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CANADA  
MEDICAL & SURGICAL JOURNAL

FEBRUARY, 1878.

Original Communications.

REPORT OF THE UNIVERSITY LYING-IN HOSPITAL,  
MONTREAL, FOR EIGHT YEARS.

FROM OCTOBER 1st, 1867, TO OCTOBER 1st, 1875.

BY D. C. MACCALLUM, M.D., M.R.C.S.L.,

Professor of Midwifery and Diseases of Women and Children, McGill University,  
and Physician Accoucheur to the Hospital.

The University Lying-in Hospital is a small building, in which, on an average, 120 women are confined yearly. It has but two wards for women who have been confined, each containing four beds. There is also a separate room for private patients. The class of patients admitted into this institution is much the same as is generally found to seek the benefits of maternity hospitals in other parts of the world. It comprises poor married women, some of whom are reduced greatly in strength by improper and insufficient nourishment, whilst it is not uncommon to meet with others whose constitutions are suffering from excessive indulgence in spirituous liquors; unmarried women who have led irregular lives, and young girls who have been the victims of the seducer.

During the eight years from October 1st, 1867, to October 1st, 1875, there were 995 women delivered in the Hospital. Of these 987 made good recoveries, and 8 died; the mortality being in the proportion of 1 in 124½ cases. *Seven* of the deaths were from puerperal fever, which invaded the hospital in an

epidemic form in the years 1871 and 1872. The first outbreak of this dangerous complaint of parturient women occurred in the month of February, 1871, and of *five* patients seized *three* died. The disease had prevailed in the city during the winter of 1870-71, and had proved fatal in numerous instances, and apprehensions were entertained that it would eventually make its appearance in the hospital. The first case occurred in a poor, enfeebled, and, according to her own statement, half-starved woman, who was admitted in a state of labour from the suburbs of the city. Three hours after her admission she was delivered, and five hours subsequently the disease made its appearance, being ushered in by the most violent symptoms. Within two days four other patients were attacked; two of whom had been delivered before and two subsequently to her admission. To prevent the further spread of the disease, all the patients not yet confined were dismissed, and the Institution closed for the period of a month. It was then thoroughly cleansed and disinfected, and no other case occurred until the month of April, 1872. As in the previous year, puerperal fever was rife in the city for many months before it broke out in the hospital; so that in the two instances, in which it has during these eight years appeared in an epidemic form in this Institution, it has been in both imported from without; in neither did it *originate* in the hospital. In the latter epidemic there were *eight* women attacked, of whom *four* died. The limited amount of disposable space in the present building, rendering it altogether impossible to isolate the sick from those recently confined, it was again closed to patients for a period of six weeks. Since its re-opening in June, 1872, there has been no case of puerperal fever. The *eighth* death occurred in a woman who, when admitted, was in an advanced stage of Bright's disease. She was generally anasarcaous, the labia being enormously swollen. The urine was loaded with albumen, and contained numerous granular casts. She was safely delivered of twins, both living; but nearly lost her life from post-partum hæmorrhage. She died on the fourth day after labour with symptoms of uræmic coma.

Of 998 children born, 959 presented the vertex; 11, the

breech : 7, the feet ; 1, the knee ; 2, the shoulder ; 2, the face, and 3 the funis. There were 3 twin births, and 3 abortions. There were 348 children born alive—483 males, and 465 females ; the still births were 47—35 males and 12 females. The proportion of still births to living children being 1 to 20. The average length of the children was : males, 20 inches ; females, 19½ inches. The average weight—males, 7 lbs. 13 oz., females, 7 lbs. 11 oz. ; 105 males and 61 females weighed 9 lbs. and upwards. The heaviest male child weighed 11 lbs. 12 oz. ; the heaviest female, 11 lbs. 6 oz. The average duration of labour in 992 cases was 8 hours and 45 minutes. The average period at which the membranes ruptured before delivery was 3½ hours. The average weight of the placenta was 1 lb. 7 oz., and the average length of the cord was 23 inches. There were two placentæ born with single children, weighing each over 3 lbs. The larger weighed 3 lbs. 2 oz., and belonged to a child weighing 9 lbs. 4 oz. ; the smaller weighed 3 lbs. 1 oz.,—the child weighing 9 lbs. 8 oz. There was also a single placenta accompanying a twin birth which weighed 4 lbs. 4 oz. The longest cord measured 48 inches, the shortest, 10 inches.

Instrumental interference to complete the delivery was required in 20 cases of labour. In 19 the forceps was used, and in one the perforator. The frequency with which the forceps was applied was once in 52½ cases. *Thirteen* were primiparæ, and the difficulty in these was attributable to three causes, operating either singly or in combination, namely, rigidity of soft parts, occipito-posterior positions of the head, and the funnel-shaped pelvis. The rarity of deformity and disproportion of the pelvis from disease is remarkable in Canada, and is no doubt due to the circumstance that in this country females of tender years are not obliged to do bodily labour under defective hygienic conditions which would have a tendency to interfere with the proper nutrition of their system, retard their development, and cause deformity of the pelvis. Of late years, however, cotton, tobacco and india-rubber factories have been established in this city, giving employment to numerous young girls, and it remains to be seen if in the future we may not meet

with obstructed labour from distorted pelvis more frequently than we do at present. The unhealthy anæmic appearance of many of the females employed in these factories warrant us in advancing the opinion that, after the lapse of some years, a proportion of those who enter on the work at a tender age may have their nutrition seriously impaired, the bones softened or diseased, and their pelves deformed.

In the *six* remaining cases, the forceps was applied *thrice* to complete the delivery in labour complicated with convulsions; *once* in a case of twins, to extract the first child, the second being born by the natural efforts; *once* in consequence of symptoms of exhaustion appearing in a protracted labour with the eighth child, and *once* in narrowing of the conjugate diameter of the brim with prolapse of the funis. The last was the only instance in which the forceps was applied to the head above the brim; in all others, the head had descended into the cavity or had been arrested near the outlet. In the 19 forceps operations, all the mothers recovered, and 16 out of the 20 children were saved.

The forceps used were Rigby's and Simpson's long forceps, both of which have the pelvic curve. The long double curved forceps, of which there are numerous modifications, being equally applicable, whether the head of the child be above the brim, within the cavity or near the outlet, no other model is employed in this hospital.

The perforator was used *once* to diminish the size of a hydrocephalic head. There were several points of practical interest in this case. A strong, robust young woman was admitted into the hospital in labour with her second child. On examination the shoulder was found presenting at the brim; and the funis, much swollen and discoloured, protruded some distance from the vulva. She stated that labour had commenced about eight o'clock in the morning; "that the waters had escaped" about ten o'clock, and that the pains had been very powerful throughout the day. It was at this time eight o'clock in the evening, so that *ten hours* had elapsed since the rupture of the membranes. The greatest difficulty was experienced in turning

the child in consequence of its firm impaction at the brim and the uterus being strongly contracted upon it. The patient being placed fully under the influence of chloroform, we succeeded, after cautious and repeated efforts, made during the intervals of the pains, in introducing the right hand in to the uterus. A foot was readily seized and brought down below the brim. The child, however, was so impacted in the brim it was impossible to bring the leg down. The left hand was then introduced, as the right was altogether useless from fatigue and the effects of pressure, and the second foot was also seized and brought down into the upper part of the vagina. The two feet of the child were then secured, but it was found impossible by any amount of traction that could be exerted under the circumstances to bring down the limbs, and cause the body to revolve in the uterus. A loop of strong tape was then carried over the foot to the leg of the child and securely fastened. By drawing on this with one hand and at the same time pressing the shoulder firmly upward with the other hand introduced into the vagina, the shoulder receded from the brim, the inferior extremities came down and version was accomplished. As the patient's first labour had been perfectly natural and unattended by the slightest difficulty, and the action of the uterus continued strong and vigorous, no further trouble was apprehended. The head of the child, however, not being expelled, notwithstanding the presence of strong uterine action and the aid given to bring it down, a careful examination was made. The base of the cranium was found firmly wedged in the brim, and the womb, as felt through the abdominal walls, was larger and firmer than usual and quite globular in outline. We now decided that we had a head enlarged by hydrocephalus to deal with. We then perforated the skull behind the ear, a gush of water followed, and the collapsed head was instantly expelled. The patient subsequently had no unfavourable symptom, and, indeed, felt so well that she insisted on leaving the hospital on the seventh day after delivery.

*Version* of the child was performed in two instances of shoulder presentation. Both were complicated with prolapsus of the funis. The mothers recovered, but the children were

killed by pressure on the cord. In the case quoted above the cord had been prolapsed for ten hours, and was swollen and pulseless when the patient entered the hospital. In the other, a primipara, the membranes ruptured before the matron had examined her, and the cord came down with the gush of the waters. Fully an hour had elapsed before we saw her, and by that time all pulsation had ceased in the cord.

