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T H E

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Original Papers.

INVERSIO UTERI: WITH A NEW METHOD OF ITS REDUCTION.

By W. WINSLOW OGDEN, M. B.

(Concluded.)

CAUSES OF INVERSIO UTERI.

Dr. Good says: "This mischievous condition is commonly produced by unskilfully and violently pulling away the placenta." It is unquestionable that, for centuries past, much importance has been attached to its careful removal as a preventive of the accident. Even the schools of the Asclepiadæ, anterior to the time of Hippocrates, had a wholesome fear of it at the time of labor, and devised a number of artificial methods for the extraction of the placenta, chiefly interesting, however, for their grotesqueness, rather than for any good to be attained by the adoption of any of them. Celsus, with an apparent tremulous horror about his pen, advised moderate traction on the cord, and then, with more than questionable propriety—except in certain threatening conditions—advises the introduction of the hand to detach the placenta. By far the larger number of cases occur at the time of, or just after, the completion of labour, and are directly attributable to it. Inertia of the uterus is, in all cases, a pre-requisite, whether it has ever been occupied by a fetus or not. Dr. Cross says that 350 out of 400 of his collected cases were a complication of labour. Ané and Teller each cite a case occurring ten and twelve days, respectively, after labour. It has even happened to the virgin womb, a polypoid growth being the cause, with pre-existing inertia.

I am convinced that no difficulty of the kind under consideration will occur if, with one hand over the fundus, uniform contraction be secured, prior to traction on the cord with the other hand. It is a matter for consolation to know that few, if any, cases have occurred in the hands of qualified practitioners.

Here I may diverge, to express my utmost condemnation of a class of operators in midwifery, who stealthily move from house to house, chiefly amongst the poor, but sometimes, and rather frequently too, amongst the well-to-do classes of mechanics and labourers, offering their miserable services, for a small consideration—sometimes to the desolation of families, and the death of both mothers and infants. These creatures are called "midwives." If I speak in terms of detestation of these people, it is not without reason, for under my own notice several cases of cruelty and death have come, as a result of their manipulations. In one case the womb was inverted, there are the best of reasons for knowing; in another, emphysema of the whole body of the mother, abrasion of the vagina, rupture of the perineum, with sioughing of the soft parts, from repeated and ineffectual efforts of the midwife to seize the child's head with the hand, and deliver. This labour being one in which the pains were frequent and powerful, extending over several days and nights, it is not wonderful to hear that the child was still-born when removed with the forceps; the mother, strange to say, recovered. In another case (and I could add others still), where presentation of the arm occurred, the protruding extremity was pulled until the humerus was dislocated, and the cuticle, abraded from the shoulder, to the wrist, presenting a bruised, discolored, and swollen mass;—but

remarkable to relate, she had succeeded in the delivery.

Perhaps that wonderful Medical Bill of ours, which so recently escaped practical death at the hands of the homœopathic and eclectic fraternity, may be able to reach such cases; but we shall see.

A case of congenital inversion is reported by Dr. Williams to the French Academy of Medicine, in which the girl regularly menstruated. Baudeloque mentions a case in a girl fifteen years of age, who suffered much from menorrhagia; but the correctness of the great man's diagnosis is doubted in this case. Astruc has declared inversion, unconnected with parturition, as impossible; but this is, surely, a mistake, as cases of the kind have been related by Drs. Oldham, Browne, Higgins, Montgomery, and others. A prominent cause of this accident is relaxation of the os, and contraction of the body longitudinally—first recognized by Saxtorph, and confirmed subsequently by Drs. Radford, Simpson, and others. In the case, not long ago, observed by myself, the cause was not very clear, but I had good reason to suspect that tugging at the cord by an officious woman who was present must have occasioned the inversion. The following is about the history: Mrs. H., aged about 26, was seized with labour of the second child, June 11th. Saw her in the evening, but not being in immediate want of assistance, gave a Dover's powder, and left for the night. Early next morning, was called to see her hastily; found the child born, cord tied and divided, and the placenta lying just external to the soft parts. Alarm pervaded the features of those around, and I soon noticed a globular mass protruding from the vagina of the mother, having a smooth, glassy border—evidently the site of the attachment of the placenta. There was little or no loss of blood, and beyond some depression, with considerable agitation, nothing extraordinary seemed wrong with the patient. I knew that every moment that passed lessened the chances of successful reduction and therefore I at once began to replace it.

It was obvious that the contents of the abdominal cavity had followed the uterus through the os, and if those contents could be induced to assist, its reduction might not take long. The

patient was turned on her face and elbows, with the thighs flexed on the body, and the legs on the thighs, something after the fashion of reducing a prolapsus ani. Standing on the left of the patient, I applied a soft towel, wrung out of cold water, to the tumour. In a moment or two, with a steady application of pressure by the fingers and thumbs in the direction of the axes, I had the satisfaction of seeing the mass recede before the fingers, and when something more than half reduced, it sprang from the points of pressure, and was at once in its proper shape and place. The patient made a happy and favorable recovery.

The advantages I claim for this method of reduction may be understood from the fact, that the abdomen and contents now no longer pressed down on the uterus, as in the ordinary method of placing the patient, but, on the contrary, strongly tended in the opposite direction, thus assisting the operation. In this case the placenta was not adherent after inversion had taken place; but in other cases both of spontaneous inversion and others, it is said, in which the placenta remains partially or wholly attached; and here it is that the great difficulty arises—elaborately discussed in the past, and regarding which there is still much difference of opinion—as to whether it will be prudent to remove the after-birth at once, or return it as found into the uterus. Hæmorrhage, under any of these circumstances, is apt to be alarming. The question appears to be—What relative proportion does the hæmorrhage sustain to the degree of placental separation? Some persons, of excellent repute, have contended that hæmorrhage is greatest when it is entirely separated. I refer here, of course, to inversion of the third degree. Dr. Radford says there is more hæmorrhage when the placenta is only partially separated. Certain authors declare it as their opinion that the placenta ought to be removed entirely, if in any degree adherent, before attempting reduction. In support of this view we have the names of Drs. Radford, Baudeloque, Capuron, and others. Amongst those holding views against entire separation before attempting the operation, are Drs. Blundell, Clark, Carus, Gooch, Nownham, Burns, and Denman. With the opinions of

Radford, as above noticed, I have strong sympathy, feeling convinced that the longer the placenta is allowed to remain, the greater will be the danger to the patient from hæmorrhage and nervous exhaustion, and proportionately difficult will be found the reductive process. We must not altogether despair, however, if the time allowed to elapse after the accident be great before we succeed in replacing the organ, as Dr. Melrose reports a case reduced eighty hours after the inversion occurred.

Finally, I would say that in every case of inversion, of whatever degree, an attempt should be made to remove the placenta before we try to restore the organ, for the following reasons :

1st. If the placenta be returned adherent, the difficulty of its detachment afterwards, as well as the dangers of nervous shock to the mother, will be much greater than before.

2nd. The obstructions encountered in an attempt to replace the uterus, even without the placenta, are nearly always great, and will be incomparably greater if it be allowed to remain, with the utero-peritoneal cavity rapidly filling with appendages, omentum, intestines, and blood.

3rd. With the placenta promptly removed, there is *much less* fear of hæmorrhage, both before and after reduction, as in the case I have particularly alluded to, than if it be allowed to remain, and the entire mass returned together.

THE SULPHO-CARBOLATES.

By F. H. WRIGHT.

Within the last few months, the attention of the medical profession has been directed to the beneficial results, claimed to have been obtained from the use of the sulpho-carbolates, particularly in zymotic diseases. Their superiority over carbolic acid is said to have been satisfactorily proved, inasmuch as they possess all the *advantages* attending the use of this acid, without any of the difficulties or dangers arising from its administration. The salt, also, does not possess the nauseous odour and taste so much complained of in carbolic acid—even when largely diluted—and is consequently much more easily administered, particularly to children.

Although this double acid has but very re-

cently attracted much attention, it is by no means a new preparation; sulpho-phenisic acid, and some of its salts, being first mentioned by Laurent, in the October number of the *Annales de Chimie et de Physique* for 1841.

Sulpho-carbolic acid is readily prepared by mixing two parts by volume of carbolic acid with one of sulphuric, and heating in a suitable vessel for five minutes at a temperature of 290° F.

The sulpho-carbolates are obtained tolerably pure by diluting the above mixture, when cool, with six or eight volumes of water; and then neutralizing with a base. However, I have only once been able to obtain them absolutely pure in this way; barium chloride always causing a turbidity in the solution, thereby showing the presence of either free sulphuric acid, or the sulphate of the base employed.

The use of the double volume of carbolic acid may be readily understood by referring to the atomic weight of the acids employed :

Carbolic Acid.	Sulphuric Acid.
C ₆ = 72	H ₂ = 2
H ₈ = 6	S = 32
O = 16	O ₄ = 64
94	98

Here we find that the combining equivalents are nearly equal; but sulphuric acid is nearly twice as heavy as an equal volume of carbolic—hence, the use of the double volume of the latter is very nearly correct.

The so-called carbolic acid, like other alcohols containing a large amount of carbon, seems to form the sulpho acid with remarkable facility, nearly the whole of the sulphuric acid being converted into sulpho-carbolic. The process is therefore, much simpler than that for preparing sulphovinates and sulphomethylates; where it is necessary to form the barium salt first, and then decompose this with sodium or other soluble carbonate or sulphate. To obtain the sulpho-carbolates pure, they should be prepared in this way, as by the process above described, they usually contain a trace of sulphate.

Impurities.—The impurities usually found in these salts, are the following:—(1) The sulphate or carbonate of the base employed. (2) Free carbolic acid. (3) Free sulphuric acid. The last rarely occurs.

