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Original Communications.

Removal of a Lymphoma from the right side of the neck. By WILLIAM E. BESSEY, M.D., C.M.
Read before the Medico-Chirurgical Society of Montreal, January 28th, 1876.

This tumour had existed for a period of about sixteen years, gradually increasing in size, and at times becoming considerably swollen, thus causing great inconvenience by the sensations of pain in head, ringing in ear, and aching in arm of that side, with a feeling of tightness about the throat. By its prominence it was an object of frequent remark, and the deformity it created, together with the apprehension of an increase in its size, led the patient to determine upon having it removed.



It occupied the superior portion of the right posterior triangular space, and projected into the superior carotid triangle lying upon the sterno-mastoid, and covering the chain of lymphatic glands, which run along the posterior border of this muscle, (it proving to be made up of three of these glands hypertrophied,) and was covered in by the fibres of the platysma-myoides spread out to an aponeurosis. Its long axis was in a line with the fibres of the sterno-mastoid, and was crossed above by the posterior auricular, and a superficial cervical branch. The external jugular vein lay in immediate contact with it underneath, being in a sort of niche on its under surface, its fundus dipping down well into the superior carotid triangle. Its length was about six inches, its breadth about four inches, and it was very moveable, by which means its relative position could be somewhat improved.

The patient was a stout-built florid Frenchman, about forty years of age, who had seen much active military service, and who, being fond of playing at sparring, may have received blows upon the glands of the neck, giving rise to inflammation in their structure and consequent enlargement.

Having chloroformed the patient, I made a free incision along the posterior aspect of the body, and, getting at it from behind, I proceeded to enucleate it slowly. The adhesions to the surrounding structure were very extensive, and the small blood vessels feeding it numerous. No vessel sufficiently large to require ligatures was met with. By proceeding cautiously, examining each mass of adhesions before severing and working with the fingers—in which I was kindly assisted by Dr. Hingston, I succeeded in



loosening it, step by step, from the neighbouring glands, the subjacent muscle, the external jugular vein over which it lay in direct contact, and finally succeeded in removing it from its adhesions in the superior carotid space without any injury or accident occurring to any important part or blood-vessel in the neighbourhood; thirty minutes were thus occupied in its removal without any untoward circumstance occurring to complicate the operation.

The parts having been approximated, simple water-dressings completed the treatment, and an excellent recovery followed in a fortnight, with, however, some slight numbness in right hand and arm, which is growing less. Patient is as well as ever, and is now attending actively to business engagements. For account of the pathology of the mass removed I must refer to my friend Dr. Wm. Osler, who kindly made some microscopic

sections of it. I may say, however, that it contained numerous spicula of bony deposits in its structure, showing, no doubt, ossific transformation going on.

General and Histological description of the Tumour. By DR. OSLER.

In size and shape the tumour resembles an adult kidney, presenting a convex side and an irregular concave surface corresponding to the hilus. At this latter situation one or two partially attached lymphatic glands are seen. A tolerably dense capsule encircles the whole, and can easily be peeled off.

One section of the tumour, which has been in alcohol for three weeks, has a greyish-white colour, is firm, elastic, and about the consistence of a lymphatic gland. Several strong fibrous septa dip in from the capsule, but otherwise the surface section is by no means fibrous. Towards the centre, at a point near the hilus, a fibro-cartilaginous and osseous change has taken place, and a few other spots of a similar character, but smaller, may be noticed over the sections; with the naked eye a pitted or alveolar appearance may be observed in the sections. This alveolar character, it may be remarked, is also very well seen in sections of the cortical portions of lymphatic glands. Microscopically the tumour proves to be one of considerable interest, being an adenoid tumour of the cervical lymph glands, a lymphoma or, as some call it, a local lymphadenoma. Sections show a finely reticulated fibrous meshwork in the interspaces of which are numerous lymph cells, the structure in fact of a lymphatic gland with which indeed these growths are strictly homologous. The proportion of cellular elements to the matrix varies in the different parts of the tumour; the former being more abundant in the superficial, the latter in the central regions. The corpuscles are very well seen in prepared specimens, and in places the fibrous net work is also visible. It may be looked upon as a simple hypertrophy, a hyperplasia of the elements of the lymphatic glands, the proportion between the fibrous and cellular elements remaining tolerably normal.

This same condition of the lymphatic glands is met with in Hodgkin's disease, in which a general enlargement of these structures takes place throughout the body, and certain growths of a lymphoid character are found in the liver, spleen, and kidneys, forming, in fact, a disease very analogous to leucæmia, but differing from it in the absence of any excess of white blood corpuscles. The specimen under consideration represents a local lymphadenoma, while

Hodgkins disease is a general lymphadenoma. This tumour is distinguished on the one hand from simple transitory enlargement of the lymphatic gland by its persistence; and in the other from scrofulous enlargement by the lack of any tendency to undergo the caseous or suppurative process. From the syphilitic enlargement it is characterized by the absence of induration; the fibrous elements do not predominate over the cellular. Other and more important relations are with the sarcomatous tumour of the lymph glands—the lympho-sarcomas. In the early stage many of these are simple enlargements of the glands, sometimes the cervical, more frequently the mediastrical, occasionally the retro-peritoneal. Gradually, as the growth proceeds, the cellular elements increase greatly, the tumour becomes infective and infiltrates the surrounding tissues. These lympho-sarcomas form the great majority of intro-thoracic tumours.

Leeching in the treatment of Cerebro Spinal Meningitis. By WILLIAM E. BESSEY, M.D., C.M.
Read before the Medico-Chirurgical Society of Montreal, January 28, 1876.

MR. PRESIDENT AND GENTLEMEN,—My object in the present paper is not to theorise or throw any new light upon the pathogenesis or pathology of this disease, but to add my humble testimony to the value of local depletion in the treatment of it.

My opportunities for observation have been limited to seven well-marked cases. At times I have seen other cases, in which there seemed to be the evidence of spinal meningitis as a complication.

My first case occurred about three years ago, and need not be detailed here, as it was reported at the time and read before the Society.

Suffice it to say that it was a strongly marked case, coming on suddenly and violently without prodromata, marked by strong convulsions, exacerbations. Having an interval of intermission from all the symptoms, during which sensibility returned, food was taken, and there appeared a delusive prospect of a favorable termination. The symptoms returned with increased violence, and death resulted in thirty-six hours. No depletion was used in this case.

I was assisted by Dr. Howard, and every other remedy that suggested itself was given a fair trial. No autopsy could be secured.

Case No. 2.—This was a child fourteen months old, in Point St. Charles. Without any premonition this child was suddenly seized in the morning with convulsions, insensibility, and retraction of head

with rigidity of the cervical muscles, with oposthotonis. Supposing the case to be one of convulsions from teething, the usual hot baths were brought into requisition, with free administration of bromide of potassium, lancing gums, &c. This had the effect of palliating the symptoms to some extent. During the day petechia and purple spots appeared on the body, and with an exacerbation of the symptoms the child passed away, ten hours after the onset of the illness. No autopsy.

Case No. 3.—A boy, eleven years of age, residing in St. David's lane, when seen had been ill three days,—was then in a semi-comatose condition, crying plaintively and complaining of his head; very restless, tossing about on pillow. Cervical muscles, rigid, muscles of back affected, resting on heels and occiput, admitting the hand freely under small of back, general trismus during exacerbations strongly marked, hyperesthesia very great. Vomiting at onset, pupils contracted, hyperexia giving 102° at first, after rising to 104°. Very few petechia observable.

Began treatment by active purgation. Ice to head and spine. Bromide of potassium and tinct. hyosciamus in oft-repeated doses. After discontinued ice, gave mixture of tinct. belladonna, fluid ext. ergot and liq. ammon. acet. Applied sinapisms to nape of neck and along spine, rubbed in ointment of belladonna and mercury, sustained strength by beef tea and milk. No amelioration of symptoms took place. Later in the case administered hydrate of chloral with effect of procuring temporary repose. Gave quinine, but like the fluid ext. ergot, mixt, it seemed to aggravate the symptoms. Emaciation became very great; the senses were good throughout, after the first two or three days, and patient continued to keep up an incessant cry for his mother, of "ma," "ma," drawn out into a doleful melancholy strain, sad to listen to. In this case, any excess of drink at one time, excited emesis. By the 20th day the emaciation and prostration were extreme, resembling that of typhoid fever, with partial hemiplegia paralysis of sphincter-ani; stools very offensive, and passing those and urine involuntary. Death occurred on 22nd day. No autopsy.

Having thus had a succession of fatal cases, it set me thinking, and reasoning by inference I came to the conclusion that the symptoms were undoubtedly due to a hyperemic condition of the coverings of the posterior portions of the brain and superior portions of the cord. I had no opportunity of verifying my deductions by actual observations in an autopsy,

but determined to use local depletion if another case presented itself. I had not long to wait when I was called upon to attend.

Case No 4.—A fine child, three years of age, in Nazareth Street. When seen it lay in an insensible condition, having had no violent convulsions that morning; head thrown back, some hyperesthesia. No petechia, eyes contracted, twitching of muscles about mouth, hands and feet jerking.

Child had woke in the morning complaining and crying with pain in the head.

Ordered mustard pediluvia. Ordered calomel powders, one gr. every six hours, and leeches to nape of neck over mastoid processes, and to the temples, and to have them repeated every six hours until relief of symptoms or prostration should ensue.

Had the limbs very frequently bathed in hot water. Gave a mixture containing bromide of potassium and tinc. hyosciamus, 5grs. former, $\frac{1}{2}$ drachm latter, every four hours. Had ungt of hydrarg and belladonna applied to spinal region between shoulders, but soon discontinued it, laying little stress upon its value.

To be brief: The symptoms gradually subsided, rigidity of muscles ceased, insensibility disappeared; restlessness ceased, sleep ensued, vomiting was relieved, and by second day consciousness was fully restored. Great weakness now existed. Gave a mixture of tinct. hyos; potas. bromid. and liq. ammon. acet., ordered milk to be given frequently. No evidence of a return of symptoms shewing themselves, the leeches were not repeated. The child was convalescing favorably by sixth day, and made a good recovery, without any sequela, and is now alive and hearty. The number of leeches applied was four at a time, after the first time, when six were applied, viz., one to each temple, one behind each ear, and two to nape of neck. During the repetitions they were only applied to the back of neck.

Case No. 5.—My next case was that of a lad, aged 15 years, in Wolfe Street, occurring in July, 1873.

He had been a strong hearty lad up to the time of his attack. There had been no premonitory symptoms. His mother stated that he came home from school at four p.m., and threw himself upon the sofa, crying "Oh, my head, my head!" He was very restless, changing his position frequently, and seemed to them stupid and hard of hearing, and seemed sore when handled. He gradually grew worse during the evening, although every domestic artifice was exhausted without affording relief.

At 10 p.m. I visited him for the first time, and found him lying on the sofa, very restless, and chang-

ing his position every few minutes, crying pitiously of the pain in his head; he was hard of hearing and in a semi-conscious state; at first easily roused he had now become hard to arouse and almost entirely unconscious. There was no decided convulsion in this case. There was a very contracted pupil, pulse 140, head thrown back. Cervical muscle rigid, hyperesthesia a prominent symptom. During paroxysms the limbs are flexed, toes contracted, thumb of one hand contracted. Had him put to bed, and extremities first placed in hot water, the hot mustard pediluvia to be repeated every hour. Ordered calomel, 1 gr. every two hours, leeches to occiput, mastoid processes, temples and over cervical vertebra, to be applied every six hours until symptoms yield. Ordered \times gr. doses of potassium bromid every four hours, with liquor ammonia acetat, and tinct. hyos.

Saw him at 6 a.m. Pulse 138. Resting quietly; cries out when handled; pupils becoming dilated. To apply cold to head, and continue repeated application of fresh leeches. Bowels to be opened with a brisk cathartic. The petechia were not numerous. To be brief: I saw him three times each day during the first three days, and noted a steady improvement in him, the leeching being kept up until the pulse had, on the third day, fallen to 108. Consciousness was restored, and a little milk or beef tea in small quantity was well borne. The gums were touched with calomel, when a lotion of potas. chloratis was substituted. He continued to progress favorably until the eighth day, when all the symptoms had disappeared, and the patient, though weak and feeble, was in a fair way to convalescence. Four applications of leeches, six in number, and once of two, total applied 26, at intervals during first three days.

A profound deafness remained after this case, which required one to shout at the top of one's voice to make him hear—it lasted about six months, yielding finally to leeching and the use of arnica and aconite.

The pyrexia in this case reached 103°15' and 104°. The young man is since quite well.

Case No. 6.—My next case was an infant about fourteen months old, whose parents resided at the time in Anderson Street. It began 17th July, 1874, and continued ten days, ending in recovery.

Here the symptoms were very marked, the rigidity of cervical muscles, oposthotonos, hyperesthesia, petechial rash partaking in spots of a livid hue, as if the child had been maltreated; restlessness, pulse 160; pupils contracted, tongue coated with a dirty

brown fur, &c., clearly marked the case as one of cerebro spinal meningitis.

