable results would follow if mercury was frequently given in such cases as I have enumerated; but I only allude to the practice of employing it at the outset, and then it should be given boldly in doses of from one to five grains over night, once for all. In adults a draught may be given on the following morning, containing any suitable saline aperient, such as sulphate of magnesia or Carlsbad salt. This plan leads the way to a simpler or more specific course of treatment in any given case. I am satisfied that in many minor disorders of children nothing can take the place of calomel as a purgative, and much time is often lost by beginning with drugs that are accounted more simple. The only medicine that appears to me to approach calomel in value is castor oil; but this is constantly a source of trouble from its disgusting character.

I find that calomel is distinctly preferable to grey powder as a purgative, just as for other purposes strychnia is to milder preparations of *nux vomica*. Its action is smarter and more decided. It has also the great merits of being tasteless, and of exciting no nausea, and its bulk is small.

In strumous children, or in healthy ones who suffer occasionally from gastric catarrh, with tenderness and some tumidity of the liver, no medicine is comparable to a purgative containing calomel. After its action a copious bilious stool or two are passed, the tongue is observed to become cleaner, the feverish-

ness pertaining to this state subsides, and the child becomes brighter, and has restored appetite. A so-called simpler treatment with soda or citrate of potash will often fail to yield these results, and so too will repeated doses of rhubarb and senna. The constant failure of "nursery remedies" in these cases must have forced itself upon the minds of most practitioners, and, truly, by the time medical advice is sought the time for the administration of calomel has fully arrived.—DR. DUCKWORTH, *Practitioner*, July.

Treatment of Internal Diseases.—On the advantage of the introduction of large quantities of fluid into the bowels in the treatment of internal diseases, by Prof. F. Mosler, (quoted in Schmidt's *Jahrbücher*, Band 170 Hft. 2.)

G. Simon has many times observed in his experiments made on individuals suffering from *fæcal fistulæ*, that water injected into the rectum passes through the whole large intestine, and perhaps part of the small, without the least injury to the patient. Lately Prof. Hegar has devised a method of introducing fluid into the bladder and intestines without the aid of a syringe or force pump. His method is very simple and is as follows: for the bladder a catheter and for the intestines a tube is used with an olive shaped tip, to either of these is attached a piece of india-rubber tubing a foot and a half long with a glass funnel. In introducing fluid into the bowels the patient is placed in his hands and knees, to avoid pressure on the abdominal walls, the tube is introduced into the rectum, and the glass funnel is raised a little above the level of the anus and the fluid to be introduced is poured into it and passes without difficulty into the intestines.

The patient should not be kept too long in his hands and knees as he will be liable to severe headache. In very weak patients and those suffering from fever it is impossible to keep them in this position for any time; in such cases, if the india-rubber tube is lengthened, the patient may remain lying on his back, and if the glass funnel be held high up there will be no difficulty in introducing the fluid.

A too rapid distension is to be avoided, by means of Hegar's "Irrigator," fluid is gradually and uninterruptedly introduced into the bowels. We know that the fluid has reached the cæcum by percussion giving a dull sound after the introduction of the fluid where before the sound had been quite tympanitic. Experiments were tried on the dead subject, as to how far the fluid penetrated by injecting fluid colored with anilin, but these experiments were without result owing probably to the want of tone in the bowel, which allowed it to be dilated to an enormous extent. In a patient who had a fistulous opening at the junction of the cæcum with the ascending colon Hegar's "Irrigator" was used, the patient lying on his back and on water being poured into the glass funnel it passed so quickly that in two minutes it came out of the fistula in a jet, so here was proof that by means of this "Irrigator" fluid could easily reach the cæcum.

As to whether the fluid can pass through the ileocaecal valve Prof. Dummann of Eldena has made numerous experiments on dogs and pigs. In dogs he found that the fluid easily passed the ileocaecal valve and for some distance into the small intestine. The experiments on pigs are of more use as their intestines resemble more closely the intestines of human beings; in them Prof. Dummann, by means of the "Irrigator" succeeded in introducing fluid into the small intestines with the greatest ease. Dr. Hoffmann, in cases of typhus and ulceration of the bowels, says this method is of use in washing out the bowels and in the cases where it was used the pain and flatulency immediately disappeared and that also in these cases the stools returned to their healthy condition much sooner than in those cases where the bowels were not washed out.