Test.—Ferric chloride gives a fine dark purple colour to a solution of any of the sulpho-carbolates.

Dr. Sansom, of England, who has used these salts largely, does not find them to be very strongly antiseptic, being, in his opinion, less powerful than carbolic acid. He finds half a grain of carbolic acid to be equal to twenty grains of sodium sulpho-carbolate in the prevention of fermentation. From this, it would appear, that the acid loses considerably in power by combination with the base, in the destruction of vegetable cells. The important characteristics of these salts are, that they can be administered without difficulty or danger, the carbolic acid being evolved in their passage throughout the system, and thus producing its beneficial effects.

When sodium sulpho-carbolate has been administered to an animal, sodium sulphate is found in the urine and tissues, while carbolic acid escapes with the breath. The flesh of the animal resists post mortem putrefaction.

Zinc sulpho-carbolate is recommended by Dr. Wood, of England, as an external application, in the form of a lotion of 3 to 10 grains to an ounce of water. Its effect on suppurating surfaces is said to be marked by the arrest of pus formation and absence of all fetor; and while it contains the disinfectant and therapeutical virtues of carbolic acid, together with the astringent qualities of zinc sulphate, its action is not marked by any irritating properties or disagreeable odour.

The substance known by the name of carbolic acid has also received several other designations, viz.:—Phenol, phenic acid, hydrate of phenyl, phenylic alcohol, coal tar creasote; and the compounds above referred to are known under the names of sulpho-phenisates, sulpho-phenylates, sulpho-carbolates, sulpho-phenates and phenyl sulphates.

VITAL STATISTICS.

(Communicated.)

The *Edinburgh Medical Journal* contains a paper on the general mortality of the town and rural districts of Scotland, read by Dr. James Stark, F. R. S. E., before the British Association at Exeter, 21st August, 1869, based on

the census of 1861, and Reports of the Registrar-General of Scotland, in which will be found much of interest in relation to marriages, births and deaths in that part of the British Isles, as it is "believed that nearly every birth, death and marriage which occurs in that country is entered on the Register."

An average of the mortality for ten years shews that it is greater by one-third in towns than in the country, the numbers being for towns 27 in 1,000 as against 16 and 17 among insular and mainland rural people. But towns vary much in size, and are found to have large rates of mortality in proportion to density of population. Dividing the towns of Scotland into the three classes of:—principal towns, with a population of 25,000 and upwards; large towns, with a population varying from 10,000 to 25,000, and small towns with a population of from 3,000 to 10,000 inhabitants, the remaining portions of the people may be regarded as living in rural districts. In the first of these town districts the deaths to 1,000 of population average 28.25; in the 2nd group, 24.57; in the small towns 21.24, and in the rural districts 16.95. So, the mortality is not only greater in the rural than in the town districts, but it is found to be greater in towns and cities themselves, in proportion to density of population. The lamp of life burns out more quickly in proportion to the greatness of the mass of human beings congregated together. But the law of supply and demand holds true, and human life affords no exception, for, in proportion to density of population and high death rate, is there a greater demand for more human life, and we find a corresponding increase in marriages and births. In every 1,000 in the principal towns with 28 deaths, the marriages and births are 8, and 38.73. The large towns have respectively 24.57 deaths, 7.95 marriages and 38.07 births. Small towns furnish 21.24 deaths, 6.89 marriages and 36.44 births. The rest of Scotland (rural districts), with low death rate of 16.95 had also the low proportion of 5.63 marriages and 31.49 births. An important law of nature is thereby arrived at, namely, that the number of births and marriages as well as deaths, is highest among dense populations, and a key to the correctness of the statistics from

any country is furnished, for when the relationship above established is not found to exist, we may be perfectly sure that the statistics are deficient in the registration of one or more of these events.

Dr. Stark does not find, on careful statistical enquiry, the opinion, at one time held to be correct, that high rural mortality is (independently of other causes) accounted for by numerous births, large infantile in proportion to adult population, and the well known large infantile mortality; the fact being that under 15 years of age the midland-rural population reached 37 per cent. as against 34 per cent. in the town districts, i. e. towns have 3 per cent. less of a population than the country, under 15 years. Even in "insular districts," where population "is rapidly declining," a slightly higher proportion of children exists than in the town, "though the latter are increasing at a very rapid rate," and even the proportion of children under five years was lower in town than in mainland-rural districts.

(To be continued.)

Selected Papers.

On the Management of Lumbar and Psoas Abscess.

By CHARLES F. TAYLOR, M. D.

Read before the New York Medical Journal Association, December 17th, 1890.

Since it has been demonstrated that disease of the spinal column is capable of successful treatment, and under favorable circumstances, of absolute cure in a certain number of cases, all the complications which may arise during the progress of this disease, become endowed with an interest which they could never possess while the disease which gave rise to them was considered essentially incurable. Among the most important of these complications, lumbar and psoas abscess certainly stand the most conspicuous.

The question "how shall lumbar and psoas abscess be treated," is constantly asked or suggested by writers, but I have not yet seen it definitely answered. Authors have told us that we may do various things; we may apply iodine, and other substances, in the hope of causing absorption; we may evacuate its contents; and if we evacuate it, we may do it in various ways; by the trochar; by the bistoury with a valvular opening, or by a free incision; they direct us how to exclude the en-

trance of atmospheric air, etc., but no one anywhere gives us definite instructions or even definite ideas in regard to their treatment, so far as I have been able to discover. In Miller's Surgery, which used to be a text book, we read thus, "If there be no prospect of ultimate cure, no opening should be made If the case present a favorable aspect, on the contrary—the amount of disease in the spine seeming slight, and the system yet tolerably robust—a free evacuation should be made by puncture." But he adds such grave cautions as would deter one from doing anything.

Erichsen says, "If it be opened, putrefaction of the pus, consequent on the entry of air into the distended cyst, will give rise to the most serious constitutional disturbance, setting up irritative fever, that may rapidly prove fatal in a debilitated frame; and should the patient escape this danger, the drain of an abundant suppuration may speedily exhaust him." The valvular opening originally suggested by Abernethy, is recommended by most authors, "but," says Professor Gross, "I am compelled to say that it has utterly disappointed me in the only class to which, in my judgment, it is at all applicable. My experience is that the opening however judiciously made, will, at no distant day, be followed by ulceration, and thus lead to the bad effects that are usually caused by making a free incision in the first instance." In conclusion he says, "it is best as a general rule, to let the part alone, patiently waiting for spontaneous evacuation, and the accommodation of the system to the approaching event." The practice of the profession seems to correspond to the hesitating directions of authors, or rather to the unhesitating advice of Professor Gross to let them alone, and I have never had but a single case of lumbar or psoas abscess which had received any surgical attention whatever. As that case was the beginning of my knowledge of the subject, and may be said, with subsequent experience, to have laid the foundation of my present views, I will relate it.

CASE I.—Ten years ago, a little boy, Michael Flannegan, aged six years, was brought to me by his mother, a poor Irishwoman, for disease of the spine. There was considerable distortion, but the child seemed in good condition, except that there was a small lumbar abscess. I found on inquiry, that the child had been taken to Dr. Van Buren, and that, during the previous year, he had evacuated the abscess three times with the trochar. I applied my apparatus for relieving pressure on the diseased vertebrae, and to my surprise, I soon found, first, that the abscess did not increase, and later that it actually diminished in size. They lived

in a shanty on the rocks in the upper part of the city, and it was impossible to keep the child either well supported or well fed; so that after a while the abscess began to increase again, and finally after about a year and a half, it discharged by a spontaneous opening. Following the views of the writers whom I had consulted, I had condemned Dr. Van Buren's procedure, and looked forward with complacency to the results of non-interference. My complacency did not last, but the abscess did. I followed the case for six years, and when I last saw him, he was a most miserable object to behold. The abscess was still discharging.

In the meantime other cases with abscess had presented themselves, and I had found that where there was a tolerable constitution, and the abscess had not been of long standing, it would disappear by absorption in a few weeks or months after support to the spine was applied. Here was a great point gained. And all my subsequent experience has had the same uniform result, and that is, that the majority of the lumbar and psoas abscesses in the first stages, will disappear after the spine is properly supported. And if no abscess exists, the danger of one is reduced to the minimum, when the diseased vertebræ are allowed to repair themselves by the use of the spinal assistant.

Hence, my first proposition is this: The first step in the treatment of lumbar or psoas abscess is to treat their cause in the spinal column. The abscess is but a symptom after all. It is idle to address our treatment to a mere symptom without first applying the appropriate remedy to the source of the trouble.