The child was a rather ill-nourished cadaverous-looking being, and I hesitated as to what plan of treatment to adopt, but chose potass. bromid, with liq. ammon. acetatis, for internal administration, and put three leeches on the back of head and neck, three times successively, at intervals of six hours. No faintness ensued from the loss of blood, but a decided amelioration of the symptoms, which encouraged me. I again applied the leeches to the mastoid processes and nape of neck, and continued the treatment until the tenth day, when the symptoms had entirely subsided, and the child made a good recovery. The only sequelæ in this case was the appearance of a crop of boils, which I attributed—whether correctly or incorrectly—to the use of the bromide. Four applications of leeches in this case, three each, three failing to take—nine applied over a period of two days.

Case No. 7.—My last case was a lad aged seven years. When seen he had already been under treatment for about three weeks, and the case had been given up as hopeless (at least, so I was informed).

I found the patient much emaciated, tongue furred in centre, red at tip and edge, pulse 160; cervical muscles rigid, neck stiff, muscular soreness or hyperesthesia very great, eyes bright and shining with a staring look. Child quite conscious, all faculties apparently exalted in acuteness, continually whining and uttering what I believe to be a cry "characteristic" of this affection in its sub-acute form, or where consciousness remains; complained of pain in the head, face pale, great thirst, always calling for drinks.

Ordered leeches to back of ears and neck, four at once, to be replaced every six hours, repeated twice successfully, third time only two taking. Warm sponging over body with spirit bath. Milk alone to be given as food and drink. Bromide of potassium in 5 gr. doses, with tinct. hyosciam. and liq. ammon. acet. Repeated the leeches the sixth time. After the third application the cry ceased, an excessively irritable condition remained, with rigidity of muscles and a peevish fretfulness; lies curled on bed with head retracted still, legs flexed on abdomen. Ordered calomel grs. 1, every six hours, used free inunctions of ungt hydrarg. and belladonna; excessively sensitive to touch. I increased the bromide of potassium to ten grain doses; repeated leeches to head and neck, four were applied successfully; pain complained of in head ceased, muscles became relaxed,

the rigidity passed away ; still continued irritable and peevish to the last ; however, this symptom also yielded finally, and, by the fifteenth day of visitation, the patient appeared free from all symptoms of the complaint, and began to improve rapidly in general condition.

No impairment of faculty followed this case, and no skin eruption was observable during its progress.

To conclude, the result of my observations of the marked effect of leeching upon the symptoms, in relieving them, in each case cited, has been to convince me of the great efficacy of judicious local blood-letting in this affection. Dependent, as I believe it to be, upon a hyperemic condition of the meninges for its anatomical lesion.

Not having been so fortunate as to have secured autopsies, and reasoning by inference, I considered the condition of the cervical muscles to point to spinal irritation. The contracted pupil, with sensitiveness to light, afterwards becoming dilated to hyperemia or congestion of the membranes, followed by effusion in the arachnoid sac, or extravasation of blood in the pia mater.

The conditions revealed by autopsies placed on record, fully bears me out in the opinion I have formed of these ; however, I will only refer to that of Dr. Bell: he says, "the view of the dura and pia mater were, throughout their entire extent, intensely congested with dark fluid blood. The arachnoid membrane seemed to be more opaque than normal, and small quantities of pellucid lymph coated the surface of the base of the brain, particularly in the region of the optic commissure, glueing the fissure and convolutions together and presenting an irregular granular surface when the parts were torn asunder. The same conditions existed in the parts of the spinal cord examined, and the venous plexus separating the cord from the bony canal was found gorged with blood."

These lesions are very constant, and are found to mark the characteristics of every reported autopsy, to a greater or lesser extent. Hyperemia, or congestion of the coverings of the brain and spinal cord, or, in the more violent cases extravasated blood, or effusion in lingering cases, seem to mark the anatomical lesions produced. Granting this state of things to exist, there therefore remains, to my mind, no more rational treatment than leeching or cupping, calomel and the use of the bromids to prevent cerebral congestion. The danger to be apprehended appears to be death from cerebro spinal irritation, causing convulsions, cerebro spinal apoplexy from

extravasation of blood, or general depression of vital function and emaciation, ending in paralysis and death.

I believe the disease to be more hyperemic than specific (although we may see it only in this character), and hence I look upon local depletion by means of leeches as indispensable in its treatment.

Some have recommended opiates: these I would fear to use, as likely to add to the congestion or hyperemia.

The tinct. hyos. I deem preferable, and consequently use it, with liq. ammon. acetatis as a febrifuge and diaphoretic. The bromide of potassium in full doses will diminish centric irritation and lessen the danger of convulsions, while it is supposed to produce tonic contraction of the blood-vessels in the meninges and the cerebral mass. Hydrate of chloral I like, and would use it as a soothing agent, but not as a curative one, it having no power to relieve congestion. Calomel I believe to be useful in this as in inflammations of other serous sacs. The deafness is no doubt due primarily to congestion, but when it becomes permanent it may be due to lesion of nerve tissue or effusion into the mastoid cells or thickening of the covering of the auditory nerve from congestion. Dr. Chagnon mentions the occurrence of this lesion in a case in 1870, as complete deafness after convalescence—leeching would probably have relieved it and prevented its becoming permanent.

Quinine is a remedy I should think *contraindicated* from its proneness to produce, and therefore add to the deafness and cerebral congestion. This it did for me, aggravating the general symptoms. Further, the disease does not always appear to occur epidemically, and I think should be divided into the simple and malignant, or specific and non-specific, as it is attended with or without a petechial rash sudamma.

Further, as to the propriety of *local abstractions of blood* in this disease, I may quote Ziemssen, who says, (p. 736, vol. II.,) "local abstractions of blood, even when frequently repeated, produce almost always, and immediately, a very beneficial effect. They are most suitable at the beginning of the exacerbations of inflammation and fever. *The diminution of the intra-cephalic hyperemia is shown by the relief of the headache, jactitation and delirium*, and by the return to *consciousness*, results always attained in the cases in which I have resorted to *leeching* as a remedy." Ziemssen also quotes Leyden, who favors venesection in such attacks, and maintains, moreover, "that under proper circum-

stances general blood-letting is indicated by the general restlessness of the patient, which renders the application of leeches almost impossible.

NOTE.—With respect to leeching in infants and young children in this disease,—I would deem it unsafe to apply too many leeches at one time, or to repeat them too frequently; there should be no after fomentations, as after-bleeding in these cases should not be encouraged. Authorities differ as to the amount of blood which a single leech will draw. Christison says, “a single leech, when applied successfully (this is difficult to do in children) may be held to draw, from first to last, about half an ounce of blood on an average.” Evanson and Maunsell give the quantity of blood obtainable by a good leech, “allowed to bleed for half an hour,” as “one ounce.” Pariera thinks four drachms the maximum, and does not think on an average, we should estimate it at more than one drachm and a half” meaning the quantity drawn by the leech itself, without reference to after-bleeding. Tanner says, “each leech may be calculated as capable of withdrawing from four to six drachms of blood.”

West says: “It is generally estimated that a healthy leech will draw about two drachms of blood, and that if the subsequent bleeding be encouraged, about as much more will flow afterwards.” My own opinion is that an average sized healthy leech will not draw more than one to two drachms, or about a teaspoonful and a half at most. A few will be found capable of drawing much more, but I would not use large ones, or, if I did, not so great a number. My plan has been to apply from three to six, according to age—never more than one to each year of the child’s age, at one time, and repeat a second, third, fourth, fifth, and older children even a sixth time, if need be, always arresting the bleeding as they fell off. I found symptoms yielding readily to this practice, and no dangerous symptoms following leeching,—which I am careful never to carry beyond producing pallor of the face,—and my experience has been that long before this would ensue, or syncope become imminent, the symptoms have been relieved. It must be borne in mind that, in these cases, the determination of blood to the brain and spinal cord, admits of considerable local depletion over these points to restore the balance of circulation. As to what amount of blood-letting can be borne by a child, Tanner says: “During the first six weeks of life, one ounce of blood is said to be sufficient to relieve most inflammations. From six weeks to twelve, one ounce and a half to two ounces; from four months to twelve, three or four ounces; and subsequently an additional ounce for each year of the child’s age.”

Most authors are unfavorable to repeated leechings, and on this point West observes: “It is by far the best and safest course, whenever it is wished to produce a decided influence on the system, such as in the adult we should seek to exert by general depletion, to put on a larger number of leeches at once; to remove them the moment they seem to have produced a decided effect, and not to allow any bleeding subsequently.” Eight leeches applied to a child one year old, will, under these regulations, do much more good, even with an actually smaller loss of blood than will follow from half that number applied without such precautions.”

This same author thinks a repeated application of leeches justifiable in cerebral congestion, when the symptoms have not been relieved by the first.

The best guide in their application is undoubtedly to watch the effects. On this point, Beck remarks: “With regard to the second mode, that of judging of the extent to which it should be carried by the effects produced at the time. In many cases this answers exceedingly well. In inflammatory complaints, where the full effect of the loss of blood may be necessary, the rule can be satisfactorily applied and the best plan is to bleed in the erect posture until pallor of the face comes on, without producing actual syncope.” Dr. Churchill lays down another important rule in relation to leeching; it is this: “That in all cases where they are applied to infants or children, the bleeding should be arrested at once when they fall off.” By so doing we can estimate exactly the amount of blood lost, and we avoid the great mischief of continued draining. Of course, it will be necessary to apply a greater number of leeches than usual, or to repeat them; but that is of no consequence compared with the danger of the ordinary method. Each leech will abstract from one to two drachms of blood, and the number must be proportioned to the amount we wish to take away.” In favor of the good effects of leeching in congestive diseases Dr. Rush says: “I could mention many more instances in which blood-letting has snatched from the grave children under three and four months old, by being used three to five times in the ordinary course of their acute diseases.” Dr. Beck says: “The physician who discards this agent (leeching) understands but poorly the profession, or the duty which he owes his patients. The proper use of a remedy, however, is one thing, the abuse of it is another; and I must express the opinion, founded on no small observation, that it is frequently resorted to in children when it is unnecessary—when necessary it is often carried too far—and that, in its general use, there is frequently an absence of precision and care, which, in many cases, renders it a most dangerous remedy.” On the other hand, Christison, Ryan and Pareira, mention single isolated cases of death from subsequent bleeding from a leech bite, this, however, should not deter a wise and judicious practitioner from the use of so valuable a remedy. The earlier in the disease they are applied the more manifest is the benefit resulting from them.

I should not expect to arrest the disease in a specific or malignant case by such means, but their use should also prove of signal value when the local lesion is in the spinal meninges alone, as is sometimes the case.

Progress of Medical Science.

THE CHANGES IN MIDWIFERY PRACTICE AND IN THE TREATMENT OF UTERINE DISEASES DURING THE LAST TWENTY YEARS IN THE ROTUNDA HOSPITAL, DUBLIN.

By LOMBE ARTHUR, M.D., Master of the Hospital; Vice-President of the King and Queens College of Physicians in Ireland.

This hospital was originally established as a lying-in charity, its distinguished founder having two objects in view—one, to provide a “hospital for the relief of poor lying-in women,” the other for the instruction “of students in midwifery, who should be allowed to profit” by the experience to be derived from the practice seen within its walls. These two objects, I need hardly say, have been

fully attained. As a school of midwifery, it is still unrivalled by any institution in this kingdom. But its character of later years has been materially modified. Wards for the treatment of those *diseases which are peculiar to women* were added, under the mastership of the late Dr. Collins; and, in point of fact, this institution is, as at present constituted, more justly entitled to be styled **THE DUBLIN HOSPITAL FOR WOMEN** than **THE DUBLIN LYING-IN HOSPITAL**, which latter is its legal designation. Gentlemen, in this hospital you have opportunities afforded you of acquiring a knowledge of these important branches of your profession such as it is impossible to over-estimate the value of. I urge you, I earnestly urge you, to avail yourselves of these advantages to the utmost. It has been well observed by a former pupil of this hospital, now a distinguished surgeon—I speak of Dr. Hodges, of Boston, U. S. A.—that “the value of a hospital, in its relation to medical education, turns upon the facilities which it affords, and the extent to which these are improved, by students and teachers;” and he adds, “the clinical study of disease depends for its success upon a personal examination of patients.” No one can question the soundness of these views. The facilities afforded to the student in midwifery by this hospital are great indeed; it remains for you to take advantage of them. I do not wish to under-value the good done by our extern maternities, but “in their relation to medical education” they are most imperfect. “How can we learn without a teacher?” has become a proverb. Yet the student who is attached to an extern maternity has to a great extent to “learn without a teacher.” He goes alone to the patient or at best accompanied by a fellow-student, possibly more ignorant than himself, and as a result finds that, though he may have attended the case, he is but little wiser than he was before. One of our American students once made use of the following words to myself:—“Before I came here I had been in practice at home, and attended many women; but I now find out I was working in the dark.” I believe that this gentleman’s candid admission of his shortcomings would apply but to too many practitioners. He, after a comparatively short stay here, thanks to “the extent to which he had improved his opportunities,” left with a practical knowledge of midwifery which would have done credit to any obstetrician. The same result is possible for each of you. The labour wards are visited almost hourly by some one of the resident medical staff, and we are all actuated by the same wish to aid you to the utmost of our power in acquiring a thorough knowledge of those branches of your profession which it is our duty to teach. But any efforts we may make will be vain unless you yourselves second us by your exertions to turn your opportunities to good account. The time allotted by custom for attendance at a lying-in hospital is short indeed, while what you have to learn embraces a variety of subjects of great importance. You are compelled by the regulations of the licensing bodies

to devote three years at the least to the clinical study of medicine and surgery. A short six months, however, is deemed sufficient in which to study, not midwifery alone, but also the nature, symptoms, and treatment of that large and complex class of diseases which are “peculiar to women,” including affections of the uterus, ovaries, Fallopian tubes, and vagina, all which are unfortunately of very common occurrence.