*Hemorrhage* occurred in *six cases*; or in the proportion of 1 in 166. All the mothers were saved. The treatment consisted in strong grasping pressure on the fundus uteri; the sudden application of cold to the hypogastrium and sacrum; the introduction of pieces of ice into the vagina; and, in two cases, the introduction of the hand into the uterus. Ergot of rye was also given when the patient was not much depressed. The hypodermic injection of ergotine has not been tried, as we have not had a labour complicated with hemorrhage since this mode of administering this oxytoxic has been introduced into practice. Neither have we considered it necessary to employ astringent injections into the cavity of the womb. The comparative immunity of labours in this hospital from the accident of post-partum hemorrhage is no doubt partly due to the care with which the uterus is attended to during the expulsion of the body and limbs of the child, and the subsequent separation of the placenta. The rule laid down for the attending students is:—To support the fundus during the contractions which expel the body of the child; to carefully avoid making any attempt to extract the limbs if they should not be expelled at the same time as the body; to make the nurse keep up the pressure on the fundus while he attends to the separation and removal of the child; to relieve the nurse after he has done so, and wait patiently until the uterus has resumed its action; to make firm pressure when he feels the womb contract strongly, and if the placenta be not then expelled, to use no force, but wait for another contraction and assist in the same way, continuing this until the after-birth comes away; and lastly, *not to touch the cord* unless from the circumstances of the case he has reason to suspect morbid adhesion of the placenta, in which event the physician accoucheur is

to be sent for. But this immunity is also greatly to be attributed to the care with which the *adherent membranes* are treated. It is well known that the decidua reflexa is frequently firmly attached to the decidua vera at the lower part of the uterus, and the effect of this in rendering labour tedious by prolonging the first stage was pointed out by Dr. Inglis, who recommended, in cases of lingering labour in which the "bag of waters" was not formed in consequence of this adhesion, the separation of the membranes from the uterus with the finger or with "Hamilton's bolt"—an excellent recommendation, which we have often successfully adopted in practice. It is well known, also, that the membranes are frequently prevented from coming away with the after-birth, and that there is a risk of a portion being torn off and left in the uterus, and when so retained being likely to give rise to severe post-partum hemorrhage. Authors describe this retention as the result of the membranes being "caught" and held firmly by the contracted uterus. When the membranes are very thick and bulky, they may certainly be closed upon and held by the rapidly contracting womb; but, in our opinion, this is far from being generally the cause of retention of the membranes. The principal cause is the adhesion of the membranes to the lower part of the womb, and if great care be not taken to separate the adhesion a portion is likely to be left behind, and thus be the cause among other evils of hemorrhage. From the fact, moreover, of these adherent membranes being generally unusually thin and attenuated, there is great danger of their being torn by slight traction made on them. Retention from adhesion is easily distinguished from that caused by contraction of the womb. When the placenta is turned several times in the left hand on a level with the vulva, the membranes are twisted into a cord-like form. If now the finger of the right hand be introduced into the vagina and the membranes examined, it will be found that in cases of adhesion they become twisted nearly as high up as the os uteri, but at this point they spread out towards the interior of the womb and offer an obstruction to the finger; whereas, when merely closed upon and held by the womb, the twisted membranes gradually

taper to a point, and the finger can be readily carried round them. The rule in this hospital is—to make no traction whatever on the membranes when they are not expelled from the vagina with the placenta, but to twist them and then ascertain if they be adherent. If found to be attached to the uterus, they are to be carefully separated by the finger and extracted. They are then to be examined to ascertain if they have been entirely removed.

There were *seven* cases complicated with *convulsions*. In all the mothers recovered. In *five* the children were born living, and in *two* the children were still-born. The urine was examined in each case and, with one exception, was found albuminous.

The first occurred Nov. 23, 1869, in a strong, robust young girl, aged 19, in labour, with her first child. She was seized with convulsions just at the termination of the first stage. The paroxysms were very severe, the face becoming greatly congested, and remaining more or less so during the intervals. Twenty-five ounces of blood were drawn from the arm with marked effect. The fits became less frequent and there was not so much congestion of the face and head. Chloroform was administered during the paroxysm, and 30 grains of the bromide of potassium given every second hour. A castor oil and turpentine enema was also given, and ice applied to the head. The labour not progressing very rapidly, and the head of the child having come down into the pelvis, the forceps was applied, and delivery completed. The child, a male, was dead, and weighed 8 lbs. 12 ounces. The labour lasted 9 hours. She remained in a semi-conscious condition, the convulsions recurring at longer and longer intervals until the evening of the next day, when they ceased, and she made a good recovery. The bromide of potassium was continued in the same dose, 30 grains, every fourth hour.

The *second*, a primipara, aged 28, was seventeen hours in labour, and gave birth to a dead child, a male weighing 8 lbs. 13 oz. She was apparently doing well, but twenty-four hours after labour she was seized with convulsions. Her urine was found to contain a notable quantity of albumen. She was

placed or large doses of the bromide of potassium; chloroform was administered and a terebinthinate enema given.

The *third* was a delicate young girl, aged 17, of a highly nervous organization, in labour with her first child. She was very irritable and intolerant of her pains. The labour lasted twenty hours, and she gave birth to a female child weighing 7 lbs. 4 oz. The first stage was very tedious, occupying 24½ hours. The first fit of convulsions came on at 4 p.m., at which time the os uteri was not more than half dilated. The paroxysms had a remarkable effect on the progress of the labour. The os was fully dilated at 5 p.m., when a second convulsive attack occurred, and at 7 p.m. she was delivered by the natural efforts. The child was living. An examination of the urine proved it to be free from albumen. Altogether the patient had five convulsive seizures—three before and two after labour.

Treatment consisted in the administration of the hydrate of chloral and the bromide of potassium, with beef-tea and wine. This case occurred February 15th, 1874.

The *fourth*, aged 19, a primipara, had a tedious labour in consequence of premature rupture of the membranes with occipito-posterior presentation of the head. After 11 hours of suffering the os uteri was not more than two-thirds dilated. She then became very restless and impatient, and suddenly had a fit of convulsions. We did not see her until two hours after, up to which time she had had three paroxysms. She was immediately placed under the influence of chloroform, and on examination, the head of the child being found in the cavity of the pelvis, the forceps was applied, and the delivery completed. The child, a male, weighed 9 lbs. 8 oz., and was born alive. The convulsions continued at intervals for 48 hours after delivery, during which time she took 200 grains of the hydrate of chloral, and 8 drachms of the bromide of potassium. Calomel also was given followed by a black draught, and ice applied to the head. The motions were very copious, dark-coloured and highly offensive.

The *fifth*, aged 32, was 6½ hours in labour with her second child, a male, weighing 7 lbs. 4 oz. She had œdema of the extremities, and her urine was highly albuminous. When the

os was fully dilated, she was seized with eclampsia. The forceps was applied, and the usual treatment adopted. She recovered without a bad symptom.

The *sixth*, aged 26, was safely delivered after a labour of  $9\frac{1}{2}$  hours' duration, of a female child weighing 10 lbs. 6oz. Twenty-four hours after labour she complained of severe frontal headache with nausea, and the urine being examined was found to contain about 10 per cent. of albumen. She had a slight convulsion, which was followed by two others at intervals of 10 minutes. She had during 18 hours 16 convulsions. Hydrate of chloral was injected hypodermically by Dr. Roddick, who was called upon in our absence from the city. It was administered in this way in consequence of the difficulty that was experienced to get the patient to swallow anything. Altogether she received, hypodermically,  $1\frac{1}{2}$  drachms of hydrate of chloral in 10 injections. A turpentine-and-scrap enema brought away a large quantity of very offensive fæces. A hard swelling, about the size of a small pigeon-egg, formed at the site of each injection. Over one of these a superficial slough formed about the size of a sixpence, leaving after separation an ulcer that healed readily. All the others were gradually absorbed and entirely disappeared.

The *seventh* was a strong, healthy girl, a primipara, aged 19, who gave birth to a living female child weighing 8 lbs. 1oz, after a labour of 16 hours' duration. Two and a half hours after delivery she had a severe convulsion, which was followed by two others within the space of half an hour. Twenty-five ounces of blood were drawn from the arm, which arrested the convulsions, and she slept tranquilly for three hours. She then had a fourth convulsion. Bromide of potassium and hydrate of chloral were now prescribed, and ice applied to the head. A free evacuation from the bowels was obtained by a turpentine and castor-oil enema. The paroxysms continued to recur at short intervals until the afternoon of the next day, when they ceased. She remained, however, for three days in a semi-conscious state, very restless, with an accelerated pulse, a dry, hot skin, and great thirst. Perfect quiet, a darkened room, liquid nourishment and the free administration of the liquor ammoniæ

acetatis relieved these symptoms, and on the fifth day she was perfectly conscious and made a rapid and satisfactory recovery. She had altogether 21 convulsions within 22 hours.

From this record it will be perceived that *venesection* was had recourse to only twice in the treatment of seven cases of convulsions, but we may state that this circumstance was not due to any want of faith in the efficiency of this remedy in puerperal eclampsia, but simply to the fact that the class of patients admitted into the hospital will not, as a rule, bear depletion; and the same, we believe, may be said generally of women living in cities. In a similar case to those in which we employed it, that is, in a case of puerperal convulsions occurring in a strong, robust young woman, accompanied by great congestion of the head and face, the patient being comatose in the intervals, we would not hesitate to draw blood from the arm. By so doing we believe that we would place her in a more favourable condition to be benefitted by the other remedies employed to control the convulsive paroxysm.

In *three* cases labour was followed by *Puerperal insanity*. The first was an unmarried female, a primipara, aged 33, who was admitted as a private patient. She was 5 feet 9 inches in height, thin and of sallow complexion. She had for years been troubled with a tumour of the uterus, for which she had consulted various physicians who agreed in opinion that it was fibroid in character. It occupied the right side of the fundus, and formed a large, rounded and hard projection from the surface of the womb, with which it was connected by an extended base. She had been the subject of metrorrhagia, and on two occasions her life had been despaired of in consequence of the enormous quantity of blood lost. To allay the pain from which she suffered, she had been allowed to take opium freely, and she had become an habitual opium eater. During the two months she was in hospital before the date of labour, she had in a measure conquered the craving desire for opium. On the 17th August, 1870, she was delivered, after a severe labour of 13½ hours' duration, of a living male child, weighing 7½ lbs. The breech presented. A dose of ergot of rye was given just before the

breech was born, and followed by another after the expulsion of the child. Severe hæmorrhage occurred before the expulsion of the placenta, but was controlled by the introduction of the hand into the uterus, the removal of the placenta, and the subsequent application of pressure to the fundus of the womb with the introduction of ice into the vagina. On the third day after labour she had an attack of acute mania. She was very violent and abusive, and four students were required to restrain her movements and keep her in bed. Large doses of the bromide of potassium in combination with opium were given, and this treatment had the effect of quieting her restlessness somewhat, although she remained as talkative and as abusive as before. She required constant watching, as she was disposed to inflict injury on others. Once, when left a moment to herself, she leaped from the bed, rushed round the room, and when the nurse with the student in attendance came into the room to secure her, she struck the nurse a violent blow on the chest that felled her to the ground. Hydrate of chloral, which shortly before had been introduced into practice, was tried on the fourth day. The first dose of 30 grains procured about half an hour's sleep. She obstinately refused to take a second dose. The bromide of potassium was continued, with nourishing diet, and half a drachm of the tincture of opium given at bed-time. On the ninth day we made another trial of the hydrate of chloral, which she now took willingly. It had the effect of producing a sound sleep of several hours' duration from which she awoke more collected and rational than she had been. From this time her improvement was rapid. On the twelfth day her friends arrived from the United States, and insisted on taking her home with them, although warned of the risk of removing her so soon. When she left, her mind was quite restored and she conversed quietly and sensibly. Her pulse was 92, and her temperature 99° Fahr.

