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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

Vol. XI. TORONTO, AUG. 1ST, 1879. No. 12.

Original Communications.

ON THE ACTION OF THE SO-CALLED "INHIBITOR," "ACCELERATOR" AND "DEPRESSOR" NERVES OF THE HEART.

BY THOMAS W. POOLE, M.D., M.C.P.S., ONT.

(Author of "Physiological Therapeutics.")

(Continued)

THE SO-CALLED "ACCELERATORS" OF THE HEART.

The sympathetic nerve derives its motor fibres from the spinal cord, through nerve filaments passing through the anterior spinal nerves to the corresponding parts of the ganglionic chain lying in front of the vertebral column. The connecting fibres between the two systems which supply the branches of the sympathetic nerve as accelerators, pass from the cord to the inferior cervical ganglion.* The distribution of the nerves of this ganglion to the cardiac plexus varies much in different animals. Thus in the frog no sympathetic nerves reach the heart, and the vagus is the only link of communication between it and the cerebro-spinal centres. In the dog and cat the vagus and sympathetic are united in a single trunk; † while in the rabbit and higher mammalia they are distinct, though intimately and variously connected through the interlacing of their branches. These differences serve to account for minor differences in the effects of experiments on these animals.

Dr. Burdon-Sanderson lays down the rule that "the pulse is retarded by *increase*, accelerated by diminution of arterial pressure;" ‡ increase of arterial pressure attending arterial contraction, and lessened arterial pressure resulting from dilatation of the vessels. The rule quoted however is by no means an invariable one, and Dr. B. Sanderson's adjacent pages shew sundry exceptions. The effect

produced on the heart through the nerves we are considering, is much more uniform as regards blood pressure than as regards the frequency of the pulse, which under varying conditions of the animal may be frequent and strong, while in many cases increased frequency denotes cardiac weakness, so that as Prof. Kuss remarks, "the frequency of the pulse yields no indication as to the state of the circulation properly so called" (Lec. p. 168).

As the sympathetic has its origin in part in the medulla oblongata, section of the cord at the atlas necessarily affects this nerve and its ramifications, and the effect is to produce a fall in blood pressure (arterial relaxation). On the other hand faradization of the cord below the point of section, causes an increase of blood pressure (arterial contraction). Von Bezold found the heart's action increased in frequency after faradization of the cord, and regarding the faradic current as an excitant, thus apparently stimulating the heart, he applied the term "accelerators" to the nerves, which connect the cord with the cardiac plexus, through which this effect seemed to be produced. But Ludwig and Thiry showed that faradization of the distal end of the spinal cord, divided at the atlas, caused a rise in blood pressure in the systemic vessels after the *communicating filaments which through the sympathetic, connect the cord with the heart were severed*, showing that it could not be through the direct agency of the "accelerators" on the heart, that blood pressure was increased or the pulse accelerated. Ludwig and Thiry inferred from this that the cord has no real influence on the heart itself, but upon the peripheral circulating system.*

Ludwig and Cyon "proved by new experiments that this influence on the peripheral circulating system "is chiefly effected through the splanchnics, the great vaso-motor nerves of the abdominal viscera. Cyon has further demonstrated that this vaso-motor influence may be also induced reflexly through a centripetal nerve—to be hereafter referred to as the "depressor:" † and Dr. Burdon Sanderson in a special section devoted to the "functions of the accelerator nerves admits that V. Bezold was wrong in believing that the spinal nerves have any power of augmenting the energy of the heart's contractions, or of causing it to do more work in a given time." ‡

*Handbook p. 315. † Ib. p. 23

* (Prof. Kuss Lectures on Phys. (Ouv. Amory) p. 167). † Ib., p. 168. ‡ Handbook, etc., p. 231.

The question then arises, what is the explanation of the indirect effect of these nerves on the heart through the peripheral arteries, as shewn in the experiments on the cord referred to above?

We must here remind the reader, that while the chief vaso-motor centre of the sympathetic is believed to be located in the medulla oblongata, it has been shewn by physiological experiments that there are also vaso-motor centres in the spinal cord.* To say that these spinal centres are irritated and excited as a consequence of section of the cord in their vicinity, is only to interpret the result of section, as Physiologists are accustomed to interpret the effects of traumatic injury to nerve tissue elsewhere, (see preceding pages.) Excitation of the vaso-motor spinal roots of the sympathetics, is naturally enough transferred, through the connecting nerves to the contiguous sympathetic ganglia placed at intervals in front of the vertebral column, and from these to the vaso-motor terminal nerves, dilating the arteries with a consequent fall in blood pressure as related by the experimenters.