In the cases under consideration, the source of the visible abscess lies in the bodies of the spinal vertebræ. The larger proportion of diseases of the spine arise directly from falls, blows and the like traumatic causes. It is first, a simple inflammation, and at that stage, is as amenable to treatment as inflammation in any other part, and like all other inflammations, only requires rest, given perfect, absolute rest, and it will subside. And even when this inflammation, at first simple and healthy, as in any other part, is allowed to degenerate into caries, and the matter there formed escapes into a reservoir called the abscess, the indications are still the same; to relieve the diseased vertebræ from pressure and motion; and recovery though less perfect and more tardy, will yet take place. But, I repeat, so long as the disease in the spine, where the abscess has its origin, is not attended to, it were idle to talk of a treatment for one of its symptoms or effects. In regard to the preventing of abscess by relieving the disease in the bodies of the vertebræ, I

am able to speak with emphasis. On examining our records, I find that out of one hundred and eighty-three private cases, there were but three cases of abscess occurring after treatment for disease of the spine had commenced. In all other instances, the abscess existed when the patient was brought to me for treatment for disease of the spine. I have already stated that in some cases, an abscess will disappear, if treatment of the spine is commenced in the earlier stages of the disease. This is more often true, if, instead of an abscess visibly approaching the surface, there exists only the incipient symptoms of the formation of an abscess. These symptoms are very easily distinguished. While the disease is a simple inflammation of the bodies of the vertebræ, sufficient support invariably gives instantaneous relief to the gastralgia, which is the prominent symptom in the early stages of disease of the spine. But if we do not get then complete relief, I am always led to suppose that the destruction of the bodies of the vertebræ has commenced, and that there is caries, and of course the material for a lumbar or psoas abscess. Support will still give partial relief; but it is not till after a certain length of time has elapsed, and disintegration of bone has ceased, that the patient realizes the complete exemption from the suffering, which so rapidly follows efficient support to the diseased vertebræ in the earlier stage. Sometimes in such cases, the abscess may appear near the surface after a while and then pass away; but in most cases we never see the abscess—the pus does not approach the surface—but disappears by absorption at its source, and with it the suffering incident to its formation. In disease of the lumbar and several of the lower dorsal vertebræ, contraction of the psoas muscle is a sure indication of the early stage of psoas abscess, and if no treatment were applied to the source of the trouble in the spinal column, an abscess surely in due time makes its appearance. But this symptom, which is present in a very large number of cases, in all but two instances out of one hundred and eighty-three cases, passed away without a visible abscess.

CASE II illustrates several important points in this connection.

A. B. had disease of the spine at twenty months old, at which time her treatment commenced. Though she was a delicate child, as her parents were in good circumstances, and there appeared to be no struma in the family, and the disease was in the first stage, I had hopes of a speedy cure: that restoration of form and function of the spine, sometimes happens in young children under the most favorable circumstances; but I found difficul-

ty in securing the attendance of the child so often as ought to have been the case. At one time there were four months between her visits, and the result was a certain amount of progress of the disease, rendering it ultimately one of the second class; that is, a case capable of relief, but not cure, with restoration of form and function of the spinal column. Subsequently, better attendance was secured, but after a while symptoms of abscess showed themselves, and finally a lumbar abscess appeared.

Now my second proposition in regard to lumbar and psoas abscess, is, first, to watch them carefully, and if they increase to any considerable size; or if they occur near or in contact with bone, with thin layer of soft tissue over it; or if they remain stationary and do not rapidly recede, then to promptly open them by free incision with the curved bistoury. I accordingly sent a note to the family physician asking him to appoint a time to meet me for performing the operation. He replied in substance, that since the child had an abscess, the case must be hopeless; that she could not live long at best, and it would be better to let her die in peace. I replied, energetically protesting that a case, with proper treatment to the spine, the source of the abscess was by no means to be given up on the external appearance of an abscess; that in fact, the abscess which is but a symptom, is not to be feared, except for the trouble it causes. The child, I understand, was sent to several physicians, who gave the same unfavorable prognosis, which they would not have done had they seen the progress of lumbar and psoas abscess, when the disease of the bodies of the vertebrae is arrested by appropriate treatment. As the child was thin and the abscess was widely spread over the ilium and ribs, near the bones, I considered it *safest* to evacuate it, but not probably absolutely necessary. Well, in three months, the abscess had entirely disappeared, and the child never has been so well as at the present time. But it should be remembered, that the parents were stimulated to send the child more regularly to my office, and consequently, the diseased vertebrae have been better protected.

And I may remark, that it not unfrequently happens, especially in dispensary practice, that the faithfulness or negligence of parents in attendance, may be often distinctly traced in a relative increase and diminution of these abscesses.

(To be continued.)

Mr. McGregor's Experience in Hospital Practice.

BROMIDE OF POTASSIUM IN EPILEPSY.

Between the asylum and other parts of this house, there are always a considerable number of epileptics, and I took advantage of this by using the bromide extensively in their treatment. I have had, indeed, considerable experience in its use, and feel I can write with some authority on this subject. While I state at once the conclusions I have come to regarding it, I will refer afterwards to a few cases in point. I never yet have been able to cure a single case of epilepsy by this drug; yet I have found it a most valuable agent in its mitigation and relief. Nay, I have, in several instances kept the disease quite under control while its administration was continued. But however long this might have been done, on its withdrawal, or soon after, the dread disease reappeared, not with such violence at first, but increasing in severity as the time from the discontinuance of the bromide increased. The dose in which I usually prescribe it, is a scruple three times a day to begin with. This I increase, if need be, by increasing the number of times a day in which it is given, till, in some very bad cases, a scruple is administered every two hours. Except in two cases, I do not remember of having seen bad effects from it. In these a papular rash appeared on the face, with heat and itchiness, more particularly on the nose; and in one case diarrhoea was caused by it. The first two cases in which I noticed marked beneficial effects from its use were a female inmate of the asylum, aged about forty, suffering from delusional insanity, with severe epilepsy; and in a young woman of eighteen, not insane, but becoming silly and demented by the violence and frequency of her fits. In both cases, the fits were very severe, occurring in the girl one to six times almost every day for some time before coming under treatment, and in the woman two or three times a day, but only periodically, lasting about a week at a time, generally at the monthly periods. The effect of the bromide on the young woman was distinctly noticed a few days after its exhibition. The fits became more seldom, and when they did come they were not so severe, lapsing soon into mere nervous tremors and confusion of intellect, with giddiness in the head, instead of convulsions and unconsciousness. Ultimately they ceased altogether, on a scruple dose thrice daily. The medicine was continued a couple of weeks further, while the patient improved in health and strength. In order to ascertain now the effect of stopping the medicine, it was discontinued; but in a few days the fits began to appear again, at first

—One hundred and fifty babies have been found in the little basket crib at the door of the New York Foundling Asylum since the 20th of last November.—*Med. and Surg. Reporter.*

with slight tremors, then transitory moments of unconsciousness, with little or no spasm, but gradually becoming worse and worse until the bromide was again resumed. To make sure that this was not due to circumstances independent of the drug, such as a periodic character of the fits, the recurrence of the monthly illness, or errors of diet, &c., I had the patient kept a long time in hospital under observation, while the drug was administered for periods varying in duration, with the avowed object of baffling any accidental circumstance that might be supposed to influence the fits other than the bromide. The most rigid attempts to deprive the bromide of the credit due to it, quite failed, and it was acknowledged on all hands as completely holding the disease in abeyance when regularly taken. The patient herself was so convinced of this, that she begged to be allowed its continuance, when I purposely withheld it as an experiment. Ultimately, I continued it for many months; but between severe attacks of diarrhoea, necessitating now and again its discontinuance, and the fits which would immediately take advantage of its withdrawal, and debility, the poor patient, Grace Edgar, gradually sank. In the case of the other woman referred to, I was never able to stop the fits entirely, but it was distinctly proved that they were much less severe, and instead of lasting a week at a time, they generally ceased in from one to three days.

For some time back two men, epileptic inmates of the asylum, have been on the bromide. One of them, before beginning the medicine, seldom passed a day without a fit, and often had half-a-dozen in the day. The other had them only about once a week, nearly always in the night-time, having several during the same night. Both men, now, will not rest satisfied without the bromide, and seldom have a fit if the medicine be regularly administered. But on withdrawing it lately, it was evident that the mischief was not removed in either case, so it is again resumed in an increased dose. There is a female, aged twenty-one, at present under treatment in the hospital. On her admission, six weeks ago, she presented a most miserable appearance. She also was becoming quite silly and demented by the frequency and severity of her fits. Hardly an hour passed day or night, but she had an epileptic seizure, and it was impossible she could long withstand it, had relief not been given her. In her case the fits had a peculiar effect. As soon as seized, she would roll out of her bed on to the floor; but instead of rolling away from the bed, she continued to roll round underneath it, till she would make her appearance at the other side.

The first description I had of these attacks led me to believe them more choreic than epileptic, but subsequent observation convinced me that this was not the case. She was put upon a scruple of the bromide every four hours. The very next day she was slightly better, and continued to improve until the fits entirely left her, and continued for three weeks without a single attack, while she rapidly gained mental and physical health. She assured me that since she was thirteen years of age she was never more than two days at a time without a fit. At the end of the three weeks, however, as if the bromide was losing its effect, the fits reappeared, when I at once increased the dose to thirty-grain, with the effect of again stopping them. This was fully a week ago, since which she has continued quite well, and is still taking the bromide. I could refer to many other instances in which the beneficial effects of the bromide of potassium were well marked, but consider it unnecessary, as it would chiefly be a repetition of what I have already said on the subject. I have given the preparations of silver and zinc a fair trial in epilepsy, but never found the slightest benefit from them; and though I have not succeeded in actually curing the disease by the bromide of potassium, probably because my cases were not subjected early enough to its influence, yet I am thankful to have an agent I can so much depend upon in alleviating the sufferings of those afflicted with this most dreadful disease.

IODIDE OF POTASSIUM IN SYPHILIS.