Furthermore that in cases of obstruction of the bowels this washing out has had the best results. It has also been found useful in Icterus (especially catarrhal) and in Cholelithiasis (gall-stone). In these latter diseases the treatment is based on the physiological fact that by injecting water into the bowel the bile secretion is diminished and from a viscid secretion it becomes thin and clear. * * * * This mode of treatment

is especially useful in Helminthiasis. It has been most successful in getting rid of worms whose habitat is in the large intestines as the oxyuris vermicularis, a tablespoonful of Liq. Chlori, or half a tablespoonful of Benzine to the quart of water being used as the injecting fluid. In tapeworm it has been found useful addition to the ordinary methods of treatment, after giving male fern or other vermifuges by the mouth, to inject a couple of quarts of water per rectum two or three hours after. —*Schmidt's Jahrbücher*, 1876.

Salicylic Acid as an Antipyretic. —

By S. WOLFFBERG.—Wolffberg's work is nearly a complete refutation of the recent one of Buss. Wolffberg gives first the results with the trials of salicylic acid undertaken under the direction of Professor Ziemssen; then reviews the observations published by Buss himself, and does not admit that we can draw therefrom the same conclusions as the writer. Wolffberg holds that salicylic acid given in large doses, can, in many cases, lower the temperature of the patient—but it is necessary to give large doses—60 grains are not enough, and 90 grains are not too much. A dose of sulphate of quinine, therefore, does not find its equivalent in twice the quantity of salicylic acid, as Buss has claimed. Besides the effect of salicylic acid is of short duration. Wolffberg seems to compare it in several passages of his work to that produced upon the temperature by a tepid bath. And further, salicylic acid possesses this antipyretic action only in the milder forms of fever, in the more sure and intenser forms it remains quite powerless. To sum up, for certainty of action, safety and intensity of its effects, salicylic acid cannot be compared to sulphate of quinine, as had been maintained by Buss. And the criticisms of Wolffberg do not stop here. Buss had said that salicylic acid had exerted no irritant action upon the surfaces with which it came in contact. That the patient to whom he had administered it, showed no symptoms whatever of irritation of the digestive or the vesical mucous tracts. Wolffberg does not admit

these conclusions. A patient of his, treated with salicylic acid suffered from a bleeding pharyngitis, due to the medicine having been given in powder. In the case of another patient who died during the treatment, there were found at the autopsy, ulcerations of the stomach and duodenum which could not be accounted for except by the caustic action of the salicylic acid. On the other hand, to support his own opinion by more numerous observations, Wolffberg administered salicylic acid during some days preceding their death, to three phthisical patients who were evidently approaching their end: on every occasion he found at the autopsy traces of an ulcerated gastritis. Besides, several of his patients complained during life of a sensation of burning in the region of the stomach. Again, Wolffberg after having given the salicylic acid to a dog, found the characteristic ulcerations in the intestinal tract. He concludes from all these facts, to which may be added those of Fürbringer, that salicylic acid cannot be given internally either in powder or in draught, in which it is merely held in suspension. It should therefore be given in solution. Wolffberg has given it to some patients dissolved in alcohol or glycerine, but obtained, from an antipyretic point of view, nothing but negative results; besides, small doses only could be given in this way. Lastly, he tried to treat seven cases of typhoid fever by means of the prolonged use of salicylic acid in solution, on the theoretic ground of utilizing the antiseptic properties of the acid for the destruction or the counteraction of the “ (hypothetical) *materies morbi* which alters the constitution of the blood” in typhoid fever. These trials did not succeed.

In spite of the discouraging results obtained from salicylic acid in his hands, the author does not think that this therapeutic agent ought to be entirely given up. He proposes to utilize its antiseptic properties to the treatment of putrid fermentative processes in the digestive canal, especially the stomacho-intestinal catarrh of children, and secondly in the affections of the urinary passages, accompanied by an alkaline fermentation of the urine.—(*Revue des Sciences Médicales*, 15th Jan. 1876.)

Chloral in Tetanus.—A case recently reported in a French provincial journal will show the extent to which chloral may be administered in Tetanus.