The effects of section of the cord, here considered, must not be confounded with those of "pithing," in which the spinal cord is destroyed, and the vaso-motor centres of course are destroyed with it. [As we have called attention, elsewhere,† a careful reading of Dr. Burdon-Sanderson's account of the phenomena attending "pithing" will show that the inference commonly drawn from that operation is erroneous, in that, while it is assumed that the entire vascular system is dilated (from paralysis of the sympathetic) it is really the venous system only which is relaxed, into which the blood has been driven from the arteries, which contract till they are as empty as it is possible for them to become. Here vaso-motor dilating power is at an end, and the inherent contractile power of the muscular coat of the arteries being no longer restrained, asserts itself in the contraction of these tubes, just as it does after the general death of the body, when vaso-motor and all other nerve power is extinct. Section of the cord below the medulla, on the contrary, is attended by dilatation of the arteries, as we claim, from excitation of the contiguous spinal vaso-motor centres in the manner mentioned.

We now come to the application of the faradic

current to the distal portion of the divided cord, We have elsewhere* quoted Dr. C. B. Radcliffe, F.R.C.S., etc., to prove that a continuous current of electricity so paralyzes the spine of a rabbit, that "the part between the poles may be cut, pricked, torn," etc., without occasioning pain. Whether the current was passed up the spine or down the spine, the result was the same so far as *its paralyzing action* was concerned.† What Dr. Radcliffe states here of the galvanic or continuous current, is equally true of the faradic, since both produce anaesthesia of nerve tissue, and the difference between the two currents is mainly of *degree*.‡

Faradization then, we claim to be inimical to nerve function, and that, applied to the distal portion of the divided spine, it paralyzes the vaso-motor sympathetic nerves at their origin in the cord; puts an end to the dilating power of their terminal branches, and as a result the arteries contract (from the inherent contractile power of their muscular walls) blood pressure is consequently increased, and as is otherwise the case when previously abnormally dilated arteries are reduced, in calibre (as by digitalis) the heart's pulsations are increased in frequency and in force.

From the foregoing physiological facts, we think the conclusion is inevitable, that the so-called "accelerators" of the heart have no direct influence on that organ, and really affect it so indirectly as to be unworthy of their name: that as a special motor power of the heart, (which contains within itself the springs of its own action),§ they can be entirely dispensed with, since the functions they perform are simply the functions performed by the ordinary vaso-motor nerves everywhere throughout the body.

THE SO-CALLED "DEPRESSOR" NERVES.

According to Dr. Burdon-Sanderson, this nerve arises from two roots, one from the superior laryngeal (a sensory branch of the vagus) and the other which is less constant, from the trunk of the vagus itself. He says "it ends in the inferior cervical ganglion" of the sympathetic, but that from the ganglion its fibres may be traced to the connective tissue between the origin of the aorta and pulmonary artery," where it loses itself in the plexus of nerves" found there, which is no doubt the cardiac

* (Dr. Ott, Action of Medicine, p. 70.) † (Physiological Therapeutics.)

‡ Phys. Therapeutics. † (Lectures on Epilepsy, Paral. and Pain, pp. 64, 65). † Hand book, etc., p. 274. § Drs. Beard and Rockwell, (Med. & Surg. Elec., 2nd Ed., p. 299, etc.)

plexus of the sympathetic. Thus it has not been proved to enter the heart at all, though it probably does so. It is a centripetal nerve, and as a consequence its functional activity is not directed towards the heart, but towards the medulla oblongata.

To show how unworthy this nerve is of its present name, and how false is the idea naturally associated with it, as a "depressor" of the heart, we need only refer to Dr. Burdon-Sanderson again.* He states that neither section of this nerve nor faradization of its peripheral end, has any effects whatever on either the arterial pressure (in the carotid) or in the pulsations of the heart. If the central, or cranial end of the cut nerve be faradized, still there is "no change whatever either in the character or frequency of the pulsations; the only effects produced being diminution in pressure. In other instances there is perceptible slowing, but the variations of the two effects are never parallel." Further, "The diminution of the arterial pressure cannot be referred to any direct influence exercised by excitation (faradization) of the depressor on the heart, but to diminution of the resistance in the arterial system; *i. e.*, to relaxation of the minute arteries."[†] This conclusion is confirmed by other experiments to which we need not here refer.

Thus this nerve, like the vagus, has been shown to have no direct influence upon the heart, but to act centripetally on the medulla, and through this upon the cord and vaso-motor nerves. Cym has shown that this reflex influence reaches the splanchnics, and through them modifies the vascularity of the abdominal viscera.