The *second* was a young girl, aged 19, who had been seduced, and who exhibited great distress of mind concerning her condition. Her labour was perfectly natural. Five days after she had an attack of mania. She improved under treatment, and

became more quiet and manageable; but, after the lapse of two months, the mental aberration continuing, she was sent to the Provincial Lunatic Asylum at Beauport. In this instance there was a family history of insanity, her father having died in a lunatic asylum.

The *third* was a large, exceedingly stout girl, aged 21, a primipara. Her labour was natural, and she progressed favourably until the sixth day after delivery. On that day she received a severe mental shock from accidentally seeing a girl in the hospital who worked in the same millinery establishment, and a few hours after became furiously maniacal. Her language was filthy and abusive, and she had strong homicidal tendencies. For seven days she had to be watched constantly by relays of two students, as one would be unable to control her during her fits of maniacal excitement. On one occasion when the matron (Mrs. Hannah) was leaning over her to arrange the bedclothes, she suddenly seized her by the throat, and it was with great difficulty that the matron was rescued from strangulation. In this case the hydrate of chloral given at first in 20-grain doses every fourth hour, the interval being gradually increased, as the remedy produced its hypnotic effects and the patient improved, was of decided benefit. In three weeks she was sufficiently restored to be able to leave for home, and she had no return of the mental disturbance. In the treatment, also, a free action of the bowels was maintained by warm purgatives, and she was kept on a highly nourishing diet.

Among the curious things that were met with in the practice of the hospital during these eight years may be mentioned the following:—One child with a supernumerary finger on each hand; one with two lower incisor teeth at birth; a placenta succenturiata; and a blighted fœtus with a healthy well-formed child. In the last, the fœtus was perfectly flattened by pressure. The outlines of the head, face and extremities were very distinct, and the ear and umbilicus distinguishable. It measured six inches. The living, healthy child weighed  $7\frac{1}{2}$  lbs.

The youngest mother confined in the hospital was 13 years old. She was a private patient, and when admitted was in short

dresses. Although she was short in stature, her hips were wide and her chest well-developed. Some days before labour occurred we made an examination of her pelvis with Dr. Lumley Earle's pelvimeter. The bulbed extremities could be separated at the brim to the extent of  $3\frac{1}{2}$  inches without causing her too much pain, and we therefore concluded that no obstruction would be offered to the passage of the head from narrowing of the conjugate. By digital examination, the pelvis appeared sufficiently roomy in other directions. Her labour was natural, of 10 hours duration, and she gave birth to a male child weighing 7 lbs. 1 oz. She was confined on the 13th September, 1869, and her fourteenth birthday was in the following month of December.

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## OBSERVATIONS ON DIPHTHERIA,

BY FRANCIS J. SHIRIFF, M.D., L.R.C.S., EDIN.

HUNTINGTON, Q.

For the last three months much alarm and anxiety has existed in this section of country by the prevalence of diphtheria. For the last five years sporadic cases have occurred, and occasionally you would hear of families losing two or three children. About the 1st of October last it became epidemic, and prevailed extensively in this village and some parts of the country. The mortality has not been great, and I should say that the epidemic has been mild, although several families have lost two and three of their number. The weather during the past fall has been peculiarly favorable for the propagation and spread of this disease. October was wet, and the air as indicated by the hydrometer, very moist, there being frequently little difference between the dry and wet bulbs of the thermometer. The amount of rain which fell, was nearly five inches, double that of 1876. In October, 1875, the same large amount fell, and scarlatina prevailed extensively. The air of October last was remarkably still, there having been twenty-seven days in which there was scarcely any wind, there being a calm in the morning and evening. There can be little doubt that the disease is contagious,

but not to the same extent as scarlatina. I have seen many cases where only one or two became affected out of a large family, and where no isolation was attempted. I have also observed that those who have had the disease in my practice this season are not so liable to take it again; in not a single instance has a patient taken it twice. I have a young lady aged 20, under my charge at present for diphtheria, and whom I attended fifteen years ago for the same disease, but the same thing occurs in scarlatina, measles, &c.

There is a fact about diphtheria which has often surprised me, and that is, the rapidity with which the disease shows itself in full force. I visited a boy aged six, who had been ill nearly five days before I saw him. Before leaving I took the precaution to examine all the other children, five in number. I could not discover the disease in any of them. I returned next day very early and found a girl, aged four, with a quick pulse, hot skin, and a large diphtheritic patch on each tonsil, in fact the disease fully developed. She recovered in three days. The boy died in five days, the disease having spread into the trachea. He was so unruly and so difficult to manage that I could do nothing for him. My earliest recollection of diphtheria occurs as far back as 1845, when I remember two children who died of diphtheritic croup. It went then by other names, as *cynanche maligna*, and *putrid sore throat*. In 1847, just before the advent of ship fever, it prevailed, and was known then by the name of *diphtheritis*.

Thirty years ago the treatment prescribed was swabbing with solution of nitrate of silver, emetics, warmbaths, blisters and hot applications to the throat. I can remember a boy aged 3, who had diphtheritic croup, who underwent that treatment, and it was continued for a fortnight, and he eventually recovered, and is at present a handsome and useful member of society. He raised from the trachea a false membrane, like the system of finger of a glove, tough and leathery. For the last year the treatment which I have adopted is the one recommended by Dr. Robert Bell, of Glasgow, to be found in the 73rd volume of Braithwaite's Retrospect, July, 1876. He recommends the throat

to be swabbed every two hours with a mixture composed of one part carbolic acid to three parts of sulphurous acid, and of tinct. ferri perchloridi and glycerine, of each four parts, and to be applied gently with a camel's hair brush; also to take internally every two hours one or two teaspoonsful of a mixture composed of  $\text{Ziii}$  chlo. potass.  $\text{Ziiiss}$  acidi sulphurosi, and  $\text{Ziii}$  tinct. ferri. perchloridi  $\text{Zi}$  glycerine and water enough to make the mixture  $\text{Zvi}$ . The internal mixture is given pure between the periods of swabbing the throat. I have modified this treatment to a certain extent as it is hardly necessary to swab so frequently. My treatment is as follows: Having ascertained that the disease is diphtheria, I immediately swab the throat thoroughly with the mixture first mentioned. I next apply a pocket handkerchief wet in ice-cold water under the jaws up to the ears and supported in its place by a dry cloth tied over the top of the head. The cloth is wetted frequently. This wet cloth I continue from day to day until all inflammation inside and swelling outside have disappeared. If I find much heat of skin, and rapidity of pulse, I give every two hours a dose of liq. ammon. acetatis and gelsiminum, until the fever abates, which generally takes place in 24 or 36 hours. If a purgative is necessary I give a medicine called the Chelsea compound of pulv. senna, sulphur, ginger, cream tartar, and powdered guaiacum, made into an electuary with thin syrup. I continue the swabbing until all the patches are gone, but the other mixture I continue as a tonic until the patient's strength has returned. I also use a gargle composed of salicylic acid with borax: 7 gr. of the acid and 5 grains of borax to an ounce of boiling water. I sometimes add the sulph. carbolate of soda. That is the mode of treatment which I have pursued for a year with uniform success, the only fatal case being the boy of six years, who was so unruly that I could not manage him. Dr. Bell makes a similar statement that since he began this system of treatment he has not had a patient except two whom he could not control. My patients have generally recovered upon an average in three days, that is to say, the fever and diphtheritic patches have disappeared in that time, and the patients out of danger. In no instance has any

affection followed the diphtheria, but every one has completely recovered. I do not believe that this mode of treatment will be successful in all cases, as I believe that many occur where nothing will save your patient, and also I believe that the disease is much more fatal in some places than in others. The epidemic here has been mild, and I found for a fact that many have recovered without any treatment. I should like exceedingly to see Dr. Bell's mode of treatment tried in some place where the disease has been very fatal. Wherever I have a patient I leave a brush and a vial of the swabbing medicine with some careful person, and I have scarcely found any difficulty in getting my directions fully carried out. There is such a fear and horror of the disease that every one is glad to use means for checking it. I forgot to mention that I have attended during the year from 30 to 40 patients, a few being over 40 years of age. I should say something regarding the nourishment. I generally give them milk, frequently also oatmeal porridge, beef tea, chicken soup, &c. In most cases my patients eat pretty well, and I have also noticed that little treatment is required during the night, excepting the changing of the wet cloths, as they sleep a good deal, and I agree with Dr. Bell that patients should not be wakened to give them medicine.

I have scarcely ever used stimulants, as I consider them injurious. I have once or twice given a teaspoonful of pure brandy where there was much vomiting. I have also given chloral in five grain doses where there was a total want of sleep for over 30 hours. In one case my patient fell asleep in less than five minutes after taking five grains. She was a girl aged six, and had not slept for 30 hours.

### SALICYLIC ACID.

For two or three years acute rheumatism has not prevailed in this part of the country, and I have only had three opportunities of trying the salicylic acid. It was completely successful, as in three days the swelling and pains in the joints disappeared. During the last two months I have used it externally as a wash. The first case I used it in was a large deep ulcer on the top of

the foot from a burn. I used the red wash first without doing any good, I then substituted the salicylic acid, 7 grs. to the oz., with 6 of borax, I dissolve the borax in boiling water, and then add the acid. Almost immediately a healing action commenced. In about three weeks the sore was healed. I used the same solution in a case of amputation of the arm, with the like effect. It does not smart and has no smell. I have used it in skin diseases, hæmorrhoids, and sore mouth in fever. I have also used it by inhalation in severe cough with benefit, and also for sore eyes, using the atomizer. In fact, I find it invaluable, and would not now like to be deprived of its use. I applied the dry powder once to a tonsil in diphtheria, with apparently good effect. I use it sometimes mixed up with olive oil in skin diseases. It would probably do well mixed with glycerine.

HUNTINGTON, P. Q., January, 1878.

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### CASE OF DIPHTHERIA—ACUTE LARYNGEAL SYMPTOMS—TRACHEOTOMY—RECOVERY.