In the present instance it had originated from an axe-wound on the finger and the trismus and paroxysms of tonic spasms were extremely well-marked. The treatment was begun by administering 45 grains of chloral in three divided portions at intervals of 10 minutes. Given in this way a similar amount (45 grains), was taken every 3 hours for 24 hours. At the end of this time the patient had regained power of movement over nearly all the previously affected muscles. The dose of chloral was then diminished to 30 grains every 3 hours. On the fourth day of this treatment the patient was observed to be somewhat cyanotic and constantly inclined to sleep. The dose was then diminished to 25 grains, with instructions to the attendants to double the dose if tetanic spasms again shewed themselves. For three days following, this dose was continued every six hours; then for one day, every 12 hours; and lastly for the remaining few days of treatment during which some slight spasms alone were experienced, once in 24 hours.

On the fourteenth day all tetanic symptoms had disappeared and the wound healed. Two months afterwards at the time of the report, the patient remained perfectly cured.—(*Bulletin general de Therapeutique, June 30, 1876.*)

Hypodermic Injections—in glandular enlargement.—The *Practitioner* says that, in a recent paper, Dr. Jacobowitz, of Nagy-Karoly, starts from the principle that no inflammation to which a degenerative action is attributable is occasioned by the injections, but by this means a solvent of a non-irritating character is brought into direct contact with the glandular tissue. He avoids tincture of iodine, all alcoholic fluids, and carbolic acid, and uses instead a weak solution of iodide of potassium in the proportion of about one part to thirty of water. He gives two cases in which he obtained extraordinarily successful results. In one case he made a puncture into the

most prominent part of a gland which was enlarged to the size of a goose's egg, pushing the needle in obliquely to a considerable distance. After injecting about the fourth of the syringe-full a resistance was felt; he then withdrew the needle for a short distance, penetrated a septum on one side, and again injected a quarter part. By repeating this process, he threw in about fifteen grains of the iodide in an ounce of water. The tumour almost immediately became harder, smaller and less painful. After four injections performed in the course of two days, the tumour gradually dwindled to the size of a hazel-nut, and ultimately vanished altogether. The second case was very similar. Here, however, two dark-blue bodies remained, which were so hard that it seemed to be impossible to inject them. Dr. Jacobowitz, however, injected hypodermically the iodide on two occasions, and with perfect success. Ten injections were required altogether. The small quantity of the iodide required to produce the effects observed is very remarkable.—*Medical and Surgical Reporter*.

Obliteration of Depressed Cicatrices.

Operation for, after Glandular Abscesses or Exfoliation of Bone. Mr. William Adams has performed this operation with great success. So many faces are rendered unsightly by these deep cicatrices, that any operation which results in the removal of the deformities must be a blessing to those afflicted by them. The operation is original, and consists in subcutaneously dividing all the deep adhesions of the cicatrix, by a tenotomy-knife introduced a little beyond the margin of the cicatrix, and carried down to its base, so as to carefully and thoroughly evert the cicatrix which remains prominently raised. Two hare-lip pins or fine needles are then passed through the base, at right angles to each other, so as to maintain the cicatrix in its everted and raised position, where it is so retained for three days. At the end of this time the needles are removed, and the somewhat swollen and infiltrated cicatricial tissue is allowed to settle gradually down to the proper level of the skin. He gives the

full history of three such operations in his paper. The permanency of the cure is illustrated by cuts of two cases, in one of which the operation was done nine, and in the other three years ago. The depressions seem to be completely obliterated.—*British Medical Journal*.

Ablation of the Cuboid Bone in Congenital Varus.—Dr. H. J. Little says the only cases where this operation can be performed are those where inveterate deformity exists, and which are curable by no other means. Infantile congenital club foot, he says, can, and ought to be, cured before the age of twelve or sixteen months, before the time a child commences to walk. If properly treated at that time, he thinks the use of splints and any mechanical aid will be unnecessary in walking.—*Brit. Medical Journal*.

Personal.

We are glad to see that H. L. Gilbert, M.D., ('75), has passed the examination for the M.R.C.S. He arrived by the last steamer, and purposes entering practice with his father in Sherbrooke.

L. Secord, M.D., ('76), has commenced practice in Philadelphia.

F. Sneider, M.D., ('76), has commenced practice in Rochester, N.Y.

S. J. Robinson, M.D., ('76), has gone to Chicago where he purposes practising his profession.

Alexander D. Blackader, M.D., ('71), has passed the final examination for the M.R.C.S.

Dr. T. Craig, ('76), is practicing in Yolo County, California.