It becomes necessary to enquire how does the "depressor" produce even this moderate effect on the peripheral circulation? Dr. Burdon Sanderson says of it:—"The depressor contains centripetal fibres, the function of which is to diminish the activity of the vaso-motor centre and thereby diminish the arterial pressure." On this view, the depressor is to be regarded as a centripetal inhibitory nerve, restraining the power of the vaso-motor centre in the medulla, and of course its "excitation" by the faradic current is held to increase its inhibitory power, and by thus counteracting the contractile power of the vaso-motor

nerves, it favors relaxation of the arteries, which result, on the accepted theory, is depending on vaso-motor paralysis, to which the exercise of this inhibitory power is equivalent.

On the theory we present, the faradic current, by paralyzing a sensory nerve (acting of course centripetally) induces reflex paralysis of the vaso-motor nerves, putting an end to the dilating power of these over the arteries, the calibre of which is reduced by the inherent contractile power of their muscular walls. It is quite true that faradization of a sensory nerve causes arterial contraction, and our theory is in full accord with the fact. But here is a nerve which resembles a sensory nerve, in that it acts centripetally, faradization of which dilates the arteries. Is our theory then at fault? If the depressor be a purely sensory nerve our theory is at fault. That the depressor is not a purely sensory nerve (although it acts centripetally) is shown from the stand-point of the physiologists themselves, by the fact that the inhibitory system of nerves is regarded by them as separate and distinct from the nerves of common sensation; and also for the reason that if an inhibitory nerve annuls the power of motor centres in nerves, it must itself possess motor power. No such function can be predicated of purely sensory nerves. An inhibitory nerve, even if it act centripetally, therefore differs materially in function from the proper nerves of sensation.

Again the effect of faradization on this nerve shows that it is not an ordinary sensory nerve, for the faradic current acting on sensory nerves causes arterial contraction, but acting on this nerve it causes arterial dilatation. Furthermore, faradization of a nerve trunk produces anesthesia or paralysis, and not pain, in the nerve trunk (see quotation from Dr. Radcliffe, ante), and if pain be caused by it, the pain is produced through the agency of sensitive nerves in the tissue in which the faradized nerve terminates, the muscular fibres of which are thrown into vibratile spasms. When therefore Prof. Kuss states that faradization of the central end of the depressor nerve "is painful," the legitimate inference is that the painful sensation originates at the termination of the nerve fibres in the medulla. All that is necessary to produce this result here, is that the current should act on the contractile connective tissue of the medulla as it invariably does on such tissue elsewhere,

* (Handbook, &c., pp. 288, 291). † (Ibid., p. 292). (Prof. Kuss see p. 168). (Handbook, &c., p. 291).

when conveyed through a motor nerve. Irritation and excitation of this centre thus secondarily induced, reflected on the peripheral vaso-motor nerves dilates the arteries. Our theory is therefore consistent with the results, and the facts are again shown to be susceptible of explanation without invoking the aid of the inhibitory theory.

Here, then, is a series, not of crude speculations, but of authentic facts, drawn from the storehouse of physiology, which tend to confirm and establish the simplified view of cardiac innervation and control suggested in our "Physiological Therapeutics." It is evident, on direct and reliable authority, that neither the so-called "inhibitor," "accelerator," nor "depressor" nerves exercises any direct influence over the heart's action, and that whatever effect results indirectly from the excitation or depression of the functional activity of the vagi, the medulla, or cord, is to be explained through the corresponding reflex excitation or depression of the ordinary vaso-motor nerves. Consequently *names* hypothetically assigned to these nerves representing functions not discharged, are not only unnecessary, but mischievous, and should be expunged from physiological treatises.

If this view of the case were to be accepted, the very contradictory and confusing statements regarding the action of drugs on the nervous system in such otherwise admirable compilations on the subject as Dr. Ringer's "Therapeutics," would disappear, and much would be gained, not only theoretically but in the practical adaptation of drugs to the needs of the organism. To the fundamental error that electricity is an "excitant" or "stimulus" to nerve tissue, much of these contradictions are due, since it has warped the whole range of conclusions drawn from experimental physiology. Like other errors which have been authoritatively expounded, it will be difficult to unlearn. The duty of the profession, in the premises, is all the more urgent—not to leave to a future generation what ought to be accomplished by the present.

ENTROPION AND TRICHIASIS.

BY S. E. MCCULLY, M.D., WATERDOWN, ONT.