BY JOHN BELL, A.M., M.D.,

*Physician to the Protestant Infants' Home.*

On Monday the 24th of September last, Mrs. F., Ontario street, near St Lawrence street, called at my office with her son, two and a half years old, who had a sore throat which she feared was diphtheritic. I found he had a white membrane covering both tonsils and extending up the pillars of the fauces to the uvula. He had not been well, and, having complained of some difficulty in swallowing, the mother had that day examined his mouth and discovered the diseased condition of the back part of it. She had observed that he was feverish from the Thursday previous.

The boy is rather delicate, and last year had the measles, which was followed by a prolonged attack of bronchitis and debility. In February last, Dr. Osler and I removed from him a large cyst, containing yellowish fluid and cholesterine, situated over the sternum.

The treatment I followed consisted in the application of tinc-

ture of iodine to the diseased surface once a day, in wiping out the fauces and pharynx every hour with a mixture in equal parts of sulphurous acid and glycerine, with sulphite of soda, and in the administration of the citrate of iron and quinine. The weather being fine, the boy was brought daily to my office until the 1st of October. No improvement in his condition took place, but rather the reverse. The area of diseased surface covered with white membrane had increased, extending over the sides of the pharynx. On the 1st of October, being out of town, Dr. Blackader kindly saw the case for me, and made a rather unfavourable prognosis, as dyspnoea had commenced. He ordered poultices to the throat, and water containing carbolic acid to be constantly boiled near the bed. This production of carbolized steam was continued for the following three weeks, and the successful result of the subsequent operation was probably largely due to its continuance. During the 2nd of October the dyspnoea increased, and brandy was added to the remedies employed. The boy's strength had, of course, been kept up by a liberal supply of meat broths and milk.

On the afternoon of the 3rd of October the dyspnoea had become so extreme that the blood was but imperfectly aerated, coma was beginning, and death was not far distant. Having been instructed to that effect the father brought word of this, and Dr. Roddick went with me—tracheotomy to be performed, it thought advisable. After finding the urgent dyspnoea, the advanced cyanosed condition, the marked diaphragmatic respiration, that the lungs were in a healthy condition, and that death would soon end the child's struggle for life, chloroform was administered and I rapidly opened the trachea. But before the tube was inserted the patient had ceased to breathe. Dr. Roddick, with characteristic promptitude and energy, performed artificial respiration while, by applying my mouth to the tube, I expelled the clotted blood with which it had become obstructed, and inflated the lungs each time Dr. Roddick raised the arms. A beautiful pink colour of the lips and skin soon took the place of the ashy purple, and the patient continued the respiration for himself. A Durham's tracheotomy-tube was

used, but the inner one, proving of too narrow calibre to admit sufficient air, was not used. The blood and mucus were subsequently removed from the tube by means of feathers, although the little fellow kept it pretty clear by energetically blowing out the obstructions. A warm, moist sponge was placed over the tube and against this was constantly directed through a paper cone or tube, a current of steam from a tin tea-pot, which contained half an ounce of pure carbolic acid, in four or six ounces of water. This was continued for more than two weeks, and until after the tube was permanently removed. I watched him myself until the next morning, and am indebted to Messrs. McCorkill and Rutherford, medical students, for kind assistance in this way.

The following are jottings of the progress of the case:—

*Oct. 3rd.*—Pulse 120; respirations 40 to 50.

*5th.*—Pulse 130; respirations 36; temperature 100°. F.

*6th.*—Pulse 128; respirations 36. Removed and washed the tube, the patient in the meantime breathing through the incision alone, which remained open.

*9th.*—Is able to force a small quantity of air through the larynx when the incision is closed. The mucus from the trachea, which had become clear or white shortly after the operation, has been stained with blood for the last two or three days.

*10th.*—Pulse 140; respirations 36; temperature 100°.—Back and base of right lung dull on percussion; left side quite resonant. Is able to blow more strongly through the larynx when the tube is out.

*11th.*—Pulse 132; respirations 28; temperature 99.2°.

*12th.*—Pulse 100; respirations 38 asleep, 26 awake.

*13th.*—Pulse 128; respirations 28; temperature 101.2°; midnight, pulse 120; respirations 32.

*14th.*—Pulse 120; respirations 40; temperature 99.6°.

*15th.*—Pulse 120; respirations 32; temperature 99.8°. Breathes with comparative comfort through the larynx, but with considerable effort and noise, while a piece of plaster keeps the edges of the wound together. The voice is formed sometimes for an instant in his efforts to speak.

*17th.*—Pulse, 140; respirations 40; temperature 100°, while asleep.

19th.—Tube left out altogether. The dulness of the right lung has almost entirely disappeared—poultices, mustard plasters and an expectorant mixture having been used for it, together with the brandy, which had been freely continued. It was almost as curious to watch this congestion run its course without a cough, as it was to see the little fellow cry piteously without a sound, and had I not watched the condition of the lungs I could not have detected the congestion from any change in the breathing, although, corresponding with it, there is a rise in the respiration rate and temperature which might, however, have been caused by other agents.

After the operation the sulphurous acid mixture was applied with less frequency to the throat, and half a teaspoonful was swallowed four or five times a day. The almost perfect freedom from all sources of irritation of the parts affected, together with the action of the antiseptic remedies, locally and through the circulation, soon arrested the diphtheritic exudation and caused its entire disappearance from the parts in sight several days before the removal of the tube. A diphtheritic patch at one angle of the mouth had also healed. The surface of the incision in the neck was for the first few days covered with a thin grayish-white layer, but this was changed to healthy granulations before the process of contraction began. The quantity of mucus emitted from the tube was at no time large, and it steadily decreased in amount and became more viscid in quality as the bronchial irritations, above referred to, declined, so that the carbolic acid inhaled could not have had any local injurious effect. The amount of carbolic acid inhaled with the steam during more than two weeks must have been great, for more than 30oz. were evaporated during that time, and about two gallons of alcohol were consumed in its evaporation. His bowels kept regular, requiring laxative medicine only once or twice during his illness, and his urine was passed freely in normal quantity.

About the 10th, his little sister, five years of age, who lived on the same flat, became ill and feverish, and well-marked diphtheritic exudation appeared over the tonsils and fauces, and

extended into the posterior nares with severe coryza accompanying it. She had all along got the benefit of the carbolic acid vapour; and tincture of iodine and citrate of iron and quinine were early used. The disease was not intense, and she was not confined to bed, but three weeks elapsed before the exudation and granular œdema of the superficial membrane had disappeared at the back of the uvula and velum palatinum.

About the 15th, the mother, who was four months pregnant, began to suffer from malaise and chilliness followed by fever and weakness. The throat was sore, and from white specks in the tonsillar crypts an exudation extended over both tonsils, being thickest on the left. She was so weak and exhausted that she was confined to bed. Quinine, iron and brandy were exhibited, and tincture of iodine was applied to the exudations. The cork having been left out of the bottle it had become stronger than officinal, and some of it having touched the velum palati and roof of the mouth of the left side, it was followed by a free exudation over the irritated parts. Subsequently the exudation was touched three or four times a day with Tilden's bromochloralum (a compound of aluminum, bromine and chlorine in various states of combination), and she gargled her throat more frequently with a solution of the same. The throat was quite well in little more than a week, and she had nearly recovered her usual health without a mishap by the end of the month.

The little boy became very thin during his illness, and continued weakly for some time after. There was considerable tendency to bronchial irritation, especially on exposure to slight draughts, and this is not yet quite gone, although his voice is almost entirely restored and his form is again well filled out, while his lips and cheeks have regained their normal colour.

If there is anything peculiar in the treatment of the foregoing case, it is in the amount of antiseptic agents that were administered to the patient in various ways and for a prolonged period. The disease itself was undoubtedly diphtheria. Had the medication anything to do with the successful result, and if so, in what way?

Croup is a local malady, (See Dr. J. L. Smith's article in *Trans-International Medical Congress*, 1876), this was a

constitutional one as shewn by the systemic infection in the formation of the peculiar membranes in other parts of the body, and also by the blood disease in the malnutrition, anæmia, and weakness which continued for a considerable time after. There can be no doubt that the sister and mother contracted the disease from this case, as neither of them were out of the house from the first of October until the disease appeared in the sister on the 10th, and in the mother on the 15th of October. They were exposed to the infection from the first, and we may justly conclude that several days were included in the period of incubation. In the mother the actual appearance of the diphtheritic condition was preceded for two or three days by severe constitutional symptoms which do not appear in simple cases of croup. The membranes in this case were not examined microscopically, so that it is uncertain whether they contained micrococci or not. After reading the elaborate array of facts advanced by Oertel in Ziemssen's Cyclopædia of Medicine, one cannot help thinking that bacteria may have something to do in the causation of this disease, although it seemed to me that he is quite as anxious to prove that micrococci are the actual cause of the disease as to find out the true nature of the materies morbi. He has not proved that the bacteria of diphtheria differ from those found in the tissues in a state of comparative health, and because in this disease they appear in immense numbers, he seems to assume that they are the cause of the disease. If they are, the circumstance is unique, for we know of no other constitutional disease that is caused by the introduction into the body of a vegetable parasite. In diphtheria, as well as in scarlet fever and other constitutional diseases with local lesions, there appears to be an unusual activity aroused, by some cause, in the bioplastic elements of the blood and solid tissues. In diphtheria this happens to be accompanied by the rapid multiplication of the bacteria already existing in the tissues. These bacteria may in turn be utilized as the carriers of the infection, which, as shewn by Beale in the case of scarlatina, most probably consists of minute particles of protoplasm in a pathological state of activity, and which, like pus-cells of various kinds may

institute the formation of elements similar to themselves from the normal healthy tissues. The particles of morbid bioplasm constituting the poison or contagium of diphtheria, whether formed by self-division in the blood, or by a degenerating action on the reproduction of existing tissues, are probably endowed with a high degree of energy in a lowered plane, and with a capability of living for varying periods under extremely altered conditions. There is no limit to be set to the minuteness of these particles of *materies morbi*, until possibly we reach the ultimate molecule of the bioplasm, composed of certain atoms whose immediate relations to one another, under the influence of degraded vitality, may differ from those of a healthy molecule. The nature of nearly all of the poisons of the infectious diseases, including diphtheria, seems to be to lower the vitality of the tissues and set up processes tending to septic poisoning, necrosis and putrefaction.