Six months at the most is allotted by our medical legislators for the study of these numerous and complex affections. Need I add that it will require unremitting attention on your part to attain to even a very moderate proficiency in that short time? Indeed, the mass of students go forth into practice absolutely ignorant of midwifery and gynecology. With some this lamentable result is the consequence of sheer indifference; with others, of a foolish self-confidence, which induces them to suppose that midwifery is a very simple affair, needing no special study to fit them to become efficient practitioners. Such men, when they enter into practice, are soon undeceived. They will certainly ere long meet with difficult cases of midwifery, and, moreover, will discover that they require the exercise of no ordinary skill to treat efficiently. They will also find out that such are of far more frequent occurrence than those demanding surgical interference; while cases of dysmenorrhœa, menorrhagia, and others of minor importance, exhibiting symptoms referrible to the uterus, are common indeed. And, remember, it is now-a-days absolutely essential that you show yourselves conversant with these latter affections. The public have become educated, and are well aware of the advance made in recent years in the knowledge of uterine diseases, and expect much more from their medical attendants now than they did in days of yore.

Great indeed has been the advance made in the departments both of midwifery and gynecology since I was a student within these walls some five-and-twenty years ago, and correspondingly great will be the amount of proficiency in these subjects expected from you, not only by the examiners appointed by the various licensing boards, but by the public also, with whom you will daily come in contact.

I think it will not be unprofitable to spend a few moments in contrasting the practice of the present day with that which existed when I was a student. It will probably impress on you forcibly the necessity of availing yourselves to the utmost of the opportunities afforded to you in this institution of obtaining a knowledge, not of *midwifery* alone, important though that be, but also of those *diseases which are peculiar to women*.

The rule which guided obstetric teachers when I was a pupil was this, “that meddling midwifery was bad,” a rule not devoid of truth when applied to the attempts made by ignorant practitioners to accelerate delivery, but to be utterly repudiated when applied to the skilful efforts of the educated accoucheur. The effect of the rule was this, that women were allowed to linger in agony for fifty and

sixty hours—aye, and even for a much longer time—without any attempt being made to relieve them. The results, I need hardly say, were lamentable both as regards the mother and the child. Many mothers sank, worn out by long continued suffering, or died subsequently of peritonitis, the result of unduly prolonged uterine action. In others, sloughing of the vagina followed, caused by the long-continued pressure exercised by the foetal head on the soft parts of the mother. This again was followed either by the formation of dense bands occluding the vagina to a greater or less extent, and which often opposed serious obstacles in subsequent labours, or by the formation of vesico or recto-vaginal fistulæ, a source of the most intolerable misery to the unfortunate patient, rendering her loathsome alike to herself and to others. Nor were the results as regards the child less lamentable. Women were allowed to linger on in labour till their children being dead, the perforator was used—an instrument harmless enough to the dead infant, whose life, however, was not the less sacrificed to a rigid adherence to the rule of non-interference.

All this is now changed. It is the recognised rule, followed by every well-informed practitioner, that women should not be left to linger on in suffering, but that delivery should be accomplished by the forceps when once we are satisfied that Nature, unaided, is unable to effect delivery within a safe period. What that period may be cannot be fixed by any definite rule, each case must be judged by itself; but the axiom in general adopted is this, that when once the head ceases to advance, or to advance so slowly that delivery by the natural efforts cannot be expected to take place within a reasonable time, the forceps should be used. Some idea of the change in practice in this respect may be formed from the fact that in 6,634 deliveries which occurred during three years of the mastership of Dr. Charles Johnston, whose pupil I was, the particulars of which are recorded by Drs. Hardy and McClintock, the forceps were used but eighteen times, or less than once in every 360 cases; while in 7,027 deliveries which occurred under the mastership of Dr. George Johnston, between November, 1868, and November, 1874, the forceps were applied 639 times, or once in about every 11 cases. The difference is so startling that we are naturally inclined to ask, Is the frequency of recourse to the forceps absolutely necessary? I am not prepared to give a definite answer to this question; but of this I am sure, that while no injury is inflicted by the forceps on either mother or child when the instrument is used by skilful hands, the most lamentable results followed the old practice of non-interference.

So much as to the frequency of the use of the forceps. Now as to the rules which were laid down for its use as compared with those at present acted on.

The conditions "which were considered indispensable in order to render the forceps applicable, and without which they were not used," by Dr. Charles Johnston, were these: (*)

* "Practical Observations." By Hardy and McClintock, 1848, p. 89.

1. That the child be alive.
2. That the head have remained stationary for six hours at least.
3. That the membranes be rupturing, and the os uteri fully dilated.
4. That the head of the child be so circumstanced that the ear can be distinctly felt.
5. That the state of the soft parts be such as denotes the absence of inflammation.

Time will not permit me to contrast *in extenso*, as I might with profit do, the great divergence which has taken place in the present day from the practice laid down, and rigidly adhered to, by those who were my teachers; I must content myself with summarising.

The 1st and 5th rules are still admitted by all practitioners, only with this great difference, that we never now wait till the life of the child is in any danger, and as a consequence of our prompt interference "inflammation of the soft parts" is now virtually never met with during labour. Therefore, though we admit the truth of the principles inculcated by these rules, the necessity of acting on them is never likely to arise in our practice. Rules 2 and 4 we altogether repudiate.

I am not able to give you any definite one in place of rule 2. I can only say that, if once we are satisfied that the powers of the mother are insufficient to accomplish delivery within a reasonable time, we at once proceed to effect delivery by means of the forceps. I should not think of leaving a patient to linger on in suffering for one hour, much less for six, after I was satisfied that the head had ceased to advance, and not unfrequently I apply the forceps even though I am satisfied it is slowly advancing. Gentlemen, the rule I refer to is now discarded by all obstetric authorities. I recommend you to discard it also. I can, with equal confidence, advise you to disregard rule 4. Many years have passed since I felt the ear of the child, for this simple reason, that I never try to feel it. I lay stress on this, because I find that many candidates for the licences of the College of Physicians, whom it is my duty to examine, when questioned as to the use of the forceps, say that the ear should be felt before it is applied. I presume these gentlemen practice what they say, and that practice I pronounce to be wrong.

The 3rd rule is the only one on which a difference of opinion now exists among practitioners. No one of any experience as an obstetric practitioner now denies that cases will from time to time present themselves in which the forceps may, with perfect safety, be applied before the os uteri is fully dilated; and further, that from the presence of urgent symptoms, such as the occurrence of convulsions, hæmorrhage, &c., delivery by means of the forceps should, without doubt, be effected before the os uteri is fully dilated. But here agreement ceased. Some—and principal among these, the late Master of this hospital, Dr. George Johnston—hold that the forceps may be applied with nearly as much impunity before the os is fully dilated as at any subsequent period of labour. But from this view I must dissent. I hold that the

application of the forceps before the os uteri is dilated is a proceeding not free from danger, and that it should not be undertaken unless grave symptoms likely to compromise the safety of mother or child exist; but on the other hand, when such do occur, I without hesitation have recourse to its use before the os is dilated.

Gentlemen, let me add a warning before I leave this subject. There is a great tendency in human nature to run from one extreme to the other, and this holds good in the present instance; thus, when I was a pupil the forceps was looked on with dread, only used as a last resource; now it is considered by some as an absolutely harmless instrument, and is had recourse to on every occasion. Against such a principle and such a practice I enter a strong protest. I have known serious injury inflicted by the forceps when injudiciously and unskilfully used, and I am satisfied that injury will often follow if the tendency which at present exists to apply it when unnecessary be not checked.

In one other respect the practice of the present day has also changed. Twenty-five years ago what are known as "the short straight forceps" alone were used. This instrument, which in many cases is very efficient, measures about $11\frac{1}{2}$ inches in length. To the long forceps "the most decided objection" was made; but in this hospital Barnes' double-curved forceps, an instrument 15 inches in length, is now, and in my opinion most justly, preferred. Without doubt a living child can be safely extracted with this instrument where delivery could not have been possibly effected by the old one. I believe that the lives of not a few children, who would otherwise have perished before birth, are now by this means annually saved.

Next in importance to the improvement in practice with reference to the use of the forceps may, I think, be ranked that which has occurred in the treatment of uterine hæmorrhage, whether *post-partum* or depending on the attachment of the placenta to the lower zone of the uterus.

The aim of all treatment adopted with the view of checking *post-partum* hæmorrhage is, and ever has been, to bring about such an amount of contraction of the muscular fibres of the uterus as will be sufficient to close the orifices of the uterine sinuses, and at the same time to shut off the increased flow of blood, which, necessary for the requirement of the fetus during the continuance of utero-gestation, once parturition has occurred, is no longer needed. With the intention of bringing about this much desired object, the application of cold externally, and the internal exhibition of ergot, were relied on almost exclusively. These agents are not discarded, nor is their value questioned; but cases do from time to time occur in which they fail, and valuable lives are consequently lost. In such cases we now employ, with the greatest success, the per-chloride of iron, or some similar stringent, injecting five or six ounces of a solution containing about one part of the liquor ferri perchloridi fort to three of water into the uterus. This treatment I have employed repeatedly

and can unhesitatingly bear testimony to its value. I believe that through its means lives are annually preserved which would otherwise be lost. Our knowledge, too, of the causes producing hæmorrhage when the placenta is attached close to, or over, the os internum, is now much greater than it was in former days, and consequently the treatment of these cases is modified and improved. The theory generally held was that when the placenta was attached to the lower zone of the uterus it underwent a continuous separation, corresponding to the gradual expansion of the neck, and it was laid down as an undisputed axiom that "the more the labour advanced, the greater was the hæmorrhage;" consequently it was held "that manual extraction of the fetus by the feet was absolutely necessary to save the mother's life."

To Dr. Robert Barnes we are mainly indebted for disproving this theory, and basing our practice on a sounder footing. It would be impossible for me, in a cursory retrospect, to enter into the discussion of this important subject. At a future time I hope to invite your attention to it more in detail. On the present occasion I can only say that it is to my mind clearly established that the blood flows, in cases of unavoidable hæmorrhage, not from the placenta, but directly from the uterine sinuses; that the old practice of endeavoring to effect delivery by turning is, in many of these cases, a dangerous one; for serious injury is likely to be inflicted, and possible rupture of the uterus occur, from an attempt to force the hand through the undilated, and often undilatable, cervix. Now in the great majority of cases we rely on rupturing the membranes, effecting this by guiding a probe, stilette, or some similar instrument, through the os uteri, and then waiting until uterine action sets in. It is very seldom that much blood is lost after the membranes have been punctured: if it occurs we endeavour to dilate the cervix gradually by means of Dr. Barnes' bags, as his hydrostatic dilators are commonly termed. But it is not very often we are obliged to have recourse to these, and in these cases the less Nature is interfered with, the better.

Again in the treatment of puerperal convulsions our practice is greatly changed. Bleeding was formerly relied on almost exclusively. It was practised in these cases long after it ceased to be employed in others. I am far from saying that in certain cases of convulsions bleeding is not useful, but it is not often necessary. The exhibition of chloral, or the inhalation of chloroform, is now with justice relied on.

Chloral, too, is now used with great advantage in cases in which the cervix uteri is unyielding, and where delay in the first stage occurs from this cause. In these cases it was formerly the practice to administer tartar emetic in nauseating doses. This though often very efficacious, is objectionable in several respects; it is most irksome to the patient, who for many hours is kept in a state of nausea; then it is liable to reduce the patient's strength, and sometimes gives rise to troublesome diarrhoea; while with respect to patients who are weakly, or in deli-

cate health, its use is altogether forbidden. Chloral, on the other hand, administered in ten-grain doses, at intervals of fifteen minutes, not only gives rise to no discomfort, but sometimes produces refreshing sleep, and seldom fails to induce relaxation of the rigid cervix. The quantity administered in these divided doses should not exceed sixty grains, ten grains being given every fifteen minutes, and a much less quantity is often sufficient.

It is impossible for me, within the limits of an introductory lecture, to do more than name some of the other important improvements which have taken place in the treatment of difficult and complicated cases of labour. Thus I can but allude to the introduction of the cephalotribe, and of the operation of decapitation, which enable us to contend successfully with cases presenting features of the greatest difficulty; while transfusion, as recently practised, has undoubtedly saved lives which would otherwise have been lost.

The advance which has been made in our knowledge of the pathology, and consequently the improvement which has taken place during the last twenty-five years in the treatment of THOSE AFFECTIONS WHICH ARE PECULIAR TO WOMEN, has been, if possible, more marked than that which has occurred in obstetrics. Indeed, I hardly know how to institute a comparison. At the time to which I refer the cervix uteri was considered as being that portion of the uterus which was almost exclusively the subject of disease, and the os uteri being exposed through the speculum, the patient was generally pronounced to be free from any uterine ailment if the lips of the os uteri proved to be free from abrasion, or to be the subject of ulceration if the exposed surface of the cervix was abraded. Now we are well aware that the body of the uterus, and especially its intra-uterine surface, is far more frequently the seat of disease than the cervix. Formerly the cavity of the uterus was deemed inaccessible to treatment, and the idea of venturing to introduce any medicinal agent into it would have been looked on with horror. Now we, without hesitation, introduce solid nitrate of silver or sulphate of zinc up to the very fundus, while we also apply—not only with impunity, but with absolute advantage—such strong caustics as the fuming nitric acid to all parts of the uterine cavity.