On June 30th, Miss M. came to my office, suffering from entropion and trichiasis. The history

of her case may be summed up thus:—Some ten years since, when quite young, she was treated for catarrhal ophthalmia by repeated applications of solid sulphate of copper, which induced extensive destruction of the conjunctiva of the lids, the cicatrix producing inversion. From this time the case has been one of misery, all or nearly all the pleasures of youth being either marred or stamped out by this wretched condition of things. All the natural lustre of the eye was gone, the patient groped her way around as if in partial darkness, the lids presented an unseemly heavy red appearance, and the pupils were dilated to their fullest capacity, the cornea being of a milky color and partially opaque. After a careful examination of the case, I concluded to operate. Before doing so, I seized the skin with a pair of toothed forceps, lifting it up sufficiently to evert the eyelid to its natural position, then carefully marked the piece I intended cutting out with a pen and ink, and with the kind assistance of Dr. McLaren who administered the ether, I proceeded to operate. I may here remark that in so far as the size of the excised piece is concerned, each individual case must be treated according to the extent of the inversion. In this case I removed an ellipse extending from angle to angle, its greatest width being $\frac{1}{8}$ ths of an inch. Chloric ether was used, and we gave her in all about two drachms, which rendered her quite insensible. I then seized the skin which I had previously marked, with a pair of toothed forceps, and with a pair of probe-pointed scissors cut away the piece, repeating this operation on the other eye. I then removed any little irregularities and at once closed the wound by four interrupted sutures in each lid. The wound was then covered with court plaster. A little vomiting from the ether ensued. In forty-eight hours the wound had healed by first intention, the plasters were removed and new ones put on, and in seventy-two hours from the operation I removed the stitches. The eye-lashes have put in an appearance and are growing out in good shape, and for the first time in ten years the patient is free from pain and annoyance. In this case the alacrity with which nature seized the opportunity offered her to clear up the cornea, was something really wonderful. On this, the 8th day from the operation, the patient can see to do fine needle-work, can thread the finest cambric needle with

ease and in a general way has nothing to complain of or wish for; whereas, before the operation, it was a laborious task for her to travel about in places where she was unacquainted. There are but few cases of traumatic or chronic entropion that cannot be cured by an operation. Should there be strong pressure on the eye-ball by shortening of the lid from canthus to canthus, it may be necessary first to cut through the lid at the external and internal angle of the eye, and then operate as just described; as soon as the wound is drawn together the cuts previously made through the lid will separate, and thus the lid will be once more set at liberty. The operator should be careful not to cut away too much, and not too near the cartilage. Should he cut away too much he produces deformity in the shape of an unseemly ectropion, and should he cut too near the margin of the lid the cartilage stands in the way of the needle in closing the wound. The success of the operation must depend on the causes of the disease. If the causes are traumatic, the operation skilfully performed will succeed. If chronic and from inflammatory causes, or from bad treatment of catarrhal ophthalmia or granular lids, the operator will have to remove more surface to counteract the influence of the contracted and indurated membrane beneath. If entropion arise from spasm of the lid, then the case is not one in which an operation is indicated. If from a long and severe illness, the patient is suffering from this malady because of absorption of fatty matter in the back part of the orbit, the indications are hematics and nitrogenous compounds. If from old age, little can be done to relieve the sufferer.

BULLET WOUND OF THE FACE; ANTI-SEPTIC SURGERY.

BY W. CANNIFF, M.D., M.R.C.S., ENG.,

(Attending Physician, Toronto General Hospital).

A case of bullet wound which occurred recently in my private practice, possesses some points of note which I think will make it interesting to your readers.

C. P., a lad of about 11 years, while yet in bed in the morning, was accidentally shot by his brother with a small revolver. I was called to see him about 8 o'clock, and saw him not long after

the wound was received. I found that the ball had entered the face immediately to the right of the nose, midway between the inner angle of the eye and the nostril. A puffy ridge across the face, towards the right angle of the lower jaw, over the upper jaw, but not over the lower, marked the course of the ball. A sister of the patient had informed me that she could feel the ball, and pointed out a spot immediately posterior to the angle of the bone. Upon examination, I had no difficulty in distinguishing its position. There was some tenderness at the spot. I ordered warm fomentations and informed the family I would shortly return with an assistant to administer chloroform, while I would cut down and extract the ball. It was about an hour and a-half before I could return to my patient, when I found that considerable swelling had taken place where the ball was situated, so that it could not be distinctly felt. Having no doubt as to the exact location of the ball, I did not hesitate to proceed with the operation. Dr. Fulton who had kindly consented to administer chloroform, like myself failed to distinguish the body. The patient took the chloroform badly, and repeatedly vomited. Having cut through the skin, I made my way through the cellular tissue toward the situation of the ball, with a director. The swelling meanwhile had increased. Reaching the angle of the bone, and not feeling the ball, I passed my right forefinger into the mouth and along the inner surface of the lower jaw to the point of the incision. With my other forefinger in the wound I at once felt the bullet, between my two fingers. I was on the point of dividing some tissue yet covering the ball, when the patient began again to vomit, and continued straining for some time. I fully expected to have the ball in my hand in a moment more; but upon examining the part no ball could be felt. I explored with the greatest care through the incision and by the mouth, but could not find the ball. It had completely eluded me. Dr. Fulton likewise searched for it, and was equally unsuccessful. I continued the search for a time without incision and then had, much to my disgust, to give it up. Dr. Fulton had not at any time felt the ball, and I was not surprised that he felt some doubt as to my own sense of touch. Being certain that I had held it between my fingers, I thought perhaps it had fallen from the wound while the patient was strain-