Iodide of potassium has always been a favourite remedy with me in cases of syphilis, and I think I have often seen much good resulting from its use. But I had never used it in higher doses than 10 grains, till I noticed recently several correspondents of the *Lancet* agreeing in recommending doses of from a scruple to 30 grains three times a day in tertiary and late secondary affections. Since then I have tried it in four selected cases, with very encouraging results. One was the case of a man who suffered from syphilitic onychia of nearly all his toes' and fingers' ends, causing loss of the nail. A copper-coloured rash covered the legs and arms and a portion of the body. His tongue was covered with malignant-looking ulcers; he suffered from pains in his joints and bones, want of appetite, sleepless nights, and heavy sweats. Various local and general remedies, including iodide of potassium, but in small doses, were tried for several weeks without apparent benefit, before I noticed the iodide recommended in large doses. He

then put upon a scruple dose of it three times a day. In a very few days thereafter, a change for the better was recognized. The medicine was continued in the same dose. The nasty discharge that oozed from beneath the toe-nails soon began to look more healthy; the nails one by one dropt off, and the swelling and inflammation of the toes and fingers subsided; the ulcers on the tongue healed, and the pains throughout the body gradually diminished, the patient the while getting stouter and better, till at the end of a month, on the large doses of the iodide, he felt quite well. The second case was that of a woman who, besides a coppery rash upon the skin, had ulceration of the soft palate. On her admission, the edges of the ulcer had a gray sloughing syphilitic character; all about the fauces was swollen and inflamed; the history, too, was syphilitic. The case was one in which destruction of the soft palate was imminent; she was put upon a scruple of the iodide three times a day, using besides only a gargle of Condy's solution. Instead of the destruction I feared, the patient began to improve from the commencement of the treatment; the swollen state of the tongue, fauces, palate, soon subsided; the unpromising-looking ulcer presented a healthy granulating character, and rapidly healed up, and she was dismissed well in a fortnight. The other two cases under treatment by large doses of the iodide suffered from syphilitic nodes and ulcers on their limbs of a tertiary character, with severe aching pains in the joints. Under treatment they made rapid recoveries, the ulcers healing perfectly, while the pains entirely left them. Since noting the above cases, I have given the iodide in several others with most encouraging results. Altogether, I would be inclined to recommend its use to a much greater extent than has been the custom hitherto. It will probably displace in most cases of this disease the preparations of mercury, and while it does so with greater advantages, the bad consequences of the latter will be avoided.—*Edinburgh Med. Jour.*

Chronic Diarrhoea.

Dr. S. Montgomery, in the *Med. Archives* has the following judicious remarks on this disease:

It is very requisite that the patient should avoid all bodily fatigue. When able, a little exercise in the open air may be useful; but rest is indispensable until convalescence is fully established. Peace of mind is equally necessary.

The patient should, if possible, be in a high dry,

salubrious atmosphere, in an apartment large, well ventilated, and comfortable. The clothing should be warm with flannel next the skin, or even a flannel roller around the body. The diet and drink should be allowed in small quantities, eaten or imbibed slowly, and of the most mild and un-irritating description. The thirst, which is generally craving, should be gratified with small quantities of toast, rice, or barley water, mucilage of gum arabic, or carrageen. Spirituous or fermented liquors are contra-indicated, except in cases of great relaxation or prostration, and where no inflammation is present. The food should be such as will be easily digested, and that will leave but a small residue to pass off by alvine evacuation; boiled rice, with a little loaf sugar and good sweet milk, or eaten with a little beef or mutton carefully cooked, or with beef or with mutton soup, or a little good stale bread or crackers, may be occasionally substituted for the rice; but a very limited variety and small quantities of food only must be allowed, and a long and strict surveillance must be kept on the patient if we hope to obtain a permanent and perfect convalescence. Tapioca, arrow root, sago, and even a small quantity of fresh, ripe fruit, in proper season, will sometimes agree with our patient; but the golden rule is to drop everything which seems to disagree, and persist in the use of that which seems to suit the peculiarity of the disease, and the idiosyncrasy of the person.

A large list of medicines has been recommended in this disease, but opium is the *sine qua non*, the indispensable adjunct to all the others. Whether we give camphor or catechu, kino or krameria, simaruba or oak bark, log wood or galls, geranium or dewberry, nitrate of silver or sulphate of copper, oxide of zinc or sugar of lead, bismuth or chalk, opium in some form must enter into the prescription, or the remedy will probably fail; but we must be careful to allow only enough to allay irritation, and on this account the best way is to combine a very small quantity with the remedies given, and if more is necessary let it be administered alone as circumstances require. I believe it will be found that in this disease the solid opium, the common tincture, the acetum opii or Battley's sedative, will be superior to any of the alkaloids. Early in the disease, if the patient is not too young, too old, or too feeble, the application of a few leeches to the anus will do much good, but in a great majority of the cases they will not be necessary, the irritation and inflammatory action in the lower intestines being easily and happily subdued by a few small doses of opium, ipecacuanha and blue mass, or calomel, with cold water injections con-

taining a little sulphate of morphia or sulphate of zinc, or the acetate of lead and tincture of opium.

In cases depending on disease of the liver, spleen or pancreas, after one or two doses of the mercurial above referred to, strychnia and bismuth, or nux vomica with zinc are appropriate remedies: about one-twentieth part of a grain of strychnia with from twenty-five to thirty grains of the subnitrate or carbonate of bismuth may be given three times a day, or from half a grain to a grain of the extract of nux vomica, with from three to five grains of the oxide of zinc, three times a day. It may be found necessary to give a little opium with these, but it will be better to give it alone as circumstances may demand. I have great confidence in both zinc and bismuth in diarrhœa, the former I think is far too seldom used by the profession, and it is often very impure as found in our drug stores, and the latter is rarely given in sufficient doses to effect the desired result.

In cases where ulceration of the mucous membrane exists, the sulphate of copper and nitrate of silver may be found very useful. These should be given in the form of pill, combined with a little opium. One of the most obstinate cases I ever saw, a case which had been treated by some of the best physicians of Philadelphia and of St. Louis, was finally cured by the persevering use of the following pills:

- R. Strychniæ,..... gr. j.
 Pulv. cupri. sulphat.,..... gr. iv.
 Pulv. opii, gr. iv.
 Bismuth. subnitrat.,..... ʒiv. M.
 Ft. mass, secund. art. et. divid. in pil. no. xl.
 S. 3 pills every night and morning.

If there is much tympanitis and the evacuations very fetid and disagreeable, one of the following prescriptions will prove very beneficial:

- R. Creasoti,..... gtt. x.
 Ol. terebinthinæ,..... f. ʒij.
 Syrup. aurant. cort.,..... f. ʒj.
 Mucilag. acaciæ,..... f. ʒv. M.
 S. A tablespoonful every four hours.
 Or.
 R. Acid. carbolic,..... gr. x.
 Zinci oxid., gr. xxx.
 Pulv. acaciæ, q. s.
 Fiat mass. in pil. no. xv, dividenda.
 S. One every 4 hours.

If the discharges are starchy, a little of the liquor potassæ, bicarb. potassæ, vel sodæ may be advantageously given in a wineglassful of the decoction of quassia, simarouba, artemisia, absinthium, or rubus villosus, or an infusion of calumba root. On the other hand, if the alvine defjections are albumin-

ous, the nitric or nitro-muriatic acid may be given in either of the above infusions or decoctions.

In the chronic diarrhœa of children two to five years of age, I have had great success with powders of the oxide of zinc, containing a very small portion of powdered opium, given night and morning, and an occasional drink, during the intervals, of the decoction of logwood or dewberry, both of which a child will drink very freely if a little flavored and sweetened.

In women during lactation the tannin, oxide of zinc or bismuth will be found most valuable remedies. The bismuth I prefer giving in the form of powder with gum arabic, 25 or 30 grains of each three times daily, the zinc in the form of pill, and the tannin in solution. I have also great confidence in the astringent tonic decoctions and infusions, both in restraining the wasting profluvia, and in giving tone and healthy action to the whole alimentary canal. The principal objection to them is the bulk and bitterness of the dose, but the former defect can be remedied by using the concentrated fluid extracts now so well prepared by many of our pharmacentists.—*Medical and Surgical Reporter.*

Treatment of Chronic Tuberculosis.

Dr. Smith (*The Med. News and Library*), in his lectures on "Wasting Diseases of Children," states that three things are indispensable in the treatment of *chronic tuberculosis*; a free supply of fresh air, avoiding chills; a moderate amount of exercise, avoiding over-fatigue; and plenty of nourishing food, avoiding repletion and indigestion. It may be laid down as a rule that the best climate for a patient is one where the temperature is as low as can be borne. A hot, moist climate is only of value in cases where there is excessive irritability of the bronchial mucous membrane, a condition which would be increased by warm dry air. The object of a change of residence in this disease is to obtain a climate where the patient can pass his time out of doors, without incurring the risk of catarrh; and where, at the same time, the quality of the air is sufficiently invigorating. Moderate exercise while out of doors should always be enjoined, due regard being had to the degree of vigor of the patient. In-doors, free ventilation must be sustained, while every care is taken to avoid draughts.

The action of the skin must be promoted by warm clothing, and by daily sponging with tepid water. In the early stages of the disease the cold bath, at a temperature of 60° Fahr, may be employed if its use is found to be followed by a proper

reaction; if not, and the child remain languid and chilly, the temperature of the water must be raised. Tuberculous children should always wear a shirt and drawers of flannel next to the skin. In regard to the diet, four small meals are preferable to three larger ones in the day. Plenty of new milk is essential, and should always be given undiluted if it can be borne. Acidity of the stomach is to be corrected by the addition of lime-water to the milk. The simplest articles of food are the best, as plain roast beef or mutton, mealy potatoes well mashed, milk, and strong beef or mutton tea, free from grease. Clear turtle soup is exceedingly digestible and nutritious. Violent purgatives should be avoided; if there is constipation, an occasional dose of castor oil, or of decoction of aloes, will be sufficient to produce an evacuation. The most common condition is one in which the bowels are relaxed, three or four light-colored, offensive motions being passed in the course of the day. In these cases opium is a most valuable medicine, and should be given with dilute sulphuric acid, if the tongue is clear, as in the following mixture:—

R. Tinct. opii m. xxiv.;
Acidi sulphurici aromat. ℥j;
Tinct. myrrhæ ℥iss;
Syrupi aurantii, ℥j;
Infusi aurantii ad ℥vj. m.