Dr. Colquhoun, ('76), is practising in Durham, P.Q.

Dr. Wm. Smith, ('76), is practising at St. Armas, P.Q., six miles from Lachute.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPTEMBER, 1876.

REPORTS OF THE MEDICAL OFFICERS OF HEALTH OF THE CITY OF MONTREAL.

We have received the reports of the medical officers of health of the city of Montreal, for the year ending 31st December, 1875, and it is with something akin to amazement, that we find two separate and distinct reports—differing in some very important particulars—which give the impression that neither are reliable, for who amongst the citizens is in a position of accepting or rejecting either report. The data of these reports have been taken from the public documents. What can we say of those documents when two gentlemen who professedly devote their time and energy to the subject of statistics, can compile two separate and distinct reports, each of which are presumed to be truthful and without fallacy.

We cannot avoid making reference to some of the anomalies of these remarkable documents. In giving the legitimate death rate of the city for the year 1875, exclusive of the still born and foundlings, both gentlemen agree in putting it at 4,328, this takes in all deaths which occur in the Hospitals and other charitable institutions. We have compiled a few remarkable statements in these reports touching the causes of death—we doubt not that they admit of explanation and may both be correct, all we

can say is that they appear to differ. We will place them side by side so that our readers may judge for themselves.

ENGLISH REPORT BY DR. DUGDALE.	FRENCH REPORT, BY DR. LAROCQUE.
Small-pox, total deaths..... 590	Small-pox, total deaths..... 592
Infantile Debility..... 509	Infantile Debility..... 391
Consumption..... 417	Consumption..... 437
Diarrhoea..... 233	Diarrhoea, Dysentery, Cholera, Infantum, and Dentifica... 601
Scarlatina..... 198	Scarlatina..... 197
Pneumonia..... 169	Pneumonia, Bronchitis and other Diseases of the Lungs 361
Convulsions..... 125	Convulsions..... 125

Referring to the present number of the population, Dr. Dugdale in his report estimates the increase by adding six per cent. per annum for the four years since the taking of the last census. This appears to be very much in excess, as in another place he estimates the increase of the French population by birth-rate over the deaths at 20.95 per thousand. This would give an increase of ten per cent. in five years, which would make our population outside of all extraneous aid less than 128,000, supposing that all nationalities had increased in the same ratio. But we find that the English-speaking population have not been so prolific, and that their increase by birth-rate has been less than half that of their French-speaking fellow-countrymen. We may here state that the birth-rate was obtained from the returns of the churches to the Prothonotary, which give alone a record of baptisms, and not births.

The energetic Chairman of the Health Committee, Mr. Alderman McCord, on ascertaining from the records that a number of Protestant churches in this city had made no returns, notified these defaulters by circular when a record of eighty-four births was handed in to the Health Department. We willingly believe that there are many more births amongst the Protestant community of whom no record exists, and therefore the calculations thus obtained are worthless. Dr. Dugdale's estimate on the basis of adding six per cent. per annum, for the four years since the taking of the last census, would yield a population of 148,000, which would give a death-rate of 29 per thousand.

Dr. Larocque in his report estimates the increase of the popu-

lation at the same rate, for the past four years, that is to say from the last decennial census, as was noticed to occur during the ten years next before 1871, which according to Dr. L., would yield in the aggregate 132,000. Now herein lies the fallacy. From 1861 to 1871, the city of Montreal increased in population by 27,542. This, at the same ratio of increase would yield a present population of 128,881 souls. The past four years have been unpropitious for the growth of our city, inasmuch as there has been very considerable financial distress, and a large number of operatives have been forced to leave the city in consequence of the closure of many of our factories. We merely allude to these facts to show how utterly absurd it is to deal in inflation. The 148,000 of the English report is torture to the very last degree, the other report is, at least, more modest in its assumption, and far nearer the truth. Dr. Larocque alludes to the sad falling off of Paris, and he informs us on the authority of Dr. Brochard, that for the year 1875, the deaths exceeded the births by some 5,000.

The population of France is at the present day increasing at a lower rate than any other European nation. From 1871 to '75 it has been calculated that France would double its population in 1,380 years. Germany in the same period would double its population in 98 years; Austria, in 62 years; Denmark, in 73 years; Great Britain, in 63 years; Norway, in 51 years; and our Canadian fellow-countrymen in about 48 years. If, indeed, the French Canadian adopted more thoroughly than he does a strict sanitary code, in all his relations of life, we believe he would double his population in a much shorter space of time than above indicated, as they are a hardy, frugal temperate race, and long lived.