We know that carbolic acid and other antiseptic agents have the effect of arresting the formation and multiplication of pus cells and bacteria, and probably also of other histological elements in a lowered plane of vitality, in which might reasonably be included the morbid matter which constitutes the contagium of diphtheria and other allied diseases. On the supposition that the contagium of diphtheria is of the nature, either of living substance, bioplasm in a pathological condition, or of a physico-chemical poison tending to the extinction of the vital force and disintegration of the component molecules of the tissues, the use of carbolic acid, as antagonistic to its life or action, seems to be preferable to that of many other antiseptics, inasmuch as it may be introduced into and retained in the system in an unaltered form, as was done in the case which forms the subject of this paper. I have since used carbolic acid in steam as an adjuvant in the treatment of several cases of typhoid fever, one of which was complicated by a diphtheritic condition of the nares and pharynx with commencing septicæmia, and in each case the practice was satisfactory, as evidenced by the state of the mouth and pharynx, together with the general condition during treatment, and the ultimate result.

## Hospital Reports.

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

*Excision of Elbow.*—By T. G. RODDICK, M.D., Professor of  
Clinical Surgery, McGill University. Reported by JAMES  
BELL, M.D., Assistant House Surgeon, Montreal General  
Hospital.

S. K., a stout, healthy-looking farmer, 24 years of age, was admitted to Dr. Roddick's wards, on the 20th of November, for ankylosis of the right elbow joint. His family history is good, and, on physical examination, all his organs are found to be healthy. He has always led a regular and temperate life, and gives the following account of his injury: About the end of last June, he fell over a fence, with his right arm flexed, striking his elbow upon a stone. He thinks he fell upon the outer side of the arm. The accident occurred in the evening, and during the night the arm was very painful, and became much swollen. In the morning, he sent for a doctor, who told him that *the inner bone of the arm was splintered into the joint, and the outer bone was fractured at its upper extremity.*

The arm was fixed in a quarter-flexed position, by pasteboard splints, which extended from the knuckles, along both anterior and posterior surfaces of the arm, as high as the insertion of the deltoid. These splints were not removed for four weeks. He suffered considerable pain in the elbow, and up and down the arm, for a few days after the accident. After removing the splints, the surgeon practised passive motion, two or three times a day, for three weeks. This gave him a very slight degree of movement in the joint. On admission, the arm was found to be about a quarter-flexed, and permitted a very slight amount of flexion and extension. The hand was strongly pronated, and supination was impossible. There was a good deal of thickening about the joint, tenderness over the olecranon, and prominence of the head of the radius, which seemed to have

been dislocated backwards, behind the external condyle. The muscles of both arm and fore-arm were much wasted—the biceps being very small and flabby. The arm, though possessing a fair amount of strength, was fixed in such a position as to be of very little use to him, and a source of much inconvenience, and he was very anxious to have something done for it. Two days after admission, a consultation was called, and it was decided to resect the joint. Before proceeding to operate, however, when the patient was thoroughly under the influence of chloroform, Dr. Roddick attempted to forcibly break up the adhesions, and flex the arm. This was found to be impossible, the olecranon being fractured in the attempt. This having failed, the operation was proceeded with, with the usual antiseptic precautions of Mr. Lister. An incision, five or six inches long, was made down over the posterior surface of the joint. The periosteum and a considerable portion of the insertion of the triceps were then removed from the upper extremity of the ulna, by “Langenbeck’s Raspatoirs,” the ulnar nerve being held out of the way by a blunt hook. The lower extremity of the humerus was removed just above the condyles, also the articular extremity of the ulna and the head of the radius. The wound after being exposed for a few moments was closed by wire and cat-gut sutures—a free opening for drainage being left at each end of the incision. These were kept open by large pieces of drainage tube, and the wound dressed with carbolized gauze on Mr. Lister’s method. This dressing being firm and rather bulky no splint was applied. The patient was then put to bed with the arm raised on a pillow. Temperature in the evening 100°. Pulse 108.

The following notes of the case were recorded from day to day by the clinical clerk, Mr. Mills.

*Nov. 23rd.*—Wound dressed antiseptically ; looking well. A slight sero-sanguineous discharge. Temperature 99½° in the morning, 101° in the evening. Pulse 98 in the morning, 104 in the evening. Urine has to be removed by catheter. Can move fingers a little. Complains of numbness and weakness of little and ring fingers.

24th.—Wound dressed again and still looking well. Temperature 99° in the morning, and 99½° in the evening. Pulse 100 in the morning, 120 in the evening. Had a purgative on the 25th. Feels the numbness gradually disappearing from his fingers. Temperature remaining between 98½° and 99½°. Pulse about 100.

27th.—Wound dressed again. Slight serous discharge.—Neither pus nor odour.

29th.—Wound dressed again. Looking well. Temperature ran up in the evening to 101°, without any apparent cause, except that the bowels had not been moved for four days, and he was feeling some discomfort in consequence. I may here remark that in several of our cases of antiseptic surgery, (where the temperature has been very closely watched) sudden elevations have occurred for which no cause could be assigned, except a loaded condition of the bowels, and that this was the cause seems to be established by the fact that it invariably fell to its former range as soon as the bowels were relieved by a purgative or an enema.)

30th.—Patient now, for the first time, passes his urine without the aid of the catheter, and this only on being allowed to assume the erect position. Arm flexed at right angles, and supported in this position by a sling made of an elastic bandage. Drainage tubes removed. Ordered tinct. digitalis mv. spt. etheris nitrosi ʒi., tr. hyoscyam. ʒss. three times daily, also a calomel purgative, to be followed by a seidlitz powder.

Dec. 2nd.—Arm dressed again. Sutures removed. Wound completely healed, except the two small openings from which the drainage tubes were removed,

4th.—Dressing renewed. Wound perfectly healed in all parts. Gutta percha splint moulded to anterior surface of arm, fixing it at right angles. (This splint was removed daily, and slight movements made—flexion extension, pronation and supination.) Patient allowed up, and muscles of arm stimulated every second day by electricity (interrupted current).

8th.—Splint removed and a flannel bandage applied. Passive motion applied daily.

18th. — Electricity continued, especially over the biceps. Arm can be extended to almost its full extent, and flexed so as to allow the hand to go to the mouth, but supination, though pretty fair, cannot be so satisfactorily performed. Ordered a stimulating application to arm (lin. camphoræ) and a light weight to carry in the hand, and instructed to use the hand as much as possible.

20th. — Arm much stronger. Can put his hand to his ear, extend flex and pronate the arm well, and supinate fairly.

29th. — Patient discharged, being able to grasp his ear and to extend his arm to within about an inch of its full extent. He can pronate his hand perfectly, and can supinate it to about three-fourths of the full extent. General health good.

Thus, in this case, the wound was perfectly healed in ten days from the date of operation, and the patient was discharged in the condition just described after thirty-nine days residence in the hospital.

*Excision of Tongue.* By Dr. RODDICK. Reported by JAMES BELL, M.D., Assistant House Surgeon, Montreal General Hospital.

J. F., farmer, 23 years of age, of medium size, well-built, and apparently healthy, was admitted October 15th, 1877, with a small, hard, painful tumor situated in the raphe of the tongue, about an inch from its extremity. No history of cancer in his family. About five years ago a blister appeared on the under-surface of the tongue, containing clear serum and accompanied by burning pain in the part. This he punctured with a needle and it disappeared for a week or two, when it reappeared, and was treated in the same way. In this way it continued to appear at intervals of one, two, or three weeks, and be destroyed by the same means, for about two years, when a small ulcer remained. He then consulted a doctor, who cauterized the sore, and it healed up, but in about a month he began to notice a small, hard mass in the same situation and accompanied by the same burning pain. About 18 months ago he had this mass (about the size of a bean) removed from

the under-surface of the tongue. Soon after he discovered a similar mass in the same situation, which continued to trouble him till August, 1876, when a V-shaped piece was removed from the tip of the tongue, including this mass in its apex, and the parts brought together with silver sutures. This healed up in a short time, but a burning and pinching pain remained in the part, with shooting pains extending down the neck, and he soon discovered the hardness which is now felt in the centre of the tongue. This hardness became gradually more distinct, and, on admission, appeared to be circumscribed and about the size of a large cherry. On enquiring into the history and symptoms, it was found that it might be an epithelial cancer, or, if not, that it might become malignant, and it was deemed advisable to remove the tip of the tongue well behind the tumor. This was done on the 17th with the chain ecraseur, 15 seconds being allowed to elapse between each movement of the instrument. There was slight oozing of blood from one or two points, which was speedily checked by the actual cautery ("Paquelin's Thermo-cautery") being used. The patient was put to bed and ordered milk and ice only as diet, and a mouth-wash composed of acid salicylic ʒij., sodæ bibor. ʒiv., acid carbolic ʒij., glycerine ʒij., aquæ ad. ʒxx. His temperature was 100° in the evening and 98° next morning, and never rose above 99° afterwards. There was very little fever, and the patient was quite comfortable until the 21st (four days after the operation), when the slough began to separate and there was slight hæmorrhage, which was easily controlled by ice. There was a good deal of trouble from hæmorrhage on the next and two or three succeeding days, which was restrained by the application of liq. ferri. per chlor., the use of ice and the hearty co-operation of the patient, who remained cool and undisturbed and was very easily managed. On account of this tendency to hæmorrhage, the throat-wash was stopped and the stump brushed twice a day with glycerine of carbolic acid. The slough gradually became detached and the stump healed up rapidly, and the patient was discharged on the 5th of November perfectly well and able to speak well

enough to be readily understood. On examining (microscopically) the hard mass removed, it was found to consist entirely of cicatricial tissue, no trace of the "nests of cells" characteristic of epithelioma, nor of any new cell-growth, being discoverable.

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### Reviews and Notices of Books.

*An Elementary Treatise on Practical Chemistry and Qualitative Inorganic Analysis.* By FRANK CLOWES, D. Sc., Lond., &c., with illustrations from the second English edition. 12mo. pp. 375. Philadelphia: Henry C. Lea, 1877.