Sig: ℥as ter die; or if there is much straining, with mucus in the stools, and a furred tongue, it can be given with castor oil: R. Tinct. opii, m. xxiv.; Olei Ricini, ℥iij; Syrupi, Mucilaginis Acaciæ, ℥ss; Aq menth. pip. ad ℥vj. M. ℥sa ter die.

The flannel bandage should always be worn round the belly in these cases.—*Medical Record.*

The Symptoms, Causes, and Treatment of Cynanche Tonsillaræ.

By F. P. ATKINSON, M.D.

* * * * The predisposing causes of quinsy are—want of tone about the system generally, owing to excess of mental or bodily exertion or long continued fasts, chronic dyspepsia, imbibition of alcohol before going into the cold night-air (congesting as it does the mucous membrane of the throat and stomach). The exciting cause is cold, producing suppression of perspiration. The materia morbi here selects the tonsil, the same as it does in gout; the great toe. I do not at all hold with it being the result of cold acting directly on the throat, for then laryngitis would be a much more common accompaniment than it now is; besides, in my own case, I noticed that the attacks

came on most frequently when I took most care in wrapping up my throat; while exposure to night-air, and want of precautions, seldom seemed to produce an injurious effect. Moreover it appeared, however careless I might be directly after one attack had passed off, though in a weakened condition, a second never followed.

The treatment I prescribe is the following:—Bicarbonate of potash, one scruple; powdered guaiacum, ten grains, or tincture of guaiacum, half a drachm; mucilage, as required; water to the ounce. To be taken with fifteen grains of citric acid three times a day, in a state of effervescence. A gargle consisting of twenty minims of tincture of iodine to the ounce of water (to be used by being held in the mouth and the head shaken from side to side.) Three or four glasses of port wine daily, and plenty of beef-tea. If the weather is fine, I order my patient to take a little gentle exercise in the open air: No other application is required for the throat than that mentioned. Purgatives I do not consider necessary, since as soon as the disease is over, the bowels regain their proper tone, and become perfectly regular.

The advantage of the above line of treatment may be shown by relating the two following cases: While on a visit to a friend some two years ago, I was asked by a gentleman to see his brother, who was suffering from a bad attack of quinsy. I found him in bed with poultices and flannels round his throat, looking the very picture of wretchedness. He could neither speak nor swallow without great difficulty. I ordered him to get up at once, to throw off all wraps from his throat, and take gentle exercise in the open air. The medicine prescribed was the same as mentioned above. On the second day he was able to go off to his office, feeling comparatively well. A day or two after this, a gentleman next door to where I was staying was taken with the same thing. He was kept to his bedroom; had mustard and linsed-meal applied to his throat; in fact, I may say, went through the usual line of treatment, and the result was that he was ill for more than a week.

Persons who have had quinsy before, which has usually run on to suppuration, are perfectly incredulous when I tell them they will be well in three days; but results almost always prove the correctness of my statement.

Of course where suppuration has commenced (as shown by the pain in the ear), the treatment is utterly-unavailing, and I then stop all medicines, and simply administer wine and beef-tea.

I have tried almost every kind of treatment upon myself, both general and local, and I can say

most positively that this will be found the best. I do not really think I am stating too much when I say that it is almost a specific. At any rate I shall be quite willing to leave it for my professional brethren to disprove or endorse the opinion held.

Pregnancy Mistaken for the Menopause.

Mistakes in diagnosis, Dr. Brown remarked, are common; to report them is comparatively rare. But it is as much the surgeon's duty to report his mistakes and failures as his successes. The following case may prove instructive in this light.

Mrs. C—— N——, aged forty-five, a native of Maine, originally of good constitution, put herself under his care April 19th, 1869. She had been at a "water cure" for two weeks previously. She had been sick for three years, unable to walk a few rods without assistance.

On making a vaginal examination, he found the os large, open, ulcerated; the uterus about four times the normal size, the sound passing readily four inches. She had, in addition to the ordinary sympathetic symptoms hematemesis, with almost constant pain in the epigastric region, and internal hemorrhoids. About nine months previous to her arrival in Stoneham, she had irregular menstruation, which stopped about four months previous to her arrival. There was still a profuse vaginal discharge, for some time tinged with blood, but latterly dark-colored, with an offensive odor. Subject occasionally to spasms, with rigors.

She had had seven living children; eldest, twenty-six years; youngest, nine years old; no miscarriage.

Dr. H. R. Storer visited her in consultation on April 24th, and found substantially the same state of things as above described. She miscarried April 29th; the fetus about four months advanced; placenta adherent, removed by the hand; and she made a good recovery. She was afterwards treated for ulceration successfully, and left for her home in Maine, much improved. The gastric affection was also greatly bettered.

This is one of the cases where even the most experienced physician would be likely to err in diagnosis. The length of time (nine years) which had elapsed since the birth of the last child; the time of life (forty-five years), when the change might be reasonably expected; the extensive disease of the os and neck; the length of time (three years) during which the patient had remained a helpless invalid; the cachectic expression of countenance, with pain and offensive discharge, were all calculated to throw us off our guard, and point to

the existence of a polypus or a fibroid tumor. Neither Dr. Storer nor himself believed that the case was cancer; although several of her relations and acquaintances expected that that would be the decision.

Dr. Storer stated his satisfaction at Dr. Brown's case having been reported. He had himself in several instances reported to medical societies cases where, in default of the probability of the existence of pregnancy, he had been similarly mistaken. *Gynecological Journal*.

The Cholagogue Action of Mercury and Podophyllin.

An investigation of the action or want of action of mercury and taraxacum in influencing the secretion of bile, is something like an inquiry by Dr. Colenso into the authenticity of the Book of Numbers. It is something to make the cheeks of many an old-fashioned practitioner turn pale, to shake the whole foundation of his therapeutical creed, to symbolize the end of all things at least regards drugs. Podophyllin is but a juvenile. That podophyllin, albeit lauded in no measured terms for its flow-of-bile-producing qualities, should prove a traitor, was a blow which some little exertion of moral courage could enable the believer to survive; but that any doubt should be felt about the capabilities of calomel and blue pill, and extractum taraxaci, in "acting upon the liver," must have conveyed a shock in various quarters, from which we should imagine there are many still suffering. The investigation, however, has taken place. It has been conducted by men of proved ability. Its results are here placed before the reader in a very intelligible form, and we come for our part, that at these results we are not at all surprised. The experiments clearly show, what careful observation in practice must have taught the unprejudiced, that faith in the cholagogue action of these drugs has been misplaced, that our trust in blue pill from this particular point of view has been as ill-judged as it was strong, and that the days are rapidly drawing to a close when a practitioner of medicine will be able, without subjecting himself to ridicule, to inform his patient that his complaint is "all liver," and require dry doses of mercury, podophyllin, or taraxacum.

In the experiments adopted by the committee dogs were employed. The fundus of the bladder was attached to the abdominal wall, and a fistulous opening made in it through which the whole of the bile secreted for at least twenty-four hours at a time was collected.

It will be observed that during the five days

which mercury was given the quantity of bile secreted was diminished to nearly a half of what it was in the period preceding the administration of that drug. During the second period, the average amount of bile secreted was on the whole greater on the days when no mercury was given than on the other days.

Dr. Bennett comes to the conclusion that mercury, when administered so as to impair the general nutrition, lessens the biliary secretion; that given to dogs in either small, gradually augmented, or in large doses, it does not increase the biliary secretion. He finds that it does not influence it at all so long as neither purgation nor impairment of health are produced.

As regards the other drugs employed, doses of podophylline varying from two to eight grains, when given to dogs, diminished the solid constituents of the bile whether they produced purgation or not. Doses which produced purgation lessened both the fluid and solid constituents. Doses of the solid extract of taraxacum, varying from 60 to 240 grains, affected neither the biliary secretion, the bowels, nor the general health of the animal.—*Practitioner, June, 1869.*

Case of Coccydynia.

By W. R. FOX, M.D.,
SAN LEANDRO, CAL.

Mrs. K., aged 23, a resident of Wilmington, Ill., consulted me February 1st, 1869, about a severe pain in the region of the coccyx. I learned from her, that ten months previous to this date she was delivered of her first child, after a tedious labor. Her recovery from the accouchment was imperfect, suffering for months from symptoms of anæmia.

Although her general health had improved somewhat, under tonic and restorative treatment, yet she complained greatly of pain in the lower part of the back. The pain was very much aggravated by walking, sitting down, or rising from the sitting posture. Upon examination, I found the lower joint of the coccyx to be motionless and tender to the touch. The pelvic organs were in a healthy condition, except that there was slight prolapsus uteri. There was no vaginismus. I pronounced the case to be coccydynia, and advised amputation of a portion of the coccyx. As she had obtained no relief from treatment, but was growing worse, she readily consented to the operation.

The operation was performed in the following manner:—The patient was placed on the right side; and with the index-finger in the rectum, I

made firm pressure outwardly. Then an incision was made in the median line, down to the bone, and of sufficient length to admit of disarticulation at the second joint. The two lower bones were then separated from their attachments and severed at the second joint with small bone forceps. The wound was closed with metallic sutures, and the greater part healed by the first intention. My friend, Dr. E. R. Willard, assisted at the operation.

The result, in the case, was perfectly satisfactory. In a few weeks, Mrs. K. was attending to her household duties, free from pain, having greatly improved mentally and physically. A short time since, I received a note from her saying she was in the enjoyment of good health, the operation having been a success, &c.