We have thus far gone into the fallacies of these reports, we will now turn to what is to ourselves a far more pleasing task, and note what is commendable. In criticising these reports, in all fairness, we must admit that the health officers have had very poor and unreliable records to work upon. We want to call attention to the fact that Mr. Alderman McCord's circular to the Protestant clergy brought forth a record of eighty-four births

which had not been returned. We should like to know who these defaulters are, but in the absence of further information on this head, we may remark that this is a commentary on how our returns are kept, and furnishes a powerful argument in favour of a general registration act. We doubt if there are many Aldermen McCords through the country who with inquisitive ardour will nudge the memories of the defaulting shepherds scattered over this Dominion, and their name is legion.

Both reports give some interesting facts with regard to variola and vaccination. This appears to be more full in the report of Dr. Larocque than in that of Dr. Dugdale, who, on the other hand, compares vaccination as practised in this city with the laws bearing on this subject in various European countries.

Both gentlemen go rather fully into the subject of Foundlings, but while giving us much matter which we have had dinned into our ears in a somewhat different form, there is no new proposal or new method suggested to overcome the difficulty. It is the same thrice told tale of shame, seduction, misery and death—and the same mortality in spite of all that can be done to lessen it. The same experience the world over, and the sooner we learn the lesson that had Dame Nature intended our children to be brought up with a bottle, or to be artificially fed, the human female would have been produced minus her breasts, for nature appears not to make anything which is superfluous or for show only.

We must close these remarks as we have already extended beyond our limit. Both reports are well and carefully got up, but we should advise our friends to unite, and give us this next year one single report, one which may be regarded truthful so far as truth is attainable, one which may be looked upon as not dealing in imagery. The health officers owe it to themselves not to make themselves appear ridiculous. They owe it to the citizens to give reliable and truthful information on sanitary subjects, as for that purpose and with that end in view they were appointed to fill the very onerous and responsible positions of health officers of the city.

We copy by request the following from the *Boston Daily Globe* :

PHARMACEUTICAL CHEMISTRY AT THE CENTENNIAL. — Chemists, students teachers, and all persons interested in the arts, and in the chemical industries and products, as represented in the Exhibition, cannot fail to be proud of the display in this department by the chemists of the United States. Among the 587 exhibitors of the various classes of Chemical Products a Boston house makes an exhibit which, for beauty of arrangement, variety and costliness of the products, can scarcely be equalled, and is creditable not only to Boston but to the whole country.

Upon a triangular space, 16 by 17 feet, in the main exhibition hall, is erected a unique and elegant stand over twenty feet in height, which at once attracts the attention of the visitors to the Exhibition. Approaching nearer to this exhibit we see the name of the house, Billings, Clapp & Co., Boston, upon a groundwork of black velvet, in letters eighteen inches in length, each letter consisting of beautiful crystals of Bromide of potassium. In front may be seen several large glass cases, one octagon in shape, containing large crystals of nitrate ammonia, weighing 150 pounds each. Upon shelves are arranged more than sixty specimens of the products of their laboratory, in glass jars, some of which have the capacity of a barrel, the largest ever made in this country. The only specimens of Propylamin and its compounds in the exhibition are found upon this stand, and some idea of the rarity and costliness of this article may be obtained from the statement that the contents of three bottles are valued at more than \$2000. They have also a jar of the capacity of twenty-five pounds, filled with carbonic acid, of perfect whiteness, and the largest specimen to be seen in the Exhibition. We noticed particularly a jar of the citrate of bismuth; also, fine specimens of the citrate of iron and bismuth in scales, sulphite of sodium in crystals, the various preparations of gold and silver used in photography, salts of bismuth, iron, lead, mercury, etc., etc.

It is evident to all competent to judge that we have in New England manufacturers who can successfully compete in pharmaceutical chemicals with any house in the United States, and whose products compare favorably with those of any other country.

We see that the soluble Sugar-coated Pills of Messrs. Warner & Co., of Philadelphia, have gained the prize medal at the Chilian World's Fair. This will not be a matter of surprise to any one who has ever had occasion to use them.