ing. But the ball could not be found. Three weeks later the wounds having healed, upon examining the part, I again felt the ball in the old situation: although a few days before it was not there. The following day I pressed the ball outside the bone and readily removed it by incision. It was a small conical bullet with the point slightly turned and flattened by striking the upper jaw where it entered. Upon examination, I found that with the mouth open it was possible for the ball to have passed inside the lower jaw to the point where it was found. The mysterious disappearance of the body at the first operation, can only be accounted for by supposing that the violent contraction of the muscles during vomiting removed it to a point beyond the reach of the finger.

The wound of the face made by the ball was treated by applying a poultice for a day or two, and then water dressing. The wound healed without a drop of pus forming and with but little watery discharge. This would have been a striking proof of the astonishing value of antiseptic gauze, and application of germicides, had I not omitted to employ them.

HYPERPLASIA OF THE UTERUS, WITH CASES AND TREATMENT.

BY JAMES CATTERMOLLE, M.D., L.S.A., LONDON, ONT.

CASE I.—Mrs. A. F., aged forty-two years, a large-framed woman, naturally very robust; prior to her present illness had enjoyed excellent health, but now presents a blanched and exsanguine appearance—is much prostrated by long continued uterine disorder; she is the mother of three children the youngest of them is nine years old; from the birth of this child she dates the commencement of her present malady.

The patient states that she had a miscarriage five years ago, which added to her trouble, for soon after this event menstruation became excessive and irregular—with occasional discharges of blood in the intervals, rendering her very anæmic. This irregular flow continued for three years, until December, 1876—when the loss became almost constant, the recumbent position had to be observed to avoid continued hemorrhage. This condition persisted for the following seven months, confining Mrs. F. to her bedroom. The patient

during this period had the attendance and advice of four different medical gentlemen, who mostly prescribed tonics, anodynes and astringents, but she received scarcely any local treatment. However in July, 1877, the discharge somewhat lessened till near the end of December when it again increased. The oozing of blood tho' not profuse was constant, and the patient now became much exhausted. In this unpromising condition I first saw her on January 30th 1878 after her long affliction of above five years duration.

Having introduced a large vaginal speculum, a fungoid growth of about eight lines long was seen to project from between the lips of the os externum: this I found to be attached for about the same distance to the floor of the cervical canal within the orifice. I excised the little fungus—the bleeding soon ceased—applied acid nitrate of mercury twice, and there was no return of the growth. In consequence of the anemic and exhausted condition of the woman an intra-uterine examination was deferred—generous and nourishing diet was ordered, and injections of tannic acid and alum were used twice daily, from which considerable benefit was derived. Unavoidable circumstances prevented me from seeing Mrs. F. again until April 3rd, when I found that hemorrhage had recommenced, the seat of the fungoid growth had quite healed over, and a proper examination was now obtained. Laminaria tents were employed for two days, but in consequence of the tense and thickened state of the upper part of the cervix the finger could only be passed just sufficiently above the inner os to discover that a granular state of the mucous membrane of the uterine cavity existed; small doses of fluid extract of ergot were now ordered to be taken three times a day. The uterine cavity was carefully mopped with strong nitric acid by means of cotton wool swabs passed through small glass canulas every third or fourth day until four dressings had been applied, without however materially diminishing the sanguineous flow. Two weeks after this, thirty grains of the sulphate of zinc were passed up through a glass tube well into the fundus and allowed to remain there, only causing a slight uneasiness for about half an hour. In a few days the womb was well wiped out with dry cotton swabs and twenty-five grains of the nitrate of silver introduced and left in the cavity to dissolve; this caused a moderate amount of pain for nearly two hours—