Dr. J. C. Nott, formerly of Mobile, recommended and performed this operation 25 years ago, 15 years before the attention of the profession was called to it by Professor Simpson.—*Chicago Medical Expositor, February, 1870.*

On the Perchloride of Iron in Phthisis.

By E. SYMES THOMPSON, M.D., F.R.C.P.,
Assistant Physician, Hospital for Consumption, &c., Brompton.

* * * * This preparation is so universally applicable, that, with management, it may be given in almost every case in which steel can be borne.

That cod-liver oil and iron are now so universally admitted to be the remedies in consumption is a good illustration of the fact that—so far at least as common maladies are concerned—rational therapeutics is taking the place of that unreasoning credulity which would seek a specific for every ailment. The real specific treatment of phthisis is to put and keep the body in as perfect a state of health as possible; the weak digestive and assimilative power of the consumptive is due to poverty of the digestive juices, and is best remedied by enriching the blood, whence these fluids are derived.

The improvement of appetite, diminution of flatulence, &c., which occur under the perchloride of iron is often remarkable; cod-liver oil, and other fats previously refused, being digested without discomfort. It both checks diarrhoea and relieves constipation (by giving tone to the feeble muscular fibres of the bowels); it lessens night sweats—though these often call for oxide of zinc in addition—and is a valuable remedy in hæmoptysis.

It appears, too, to exercise a controlling influence over the inflammatory attacks so common in the course of phthisis. What we call "inflammation"

depends primarily on an altered relation between the blood-vessels and their contents, and may be "nipped in the bud" by converting unhealthy into healthy blood.

Tubercle is, according to Lebert, an inflammatory product born to die; being of feeble origin, it is incapable of resisting adverse circumstances, and therefore short-lived. Is it not rational, then, to expect benefit from supplying to the blood an element of stability lacking in the fluids of those who have been bred in low-lying, humid, sunless regions?

Iron cannot be rapidly assimilated in large quantities by feeble persons, but must be taken, like food, hour by hour, day by day, and year by year, till the blood is no longer poor, the tissues no longer short-lived and unresistant, and until what is called the "tubercular dyscrasia" is overcome.—*Practitioner*.

Dental and Uterine Sympathies.

By N. W. HAWES, DENTIST,
BOSTON.

* * * * * About seven years ago, a lady called upon me for advice respecting her teeth. She had been suffering long from dyspepsia, had a hacking cough and hectic fever, was exceedingly nervous, and of course somewhat emaciated. There was not a sound tooth to be found; her gums were inflamed and putrid, with pus exuding from around nearly all her teeth. I at once advised their removal, and the adjustment of an artificial set. She questioned the propriety of going to the expense, inasmuch as her health was so precarious that she did not expect to live long. I dwelt upon the probability of an improvement in the general health after release from her teeth, and finally persuaded her to submit to the operation. The next day she came in and allowed me to extract her teeth—twenty-eight in all,—without anæsthesia, and thus remove all the cause of her infirmities, as was subsequently demonstrated by her speedy return to health. I saw her a few days ago, and she said she had "not been sick a day since I took her teeth away." * * * * *

In reversing the problem, with regard to the reflex influence produced upon the teeth by an unhealthy uterus, I call to mind the expression of some writer, that every child costs its mother a tooth. * * * * *

My impression is that the uterus plays a more important part in the deflection of the female teeth than is generally conceded. * * * * * And, as

the female teeth suffer most, we must hold the uterus responsible for part, at least, of these influences upon them.

After operating, some time since, for a lady, I flattered her with the remark that her teeth were much better than the average. A few months afterwards she called upon me looking rather anæmic. An examination revealed a sad condition of her teeth,—her gums were swollen, turgid, and bleeding at the slightest touch, and her teeth badly decayed, particularly at the margin of the gums. I confessed my inability to understand the condition, but inquiry from her husband revealed the fact of a miscarriage, and to this I attributed the erosion of her teeth.—*Gynecological Journal*.

Nursing Sore Mouth.

This troublesome affection is spoken of in these terms by D. I. P. Wilson, in the *St. Louis Medical Journal*. Dr. Wilson, is of opinion that it is the result of an impoverished condition of the system.

The child in embryo and in infancy is supported by its mother. The mother's system is continually being drained from the day of conception to the time she weans her child. She has not only her own body to maintain during gestation and lactation, but her offspring must be supplied with the bone, muscle, and nerve producing materials, even though her own system be starved for the purpose. If the system is robbed of any of its constituent parts the body must suffer. The bones, e. g. contain from 48 to 59 per cent. of the phosphate of lime, and the enamel of the teeth from 81 to 88 per cent, hence an immense supply of these lime salts is required to maintain the mother, and to build up the bony tissues of the child. Stomatitis materna is nearly always accompanied by extreme sensitiveness of the teeth, and a softening of the tooth structure, showing a starved condition of the entire osseous system. The lime salts have been appropriated for the development of the bony tissues of the child, while the exhausted mother is suffering the consequences of an impoverished system.

This disease is more prevalent with pregnant and nursing females, because they demand a far greater supply of those life-supporting elements; but it is not this class alone that suffers from this condition. The non-pregnant female who is living on a poor, weak diet, is liable to suffer the same consequences. The male sex, too, may have sore mouth of the same character, but it is always given some other name, and attributed to some other cause.

In my practice as a dental physician I have been called upon to treat this disease, and when it has

not progressed too far, I have only found it necessary to recommend a good, nutritious diet, with plenty of exercise in the fresh air and in the sun. If the entire alimentary canal is affected, tonics should be given, and a general constitutional treatment may be required.

One or two kinds of aliment will not keep the system in repair. A variety is necessary. Milk and eggs are said to be the only articles of food that contain all the required elements. The lime salts abound richly in the unbolted wheat flour, while fine flour is almost entirely destitute of this element.

Let the mother's system be furnished with a sufficient amount of the bone, muscle and nerve producing materials to build up the tissues of her child, in utero and during infancy, and "stomatitis materna" will rarely if ever exist.—*Cincinnati Medical Repository*, Feb. 1870.

The Health of New York City.

Dr. Swinburne, the accomplished and energetic Health Officer of the port of New York, in terminating his official connection with the Board, presented a report giving complete statistics of disease under Quarantine for the past six years, of which the following are the principal points:

YELLOW FEVER.—The total number of ports infected with yellow fever for the past six years is 81, from which we have received 972 vessels, 261 of which had sickness either in port, on the passage, or on arrival, and from which 200 cases of yellow fever were received and treated in the Quarantine hospitals. One hundred and fifty-one of these recovered, and forty-nine died.

CHOLERA.—The total number of vessels bringing cholera to this port, for the past six years, is 26. On these vessels 11,537 persons were exposed to this disease, 832 of whom died on the passage, 724 were received in Quarantine hospitals, and 303 of whom died.

SHIP FEVER.—The number of vessels bringing ship fever to this port, for the past six years, is 47, from which 202 persons sick with this disease were sent to the Ward's Island hospitals. On board of these vessels on the passage 18,708 passengers and crews were exposed.

SMALL-POX.—The number of vessels bringing small pox to this port for the past six years is 174. From these vessels 569 persons sick on arrival were sent to the small-pox hospitals on Blackwell's Island; 96,199 persons were exposed to this disease during the passage, of whom 84,700 were vaccinated at Quarantine by Dr. Loines. The residue had

either had small-pox or were fully protected by vaccination.

In this connection, it is a source of gratification to add that Quarantine records show that among all the employees engaged in disinfecting vessels, purification of dunnage, etc., of the sick and well, nursing of the sick, burying of the dead and all other employments connected with the Quarantine, but three have died—a record which has never been equalled at this or any other port. This experience of six years also shows that no case of cholera, small-pox or ship fever has been contracted from exposure to the vessel upon which either of these diseases existed during the passage, after such vessel had been freed from its human freight and thoroughly cleansed and fumigated. The history of these twenty-six vessels bringing cholera to this port also shows that the disease entirely disappears after ten days, when the vessel is not excessively over-crowded, if the sick are kept separated from the well, and proper sanitary regulations carried out, the immediate removal of all who may be attacked with light diarrhoea, and the allowance of a liberal diet to those who may remain well.—*Med. and Surg. Reporter*, Feb. 1870.

Varicocele.

The chief cause of the want of success in the treatment of varicocele, is the dependent condition of the testicle, the anatomical arrangement of the vessels remaining unchanged. There is no better plan to obtain immediate palliation of the symptoms, and even a gradual and perfect cure than suspension of the testes directly upwards. The suspender consists of a piece of web about $3\frac{1}{2}$ inches wide at one end, $4\frac{1}{2}$ inches long, 4 inches wide at the other, and cut gradually tapering to the narrow end. A piece of thick lead wire is stitched in the rim of the smaller end, and the sides are furnished with neat hooks, a lace, and a good tongue of chamois leather, two tapes being sewn along the entire length of the web, which are afterwards attached to the suspending belt. The application is easily made by the patient in the morning before rising, and when the parts are relaxed, laying the affected organ, while in the dependent position, in the "suspender," and lacing up the hooks with a moderate degree of tightness, then raising it up and attaching the tapes to the suspending belt previous to rising from bed. It is not necessary that the suspender should be worn at night.—*Braithwaite*.

The oxalate of cerium in its maximum dose, gr. iij., is an excellent sedative in cases of dyspeptic vomiting.—*Braithwaite*.

The Dominion Medical Journal,

A MONTHLY RECORD OF
MEDICAL AND SURGICAL SCIENCE.

EDITORS:

UZZIEL OGDEN, M.D.,
J. WIDMER ROLPH, M.D., L.R.C.P., Lond.

TORONTO, MARCH, 1870.

DR. BROCK will draw upon unpaid subscribers through the express company in the course of a few days, and hopes that the amount of their subscription will be paid immediately.