We have read this little laboratory text-book of 372 pages with great pleasure. It is, as the author states in his preface, written in "simple and intelligible" language where possible, and with due regard to conciseness and clearness of expression; all purely scientific words are left out in favour of more simple phraseology. Whilst the author has condensed his work into so small a compass, he has not, by brevity, sacrificed information,—and where he has found it necessary to explain the context more in detail, he has done so by notes in smaller type, which are numerous and full throughout the book, giving to the student of practical chemistry what he needs: a hand-book that he can work by, without being obliged to have recourse to his teacher to supplement the instruction in the book, which is so much the case with text-books in general. The use of chemical notation instead of the full chemical name of the substances, &c., employed, has also a great advantage in imperceptibly teaching the student these formulæ; thereby saving him a great deal of manual labour in writing the notes of his experiments in his note-book.

The book is conveniently divided into seven sections.

Sec. I. "Experiments illustrating the methods of preparation and properties of gases," &c.

Sec. II. "Preparation and use of apparatus required for

clinical analysis." In this section we would specially direct the attention of the student to section 14, page 49, on Cleaning Apparatus, for if there be any position in life where the adage, "Cleanliness is next to godliness," is true, it certainly is in Practical Chemistry, wherein a piece of dirty apparatus or a dirty test-tube may vitiate an experiment and occasion much loss of time and annoyance both to student and teacher.

Sec. III. treats of "Analytical operations," illustrated by experiments.

Sec. IV., under the heading of "Analytical Reaction," contains rules for entry of experiments in the note-book, which we particularly urge on the notice of the student—page 84, paragraph 39, *et seq.*; and especially at page 84, paragraph 45, section 4, "The bottle must be restoppered and replaced on the shelf in its proper place, with the label outwards, immediately after use, and must never be left standing on the working bench. Attendance to this rule will save the student (or students, if more than one) an immense amount of time and annoyance in searching for what he wants, and which has been misplaced by the carelessness of himself or co-workers. This section also gives the grouping of the metals according to the order of their prescription in the scheme of general analysis, and the groups are numbered from V. to I. In the general division as at present commonly adopted, the Potassium Group is called Group I, but in Analytical Chemistry this group, being the last to be precipitated, is usually designated by the highest number in the series of groups; whilst in theoretical works the metals are divided into groups in their relation to the displacement of hydrogen in water, and in this case the Potassium Group stands first and is usually numbered I. This explains what at first sight might appear an anomaly to a student when he finds his No. 1 Group here called No. 5. This section also groups the acids by their relations to one another and to certain precipitants, the list of acids being fuller than in most text-books.

Sec. V. is devoted to "the analysis of simple substances for one metal and one acid radicle."

Sec. VI. "Full analytical course and tables." These are very good, and the explanatory notes full and such as can be easily worked by.

Sec. VII. "Apparatus and chemicals required for the preceding course." There is added an appendix for the "Reaction and detection of the rarer elements," including spectroscopic analysis and a chart of different spectra.

The whole book is freely illustrated with tables, and in the earlier part with drawings to show the student the mode of using different apparatus and performing common operations, which are clear, distinct and well-executed.

There is a copious list of contents, which gives easy reference to the subjects, both by paragraph and page; and there is an index which, together with the list of contents, enable the student to find the information he seeks at once. The typography and the paper are alike excellent. We heartily commend this little book to the notice of all teachers of Practical Chemistry—a branch of study in our schools which must, ere long, take a much higher place in the general education of youth than it does at present. Any young man who masters the contents of this little hand-book, enters the arena of life with a great advantage over those who have not; no matter to what branch of industry or occupation he may afterwards devote himself.

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### Extracts from British and Foreign Journals.

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

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**The Therapeutical use of Metals at La Saltpetriere.**—The therapeutical use of metals, introduced by Dr. Burq consists in the employment internally as well as externally of metals in the treatment of certain diseases, the metallic sensibility not only in each disease, but in each patient, being taken into account. For instance, suppose that we have a case of hysteria, or chlorosis, or neuralgia, we must prescribe for the patient the metal, which placed on his skin

would tend to excite sensibility, muscular action, capillary circulation, or diaphoresis.

We will not discuss the merits or demerits of this plan of treatment, but will simply confine ourselves to some of the clinical observations made at La Salpêtrière by M. Charcot.

CASE I.—Patient for the last eleven years has suffered from an affection of an hysterical nature, which has assumed many forms and resisted all known treatment. When first examined she had complete hemianæsthesia of the left side. This state was affected by the application of gold. A bracelet of gold coins was applied for fifteen minutes to the forearm and leg of the left side, the points of application became sensible to deep and superficial pricking. Blood flowed from the incisions, which before were bloodless. Above and around the points of application pain was felt. She was put under gold treatment. On the 11th of June last she was given two centigrammes of chloride of gold and of sodium.

From the 17th of June there was quite an increase in muscular power. On the 19th sensibility began to return to the left forearm. On the 21st appetite returned and soon became insatiable, the patient getting up in the night to eat.

*June 22nd.*—Sensibility normal throughout the body.

*July 3rd.*—Return of menses after an absence of three years.

*6th.*—Felt in perfect health. Getting stout. Since then the case has progressed most favourably. Menstruation regular. Sexual desire returned.

CASE II.—Patient has been hysterical five years. Blind from opacity of the cornea since she was six years old. Equally sensible to zinc and gold. Left hemianæsthesia.

*June 30th.*—Treatment commenced.

*July 3rd.*—Hemianæsthesia commencing to disappear, Increase of appetite.

*10th.*—General and special sensation almost completely returned.

12th.—Re-appearance of the menses. About the end of July normal sensibility entirely returned. No more hysterical attacks. Muscular power recovered.

CASE III.—Patient, a subject of hysterical attacks, grafted on epilepsy. Right anæsthesia. Right analgesia. Contraction of the right leg. Gold sensibility. Commenced treatment on June 6th.

July 15th.—Return of sensibility to touch over all the right side. At the end of July normal sensibility had returned. From this period the patient has been free from hysterical seizures. She is still subject to epilepsy.

CASE IV.—Patient hysterico-epileptic, anæsthetic and amyosthenic. Generally has an attack once a month. Copper sensibility. Recovery commenced soon after she had been put under treatment. Sensibility and muscular force were beginning to re-appear, and the menses to be established. After a little time, the metal topically applied seemed to have lost its power. Anæsthesia and amyosthenia again were present. Internal treatment was commenced. Pills of the hydrated binoxide of copper, ( $2\frac{1}{2}$  centigrammes each,) were given. Under this treatment muscular power increased and general improvement became evident, but about the 3rd of July the symptoms reappeared. She was then put upon albuminate of copper, the dose being increased up to 10 centigrammes a day. Menstruation then became regular, and her general health improved. On the 12th of July sensibility began to return. A plate of copper was placed on the less sensible parts of the body, and before long they produced the desired effect. The patient then became aware of the nature of the treatment she was undergoing, and refused to go on with it. Before long she began to lose all the ground she had gained. Analgesia, amyosthenia, emaciation, loss of strength and insomnia set in. She was advised to take two glasses of St. Christan water. Under its use she soon regained her health. The proportion of sulphate of copper in this water does not exceed 3 milligrammes to the litre. Condensed from *Gazette des Hôpitaux*, 1<sup>o</sup> 1877. No. 113.

### **Atrophic Orchitis following Mumps.**—

At a meeting of the Société des Hôpitaux, held on 10th August, 1877, M. Lereboullet exhibited a soldier, aged 22, who, four months ago, had an attack of mumps. At that time he presented all the signs of virility, physical and physiological. Four days after the attack of mumps commenced, orchitis set in, under the influence of which his two testicles assumed the size of a man's fist. In three days the orchitis disappeared. The enlargement of the parotid lasted for some time, and finally disappeared. Atrophy of the testicles then set in, with such rapidity that, at the end of twenty days, they were no larger than almonds. Simultaneously there was considerable development of the mammary glands. Previously a very hairy man, he noticed an arrest of growth of his beard, and to-day his chin is positively smooth. All sexual desire is lost.

M. Rendu remembered having seen a patient who had atrophy of the left testicle with enlargement of the mamma on that side, showing that there is a direct antagonism between the development of the testicle and that of the mammary gland;—*Bulletin General de Thérapeutique Médicale et Chirurgicale.*

### **Treatment of Blenorrhagic Orchitis with Iodoform.**—

Iodoform is one of those very useful remedies, which for reasons we cannot well explain, seems very gradually to take its proper place in therapeutics. Combined with flexile collodion, as in the formula, it relieves pain in a remarkable manner :

Flexile collodion, 30 grammes ; Iodoform, 2 to 4 grammes. It is used with success as a powder, in certain atonic ulcers, and especially in ulceration of the cervix uteri.

Dr. Julian Alvarez, (of Palma), has published, in the *Independencia Medica* of Barcelona four cases. From them he derives the following conclusions :

I. More effectually than all other remedies Iodoform cures the pain which accompanies blenorrhagic orchitis. This result is obtained at the end of one or two hours.

II. Iodoform acts as a powerful resolvent. It presents an

advantage over the mercurial ointment generally used, inasmuch as it causes no inconvenience by its absorption.

III. Iodoform shortens the duration of orchitis, and prevents the subsequent induration of the organ.

IV. An ointment of the strength of one or two grammes of iodoform to thirty grammes of lard should be used.—*Paris Médical*.

**The Anti-Septic Method in Ovariotomy.**—Dr. Anderson, of Salt Lake City, reports a case: “A six inch incision was made under a continuous carbolic spray from Sass’s Atomizer, which was kept in constant play during the operation. Several cysts were tapped, a quantity of the serum unavoidably flowing into the peritoneum, some extensive adhesions to the abdominal walls first tied with animal carbolized ligatures, then severed. The cyst was removed with some difficulty, its rather broad pedicle tied securely with the same ligatures, severed with the ecraseur, and returned,” \*

\* “Prof. Lister’s carbolized dressing was applied, and the patient frightfully prostrated (the operation having consumed over an hour) removed to a comfortable bed.—Stimulants and nourishment were given ad lib. etc. Re-action came on in about twelve hours, and not an untoward symptom manifested itself during recovery. The dressings removed and fresh re-applied on the eighth, and the bowels moved by injection on the tenth day. In three weeks the patient walked about the room and ate breakfast at the table. Early in March, about five weeks after the operation, the patient returned home in good health. The solid portion of the cyst weighed seven pounds, being multilocular and containing nearly two gallons of serum.—*N. Y. Medical Record*.