but no appreciable difference in the amount of discharge. The above plan of treatment extended over three months—during which several different remedies were employed at moderate intervals, with the effect only of very insufficiently diminishing the abnormal flow—the hyperplasia still existed in the cervix and anterior portion of the uterine wall. The patient who at first objected to a cutting operation, now at length became willing to submit. The inner os having been sufficiently dilated, and finding the anterior corporeal wall much thickened, I lightly incised its surface in three places—allowed the parts to bleed for a few minutes, and after more deeply incising the neck—freely mopped both the uterine cavity and cervix with fuming nitric acid. A cotton-wool tampon was passed well into the vagina and a good opiate administered, to be repeated at night if necessary, the tampon to be changed every twenty-four hours for three days. The bleeding was not profuse, and completely controlled by the tampon. The patient had scarcely any pain after the operation, and soon improved in spirits—and there was no recurrence of hemorrhage. In about three weeks, menstruation came on and lasted four days—and for the following eight days the patient was quite free from any discharge, when suddenly a sero-sanguineous oozing took place; this however was completely subdued by swabbing the uterine cavity with the acid nitrate of mercury, every second day—six applications sufficed for its cure. In order to restore the tone of the parts so long affected, astringent injections of alum and tannic acid were daily used for many weeks. During the last ten months there has been no recurrence of hemorrhage—the health of the patient is very good, and she assists in the domestic business of the establishment.

CASE II.—In July 1876, I was requested by my friend Dr. Payne of this city to meet him in consultation in a case of uterine disease of seven years standing. His patient Mrs. H. a lady of delicate constitution, eighteen years ago accompanied her husband, who went with his regiment to India—there she had two or three children. For the last ten years her health had been much broken by leucorrhœa, irregular menstruation, and frequent uterine hemorrhage—which for many weeks have been almost constant. During the above long period, Mrs. H. from time to time had medical

advice, but until she came under Dr. Paynes' care had not been examined by aid of vaginal speculum. The doctor discovered the existence of a hypertrophied condition of both the cervical and corporeal parenchyma of the organ and saw that nothing short of active measures were likely to benefit his patient. After free dilatation with sea-tangle tents—the uterus was well drawn down with long narrow vulsellæ, the finger passed well into the cavity, discovered anterior and lateral bulging of its walls with slight roughness of the mucous membrane. Drs. Street, Payne and Niven here examined the condition of the organ—and rendered valuable assistance during the operative proceedings. The patient being now chloroformed—the womb drawn low down as stated, I carefully incised the bulging walls with a long narrow knife, and on withdrawing the instrument, also the inner os so as to render it freely open—and altho' the loss of blood was not great from the incised parenchyma, it was deemed prudent to defer the intended division of the cervix for a few days in consequence of the lady's extreme weakness. The incised parts were brushed over with fuming nitric acid—the vagina thoroughly plugged and a full opiate administered.

Four days afterwards the cervix was freely divided on both sides, and the progress of the patient was highly satisfactory. For some weeks following, the mucous membrane of the cavity was swabbed about every eighth day with nitric acid, and under the skillful care of Dr. Payne a good recovery resulted, and now nearly three years after the operation the lady is in excellent health.

CASE 3.—In the fall of 1878, in consultation with a young physician of good standing in the city, I saw Mrs. W. aged thirty-six; many years married, but no family. For several years she has been much troubled with pains in the uterine region, back, and hips, extending down the thighs, leucorrhœa, irregular menstrual flow, and frequent and sudden hemorrhage. Various escharotics have been applied to the uterine canal, and also good constitutional treatment adopted from time to time by medical gentlemen under whose care she has been placed. I found the os and cervix much hypertrophied though softer and more pliant than in many similar cases.

After dilatation with sea-tangle tents, some slight amount of thickening was discovered in the left lateral corporeal wall, and also a granular con-

dition of the mucous membrane. We concluded to continue intra-uterine medication, and many applications (through glass canulas) of nitric acid were made to the diseased surface, with the effect of subduing the discharge, for nine weeks, when in consequence of recurrence of hemorrhage, I was again called in and now found our patient much exhausted. The doctor had arrested the bleeding by the tampon. The following day we withdrew it, and examined per speculum—found hyperplasia of cervix much increased, especially the anterior lip; this we punctured freely, as well as incising a portion of the cervix, hoping this might prove sufficient to break the neck of the malady. The patient improved and went on well for another period of eight weeks, when hemorrhage again set in. Considering that hitherto the hypertrophied parts had not been sufficiently incised, the canal was again well dilated, and a long narrow bistoury passed far enough through the inner os to reach the tumoid part of the uterine wall, which was now carefully incised, and the cervix divided on both sides. The acid was freely applied, the vagina securely plugged with cotton-wool, and the usual opiate administered. The patient remained for a week very low and feeble, but at length she satisfactorily recruited, and is now quite hearty and vigorous.