But probably the greatest improvements of all are those which relate to the exploration of the interior of the uterus, and the removal of intra-uterine polypi. Formerly, if from any reason a suspicion existed as to the possible presence of an intra-uterine tumour, we were without the means of verifying our diagnosis, and the patient was in the majority of cases left to linger on till worn out by repeated hæmorrhages, she sank into a premature grave. But now by the use of sponge tents, or of compressed sea-tangle, we can dilate the uterus, thoroughly investigate every portion of the interior of that viscus, and, if needs be, remove any abnormal growth which may be found within its cavity.

But tumours are also developed in the structure

of the uterus, and such are often incapable of being removed by surgical means. These frequently give rise to profuse hæmorrhage which it is necessary to control, and this we now know can be effected by the injection of astringent solutions into the cavity of the uterus, or, in some cases, by the hypodermic injection of ergotin; the latter treatment, too, sometimes producing a marked diminution in the size of the tumour. Then, again, in the treatment of ovarian disease, the splendid success which often follows on the operation of ovariectomy would alone suffice to stamp our age as one of great progress in the treatment of those affections which are peculiar to women.

Time does not permit me to follow this subject further. It would be impossible for me to recapitulate, even in the most superficial manner, all that has been done within the last twenty years to advance our knowledge of the pathology, and to improve the treatment of uterine diseases, using that word in its most extended sense. My object has not been so much to give you an insight into this subject as to show you how extended it is; and yet I have named but a few out of a host of affections, all of equal importance. Reflect, I beg of you, on how much you have to learn while students of this hospital, and remember how short your time is. Remember, too, that your future rests with yourselves. All things are possible to the diligent. Work now while you are students but, believe me, your work will not be done even when you have passed your final examinations.

That I stand here to-day is, I believe, due to the fact that early in my professional career I became aware of my own deficiencies, and that I set to work earnestly to improve myself in the knowledge of my profession; and now I find that I am but a learner still. I am aware that while endeavouring to teach you I shall learn much myself. I look on myself as your fellow-student, and I trust we will work together to our mutual advantage, and that we will be able to look back with pleasure on the session which commences to-day as one of great progress and improvement in our knowledge of our common profession.—*Dublin Medical Press and Circular.*

REMARKS ON CHRONIC DYSENTERY; WITH
THE HISTORY OF A CASE OF FIVE
YEARS' STANDING CURED WITHIN
FIVE WEEKS BY TOPICAL
TREATMENT.

BY T. GAILLARD THOMAS, M.D.

There are few curable diseases which offer a more unfavorable prognosis than chronic dysentery. The dangers which attend the affection in its acute stage are greatly increased in that in which painful hæmorrhagic and intractable ulcers cover the surface of the rectum and colon, and exhaust the patient by loss of blood, constant pain, frequent evacuations, and the intense nervous depression which attends such cases.

The experienced practitioner will require no citation of authorities to remind him of the determined hold which this disease keeps upon the individual once

becoming affected by it; how it baffles all varieties of medical treatment; and how for years it pursues its victim, and in spite of change of air and of all his habits of life it goes on to a fatal issue. So remorseless is its course, and withal so uniform, that it justifies this description at the hands of a modern writer: "Chronic dysentery is one of the most intractable and hopeless of diseases..... The duration of the disease embraces usually several months and sometimes years. If not destroyed by some intercurrent affection, the patient becomes extremely emaciated, reduced almost to a skeleton, the surface is usually dry, cool, or cold, the pulse becomes more and more feeble; the mental faculties are weakened, delirium rarely occurring, but the mind in certain cases falls into an apathetic state, the patient being indifferent to, and taking but little notice of, persons and things around him. Anorexia becomes complete, and vomiting, in some cases, is a prominent symptom; cedema of the lower limbs sometimes occurs; ulceration of the cornea is an occasional event, and I have known the cornea to be perforated, with loss of the humors of both eyes; the mode in which a fatal termination takes place is generally typical of dying by slow asthenia."* That this picture is not overdrawn the physicians of this country will testify who have followed out to their terminations the numerous cases which developed in the malarial regions occupied by the soldiers of the United States during the Seminole, the Mexican, and the late Civil wars. Thousands returned, after escaping the dangers of the battle-field, to linger out a painful existence, and to fall victims to chronic dysentery. But the disorder is by no means confined to those who have been exposed to malarious influences; scarcely a village will be found in our land which cannot furnish examples of it.

The following case is related to show the wonderful results which, sometimes at least, follow local treatment in this intractable disease:

On the 16th of September 1875, I was sent for to see Mrs. X., who brought me a letter from Dr. J. Goodman, of Louisville, Ky., who stated that she had "suffered from chronic dysentery for four or five years," and that during that time she had had "several attacks of acute inflammation of the bowels in which she was extremely ill."

The history, as given by the patient, was this: On the 9th of December, 1870, at the moment that she received the unexpected tidings of the death of a brother, she was suddenly seized with acute dysentery. This became chronic, and exhausted her by the severe pain, frequent evacuations, and hæmorrhages which accompanied it. At short intervals acute attacks would be engrafted upon the chronic state, apparently excited by indiscretions in diet or unusual fatigue, and in some of these her condition became alarming. In her written statement she says: "I have been ill for five years; even when able to sit up and go about the house have had constant dysentery; the smallest number of actions from my bowels being eight, all containing blood and mucous. It was no

rare thing for me to have twenty-seven and more actions from the bowels a day. On these occasions I would lose a large quantity of blood. I lost color, appetite, strength, and spirits, while my nervous system was in a most painful condition. I have been attended by six physicians, and would appear to improve, but soon would drift back to my bad condition. The treatment that gave me more relief than any other (until I came to New York) was some injection used by Dr. Goodman, but I soon grew discouraged, and induced him to discontinue it. I left Louisville, September 12th, in a most desperate condition, Dr. Goodman having sent me to New York."

Upon the arrival of Mrs. X. in New York I saw her with Dr. Lewis A. Sayre, who had previously seen her, and, at his and her request, I took charge of the case. Knowing by reputation the practitioners under whose care she had been for five years, I had little hope of accomplishing any good for her by the ordinary methods of treatment, for I felt fully satisfied that all these had been exhausted. My only hope of curing her lay in a resort to local treatment after the method which I now proceed to prescribe.

On the 19th of September Dr. H. F. Walker anesthetized the patient and I proceeded to make a thorough examination of the rectum. After etherization she was placed in the left lateral position, and after stretching of the sphincter ani by the fingers, a long duck-bill speculum was introduced. This was held by my nurse exactly as in vaginal examinations, while by a depressor I pressed downward the anterior rectal wall. No one who has not examined the rectum in this way can imagine the facility with which the whole canal can be seen. In this instance it was perfectly exposed up to the sigmoid flexure. I now cleansed it of all fecal matters by a long glass tube so bent upon itself at its upper extremity as to throw a stream of water from a Davidson's syringe back toward the anus.

Throughout the whole extent of the intestine exposed to view the mucous membrane was seen swollen cedemateous, hanging in hæmorrhoidal masses and studded with deep ulcers with grayish bottoms. It was greatly engorged, and presented that deep red almost violet, hue which is seen in the throat in cases in diphtheria.

On this occasion no application was made, and, as the anæsthetic had disturbed the patient's stomach and rendered her nervous, nothing more was done until the 30th of September. Then ether being again administered by Dr. Walker and the bowel thoroughly cleansed, I wrapped a small piece of wet cotton around the end of whalebone rod, and, dipping it in pure commercial nitric acid, lightly touched the swollen mucous membrane and all the ulcers intervening between the sigmoid flexure and the anus. No superfluous fluid was allowed to attach itself to the cotton and the cauterization was nowhere so decidedly practised as to render the occurrence of sloughing possible.

Upon recovery from the anæsthetic a slight amount of pain only was complained of, and writing of the subsequent effect the patient says: "It soothed me

* Flint's "Practice."

and I slept well. This was the first real respite which I had experienced in five years."

At this time the patient was confined to the milk-diet as much as possible and limited as to exercise; but, both these plans of treatment had been adopted and had failed before she came under my care, I did not deem it wise to press them too much upon her for fear of disheartening her. This application proved of decided benefit in diminishing the number of evacuations, the amount of blood passed, and the degree of pain experienced.

On the 6th of October another application of nitric acid was made. This proved still more beneficial. The patient in her written history declares, "The second application improved me very decidedly." After it the milk-diet was more strictly adhered to, and exercise was more restricted.

On the 11th of October the third and last application was made. Dr Walker and myself were then both struck by the great improvement in the appearance of the bowel. The ulcers had almost entirely disappeared; the mucous membrane was much less swollen; and the appearance of engorgement much modified. After this application the milk-diet was strictly adhered to, and the patient for ten days confined to bed. The result of this application surprised me. Blood ceased to pass with the evacuations; these in three days became limited to one in twenty-four hours; all pain ceased; and the patient rapidly improved in general appearance, in flesh, and in spirits. "To-day," she writes, "October 26th, I feel that I am entirely relieved, having now for eight days had only one action in every twenty-four hours. All pain has left me. I am gaining flesh, color, appetite, and spirits, and there is not even a trace of dysentery left."

On the 22d of October Mrs. X. left her bed, began to eat small amounts of animal food and bread, rode out every day, and on the 29th of October returned to her home in Kentucky.

Since her arrival there I have received the following letter from Dr. Goodman:

LOUISVILLE, KY., November 8, 1875.

DR. T. G. THOMAS—

DEAR DOCTOR: Mrs. X. reached home safely, and I am glad to say has been doing well ever since. She has gained flesh, and is looking better than I have seen her for years. Her bowels are perfectly regular. I have every reason to hope, from present appearances, that she is permanently relieved.

Respectfully yours,

J. GOODMAN.

The patient herself, writing on the 7th of November, says: "We arrived safely, and although we had a most fatiguing journey, being out two nights, I stood it wonderfully well. I must tell you how well I continue to be. My bowels are *entirely* cured, though just now I am nervous (from seeing too much company), and have no appetite. The day after I reached home I saw nineteen lady friends, each one of whom remarked upon the great improvement in my appearance. Dr. Goodman declares that I look better than I have done for years."

To me this case presents itself as one of great sig-

nificance. I cannot look upon the result obtained as an accidental one, and I regard it as a case second in interest to none in my experience. Here we have a case of chronic dysentery of five years' standing apparently cured by three applications to the ulcerated rectum; the whole time of treatment being comprised between September 30th and October 29th. Well knowing by abundant experience the nature of the disease of which I speak, even as I write this account I feel inclined to question as to whether I have not unintentionally colored the sketch too highly. The rapidity of the result surprises no one more than myself, but as to the absolute faithfulness of the record here made there is no doubt whatsoever, either in my mind or that of Dr. Walker or Dr. Goodman.

Some may lay great stress upon change of air and strict adherence to the milk-diet. This feeling I cannot share, for I have too often seen these fail in such cases, and they had signally failed in this case when previously tried. There is, I think, no room for doubting that the cure was effected by cauterization of the rectum as above described.

The plan of treatment which I here pursued was not original with myself. It was based upon an article by my friend and former pupil Dr. R. B. Maury, of Memphis, Tenn., published in 1872. In that article several cases were detailed which struck me at the time as being exceedingly important, and suggested to me the course which I have described in this paper. As I cannot lay my hands upon Dr. Maury's essay, I have written to him, and take great pleasure in appending a communication from him upon the subject. In this he explains the theory upon which he believes that cauterization of ulcers within reach aids in the cure of those which are inaccessible.

MEMPHIS, TENN., October 23, 1875.

DR. T. G. THOMAS—

MY DEAR DOCTOR: As I have not a copy of my article on "The Treatment of Chronic Dysentery by Topical Medication," which was published in the December number of the *Atlanta Medical Journal*, 1872, I will comply with your request, as far as I can, by giving you the substance of it from memory.

That article related the histories of eight cases of chronic dysentery which received no other than topical treatment after they came under my care. Seven of these cases recovered.

The remedy used was nitrate of silver, varying in strength from the solid stick, to that of a solution, one drachm to the ounce of water. It was applied through Sims's speculum directly to the ulcerated surfaces, after carefully cleansing the rectum.

The first of these cases was treated in 1869. The method was original with me, so far as I then knew, or have learned since.

Struck with the results obtained from this method, I was soon convinced that an important principle was involved in it.

In these cases the rectum is exceedingly irritable, and responds to the slightest impressions. Through reflex action these impressions keep the whole alimentary canal, but especially the colon, in a state of disturbance; and rest, which is so important in the treatment of all inflammations, is thereby rendered impossible.

The local applications not only exercise an alternative influence upon the ulcers, and thus promote their healing, but by blunting the sensibility of the inflamed rectum, they restore quiet to the entire intestinal tract.

It was suggested that this treatment should be instituted in every case of dysentery which had continued for six weeks or more, and therefore had ceased to be acute.

Since the article was published, I have treated four or five other cases upon this plan, and with the same results.