**Intra-venous Injections of Ammonia in a Case of Collapse.**—Mr. Fitzgerald, of Melbourne, reports a case in which he employed intra-venous injections of ammonia with success, at a time when death was imminent from collapse. The patient had suffered for a long time

from profuse suppuration. When first seen by Mr. Fitzgerald he was almost dead; he had no pulse at the wrist, and his respiration was imperceptible. Thirty drops of a solution of equal parts of *liquor ammonia fortior* and water were at once injected into a vein. The injection was followed by violent convulsions, but these soon passed off, and the patient was able to sit up in bed and talk rationally. These good effects persisted for eight hours, but the signs of collapse then reappeared. A second injection was practised, but the greater quantity of it passed into the cellular tissue, and no marked effect was produced. A third injection was more successful. The convulsive movements were more violent than after the first operation, but the effects were more satisfactory, for the alarming symptoms did not again return. The patient subsequently recovered completely. The ammonia that escaped into the cellular tissue produced a large eschar. With a little care this unpleasant result might have been avoided. It is thought that the intra-venous injection of ammonia deserves to be tried in other cases of collapse, and especially in cases of impending death from chloroform poisoning.—*Journal de Méd., etc.—The N. Y. Medical Record.*

**Treatment of Erysipelas.**—Dr. Calvey, of Toulon, uses Collodium Elasticum paint, and paints the healthy skin for an inch around, as well as the skin which has taken on erysipelatous action. He treats carbuncles by repeated paintings of collodion, in cases where the patients are unwilling to have incisions made. He says this treatment lessens the pain and causes a quick evacuation of the pus.

Prof. Boekel, of Strassburg, has for some time treated erysipelas by injecting hypodermically a weak, watery solution of carbolic acid (1.60). He injects five to six syringesful twice a day, almost half an inch from the edge of the rash. He alleges that the temperature falls very soon, and the patient generally gets well in four to five days. Five cases of erysipelas following wounds are reported in "*Baden Aertz-Mittheilungen.*" In three there was a markedly favourable result from this

treatment. In one, quinine was given internally, and iodine painted on, so the favourable result could not be solely attributed to the carbolic acid. The remaining case was one of erysipelas following excision of the breast. Here the injection failed to arrest the spread of the disease, and the patient died. Still, Bœkel says carbolic acid is the surest remedy we possess, and that it generally arrests the spread of erysipelas in from two to three days.—*Schmidt's Jahrbücher*, Bd. 174, 1877.

**Peculiar Case of Dizziness.**—A mechanic, forty-three years' old, married, and the father of six children, consulted Dr. Good first in September, 1874, and gave the following account of himself: As he walked out one evening, in 1866, he was suddenly seized with dizziness, fear, a sense of emptiness at the epigastrium, and a feeling of weakness in the extremities. He sat on the steps of the nearest house, and after the attack was over he returned home. A second attack came on six months after, and was very severe; he had to catch hold of the nearest window to prevent himself from falling. After this the attacks came on more frequently, and not only in the street, but often when he was at his meals, or in bed. Patient never lost consciousness during the attacks. A long sojourn at the sea-shore and in the mountains had not the slightest effect, and medicines proved of no avail. He then came to Dr. Good, who saw him in several attacks. The patient would suddenly complain that he was unable to go any further, whilst he was out walking. An anxious expression of the eyes was observed, and irregularity of the respiration. Patient said he felt his brain going round, and the ground giving away from under his feet; then, again, it would seem to rise and fall, and he walked just like a sailor. When he was at sea he felt perfectly well, and never had any attacks. He was treated by cold baths, galvanism and gymnastics, and was much benefited thereby.—*Jour. de Thér.*, 1877, quoted in *Schmidt's Jahrbücher*.

CANADA

# Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1878.

## THE CURABILITY OF INSANITY.

It is commonly believed that diseases of the mind, if subjected to treatment sufficiently early, admit of cure in from 75 to 90 per cent. of the cases so treated; and that the prominent cause of insanity becoming a chronic and settled ailment is the neglect on the part of friends to apply the remedy by placing the individual so afflicted sufficiently early under proper medical charge.

However true it may be that mental diseases demand early attention, it can scarcely be admitted that, even under the most favorable circumstances, insanity is an eminently curable disease. The organ of the mind, the brain, is the most delicate structure in the whole body, and any departure from a normal or healthy standard—even though so minute as to be inappreciable to the eye of the observer—is marked by a train of symptoms which indicate a departure from a condition of health. We have alone to take the records of some of the insane hospitals and it will be found that they reveal a sad condition *quo ad* the patients admitted, and the permanent good following the treatment of their ailments. It is unquestionably a fact that to treat insanity at all, with a hope of benefit, the treatment must be begun early; nevertheless in a large proportion of cases the benefit following treatment is almost nil, or, at best only temporary.

We have before us the report of the State Lunatic Asylum at Northampton, Massachusetts, and from it we learn that during the year ending 30th September, 1877, not more than one in five of the cases received was apparently curable, and that at least one-third of these curable cases were cases of

periodical or recurrent mania. So that, mistaking cases for persons, and percentage of recoveries of patients discharged, for percentage of recoveries upon patients received at the institution, an impression has gone forth that a larger proportion of cures are effected by early treatment than is actually the fact. In analysing the cases of recoveries it will be found that one patient represents two recoveries; and of the other cases, three were admitted for the second attack, three for the third attack, one for the sixth, one for the seventh and one for the ninth attack. This is, we believe, the experience of nearly all asylums. If, therefore, correct and reliable statistics are to be obtained, these cases demand special reference.

But while the fact remains that insanity is by no means an easily managed disease, we do not wish to infer that it is absolutely incurable. Taking the reports of many of the asylums of Great Britain, the same prejudices are to be found there as is observed in this and other countries. Dr. Murray Lindsay, of the Derbyshire Lunatic Asylum, writes in his report for 1876, in reference to the number of hopelessly insane patients brought to that institution: "Instead of the Asylum being looked upon as a hospital to which patients laboring under mental aberration should be sent in the earliest stages of the malady, there appears to be an increasing tendency to detain them at home, and to delay sending them to the Asylum until every resource has failed, and then send them to the Asylum as a last refuge." Similar testimony is given in the reports of many other English and Scotch asylums, although Dr. Bucknill writes that the "prejudices suffered in common by all institutions for the insane the world over have mostly been overcome in England through the beneficent surveillance of the Commissioners in Lunacy." That prejudices do exist in the public mind against sending patients to insane asylums for early treatment is unquestionable, and is the chief cause of the large increase of hopeless cases; and, in consequence, in a large proportion of those cases the patients are thrown on the fostering care of the public for the remainder of their existence. Dr. James C. Howden, of the Montrose Asylum, writes: "The

recourse to asylum treatment may be assumed in every case to be a matter of social convenience. In recent cases the probability of recovery to a certain extent influences relatives; but in far the greater number of instances the exigencies of the situation settle the point, and the patient is sent to the asylum because he cannot be conveniently kept at home." The motives which seem to be operative, other than those of convenience, are in some instances mistaken affection, or economy, or pride. A certain stigma is attached to the word insanity, although few there are without a bee in their bonnet, yet eccentricity or peculiarity of character does not invariably mark the mind diseased—or, at least, diseased to that extent as to incapacitate the individual from living and acting amongst his fellows, and enjoying all the privileges of citizenship.

We must believe that the brain, the organ of the mind, is liable to certain changes which are shown in a departure from the customary instincts and habits of the individual, and that any change of this nature demands instant attention and judicious treatment. Failing this the disease, for such it is, being in verity a material alteration, affecting the immaterial impulse, will in all likelihood progress, going on from bad to worse until a settled, and confirmed, and unalterable state of diseased structure remains, and the patient becomes hopelessly and permanently insane.

Dr. Arthur Mitchell, one of the Commissioners in Lunacy for Scotland, published a "Contribution to the Statistics of Insanity" in the "Journal of Mental Science" for January, 1877. This is a most valuable paper and shows the actual curability of insanity as recognized in the public institutions of Scotland. Dr. Mitchell enjoys peculiar advantages and can base his observations on a large number of cases. In the introduction to his paper he says, "In this inquiry all the asylums of Scotland are regarded as one asylum, and the different institutions merely as different wards;" so that a patient leaving one institution and being admitted into another was regarded as passing from one ward to another. From his official position he was enabled to trace the history and course of each indi-

vidual case. This he has done. Taking all the persons admitted into the Scotch asylums for the first time during one year, and for twelve years thereafter, he gives the results of these cases and shows what had become of them; what was the mental condition of those who recovered, and in what condition mentally were those who had died, at the time of their death.

The total number of patients admitted for the first time into the asylums of Scotland in the year 1858 was 1,297. Twelve years after this date, or in 1870, he found that 412 of this number had died insane in the asylums, and that 273 of that number remained as inmates; 612 of the total number first observed had disappeared, but the history of 411 of these was traced, and he reports that 136 of these remained insane, 42 died insane, and 94 were living but still insane; that 275 had recovered—78 of these had died not insane, and 197 were still living in 1870 and were not insane. The histories of 201 were not capable of being traced. Thus he traces the histories, during twelve years, of 1,096 patients who had been admitted in 1858, all being first admissions. Hence, in general terms, three-fourths of the whole number remained insane or had died insane, and one-fourth had recovered; a certain number having died in full possession of their mental faculties. This yields a percentage of 25.09 of recoveries and is very far below the number as popularly believed to be recoveries—or as yielding 75 to 90 per cent of recoveries of all cases subjected to treatment.

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### HECTOR PELTIER, M.D., EDIN.