REMARKS.—With some of our modern gynecologists, it is quite the fashion (for even gynecology has its fashions) to ascribe the existence of hyperplasia almost solely to imperfect uterine involution, yet it is well known to practical men that there are many other morbid conditions of the uterus which may have the effect of producing hypernutrition of the parenchyma of the uterine walls. Even nulliparous women are not exempt from the disease—with them it is not unfrequently caused by excessive sexual indulgence.

Again, it is too much the fashion to fix hyperplasia in the connective tissue, as it is yet unexplained why that structure should be more prone to overgrowth than the muscular. It is also the fashion of a few modern writers, to assert that such is the overgrowth of the aforesaid connective tissue, that in some cases the muscular is quite pressed out of existence. Now it has been for some time well known by pathologists as well as by many reliable practitioners, who have had opportunities of making microscopical and searching examina-

tions of these diseased structures,—in many cases, that both tissues are about equally increased in volume, that on the whole the overgrowth of the connective prevails over the muscular, in a few cases only.

The disease may extend from the fundus down to the labial end of the cervix, indeed the cervix is occasionally so much tumefied as well as elongated, as to mechanically interfere with defecation. The os tincæ may even be forced down to the pendulum. In those cases of hypertrophy, or rather hyperplasia in which there are frequent hemorrhages, it is supposed by some gynecologists—and with a fair show of reason, that the muscular element prevails in amount, and that it not only gives rise to leucorrhœa, dysmenorrhœa, excessive menstruation, but also to frequent attacks of interperiodic hemorrhage, and that this miserable condition, unless checked by active measures, may last for months or even years, producing results similar to and almost as disastrous as, the existence of interstitial or submucous fibroid. As the disorder proceeds, the mucous membrane of the uterine cavity becomes granular, and sometimes, though rarely, studded with small vascular fungi; these occurring in the cervix occasionally protrude through the os into the vagina. To practitioners accustomed to the use of the sound, a careful examination of the uterine cavity will generally reveal the nature of the disease. Should any doubt exist, and the cervix be not too dense and tumefied to admit of dilatation by tents, the uterus may be drawn down low enough for a more thorough search, and when hyperplasia, (*id est* non-capsulated fibrous growth of the parenchyma) exists, from its smooth and slightly bulging surface, the surgeon with his well educated finger will be enabled to distinguish it from the regularly defined and capsulated form of the disorder, commonly understood as uterine fibrous tumor.

I think there is sufficient reason to suppose that hyperplasia and uterine fibrous tumor are only two varieties of one and the same disease; their elementary composition is the same, their sequences are similar, and they are alike amenable to the same plan of treatment. In severe cases of the hyperplastic form of the disorder, scarification, puncture, and even incision of the tumoid walls of the cavity, with division of the cervix, may be necessary, after the manner of Baker Brown. It

may be worthy of remark that the method of this justly celebrated surgeon, differs but little from that of the Hakins of India, who for many centuries have used means not very dissimilar, for the dispersion of tumors and swellings in all parts of the body. In addition to the above named surgical measures, the free application of escharotics, will prove the most reliable means at our disposal, and will, in the majority of these tedious cases, effect the much desired cure.

Correspondence.

To the Editor of the CANADA LANCET.

SIR:—The Ontario Medical Profession have with commendable zeal attempted to purge their ranks of quacks and imposters, but in their efforts to do good they have overleaped the bounds of propriety and common sense, and are about to make the "Ontario Medical Council" an engine of self-destruction.

I see by a late number of the *Canada Lancel*, that the Council has imposed a tax of \$400 on all persons who may wish to practice medicine and surgery within the bounds of Ontario. This simply amounts to prohibition, and if the Council attempts to carry out this enormous charge, it will be a tacit acknowledgement that it is incompetent to perform the duties that were expected from this important body of medical men.