Very truly your friend,

R. B. MAURY.

In the case of Mrs. X. I preferred using nitric acid to nitrate of silver, for the following reasons: it is a less painful, more effectual, and equally manageable caustic; I have for years used it almost universally by preference; and the pathological condition exposed to view by examination seemed so very grave that I dared not trust to the milder caustic, for fear that the frequent repetition which would be necessary might exhaust the slender stock of patience left to my disheartened and nervous patient.

Of course the idea will at once suggest itself that nitric acid might create subsequent rectal stricture. I had no fear whatever upon this point, for it acts in this way only when applied strongly enough to create sloughing of the superficial tissues and deposit of lymph, the result of inflammatory action in the deeper ones. My use of the caustic was entirely too light for any such result to occur.

Even if this case stood alone, it would seem to point to an important principle in the treatment of a most rebellious class of cases. Supported as it is by the admirable results obtained from the same practice which was here adopted by Dr. Maury, it deserves still more attention. Since it is extremely unlikely that the plan here recommended will do injury to any case of chronic dysentery, and since no other plan offers any decided prospect of relief, it is my sincere hope that others will test the matter, and publish their results, whether they be favorable or the reverse.—*New York Medical Journal.*

ON MEMBRANOUS CROUP AND ITS TREATMENT.

By BEDFORD BROWN, M.D., Alexandria, Va.

Setting aside all theories in regard to the specific character of croup as unsustained either by arguments or by facts, those pathological processes combining to complete the disease known as membranous croup comprise, primarily, engorgement; secondarily, inflammation; and, lastly, exudation on the mucous membrane of the larynx and trachea; or, rather, the destruction and sloughing or exfoliation of the involved epithelium, and then the membranous exudation. This process of epithelial exfoliation is truly one of the most important of all those elements entering into the formation of the disease. Without this preliminary arrangement it would not be possible for the last and most important stage—that of exudation—to occur.

Hence, when the destruction and exfoliation of the epithelial coat have taken place, the basement membrane underneath is laid bare; it can no longer secrete mucous, but becomes the theatre of those important actions consisting in the exudation of plastic material from the exposed vessels, which rapidly assumes the form and consistency of membranes.

Not in all, but in a very large proportion of the cases of tonsillitis coming under our observation, in greater or less degree these identical processes occur and may be observed at any time.

In such cases the affected tonsil first becomes engorged, then highly inflamed then one or more white or gray patches, sometimes larger than a shilling, appear on its surface. These may disappear and re-appear several times before resolution. These cases are usually denominated ulcerative, and, at other times, diphtheritic. In reality they are neither, but of a true exudative character with an innocent type of disease. If such exudations were situated in the larynx or trachea, they would then become matters of infinite moment. In tonsillitis of this character, until the inflammatory action subsides, we may observe this membranous exudation, though removed by local applications, return every day. Its removal is usually followed by bleeding.

The same destruction and exfoliation of the epithelial coat occur here as in membranous croup. Thus, while the epithelial coat exists in its perfection with unimpaired functions, there can be no membranous formation. This fact is one of paramount importance in the pathological history of croup and its therapeutic management.

Bearing on this point there is another pathological question of infinite importance. It is whether membranous croup is a simple inflammatory affection, or a specific disease. Universal experience in the profession unites in establishing the opinion that by appropriate treatment the exudation may be prevented. Hence the conclusion that this form of croup is a simple form of inflammation. Under intense inflammation, the epithelium ceases to perform its function of secreting mucus. There is an utter suspension of action, and consequently a complete absence of all moisture on the epithelial surface. There is no relief of the engorgement and blood-stasis, and this delicate coat sloughs, leaving the basement membrane denuded, with its injected vessels laden with plastic blood, when exudation results. In simple tonsillitis with limited exudation we have ocular demonstration of the fact that this exudation, when left undisturbed, continues to grow in proportion to the area of the destruction of the epithelium, and also of the fact that during a high state of inflammatory action the epithelial coat so destroyed cannot be repaired until resolution begins. Hence the successive crops of exudation in membranous croup, diphtheria, and tonsillitis, while inflammation continues.

It would appear that in all local affections of an exudative character, morbid action must reach a certain point, must pass only through certain stages, and must be surrounded with favorable circumstances, to complete the process of exudation. When this process is interrupted, either the normal secretion of the part affected takes its place, or purulent formation is substituted. Thus, in the case of incised wounds, the adhesive or plastic form of inflammation is often through slight influences converted into the purulent. In serious inflammations,

also, the adhesive may be exchanged for the purulent or serous products either by local or by general influences. In membranous croup we desire to convert the plastic form of the inflammatory products into the mucous before exudation has taken place, and, if possible, into the purulent after that has occurred. Thus, if the epithelial cells coating the inflamed surface should be made to pour out their peculiar secretion there can be no plastic exudation, and these delicate bodies are saved from destruction.

Treatment of the Inflammatory Stage.—Whatever agents will cause a free secretion of mucus in this stage of croup, will prove the best means of preventing the last or exudative stage.

Iodide of potassium is unquestionably one of the most prompt and certain stimulants of the mucous secretion in our possession. With this valuable property it combines an alterative power over inflammations of mucous membranes, which gives it peculiar adaptation to the treatment of the inflammatory stages of this affection. The object in using it is to cause the mucous membrane of the bronchial system to pour out its secretions copiously, with a view of saving the epithelial coat from being destroyed, and preventing exudation. So long as the fever and inflammation are active, the cough clear and metallic in character, the voice hoarse, the iodide may be used energetically and freely. This remedy, to be of service in this disease, must be used in heroic doses, repeated at intervals of one or two hours. Time is a precious consideration in the treatment of croup, and to insure success the system must be saturated with the drug as speedily as possible. The remarkable sedative influence exerted by this preparation over inflammations of the respiratory tract gives it additional value in the treatment of croup. Its sedative power in the turbulent and laboured respiration of asthma and emphysema, in dry catarrh, and in kindred affections, is unequalled by that of any other drug for permanent effect. In addition to this, it is especially adapted to the respiratory diseases of childhood. The action of iodide of potassium over the respiratory tract begins with the Schneiderian membrane, and embraces the mucous surface of the mouth, the entire glandular system pertaining to salivation, the pharynx, larynx, trachea, and bronchial membrane. The normal secretions peculiar to all these surfaces are greatly augmented by its agency. Indeed, its remarkable powers as an expectorant are far from being understood or appreciated.

In the inflammatory stages of croup it may be advantageously combined with the bicarbonate and bromide of potassium, and glycerin, which latter has valuable expectorant properties.

The following formula is adapted to a child of five years of age :

℞ Potass. iodid., ʒ ss ;
Potass. bicarb., ʒ ij ;
Potass. bromid., ʒ i ;
Aquæ, ʒ ij ;
Glycerinæ, ʒ i.—M.

Sig.—Dessertspoonful every hour.

Under the free and energetic use of the iodide in these affections, either alone or in the above combination, when the system is fully saturated with the drug the quantity of salivary and mucous secretion poured forth is sometimes astounding. This is true of croupal, tonsillitic, and catarrhal affections. In cases of tonsillitis with intense injection and tension of mucous surface, and attended with great dryness and want of moisture, the iodide will usually stimulate free secretion from the fauces, to the infinite relief of the local affection.

In a considerable proportion of the cases treated by the iodide of potassium in large doses, there was free and copious salivation, but without any of the peculiar inflammation of the salivary glands resulting from the use of mercury.

The following cases are presented as examples of the treatment of croup by this method :

Case I.—A boy of six years had been very hoarse with fever and croupy cough for several days. When visited, he was suffering from intense hoarseness, genuine metallic cough, laboured breathing, and restlessness. The tonsils were inflamed, and presented exudation on their surfaces. This patient took four grains of iodide and five grains of bicarbonate of potassium, dissolved in one teaspoonful of glycerin and a tablespoonful of water every two hours. In twelve or fifteen hours the symptoms were all diminished in violence. In twenty-four hours there were copious salivation and free secretion of mucus from the bronchial surface. The exudation on the tonsils soon disappeared, and the patient, after expectorating small portions of membrane, made a rapid recovery.

Case II.—This was a young and very robust boy of three years. After a preliminary hoarse cough, with feverishness for two or three days, the formal attack of croup set in with very alarming symptoms. The same prescription was resorted to in this as in the former case, only in diminished proportion, with similar results.

Treatment of the Exudative Stage.—After exudation has been fully established a different system of treatment becomes necessary.

The tincture of the chloride of iron, combined with the chloride of ammonium and chloride of potassium, are the only general reliable means in this stage. They act best when dissolved in glycerin and water. Glycerin is always a valuable agent in croup, as it is one of the few articles which invite moisture to the inflamed surface in the form of sero-mucous secretion.

Thus, when the symptoms of orthopnoea become more permanent, and the fever declines without corresponding improvement, this treatment should be instituted vigorously and without delay. The system must be saturated with the remedies as rapidly as possible; consequently they should be given every hour.

The following case is reported as an example of the effects of this treatment :

Case III.—This was a healthy child of fifteen months. When first visited, it had been suffering

with a dangerous attack of croup for two days. There was fever, with great acceleration of pulse, entire suppression of cough and voice, with inability to cry. The respiration was painfully labored, with frequent paroxysms of difficult respiration. After a vain trial of the potash treatment, the following prescription was administered every hour :

℞ Tinct. ferri chlor., ʒi;
Ammonii chloridi, ʒiiss;
Potass. chlorat, ʒij;
Glycerin., ʒss;
Aqua, ʒiiss.—M.

Dose, one teaspoonful.

In connection with stimulants and nourishment, this treatment was continued with favorable results.

The chloride of iron is not given here, as in diphtheria and its kindred diseases, as a corrective of blood-poisoning, but for its remarkable influence over local disease of a diffuse inflammatory character attended with either exudation, effusion, or extravasation. When absorbed into the circulation in sufficient quantity, it exerts a marked influence on the capillary vessels in the remotest part of the system, contracting their calibre, reducing dilatation, correcting engorgement, and arresting exudation.

THE USE OF LIQUOR BISMUTHI FOR HÆMORRHOIDS AND PROLAPSUS ANI.

BY JOHN CLELAND, M.D., F.R.S.,

Prof. of Anatomy and Physiology, Queen's College, Galway.

From the *London Practitioner*, January, 1876.

While it may be freely admitted that in many instances hæmorrhoids cannot be treated successfully without surgical operation, and while, for my own part, in a considerable experience I have always had good reason to be satisfied with the results of the operation recommended by Mr. Syme, it is evident that in a large number of cases operative interference is unsuitable; in others the affection, however ameliorated by such interference, remains uncured; and it is desirable that, whenever it is possible, a cure should be obtained without resort to so disagreeable a measure. With this end in view I venture to say a few words on the use of liquor bismuthi given as enema.

My attention was first drawn to this remedy by a rather peculiar case of prolapsus of the bowel. A middle-aged woman came for consultation in such a condition that she could with difficulty walk, inasmuch as whenever she parted her thighs, the bowel emerged and hung down for about six inches, in folds of such a character as made it evident that at least half-a-yard of intestine was extruded. The whole surface of the mucous membrane exposed was a deep raspberry red, like those cases of hæmorrhoids which some practitioners delight to treat with nitric acid. this condition was chronic; external supports had failed; the possibility of removal of the whole prolapsed mass suggested itself, but such an operation attended with

enormous risk was not to be thought of in the case of a patient enjoying a certain measure of health. Astringents had been tried and failed, and it seemed questionable if astringents were the most suitable remedies in such a case. It appeared much more probable that an irritated and congested condition of the mucous membrane led to derangement of the action of the muscular walls than that in a strong woman, a local relaxation, involving sphincters and intestinal walls, had produced a prolapsus, which led to congested mucous membrane, from exposure. I recollected the relief frequently obtainable in cases of hæmorrhoids, by application of white bismuth or oxide of zinc. In this case, however, ointment or powder obviously could not be effectually applied. But the liquor bismuthi in stomach affections has a soothing influence far superior to white bismuth. I therefore directed my patient to mix a desert-spoonful of liquor bismuthi with half a wine glassful of starch, and after getting into bed returning the bowel to its place, to introduce this enema and retain it. I was much pleased, a few weeks afterwards, by my patient calling to tell me that she was nearly well, and to ask if she might continue the remedy. This she was ordered to do; and I have every reason to believe that she has had no return of her malady. I have since frequently used the same remedy for the ordinary prolapsus in children, with invariable and rapid success.

In severe hæmorrhoids there are usually three parts affected, the integument, the mucous membrane, and the hæmorrhoidal veins. Plainly the veins cannot be reached by local medicaments and those comparatively few cases in which they alone are involved must be treated in other ways. The integument, together with the edge of the mucous membrane up to the grasp of the sphincter, is within easy reach, and may be treated in various ways according to circumstances. Thus, when the congestion is superficial and produces a catarrhal oozing, bathing with whiskey or other alcoholic lotion, a small pad of dry cotton wool firmly applied to soak up the moisture, and also zinc or bismuth in powder or ointment are all exceedingly useful; and when a congested surface within easy reach is accompanied with venous engorgement, tincture of iodine sometimes produces surprising effects, although in other instances it is too painful to be borne. But when the mucous membrane is considerably involved I know no application to compare with injection of liquor bismuthi, which has the advantage of being painless; and, as in the case of prolapsus narrated above, the improvement of the membrane has wonderful influence on both the veins and integument. In instances in which the necessity for surgical interference appeared indubitable, I have had the gratification of defrauding myself of the pleasure of operating, and of seeing the patient recover. This is the more gratifying, as the surgical treatment of hæmorrhoids labors under the disadvantage, that, no matter what may be the particular operation adopted, it never removes the predisposing cause of the malady.