PROFESSOR OF INSTITUTES OF MEDICINE, LAVAL UNIVERSITY

It is our painful duty to record the death of Hector Peltier, M.D., Edin., Professor of Institutes of Medicine in the Montreal Branch of the Medical Faculty of Laval University, and also of the Medical Faculty of Victoria College, Cobourg; which sad event occurred on Friday, 25th of January, 1878. Dr. Peltier was born in this city on the 22nd of September, 1822, and in consequence had not attained his fifty-sixth year

at the time of his death. He was the son of the late Toussaint Peltier, Q.C., a man who in his lifetime enjoyed the confidence of the public as an advocate of learning and ability, and of scrupulous probity. At an early age Hector, his son, was sent to the college at Nicolet, where he commenced his studies in general education. Subsequently he returned to his home, and attended as a day scholar at the College of Montreal. In 1838 his father, with the view of giving his son superior advantages, sent him to Paris to the College of Henri IV., where he spent two years in following the higher branches of a liberal education. Here he was remarkable for his perseverance, ability and punctuality, and the uniform gentleness and amiability of his disposition.

After completing his preliminary education, medicine became the profession of his choice, and he commenced with assiduity the prosecution of the study of this department of science. He entered as a pupil at L'Ecole de Medicine, Paris, and followed the courses in that faculty while attending the practice of the hospitals. In August, 1844, he repaired to London, and during the ensuing two months attended the practice of Guy's and St. Thomas' hospitals. The following October he proceeded to Edinburgh and entered as a student at the university in that city, where he graduated on the 1st of August, 1845,—and after having defended his inaugural thesis on "Stricture of the Urethra," he received the degree of Doctor of Medicine. On leaving Edinburgh he again visited Paris, where he remained for a short time; and, after a visit to Dublin, he finally sailed from Liverpool for New York on the 30th of November, 1845, intending to return to his native country. After a passage of forty-nine days he landed in New York, whence he returned to Montreal.

In February, 1846, he received the license of the old Medical Board, which entitled him to practice his profession in Canada. It was about this time that we became personally acquainted with Dr. Peltier—an acquaintance which ripened into friendship of the most endearing character, and which never in any way abated. In 1848 Dr. Peltier, with a few other young men (of whom the late Sir G. Duncan Gibb, Bart.,

of London, England, was one), established the Pathological Society of Montreal; and the year following, Dr. Peltier was elected Vice-President, and subsequently he filled the Presidential chair. Real, live work was done amongst us. We met at each other's houses, held regular meetings every alternate Saturday, and some of the transactions of those meetings are to be found in the medical periodicals of that day. Those pleasing and instructive meetings were kept up for some eight or ten years.

The year 1849 brought an epidemic of Asiatic cholera. The larger share of the labour fell on the junior members of the profession, as that disease was most prevalent amongst the poorer class of the community. As it was believed that, in all likelihood, cholera would again invade the city the year following, it was deemed desirable to establish a free dispensary for affording relief to the poor of the city. Relief was to be afforded to all deserving comers, independent of creed or nationality. Dr. Peltier shared in this good work of getting up and establishing on a sure footing this charitable institution. He, with five other physicians, canvassed the city for support, and the Montreal Dispensary was firmly established—an institution which subsequently received an act of incorporation from the Legislature, and which, to this day, is recognised as one of the prominent and most useful charities of this city of Montreal.

Dr. Peltier assiduously performed his duty as one of the attending physicians to the dispensary, and continued to do so long after he had received an appointment as one of the attending staff to the Hôtel-Dieu Hospital. This, with increasing practice, and service rendered to several other charities, so encroached upon his time that he was forced to retire from the active staff of the dispensary when he was unanimously elected a consulting physician to that charity,—and he continued to the last to take a deep interest in the welfare of the institution.

After the passing of the act of incorporation of the profession of this Province in 1847, in consequence of the provisions of the act regulating the study of medicine, several additional lectureships in the Montreal School of Medicine and Surgery had to be made, and Dr. Peltier was selected to fill the Chair of Institutes of Medicine; this was in August, 1847. This chair he has filled

ever since ; and indeed it was during the delivery of his last lecture that he was seized with symptoms which at first were looked upon as syncopal, but which soon became more urgent—paralysis ensued, he rapidly became comatose, and death followed on the fourth day after the attack. On *post-mortem* examination, a large blood-clot was found in the ventricles.

Dr. Peltier contributed several papers of worth, which are to be found in the pages of the Canadian periodicals—one, in the French language, which appeared in the *Canada Medical Journal* for April, 1852, on a case of compound comminuted fracture of the astragalus, with dislocation of the bone. This is a carefully prepared paper, as it gives a general view of the literature of the subject up to that date. Several other papers from the pen of Dr. Peltier are to be found in the pages of the *Medical Chronicle*—all of worth and interest. Of late years he did not contribute his observations to the medical journals ; at least we speak of our own periodical, but not having a file of *L'Union Médicale du Canada*, we are unable to say whether he was a frequent contributor to the pages of that journal. He held the pen of a ready writer, and what he did write bore the stamp of truth and erudition.

In 1850 Dr. Peltier was elected a Governor of the College of Physicians and Surgeons of Lower Canada, and since that period he has always received the support and votes of his *confrères* of both nationalities. He has held the several offices of Secretary, Registrar, and Vice-President, and had he lived would have succeeded to the Presidential chair, as he was a general favourite, a fluent speaker, full of wit and humour, and withal a veritable gentleman of the old school.

His early death must be looked upon as a loss not alone to the community generally, whose full confidence he possessed, but to his profession, as he was the link which bound men of different parties together who are apt to disagree. A peace-maker—his genial countenance and happy disposition, and his sound common sense, allayed many differences amongst us which tended to dissention and strife. He was a true friend to the young physician,—and by those of his own age, as well as by his seniors, he was held in high estimation.

## MELANCHOLY ACCIDENT.

A most distressing and fatal accident occurred to our old and respected fellow-citizen and colleague, Dr. Robert Lee MacDonnell. Dr. MacDonnell attended the funeral of the late Dr. Peltier, which took place on the morning of Tuesday, the 29th of January ult. The Doctor suffered from an old rheumatic affection of the knee-joint, and in consequence was obliged to attend in his cariole. He had drawn up at the corner of Craig street, awaiting the passage of the funeral cortege. At this moment a runaway horse, with a light vehicle, dashed down McGill street and across Craig street, making directly for the Doctor's sleigh, which was in his path. As he came up, the horse swerved to one side, and apparently struck the Doctor a heavy blow with the shaft or some portion of the harness on the left side of the head, over the mastoid process, inflicting a flesh wound three inches in length. The back part and seat of Dr. MacDonnell's sleigh was carried away, and the Doctor fell heavily to the ground, striking and badly contusing the right side of his face and temple. He was stunned by the injury, but rapidly recovered consciousness, and was taken to his home. During that day he did not complain of any symptoms pointing to brain lesion, and was so far well that hope was entertained that no serious injury had been sustained. He passed a restless night, and towards morning his son, Dr. Richard MacDonnell, who was in attendance, observed that he became excessively prostrated, as though still suffering from shock. The following day he apparently rallied, and was believed to be doing well; there was, however, some difficulty in swallowing, and in the afternoon he became heavy, and could articulate with indistinctness. Still, he appeared perfectly collected. About 3 p.m. he again showed symptoms of syncope, from which he did not rally, and he died about 3:30 o'clock. Dr. MacDonnell has practised his profession with eminence in this city, since the year 1845, when he came to this country from his native city—Dublin. He was a man of great mental culture, and highly gifted. We shall endeavour, in our next issue, to give a *resumé* of his eventful and useful career.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL  
REVIEW.

We greatly regret to notice that the publishers have been forced to relinquish the publication of this excellent quarterly, the reasons given being the lack of support. It is remarked in the publisher's farewell notice, "That he who would succeed in life must mark the signs of the times. For several years we have witnessed the gradual decline in sale of that which once was a good property, and in spite of all our efforts to infuse new life into our old friend, we have been obliged to stand by and see it languish, so that the period has arrived when to continue to publish it would be to incur an annual loss which would rather increase than diminish as time went on.—The reason of all this is that the day for quarterlies has gone by, and in face of the daily and weekly periodicals, a quarterly with its thoughtful articles and well-digested reviews is no longer appreciated as formerly." This is a decided reflection, well-merited, perhaps, on the tastes and capacity of the reading medical public. It is much to be regretted that this valued periodical has ceased to be issued, and we still hope that the sound sense of the medical public of Great Britain will demand its resuscitation. The want of this periodical will be severely felt. As a literary production, truthful and independent in its views and criticisms, *The British and Foreign Medico-Chirurgical Review* stood unrivalled.

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## RUSSIAN FOUNDLING HOSPITAL.

In Moscow there exists a large foundling hospital, which a visitor, in an English paper, describes as being as large as a good-sized village. It supports, at the expense of the Government, some 30,000 children annually. The mortality is very considerable, ranging from 60 to 90 per cent. of those admitted during the first year. This is owing, in a large measure, to defective sanitary arrangements. The children are retained in the establishment for six months, and are wet-nursed, in a large number of the cases, by their own mothers. When dis-

charged from the hospital the nurse is paid by the State eight shillings a month for five years for the care and nurture of the child, after which it is returned to the institution, where it is provided for, and if it survives the boys are trained as soldiers and the girls for domestic service.

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### Personal.

James C. Cameron, M.D., C.M. (McGill, 1874), formerly House Surgeon to the Montreal General Hospital, is at present in Dublin attending the practice of the Rotunda Lying-in Hospital. We have received from Dr. Cameron an interesting paper on the injection of hot water in uterine hæmorrhage, with cases. It shall appear in our next.

Charles H. Murray, B.A., M.D., C.M. (McGill University, 1876), passed his final examination before the Royal College of Surgeons, England, and received the Diploma of Membership, on the 23rd ultimo.

Henri Victor Regnault and Antoine Cesar Becquerel, both eminent chemists, died recently in Paris, France. Becquerel was in early life a soldier. He served with distinction, and was decorated by Napoleon I. At the time of his death he had reached the ripe old age of ninety years.

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PARVULES,—A NEW PREPARATION MANUFACTURED BY MESSRS.  
W. R. WARNER & Co., PHILADELPHIA.

We have received a box containing one dozen bottles, and each bottle one hundred small-sized pills, which the manufacturers have designated parvules. This is in contradistinction to pills and granules which are of a different size. They are exceedingly elegant preparations and are designed to administer minimum doses to children and others as occasion may require. They are coated with sugar, are of a red colour, and half the size of an ordinary pill—being circular and not oval or bean shaped as is the case with some of the many preparations which are being introduced into practice. We can recommend them to our subscribers as being perfectly reliable.