HOSPITAL MANAGEMENT.

According to Chambers, "The primary or more important object of all hospitals, is to mitigate bodily suffering, while they are also serviceable as schools for medicine and surgery, where professors can practically educate their pupils, by pointing out varieties of disease and injuries, and exemplifying methods of treatment. As means of relief, and schools of medicine, they appear to be absolutely essential to every dense community."

Now we beg leave to direct the attention of hospital managers and attendants, to what appears to be a recognized principle in all civilized countries but Ontario, and thus clearly and forcibly expressed by the celebrated Scotchman, and we are glad to learn that the Trustees of the Toronto General Hospital are just now trying to effect some change in the system of attendance at that institution whereby its clinical advantages can be more fully utilized than at present, and we hope they will carry out their patriotic design without "fear, favor, or affection;" but we have been surprised to hear that strong opposition is shown towards any change, although complaint is continually made, that our Ontario students seek at other institutions, that clinical instruction which is denied them at home, while the majority of those who go elsewhere for their medical education, give that as their sole reason.

In our simplicity we supposed that as one of the primary objects of an hospital, was to train and educate those who might be called to assume the care and protection of the community, in times of sickness and epidemic danger, those who accepted hospital appointments (especially if connected with medical schools) would be will-

ing, in view of the honor of the position, to make some sacrifice of personal ease and convenience, in order that all the advantages of the institution as a school of observation and discipline might be developed to the utmost degree; but forsooth, we are told (we hope incorrectly) that all these objects are subordinate to the convenience of the medical officers, and that our Ontario students must continue to go to Montreal, Kingston, or New York, where people are not "characterized by a mad contempt for experience."

Now, we have as strong a veneration for old landmarks and customs as any man, but when they become so covered with moss as to mar the value and efficiency of the public institutions of our own day, we would not hesitate to do away with the "feudal antiquities."

The present system of hospital attendance did very well, years ago, when we had few or no medical schools to be injured by it; but for many years, all connected with our teaching bodies have felt that the Toronto Hospital *did not* furnish that clinical instruction which an institution of its size and importance might afford, but no one felt willing to incur the odium which it was known would attach to whoever initiated the movement to change the time-honored but vicious system. All honor to the Trustees who have the moral courage to approach the matter!!

As far as we can understand the system proposed, it is similar to that which has been in successful operation in other Canadian and American hospitals for years; and if it works so well elsewhere as to continually draw away our Western students, we can see no reason why it should not work well in Toronto. But there is one feature in the proposed scheme to which we would object; that is, the transfer of all the patients in the hospital from each man to his successor, with each change of periodical attendance. We think it would be better, were each man allowed to retain, at his option, all admitted by him, until they passed off by recovery or death, as by that means the gentleman retiring from the admitting period, would be brought back to the hospital occasionally, and the students would thus be enabled to watch to its conclusion the treatment initiated and pursued by each man; and it would be well to arrange so that the retiring attendant should visit at an hour immediately after or before the admitting physician. We think in this way a greater amount of clinical instruction can be furnished, and a greater number of clinical lectures can be illustrated, than under the transfer system; and we hope the time will soon come when the Trustees will compel every

attending medical officer to deliver a certain number of clinical lectures during each and every year. At the same time we think the gentlemen delivering the lectures should be allowed to charge a fee for their trouble, and that all students should be admitted to the lectures on payment of the fee. We care not whether all be compelled to lecture in the hospital free of charge, or all be allowed to charge and collect a fee—only, let us have the lectures.

We do not think it possible, however, to carry out the proposed scheme with the present large staff, without creating jealousy on the part of those who might not come before the students during the winter session; and when we find a staff of only eight men connected with the Middlesex Hospital and its 310 beds, we feel more convinced than ever that a staff of four could, with very little inconvenience to themselves, give all the attendance requisite for the in-patients in the present state of our hospital. Therefore, if the staff were divided, and, say, four men were constituted an attending or Domestic staff, with the periods of consecutive attendance extended to four or six weeks, then each man would, after two weeks' admitting, accumulate cases enough to illustrate his lectures, while, for perhaps two weeks after his term expired, he would still have material enough on hand for the same purpose. And if the other four men of the present staff were appointed to take charge of the out-patients, and recommend for admission those requiring domestic treatment, they would also be enabled to afford a great deal of clinical instruction, of the most useful and practical kind, and save much time for the attending staff; while, for the sake of distinction, they might be known as the Dispensing or Central staff, holding equal rank with the admitting physicians, and all being summoned, with the consulting staff, whenever consultations were required.

TO CORRESPONDENTS.

In common with most periodicals, it is our rule to take no notice of anonymous communications; but for once we feel inclined to break the rule, and give the public the information "A Subscriber" is so anxious they should possess.

The letters L. F. P. & S., G., mean—Licentiate of the Faculty of Physicians and Surgeons, Glasgow.

That is the information required, and could easily have been obtained from the Medical Register. We suppress all particulars, because the whole thing is evidently an attempt on the part of

one medical man, and it is not the first he has made, to injure another.

We can make a pretty shrewd guess as to the author, and can assure him that he must go elsewhere than to the *Dominion Medical Journal* for assistance in schemes of that description.

We have received several letters from subscribers, complaining that their subscriptions had not been acknowledged in the February number. With this we have nothing to do, as we merely publish the list forwarded by Dr. Brock to us. But, as we understand it, Dr. Brock only intended to acknowledge those who paid since the transfer of the journal; and all those who have written to us stand on our books marked by Dr. Brock, *paid*, at that time.

Any additional information, or if necessary a receipt, can doubtless be obtained from Dr. Brock, Box 670, Toronto.

We acknowledge in another column, the receipt of a number of original communications, some of which, from want of space, we are obliged to withhold for the present, and those published, we have been obliged, very unwillingly, to curtail considerably. We would take this opportunity of urging upon subscribers the necessity of extending our circulation as rapidly as possible, so as to enable us to make the necessary improvements at the close of this volume. We have material enough every month to fill a journal twice the size. But to accomplish this, we must have the support of the entire profession.

CANADA HEALTH JOURNAL.

It seems we, albeit quite unintentionally, misrepresented in our last issue the character of this periodical, when we supposed it to be the exponent of the views of the Homeopaths. The editor writes to inform us that it is "intended for popular reading mainly, in the interests of hygiene and mental and physical culture." He also goes on to say. "It does not enter into the arena of disputed therapeutics, and has among its subscribers more physicians belonging to the allopathic than any other school of medicine."

We make this correction with pleasure, and beg to assure the editor at the same time that we made the statement in no disparaging way, but merely stated what, at the time, we believed to be the case. We wish the JOURNAL every success, and have great pleasure in putting it on our list of exchanges.

DISLOQUATED PENIS.

We have received a paper from Dr. Coburn, of Oshawa, describing a general smash-up of the penis, (in an old masturbator,) under the name of "dislocation." There was great extravasation of blood beneath the integuments of the penis, scrotum and perinaeum, extending well up over the abdomen and down the thighs. The injured organ was not less than ten or twelve inches in length and enormously distended.

Our correspondent supposes that the attachments of both crura and the suspensory ligament were torn, and that the "arteries of the bulb, of the corpus cavernosum, helicine arteries, and dorsales penis were all damaged."

The doctor scarified the penis freely and applied warm water dressings, with great relief to the patient, swelling and discoloration disappearing; but the doctor inclines to think the usefulness of the organ permanently impaired.

OUR LYING-IN HOSPITAL.

The Burnside Lying-in Hospital have just issued their annual report for 1869.

It appears that 88 patients were admitted last year, of which 1 died, and 87 were discharged.

The Committee of Management consists of a 1st and 2nd directress, a secretary, a treasurer, and nine other ladies. The Matron is Mrs. Black, and the consulting physicians, Drs. Hodder, Bovell, and Russell.

Financially, too, the Institution seems to flourish, as the balance this year is \$670.38, against \$457.25 last year.

We see amongst the receipts grants of \$250.00 from the City Council, and \$480 from the Local Legislature, which gives the public a right to know something of the way in which the Institution is managed, on which point we hope to enlighten our readers in our next issue.

THE HAMILTON SUMMER MEDICAL SCHOOL.

We welcome with pleasure, into the confraternity of Medical Schools, the above-mentioned institution. The establishment of a Summer School will supply a want long felt by students, who will now be able to spend to greater advantage the time usually passed with a medical man in the country, and thus not only nominally, but really, fulfil the requirements of the Council. The names of those connected with it are a more than sufficient guarantee that all its promises will be faithfully and ably fulfilled.

ENCEPHALOID TUMOR OF THE OS UTERI.

Dr. Dorland, of Belleville, writes us to say that he had removed, twelve days before, a large "encephaloid tumor" from the os uteri, by ligature, and as none of the lymphatic glands were apparently involved, he hopes the disease might not return. At the hour of writing the patient was doing well, and the doctor promises to let us know the future progress of the case.

DR. MACKINTOSH'S ADDRESS.

We have received from some friend in Hamilton a report of the above, which contains a great many good hits; but the address is too long for easy insertion in our columns. We take the liberty, however, of extracting a few paragraphs for the benefit of our readers. The Doctor deploras the lack of medical literature, "worthy of the name," in Ontario; but surely he has not seen the DOMINION MEDICAL JOURNAL, or, it "strikes" us, he would not have made such a "miss" as that. It appears to be in favor of endowing chairs in our large school, as a means of fostering native talent; but while it would be very agreeable to ourselves to know that our bread and butter were thus made sure, we do not think it would be conducive to that high development of energy and talent, by which alone a successful school or medical journal can be sustained. After pointing out various objections which he entertains towards the Ontario Medical Bill, he says:

"What legislation has to do with medicine, is to establish one board whose standard of preliminary and professional education and examinations should be sufficiently high to give the public a guarantee that all who obtain its license have studied the beautiful mechanism, mental and physical, of health and in disease, of the human body on which he has to operate, leaving each to follow what system he can conscientiously adopt, and the public to judge whether they will have their bodies worked on that system or on another.