BISMUTH AND CREASOTE IN INFANTILE VOMITING.

(*British Medical Journal*, September 25, 1875).

Dr. Edward Mackey has for a number of years used the following method of treatment in cases of infantile vomiting, and with great success.

Purgatives or ordinary astringents being either premised or contra-indicated, a valuable remedy is known in quarter or half-drop doses of dilute hydrocyanic acid, with a grain or two of soda in camphor or dill water. But in severe cases with much depression, and in many cases as an alternative treatment, bismuth and creasote together will be found extremely good. They may be well combined by dropping a minim of the liquid first upon a small quantity of magnesia, rubbing up with eight grains of subnitrate of bismuth, and dividing into four powders; for elder children, into two. They should be freshly prepared for use, and to infants given gently on a moistened finger-tip every three, four, or six hours. In the intervals a little saccharated lime-water with milk should usually be given.

OINTMENT FOR SYCOSIS.

Dr. S. Smith, of New London, Ct., sends us the following formula for an ointment, which he has used for several years, with unvarying success, in the cure of this intractable affection:

℞ Acid tannic.....gr. xv.
Sulphur.....gr. xij.
Aquæ rosæ.....qt. xvij.
Adepis.....3 ijss.

M.

Apply a quantity the size of a pea to the affected spot every morning and night.

QUININE AS A GARGLE.

(*The Practitioner*, August, 1875.)—Dr. David J. Brakenridge has for four months treated all suitable cases of sore throat occurring in his practice with a gargle composed of ten grains of sulphate of quinia and five minims of dilute sulphuric acid to each ounce of water. From a considerable experience he draws the following conclusions:

Simple non-syphilitic ulcers of the throat under this treatment at once assume a healthier aspect and heal rapidly. In syphilitic ulcers, the local treatment has always been accompanied by the internal administration of iodine of potassium or some other constitutional remedy; but the cure was apparently hastened by the quinine gargle. Its effect on the sore throat of scarlatina is very marked, the pul-taceous secretion being checked and the inflammatory swelling diminished.

It is of comparatively little use in the early stage of cyananche tonsillaris, over which tincture of aconite in minim doses, frequently repeated, has so decided a control. When, however, abscess, followed by abundant discharge of pus, results its beneficial influence in checking the suppuration and promoting healing is marked.

In the slighter forms of diphtheritic sore throat it

answers admirably, preventing the extension of the disease and promoting the separation of the membranous exudation.

Dr. Brakenridge reports a very severe case of true diphtheria in which the gargle had a remarkably beneficial effect, and says that it is in such cases that he hopes it will prove most useful.

CASES OF SYPHILITIC HEADACHE AND NEURALGIA CURED BY CALOMEL IN SMALL AND REPEATED DOSES.

In syphilitic headache, which is always so painful, and often produces obstinate insomnia, as well as in neuralgia of venereal origin, Trousseau used to prescribe calomel in very small and repeated doses; for instance, one centigramme (or about one-sixth of a grain) a day, divided into ten doses, administered at one hour's interval, so that the patient would take one millegramme only (or about one-sixtieth of a grain) every hour.

DR. PETER, of Hôpital St. Antoine, following Trousseau's example, uses this drug in similar cases as well as in doubtful ones, in which it has the excellent effect of speedily determining the nature of the disease.

Dr. Peter often quotes the instance of a young girl who entered Trousseau's wards for a severe facial neuralgia. For more than fifteen nights the patient had not slept, on account of the intensity of the nocturnal pains. The illustrious "clinician" noticed on the girl's temple the presence of a very small tumour, painful on pressure, and which he thought must be of syphilitic origin. Possibly the tumour rested on some filament of the temporo-facial nerve and produced irritation of it. Anyhow, he resolved to prescribe immediately calomel in doses as above described. The very same night the young woman slept four hours. The next night was attended by perfect sleep, and the pain disappeared entirely on the third day, though the size of the tumour had not much decreased.

Amongst other cases treated in like manner by Dr. Peter, the following are worthy of being noted:

A woman, aged twenty-three, was admitted on October 9th, 1874, for various syphilitic manifestations, large *plats muqueux* of the vulva and anus, a general papulo-squamous syphilitic eruption, etc. For these lesions the patient had already been put under a course of protoiodide of mercury before entering the hospital. But her chief complaint was a most violent nocturnal headache, beginning at 4 P.M. and lasting till 4 A.M., and which completely deprived her of sleep. Moreover, she had fever, and complained of intense pain along the nerves of the left arm and in the brachial plexus of the same side. On October 10th, instead of continuing the use of the protoiodide of mercury, as had been prescribed in town, Dr. Peter ordered one centigramme of calomel in ten doses, each to be given at an hour's interval. The next day (the 11th) the patient's report was that she had suffered less during the night. The headache commenced only at 6 P.M., and left her at 2 A.M., after which time she was able to sleep. The pain in the arm had been the

same. In the night of Oct. 11th-12th the headache almost completely disappeared. It commenced very slightly at 7 P.M., and was so slight that the patient was able to sleep almost the whole night. The fever had also ceased. The calomel was then discontinued, nevertheless the night of October 12th-13th was excellent. The headache went off entirely, and the pain in the arm had diminished considerably. From that moment the classic treatment of syphilis, viz., the protoiodide of mercury, was resumed in order to combat the other syphilitic manifestations.

In another woman, who entered Dr. Peter's wards on the 29th of February this year, the syphilitic headache had been going on for nearly a month. It had been general at first, but after a fortnight became confined to the left side of the head. As usual, the pain was much more intense at night than in the day, and prevented sleep. Together with this headache, the patient complained of an intense pain in the right side, and indeed it was for this latter ailment that the patient had sought admittance into the hospital. Dr. Peter stated that it was seated in the situation of the chondro-costal articulation of the left side, which was slightly tumefied. Moreover, the patient had syphilitic roseola. On Feb. 22d ten millegrammes of calomel were prescribed, but, through some mistake, only two were given. The patient suffered much from the head during the night. On the 23d ten doses were administered. The headache disappeared almost completely, and the patient slept for ten hours. On the 24th, the stitch in the side, which had been already less painful two days before, when only two doses were taken, diminished to such an extent that it required rather strong pressure to produce any pain. On the 25th the ten doses were again forgotten, and the patient did not sleep so well as on the previous night. The sleep was, however, better than at first, and the headache less intense than before the calomel was used. The ten doses were given this day, and the patient slept from 8 P.M., till midnight. From that hour she only got sleep in snatches, but without having any pain in the head; the pain in the side had by this time completely disappeared. On the 27th the general treatment of syphilis with a syrup containing iodide of mercury and iodide of potassium was commenced. The headache was only felt two hours in the nights of the 27th and 28th, and afterwards entirely ceased.

The remarkable features of this mode of treatment, says Dr. Peter, are—first, the rapidity of its action; next, the fact that it is successful in cases where the really specific treatment of syphilis fails. It constitutes, in a manner, the medicine of nocturnal syphilitic pain; but cannot replace the other plan of treatment for other syphilitic manifestations. Its use is indicated whenever nocturnal pain is very intense and interferes with sleep. It diminishes pain and its consequences the very first night it is given, and generally extinguishes suffering by the second night. The treatment may be carried on

for three days, and that period of time is almost always enough for its success. If, however, the desired result has not been obtained, it ought then to be suspended for one or two days, so as to prevent salivation; and it can be resumed afterwards for two days successively, in which case Dr. Peter has never seen it fail.

Dr. Peter thinks that this plan of treatment is thus efficacious because, first, the drug is mercury; and, secondly, the absorption of these very small doses is exceedingly rapid, and the repetition of the action takes place, every hour. Whatever the explanation may be, adds Dr. Peter, it is to Trousseau that he is indebted for the idea of using calomel in this manner, and to him belongs all the credit.—*Lancet*, Nov. 6, 1875.

HOT WATER IN SURGERY.

The *New York Medical Journal* states that, in Bellevue Hospital, hot water has, within the past few months, been used in the treatment of some injuries, with marvelous results. We extract the following examples:—

The water in the bath varies from 100° to 105° Fahr., and is changed as soon as it falls below this. An additional advantage is obtained by the change of the water, as any discharge which forms is removed.

Compound Comminuted Fracture of Metacarpal Bones.—The patient was engaged in a machine shop, and while his hand was upon the anvil of a trip hammer, the hammer—weighing seven hundred pounds—fell. It so happened that a file was on the anvil, and in this way the force of the hammer was arrested about half an inch before it reached its bed. When the hand was examined, it was found that the whole of the palm was a mass of pulp. The metacarpal bones were comminuted extensively, and there was apparently but small chance of saving the hand. It was, however, placed in hot water, and kept there for two or three weeks; and, at the end of that time, taken out and dressed. In three months the patient was sufficiently well to leave the hospital, and at present—nine months since the accident—he is able to move the fingers, and has a useful hand.

Compound Dislocation of the Ankle Joint.—The second case was one of compound dislocation of the ankle joint, in which the proximal end of the first metatarsal bone protruded from the foot. The dislocation was reduced, and the foot placed in hot water. At the end of a week it was taken out and dressed in the ordinary manner. At the present time the foot is doing well, and promises for the patient a good result.

Compound Fracture of the Metatarsal Bones.—In this patient, the second, third, and fourth metatarsal bones of the foot sustained a compound fracture by a mass of rock falling on them. The foot was kept in the bath for fourteen days, and at the end of that time it was removed, and treated in the usual manner.

TREATMENT OF DIPHTHERIA.

Dr. J. Lewis Smith, of New York, reports unusually favorable results in diphtheria:—

The mode of treatment employed, and by which the author, in his private practice, has saved a much larger proportion of cases than he had been able to cure by any other measures which he had previously employed, was the following: As soon as the case comes under observation, the following mixture is applied, every second or third hour, over the fauces, by one or two applications of a large camel-hair pencil:—

R. Acidi carbolici,	gtt. vj-x
Liquoris ferri subsulphatis,	ʒ iij
Glycerinæ,	ʒ j. M.

If there is discharge from the nostrils indicating diphtheritic inflammation of the Schneiderian membrane, a little of the same mixture diluted with an equal quantity of warm water is injected into each nostril every three to six hours. To do this the child is placed upon its back, with the head thrown backward and the eyes covered with a towel, to prevent the liquid from entering them. A small glass ear or nostril syringe, with a knob or button at the end of the nozzle, is the best form of instrument for these injections.

One-third to one-half of a teaspoonful of the diluted mixture is a sufficient quantity to employ for each nostril. This application, properly made, prevents decomposition, removes the offensive odor, and, that which is of the greatest importance, prevents blood-poisoning; it immediately arrests the movements of the bacteria, and probably destroys them, as the author has observed in experiments with the microscope.

Quinine in doses of one to two grains, according to the age of the patient and severity of the case, is administered about every fourth hour, and each hour in the interval half a teaspoonful to one teaspoonful of the following:—

R. Potassæ chloratis,	ʒ j-ij
Tincture ferri chloridi,	ʒ j
Syrupi simplicis,	ʒ iv.

A little chlorine is set free in the above mixture, and the quantity may be increased by adding a few drops of dilute muriatic acid. No drinks are to be allowed for a few minutes after its administration, or after the use of the brush; by this precaution, the lotion is not washed away too quickly from the fauces.

In three or four days, if the case progress favorably, these remedies are employed less frequently, but they are continued until not only the pseudo membrane has disappeared, but the inflammation also has in great part abated. When the inflammation has begun to abate, and there is no reappearance of the exudation, a gargle or drink of chlorate of potash is given.

CONJUNCTIVITIS.

A Swiss physician, Dr. Emmert, has found a solution of tannin, five to fifteen per cent., of excellent service in acute conjunctivitis. One drop of the solution is put on the eye every two hours.

WHEN WE MAY BLEED AND WHEN WE MAY NOT BLEED.

In an address in the *British Medical Journal*, by Henry Moon, M.D., F.R.C.P., Physician to the Sussex County Hospital, the writer says:—

In therapeutics, there has been an immense improvement. I will only take one instance amongst many others, that of blood-letting. During my apprenticeship at a large London institution, my chief employment from day to day was to bleed and cup those patients who had been seen by the physicians and surgeons. Blood-letting was then used as a remedy whenever there was an increase of the temperature and a quickening of the pulse; and, doubtless, this indiscriminate irrational application of so bold a remedy destroyed thousands of lives annually. In some cases, however, blood-letting, with the light of modern science, is still a remedy of great practical usefulness.

We may bleed in, for instance, cerebral hemorrhage, if the impulse of the heart be strong, and its sounds loud; if the pulse be regular, and no signs of commencing œdema of the lungs exists, we should bleed without delay. Here a judicious timely bleeding may prevent the extension of the paralysis from the cerebrum to the medulla oblongata, which is essential to life.

In order that as much arterial blood as possible may enter the brain we must try to facilitate the escape of venous blood, without, however, diminishing the propelling powers too much.