* * * * *

Of the Medical Bill he says:—

"In so far as it provides for preliminary and professional education, and for the examination of candidates by special examiners and a Central Board, it is worthy of all commendation, and, indeed, in this respect, and in the composition of the Medical Council, a mixture of the popular and *officio* element, it is ahead of Great Britain, for she has anticipated these very measures which the profession there is now contending for. Respecting the clause for the suppression of quackery, which the Doctor said was in operation, he remarks facetiously that, instead of prosecuting these men and making martyrs of them in the estimation

the public, it would be better to let them alone, or quietly to insinuate that they are our best friends,

"Since there's nothing so likely as quacks, it is plain, To make work for the regular doctors again."

"The Doctor then went on to show, by statistics and otherwise, that Homoeopathy, instead of being on the increase, was actually on the decline, and quoted from a German Homoeopathic journal to the effect that there was a great lack of Homoeopathic recruits there, and that at the present rate of decline their ranks would be sufficiently thinned to prevent them from presenting a distinct front to the world; that the same article went on to say that, of course there were always a few that joined their ranks from the old school, but of those they took no account, as they were generally driven to this step by loss of practice or character from some individual faults, and took up Homoeopathy as a last hope or *dernier resort*. 'In Hamilton,' said the Doctor, 'we cannot gainsay the truth of the latter remark.'

"The injustice of compelling medical men to give professional evidence in criminal prosecutions without any remuneration, was then adverted to, and it was argued that the profession should take a decided step in the matter and refuse to give such evidence till paid for it. 'It has been given on good legal authority that a subpoena does not require a statement of opinion, but only of facts as an ordinary witness, unless paid for.'"

[The address occupies over two columns in the *Hamilton Times*.]

ST. CATHERINES MEDICAL ASSOCIATION.

Our Medical brethren in St. Catharines have just organized a Medical Association. It is intended to hold monthly meetings at which a paper will be read and discussed. The following is a list of the officers:

- President.....A. Jukes, M.B.
- Vice-President.....Dr. T. Clarke.
- Secretary.....J. Alexander, M.D.
- Treasurer.....Lucius Oille, M.D.

We always rejoice to hear of the formation of such Societies, tending as they do to promote an *esprit de corps*, in the locality. We shall be glad to get short reports of their proceedings.

The medical section of the Canadian Institute met on Friday evening, the 18th inst., when Dr. Agnew read a paper on relapsing fever, from Dr. James O'Dea, formerly of this city, but now of New York. A lively discussion followed, and the meeting directed the paper to be given to the editors of the *Dominion Medical Journal* for publication.

A hearty vote of thanks was given to our old fellow-townsmen and the meeting adjourned. [Dr. O'Dea's paper will appear in our next number.]

Miscellaneous, &c.

Infant Mortality.

The truth is, the chief cause of infantile mortality is not more the weather, or foul air, than the ignorance and false pride of the mothers. Children are killed by the manner in which they are dressed, and by the food that is given them, as much as by any other causes. Infants of the most tender age, in our changeable and rough climate, are left with bare arms and legs, and with low-neck dresses. The mothers, in the same dress, would shiver and suffer with cold, and expect a fit of sickness as the result of their culpable carelessness. And yet the mothers could endure such a treatment with far less danger to health and life than their tender infants.

A moment's reflection will indicate the effects of this mode of dressing, or want of dressing, on the child. The moment the cold air strikes the bare arms and legs of the child, the blood is driven from these extremities to the internal and more vital organs of the body. The result is congestion, to a greater or less extent, of these organs. In warm weather, the effect will be congestion of the bowels, causing diarrhoea, dysentery, or cholera infantum. We think that this mode of dressing must be reckoned as one of the most prominent causes of summer complaints, so-called. In colder weather, congestion and inflammation of the lungs, congestion and inflammation of the brain, convulsions, &c., will result. At all seasons, congestion, more or less, is caused, the definite effects depending upon the constitution of the child, the weather, and various other circumstances.

It is painful, extremely so, to any one who reflects upon the subject, to see children thus decked like victims for sacrifice, to gratify the insane pride of foolish mothers. Our most earnest advice to all mothers is, to dress the legs and arms of their children warmly, at all events. It would be infinitely less dangerous to life and health to leave their bodies uncovered, than to leave their arms and legs bare as is the common custom.—*Medical and Surgical Reporter*.—*American Eclectic Medical Review*.

Peritonitis and Perforation of the Vermiform Appendage.

Some time ago, we saw a lad under the care of Dr. H. H. Wright, in whom, during apparent convalescence from peritonitis, the symptoms of perforation became suddenly manifest, and rapid sinking and death followed. A post mortem revealed perforation of the vermiform appendage, with a considerable glueing together of the col-vc-

lutions of the intestines. A small mass of chewing gum was found in the appendage opposite the ulceration, and had, apparently by its impaction, caused the irritation.—[*Ed. Dom. Med. Jour.*]

Ether Spray in Cases of Hernia.

Mr. Marsh, of Littlemore, gives the following instance of the value of this method of treatment. A man, about fifty years of age, and insane, complained that his rupture was down. On former occasions it had been returned, though with difficulty, by the ordinary means. The time, being more refractory than usual, it became necessary to do something more. At Mr. Sankey's suggestion the ether spray was applied, with complete success. Under its influence the swelling steadily lessened, and the gut was returned by the fingers with the greatest ease. The man complained very much of the burning of the spray. This, Mr. Marsh thinks, might be counteracted, and the return of the protrusion aided by the simultaneous induction of partial or complete general anaesthesia.—*Practitioner.*

Female Medical Education.

The Faculty of the University of Edinburgh has completed the arrangements for enabling females to study medicine. Separate classes for males and females have been formed, and five women have already presented themselves for examination for matriculation. A female medical society, under the presidency of the Earl of Shaftesbury, has been established in London, with the objects of providing educated women with proper facilities for learning the necessary branches of medicine and of promoting the employment of female physicians for the treatment of the diseases of women and children.—*Medical and Surgical Reporter.*

Ipecacuanha.

Ipecacuanha exerts a power over all diseased mucous membranes in checking profuse secretions. It is especially useful in spasmodic coughs, attended with a profuse mucous expectoration and vomiting. It also has a direct action upon the stomach in cases of obstinate sympathetic retching or vomiting, without primary disease of the stomach. In these cases it must be given in very small doses frequently repeated.—*Braithwaite.*

Opium.

Its Action upon the Uterus.—The action of opium upon the uterus, is to stimulate contraction of the fibres of the body of the uterus, whilst it relaxes those of the os. Opium, although it may relieve false pains never can and never did, arrest a physiological labour. This action of opium may be made of service, when the os uteri refuses to dilate, notwithstanding the regular occurrence of pains. In placenta-prævia, opium not only acts as a hæmostatic, but it facilitates dilatation, and thus shortens the period of the greatest danger, and also promotes the expulsive power of the uterus. It may be administered with advantage in ordinary

cases of labour, instead of ergot; and when the placenta is detained, owing to hour-glass contraction of the womb, it will be found to relieve the irregular contraction, and cause expulsion of the after-birth.—*Braithwaite.*

How to Mask the Bitter Taste of Epsom Salt.

The following is the formula for an ordinary dose of an ounce: Sulphate of Magnesia, 30 parts; ground coffee, 100; water, 700; boil for ten minutes in an untinned vessel. The coffee may be boiled with the salt or it is of no avail; a grain or two of tannin whilst boiling will add to the effect. Remove from the fire, let it stand ten minutes, thoroughly infuse, and strain. Sweeten to taste and drink it either hot or cold, as desired.—*Braithwaite.*

A Remedy in Hemiplegia.

Dr. A. H. Smith, Philadelphia (*Am. Jour. Obstetrics*), speaks very highly of ammon. iunior in 15 grain doses, repeated every two hours, in hemiplegia.—*Med. Record.*

—As a therapeutic agent, hydrate of chloral is a sedative of violent pain in gout; of the atrocious sufferings occasioned by nephritic colic, and dental caries; in a word, it is the very best of anaesthetics administered through the stomach. Lastly, it is the quickest and most efficacious remedy in tetanus chorea, when it is required to abate speedily a condition of restlessness, which is in itself a peril to the life of the patient.—*Lancet.*—*Practitioner.*

Communications Received.

We acknowledge with thanks communication from the following gentlemen:—Drs. Coburn, Oshawa; Dorland, Belleville; Evans, Kingston; Doig, Abinger; Wallace, Spencerville; Oldwright, Toronto; O'Dea, New York (per Medical Society Canadian Institute).

Books Received.

Naphley's Modern Therapeutics. Williams & Co. the Eye.

Subscribers who have paid.

February:—Drs. Gairdner, Bayfield; Salmon Simcoe; Hagerman, Lynedoch; Lavell, Kingston; Mack, St. Catharines; Graham, Ainsleyville; Street, Milton.

March:—Drs. Hancy, Caistoville; V. Cornwell, West Flamboro; Bogart, Campbellford; Hall, Marys; McMillan, Alexandria; Godfrey, Montreal; Stevenson, Kleinbury; Devins & Bell, Montreal; Sweetland, Ottawa; Dorland, Bellefleur; Sangster, Toronto; Agnew, Toronto; Andrew, Toronto; Bowlbi, Waterford; Lamberkin, Hamilton.