We may not bleed when, on the contrary, the heart's impulse is weak, the pulse irregular, and rattling in the trachea has already begun; we may be almost certain bleeding will do harm, since the action of the heart, which is already weakened, would be still more impaired, and the amount of arterial blood going to the brain would be thus still more decreased. When these conditions occur, the indications require just the opposite treatment, in spite of the original disease being the same and being due to the same causes. Here by the use of stimulants, we must strive to prevent paralysis of the heart; frictions, sinapisms, wine, ether, and musk, instead of bleeding are called for.

We may bleed in acute croupous pneumonia, when pneumonia has attacked a vigorous and hitherto healthy person, and is of recent occurrence, the temperature being higher than 105° Fahr., and the pulse rating at more than 120 beats in a minute. Here danger only threatens from the violence of the fever; and a free venesection will reduce the temperature, and lessen the frequency of the pulse. In those, however, who are already debilitated, bleeding increases the dangers of exhaustion. Should the fever in pneumonia be moderate, blood-letting is not indicated, even in healthy and vigorous individuals. It cannot cut the fever short; indeed, the fever is more apt to persist, although in a somewhat more moderate degree; so that the enfeebled patient is thrown into greater danger than if he had to pass through a more violent fever, but with unreduced strength.

We may bleed in fluxion of the lung, arising from excessive cardiac action threatening life. The result of a bold venesection here is astonishing; as soon as the volume of the blood has become lessened, the pressure diminishes in the arteries (as it depends upon two forces: first, the energy of the cardiac contractions; secondly, the fullness of the cavities of the heart). The patients often breathe more freely during the operation, the bloody foam which they were expectorating vanishes, and life may be rescued from the greatest dangers, by aid of the physician.

So, also, in collateral fluxion of the lung (acute hyperæmia) during the course of acute pneumonia, pleurisy, or pneumothorax, we may bleed. Here a large part of the dyspnoea depends upon the over-filling of the capillaries and swelling of the vesicles in the portions of the lung unaffected by the inflammation.

When patients die in the first stages of pneumonia or pleurisy, or shortly after the air has penetrated into the pleural sac and compressed the lung (pneumothorax), they die of collateral fluxion (hyperæmia) and collateral œdema. If collateral fluxion threaten life during the progress of these diseases; if the patient be attacked with intense dyspnoea, and a moist *râle* become audible; if the sputa become serous, the danger is imminent. They pay no regard to the small pulse, or rather, look upon it as a new reason for bleeding; for thereby the force of the heart is diminished, the pressure in the arteries of the hyperæmic parts of the lungs is also reduced; the capillaries are less full; the transudation of serum, which was threatening, or had already set in, does not occur or ceases; and here, too, we often see the patient breathe more freely and deeply when the blood is flowing.

Since, however, in by far the greater number of cases venesection has an unfavorable effect upon the main disease, by increasing the danger from exhaustion and impoverishment of the blood, we should not be led astray by these striking instantaneous results, so as to bleed without necessity; that is to say, unless life be threatened. Should œdema threaten in the course of disease of the heart, immediate danger to life may demand a diminution of the volume of the blood, and the relief consequent on venesection is usually beneficial.

The blood of persons of long-standing disease of the heart is poor in fibrin and albumen, and has great tendency to form serous transudations. Venesection renders it thinner, and, therefore, bleeding should never be used in these cases but under the most pressing necessity.

Blood-letting should never be used in the hyperæmia of asthenic fever, no matter how great, and though the œdema threaten life.

In endocarditis, as a rule, bleeding is decidedly injurious; still a condition sometimes exists where the indication as to symptoms calls for venesection. In cases where over-charge of the pulmonary circulation imperils life by threatening œdema of the lungs, and demands prompt relief by diminution of the volume of the blood. A great acceleration of

the pulse, and signs of feebleness, however, in the action of the heart, indicate the administration of digitalis. Should palsy of the heart threaten, give stimulants boldly.

THE AVOIDANCE OF INFECTION.

Dr. Priestly, President of the London Obstetric Society, said in a recent address:—

The method to be pursued for guarding lying-in women from noxious influences consists of all those measures which prevent the formation of poisonous materials in her own system, and which secure her isolation from all contagion from without. In following out the first indication, it is necessary to provide, as much as may be practicable, for a woman encountering her confinement in the best possible condition of health, by impressing upon her the necessity of obedience to natural laws during her pregnancy. If complications occur during pregnancy, they must be combated, as the circumstances will permit. Dr. Barnes has informed us that albuminuria at the end of pregnancy is extremely apt to go into puerperal fever. In these cases, therefore, a sedulous watch must be kept, the bowels must be carefully attended to, and other suitable treatment for these cases adopted. The process of parturition should be conducted with the view to the genital canal of the woman being exposed to the effects of irritation, continued pressure, and laceration, as little as may be possible. After the birth of the child, a full and perfect contraction of the uterus should be secured, by seeing that the organ is not emptied too suddenly, and that the hand follows the fundus down from above as its contents are expelled. Subsequently to delivery, the various known methods should be practiced to promote the contraction of the walls of the womb and the diminution of the uterine cavity; and any clots forming should be removed from time to time during the hour after removal of the placenta. It is superfluous to say that the placenta should be extracted in its entirety, when possible; and great care should be taken not to leave any detached portions adherent to the uterine walls. The same precaution should be observed, when practicable, in cases of abortion. If any considerable laceration of the perineum have taken place, the edges of the wound should immediately be united by sutures, not only for the purpose of restoring the perineum, but also to prevent contamination of the wound by putrid discharges. In the case of other wounds in the vagina or cervix uteri, especial care should be taken to keep them clean by repeated injection, and to leave as small a raw surface exposed as may be practicable. In all cases where the lochia are in the least degree offensive, the vagina should be well injected with Condy's fluid and water, or other innocuous disinfectant, twice in twenty-four hours, or oftener if necessary; and the injection may be carried into the uterine cavity, if it be much distended, and there is a suspicion that it harbors fetid contents. The injection of the womb-cavity, however, should be conducted slowly, carefully, and without

force. These uterine injections were practiced long ago by William Harvey, and there is concurrent testimony in this and other countries of their marked utility in abating the symptoms even when puerperal fever has apparently set in.

Next in importance is to take care that there is no fecal accumulation in the bowels, and to recollect that the existence of previous diarrhoea may be the indication that retained masses are lying in the intestines and producing irritation there.

To secure the isolation of a lying-in woman from noxious influences which may be communicated to her from without, may be difficult, and in some cases perhaps impossible. We are all agreed as to the absolute necessity of preventing, directly or indirectly, any communication between cases of erysipelas and puerperal patients. We are agreed, also, as to the necessity of the midwifery practitioner avoiding all postmortem examinations. His hands should avoid all contact with specific poisons or septic materials; and if perchance his fingers have touched anything suspicious, he should at once carefully and thoroughly disinfect them. The necropsies which seem most baneful are of those bodies which have recently died of erysipelas, peritonitis, zymotic disease, or any other inflammatory and febrile affections; and in such instances the accoucheur should not even be present in the room when the dissection is made, as, though he decline to touch, yet his person and clothes may become infected by the poison.

When a medical man has a bad case of puerperal fever in his own practice, or is required to see one in consultation, he should certainly not go direct to another midwifery patient without first changing his clothes, besides careful ablation of his hands.

Many chemical substances have been recommended to be added to water for purifying the hands: iodine, chlorine and its compounds, sulphurous acid, cyanide of potassium, carbolic acid, and the permanganates. It matters not which agent is employed, so long as it is used carefully and efficiently; and if it be necessary to disinfect clothing, this is readily done by exposing it in an oven to a high temperature, for which many upholsterers have a suitable arrangement. Taking all the circumstances into consideration, I am disposed to recommend a week's seclusion after regular attendance has ceased on a single puerperal fever case. When a series of cases have occurred in the practice of any one medical man, he should absent himself from midwifery practice for a month at least. During either the short or the longer interval of seclusion, the means for disinfection should be fully carried out.

Finally, I have a word or two as to the propriety of attending patients suffering from scarlet fever or other zymotic disease, and lying-in women, at the same time. After what has been said in this debate, I cannot expect the same accord of opinion as on other parts of the ground I have gone over; but I would earnestly beg those who have as yet had so favorable an experience, when attending the two sets of patients conjointly, to ponder well what has

been said by others on the reverse side of the question. It cannot be expected that men in general practice, who may be in charge of a scarlet-fever or small-pox patient, shall at once relinquish all midwifery practice for the time being, because zymotic diseases are so prevalent that this would practically preclude their attending confinements altogether, or make their attendance on midwifery patients so irregular as to be unreliable. Nevertheless, in view of the dangers which have been indicated by various authorities, albeit their experience may seem to point to different conclusions, they are bound to exercise vigilance, lest perchance they slip into a pitfall unsuspected by them.

NITRATE OF SODA IN DYSENTERY.

The use of this remedy in dysentery is by no means novel, Velsen having recommended it in 1819. Attention has, however, again been called to it, and the dose recommended is from three to six drachms during the twenty-four hours, and amelioration is said to occur the following day. Where the disease is entirely rectal it is more efficacious than where the cæcum is involved.

CEREBRAL RHEUMATISM.

Three cases of this formidable disease, treated by M. Buchut with hydrate of chloral, have recovered. He gave from three to six grammes (= 45 to 90 grains) in divided doses, repeated at frequent intervals until the excitement abated.

SALICYLIC ACID IN DIPHTHERIA.

In children too young to gargle, Dr. Wagner, of Fribourg, gives salicylic acid in water or wine, in doses of ten to thirty centigrammes (about $1\frac{1}{2}$ to $4\frac{3}{4}$ grains) every two hours. For those who are older he prescribes the following gargle:—

Salicylic acid, 150 parts,
Alcohol (to dissolve it), 15 parts,
Distilled water, 150 parts.

To be used every two hours. If the solution deposits any crystals he dissolves them by warming it. He reports fifteen serious cases of diphtheria cured by this method.

HYSTERIA IN THE MALE.

Dr. Foet recommends compression of the testicles. One very severe case was thus relieved "in less than a minute."

PITYRIASIS CAPITIS.

Dr. Malassez recommends the following ointment to be thoroughly rubbed into the scalp morning and evening:—

℞ Butter of cacao,
Castor oil,
Oil of sweet almonds, ʒj.
Turpeth mineral, grs. xv. M.

The hair should be cut short, and the head washed with an alkaline soap every other day.

ATOMY OF THE INTESTINAL TRACT.

Dr. R. McSherry has found the following prescription give signal relief in cases of torpor of the large and small intestines.

R. Fl. ext secal. cornut. 3 vij
Acid phosphor, dilut., 3 j. M.

Teaspoonful three times a day. The phosphoric acid heightens the effect of the ergot.

POST-PARTUM PILL.

At Bellevue Hospital the following has a popular hospital reputation as a substitute for the regulation dose of castor-oil after parturition ;

R. Ext. colocynth comp., . . } aa 3 iij ;
Hydrarg. submuriat., . . }
Ext. nucis vom., . . : . }
Pulv. aloes, } aa grs. xx.
Pulv. ipecac, }

M. et div. in pil No. 120. One to four to be taken at a dose.—*The Medical Record.*

TREATMENT OF HERPES ZOSTER BY INDUCED CURRENTS.

Dr Fanque recommends the use of induced currents in the treatment of zoster, which is now generally admitted to be of nervous origin.

He recommends that the positive pole be placed upon the vertebral column while the negative pole is placed upon the affected portion of skin.—*Ibid.*

TRUE MEMBRANOUS CROUP—ITS TREATMENT.

Dr. W. H. Vail (*N. Y. Medical Journal* Oct., 1875) believes from his experience that true membranous croup is as amenable to treatment as remittent fever. He first gives his patient from fifteen to thirty grains of calomel, to be repeated in six hours if the bowels do not move. At the same time the patient must be kept in a room loaded with moisture, and heated to a temperature of 90° Fahr., constantly.

COTTON WOOL IN THE EARS AS A PROPHYLACTIC AND CURATIVE APPLICATION IN CORYZA AND SORE THROAT.

A correspondent to the *Practitioner*, February, 1875, says that, though specially subject to colds of unusually severe and oppressive character, he has for seven years been able to stave them off by the judicious use of cotton wool in his ears. Only the side of the nose or throat affected or exposed need be protected. The beneficial effects are most marked in persons with a large meatus, or a thin, delicate ear. Sore throats and colds on the chest are greatly benefited by its use. If it be remembered that irritation deep in the meatus will produce irritation and congestion of the throat, it will be easy to see the relation between the throat and external meatus, and how cold in air in the external meatus may produce a sore throat. Protect your ears from continued cold winds or drafts is the plain teaching of the above facts.—*Detroit Med. Review.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR :

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MEDICAL LEGISLATION.

In the December number of the *Record*, we published an article with reference to a Medical Bill, which was introduced into the Quebec Legislature by the Hon. Mr. Chapleau, and which was dropped at its second reading. We commented freely upon the extraordinary spectacle of a few members of the profession—whom we styled ultra-reformers—attempting to forestall amendments to the present Medical Act, which they knew were in process of preparation by the constituted Medical Authorities of the Province. We likewise expressed our abhorrence of the barefaced attempt to legislate out of existence the College of Physicians and Surgeons of Lower Canada. Our remarks have given rise to the following letter from Dr. Dagenais, which appears in the *L'Union Médicale du Canada* for January. Several of our subscribers who, we learn, have been active promoters of this Bill, have likewise notified us "to stop their paper"—a very silly method of attempting to stifle discussion :

CORRESPONDENCE.

Mr. the Editor,—Having no time to lose, I never read the *Canada Medical Record*; but a friend having given me the last number of that journal, I read an article on the *Medical Bill*, presented during the last session by the Hon. J. A. Chapleau, which I cannot allow to pass unanswered. Mr. the Editor of the *Medical Record* warns his readers that he can hardly read the bill in question without losing his temper, which was an unnecessary precaution, because it was evident that his brain must have been in a state of great excitement to have allowed him to have written so many untruths and imperfections, in so few lines.

He commences by saying that the *Bill* is the work of half a dozen Drs.—dreamers and ultra reformers—first untruth, (or fib). The Bill was made by the Medical Society of Montreal, having

eighty members, whose positions are at least as good as that of the Editor of the *Medical Record*, and it was only after having studied the subject for a very long time, and after having taken the advice and opinion of one of the most distinguished advocates, that the Society presented the Bill before the Quebec House. Since, Mr. the Editor continues to say, that the Bill should have been choked in its first reading, and that it was allowed to drop after its second reading—a second untruth. The Bill has not been dropped, Mr. the Editor of the *Medical Record*, and do not be vexatious (*i. e.* troublesome) it will come up next session. If its adoption has not been pressed this year, it is because we did not wish to take the profession by surprise, and that we did not wish to attempt hasty legislation, on a subject of such importance. We desire to have a free and upright discussion, between now and the opening of the next session. I hope that we may get it.

Further, Mr. the Editor of the *Medical Record* complains that the Bill is too complicated, and he assumes that a man of ordinary ability should read it a dozen times to understand it, and that, notwithstanding that the Bill was based (a transcript) on that of the advocates, and also on that of the notaries, each containing a greater number of clauses than the Medical Bill, it has not yet come to the mind of any advocate, or the mind of any notary, to complain that the bills concerning their professions were too complicated. Perhaps Messieurs the advocates and Messieurs the notaries have twelve times more intelligence than Mr. the Editor of the *Medical Record*.

As a last resource Mr. the Editor of the *Medical Record* takes advantage of a typographical error that he finds in the English copy of the Bill, I will not answer to this last piece of foolery, but only say, *en passant*, that he must have been very short of arguments, to have recourse to such means.

I stop here, Mr. the Editor, my answer to the article in the *Canada Medical Record*, reserving, with your kind permission, the right of replying, in a manner more becoming, in the *L'Union Medicale*, when I have to answer adversaries of more importance.

Signed, A. DAGENAIS, M.D.

We propose dealing with the principal points of this letter, seriatim. And first, we have to regret that Dr. Dagenais has committed to writing such a silly sentence as the very first one in his letter. "No

time to lose, therefore does not read the Record. Happy Dagenais, to be so fully occupied. We, however, fear that his judgment of the value of medical literature can hardly be a good one, influenced, as it is, not by the practical character of a journal's contents, but by the appearance of a political article which rubs him all the wrong way. Dr. Dagenais finds fault with us for saying that the Bill was the work of a half-dozen dreamers, and asserts that it was made by the Medical Society of Montreal, which numbers eighty members. We reply that our information was received from members of the very Society whose authority is invoked, and who still assure us that this Society, composed of our French Medical brethren, cannot be held liable for this Bill; and in proof of this we have names given us of prominent members not only of the Society, but of the French Medical profession, who were entirely ignorant of this so-called action of this Society. Surely our correspondent will admit the prominence in both the above respects, of our friend Dr. Rottot. Was he aware of the proposed Bill? On the contrary, was he not working on his own Bill, for presentation before the College of Physicians and Surgeons, and was he not constantly in communication with some of the leading spirits in this attempted movement—who, while they willingly supplied him with their views, never informed him that they were preparing a Bill themselves, with which they proposed suddenly to astonish the profession. The relative professional positions of the eighty members of this Society, as compared with that of the Editor of this journal, has nothing to do with the subject under discussion, and the introduction of such a remark is, in our opinion, in exceeding bad taste. We are glad, however, that Dr. Dagenais has at last boldly come forward and thrown down the gauntlet, which he does when he tells us that this Medical bill has not been dropped, but that it will come up next session. We now know with whom we have to deal, for we confess that, till very lately, it was impossible to find who were the originators and promoters of this Bill. The profession of this Province are not the mettle we take them for, if they quietly submit to have a body legislated out of existence, which has many faults we admit, but which, notwithstanding these, has done very much for the profession in Lower Canada. We do not see that Dr. Dagenais has satisfactorily answered our complaint as to the complicated character of the Bill. He seems to think that, because it is a copy or transcript of that for the advocates and notaries, only less voluminous, it must

be simplicity itself. Now we fail to see the force of this argument; indeed, it seems to be a pretty generally admitted that "law is what no fellah can understand." At all events, we think medical men, never having received a legal education, would make generally poor work at understanding legal documents, and Dr. Dagenais' pet Bill has *too much law* about it. As to the advocates and the notaries having twelve times the intelligence of the Editor of the *Record*, we are proud to know it they are accountable for such an excess of brains; and our only regret is that our correspondent, Dr. Dagenais, does not belong to either the legal or notarial profession. He is one of the very few men who claim to understand this Bill, and therefore he must feel that such an amount of intelligence as has fallen to his lot should not hide itself in such a humble profession as that of medicine.

NUTS FOR THE ANTI-VACCINATIONISTS.

Dr. Purdon, factory medical officer at Belfast, has lately published a report on the subject of vaccination in relation to that populous manufacturing town. During the epidemic of 1871, Dr. Baker, one of the inspectors of factories, stated that the directions issued by the Poor-law Board were insufficient to stop the spread of the disease, and, in consequence, was requested by the Secretary of State to draw up a circular for the use of certifying surgeons, suggesting an examination with the purpose of vaccinating every young person under 16 applying for work; and recommending that employers should make vaccination a condition for employment. The result of these judicious measures has been that, since these directions were issued, 1,000 young persons were vaccinated who had not previously undergone the operation, and at the present time from two to four of those seeking work require to be vaccinated every week. This compulsory vaccination has been of considerable service; for example, in one mill in 1871 there had been 150 cases of small-pox, but in 1874 there were only 10, all being adults. In 1871, the persons employed in mills, factories, workrooms, etc., numbered 44,318, and of these 837 were attacked by small-pox; but, in 1874, out of 48,650 *employés*, only 176 were affected, 39 of whom were young persons. Stronger evidence than this could hardly be adduced of the benefits of compulsory vaccination.

A Dr. Toscani has also published a very elaborate report on a recent epidemic of small-pox in Rome, Italy. From it we learn that of 3,149 persons attacked, 1,219 died. The mortality among the

vaccinated was 72, or 13.81 per cent., and among those not vaccinated 1065, or 46.61. In 339 cases no positive evidence whether vaccination had been performed could be obtained, and the mortality was here 82, or 24.30 per cent. After this, anti-vaccination leagues, we need hardly say, have no foothold in Rome.

CHILBLAINS AND CHAPPED HANDS.

The returning cold, damp weather brings in its train the seasonable series of complaints, such as chilblains, chapped hands and lips, &c. These appear to be most prevalent just now, amongst those exposed to the inclemency of changeable weather, who possess a fair complexion, delicate skin, and other constitutional predispositions. To those specially liable to these tiresome and painful affections, we recommend as a preventative wearing kid skin gloves lined with wool, which not only keep out the cold, but absorb any moisture that may be upon the hands; and to rub over the hands before washing a small quantity of glycerine, which should be allowed to dry or become absorbed to a partial extent. When chilblains do manifest themselves, the best remedy not only for preventing them ulcerating, but overcoming the tingling, itching pain and stimulating the circulation of the part to healthy action, is the liniment of belladonna (two drachms), the liniment of aconite (one drachm), carbolic acid (ten drops), collodion flexile (one ounce), painted with a camel's-hair pencil over their surface. When the chilblains vesicate, ulcerate, or slough, it is better to omit the aconite, and apply the other components of the liniment without it. The collodion flexile forms a coating or protecting film, which excludes the air, whilst the sedative liniments allay the irritation, generally of no trivial nature. For chapped hands, we advise the free use of glycerine and good olive oil in the proportion of two parts of the former to four of the latter; after this has been well rubbed into the hands and allowed to remain for a little time, and the hands subsequently washed with Castile soap and tepid water, we recommend the belladonna and collodion flexile to be painted, and the protective film allowed to permanently remain. These complaints not unfrequently invade persons of languid circulation and relaxed habit, who should be put on a generous regimen and treated with ferruginous tonics. Obstinate cases are occasionally met with which no local application will remedy until some disordered state of system is removed

the general condition of the patient's health improved. Chapped lips are also benefited by the stimulating form of application we advocate, but the aconite must not be allowed to get on the lips or a disagreeable tingling results.—*Dublin Medical Press.*

OBITUARY.

Just as we are going to press we learn of the death, at his residence in London, Eng., of Sir George Duncan Gibb, Bart. His many old friends in Montreal, where he received his medical education and formerly resided, will read this announcement with deep regret.

We learn from the *L'Union Medicale du Canada*, that Dr. E. Lemire died in the latter part of December last, at Watertown, U.S., aged 37 years. Dr. Lemire studied at the French Medical School in Montreal, and received his license from the College of Physicians and Surgeons of Lower Canada, in 1858. He followed the practice of his profession in Montreal for several years, with fair success, taking an active part in various Catholic medical charities, and for a short time being connected with French Canadian Medical journalism. In 1865, in conjunction with the late Dr. Squire, he was elected Secretary of the Medico-Chirurgical Society of Montreal, which post he filled for rather more than a year.

On the 18th of January, Andrew W. Hamilton, M.D., of Melbourne, Eastern Townships, died after a brief illness, from congestion of the lungs. He was a graduate of McGill University, 1858, and was, previous to his graduation, for a year, the Resident Apothecary to the Montreal General Hospital. About 1859, he settled in Melbourne, and rapidly acquired a most extensive practice, which he continued to follow up to the time when seized with his last illness. Dr. Hamilton was one of the Governors of the College of Physicians and Surgeons of the Province of Quebec, and was active in looking after its interests. He was the son of Dr. James Hamilton, of Dundas, Ont., who still survives him.

PERSONAL.

Dr. O'Rielly, (M.D., McGill College, 1867,) who for some time was resident Physician to the Hamilton Hospital, has been appointed Medical Superintendent of the Toronto General Hospital. Previous to leaving Hamilton he was entertained at dinner by the Mayor and Aldermen of that city, and received a testimonial in the shape of a service of plate. We congratulate Dr. O'Rielly, on this gratifying exhibition of the estimation in which he is held.

We are pleased to announce that Dr. James Perrigo, M.R.C.S., Eng., Professor of Medical Jurisprudence in Bishop's College, has been invited to accept the post of Honorary Local Secretary to the Obstetrical Society of London. Dr. Perrigo has signified his acceptance.

Dr. T. Johnson Alloway has been elected one of the Attending Physicians to the Montreal Dispensary.

Dr. W. B. Burland, of Montreal, (M.D., C.M., McGill College, 1872), has been appointed Assistant Surgeon to the 5th Battalion Volunteer Militia (Royal Fusiliers.)

The Hon. Dr. Church, late Attorney General for the Province of Quebec, has, in the reconstruction of the Hon. Mr. De Boucherville's Ministry, assumed the portfolio of Provincial Treasurer, vacant by the resignation of the Hon. Mr. Robertson.

Robert W. W. Carroll (M.D., McGill College, 1859) is a Senator for British Columbia.

Dr. George Stanton (late of Simcoe, Ont., and M.D. of McGill College, 1868) has just been appointed Manager and Resident Medical Officer of the St. George's Church Temperance Home, which is situated a short distance beyond the limits of the City of Montreal. We believe Dr. Stanton has many qualifications which fit him for the very responsible position which he has assumed, and we hope that he will be given every possible countenance and encouragement from those who desire that this "home" shall be a success.

Dr. William Gardner having resigned his position on the Attending Staff of the Montreal Dispensary, has been placed on the Consulting Staff. A cordial vote of thanks was given to Dr. Gardner for his services.

The many friends of Dr. Kennedy, of Montreal, will learn with pleasure that his sojourn in Colorado has already been exceedingly beneficial to him, and that he anticipates returning home about the first week in May.

BIRTH.

In Montreal on the 27th ult., the wife of J. B. McConnell, C.M., M.D., Professor of Botany, University of Bishop's College, of a daughter.

MARRIAGE.

On the 28th Feb., at the Bishop's Palace, in the City of Montreal, by Canon Dufresne, Mr. Richard Gords, of the City of Waneago, State of Kansas, to Miss Adele Amelia Gernon, second daughter of Dr. Gernon, of St. Jean Chrysostome. The happy couple left, after the ceremony was performed, on a pleasure trip to the City of Chicago.

DIED.

At Kingston, on the 18th December, 1875, Dr. James Meaghar, aged 61 years.

Dr. Meaghar pursued his Medical studies in Montreal at the same time as Dr. Joseph Workman, of Toronto, Dr. David, of Montreal, and the late Dr. Sutherland. Dr. M. was a man of high attainments and of a genial disposition.