It is useless for the Council to attempt to build a Chinese wall around the Province of Ontario, and defy communication with the outer world. I look upon the medical profession of the Dominion of Canada as a body of intelligent men, ever ready to discharge their duties in all that tends to elevate our noble profession, and I cannot believe that this step towards "trades-unionism" will be sanctioned by the majority of the Canadian medical profession. As a resident at the time, of one of the Maritime Provinces, I took an active part through the press and otherwise, in advocating the Confederation of the Provinces. I was also a member of the Medical Convention that met in Halifax, Nova Scotia, in 1867, for the purpose of sending delegates to the "Dominion Medical Association" that met in Quebec, and in consequence of great agitation in regard to the "Confederation Act," I was not surprised to find a spirit of isolation manifested at that time; but at

this late date, why does a Medical Council in one of the Provinces arrogate to itself the propriety of preventing all legal and regularly qualified medical practitioners or British graduates from practising in Ontario unless the sum of \$400 be paid to the Registrar? Perhaps this most learned, wise and ancient Council has set itself up as a "Medical Baal" before whom all of the disciples of Esculapius in other countries must bend the knee and pay tribute. I think in this enlightened age that it is well enough for the Medical Council in each Province to establish a reasonable curriculum and standard of education, so that the science of medicine may be advanced and the dignity of our profession upheld, but to place legally and regularly qualified practitioners and British graduates on a par with ignorant old "midwives, quacks, and charlatans." is a step in the wrong direction. Time is only wanted to consign all such "old fogy" notions to "the tomb of all the Capulets."

Yours truly,

R. RANDOLPH STEVENSON, M.D.
Prince Edward Co., Va., July 8th, 1879.

DIGITALIS COMBINATION IN PUERPERAL AND SCARLET FEVER

To the Editor of the CANADA LANCET.

SIR,—I herewith enclose for publication a letter received from Dr. Wood, of Faribault, Minn., of June 25th, 1879, on the utility of the digitalis combination in puerperal and scarlet fever.

Yours truly,

WM. KERR.

Galt, July 15, 1879.

He says:—My partner and myself have succeeded in saving *all* of our puerperal fever patients since we began using your medicine, except one in a dying condition when first visited. We have administered it in six cases besides the three reported by me in the *Edin. Med. Journal* in 1877,* and in each case the relief was quick and sure. Three of them had been given up by their medical attendants. I honestly think that it *can save every case of puerperal fever*, and that every medical man ought to use it. I have advised a number of my western brethren to prescribe it, and they have done so with perfect satisfaction.

* Republished in the CANADA LANCET, July, 1878.

You asked the effect of the medicine in scarlatina I give one instance; a girl eight years old, ill eight days, attended by two medical men, comatose, picking the bedclothes, subsultus, dry cracked tongue, pulse 140—small and intermitting, œdema of legs, badly ulcerated throat, scanty urine. We gave three grains of Dr. Kerr's digitalis combination every hour; in twelve hours she was better, and four visits comprised our attendance. She had a nice recovery, with only very slight albuminuria.

Many thanks for knowledge of the medicine which has enabled me to save valuable lives, and best wishes for continued and deserved success. †

To the Editor of the CANADA LANCET.

SIR,—I was much pleased with your comments in the June number of the *Lancet*, in regard to the late meeting of the Ontario Medical Council. Your remarks thereon are the reflex of the sentiments of the profession in the country, so far as I have been able to ascertain. In regard to the position of Dr. Aikins as treasurer of the Council, it is much to be regretted for his own sake that he should allow himself to be made the subject of adverse criticism by adhering so tenaciously to the paltry office of treasurer, the fees of which are not more than \$150 or \$200 per annum, as he is by no means needy. It is manifestly unjust to the other schools of the Province that he should hold the office, as it undoubtedly gives him an opportunity of "unduly influencing" young students, especially at the commencement of their course, in the selection of the school in which they are to prosecute their medical studies. It is very easy for him to say to the intending matriculant who appears before him, or with whom he corresponds, that he would be happy to see him when he comes to Toronto to attend college, or "call upon me when you arrive and I will be happy to give you any assistance you may require." A little kindness to an entire stranger, goes a long way with some, and I have no doubt that many who had not fully made up their minds where they should go, have been induced to attend Dr. Aikin's school by just such means. Dr. Aikin's explanation to the council was

† The composition of this medicine was first given in the *Montreal Medical Chronicle*, 1858, subsequently in the *Edinburgh Medical Journal*, 1865, and in several numbers of this Journal, commencing with that for August, 1873.—ED.

most damaging to himself, and I am surprised that his statements should have passed unchallenged. If he is correctly reported he said that he had only received fees from *three* students. If so, who transacted with the students? Was it his son, or was it some obsequious member of the Faculty of his school? The council had a right to ask these questions and demand an answer. In the last number of the *Toronto School Journal* I observe that it claims that Dr. Berryman's motion "that no permanent officer of the Council should be connected with any of the schools," was voted down by an "overwhelming majority." On reference to the proceedings, I find that the vote stood 7 for to 11 against the motion, and I fail to see where the "overwhelming" comes in.

Yours, &c.,

July 10th, '79.

JUSTICE.

MEDICAL ETHICS.

To the Editor of the CANADA LANCET

SIR,—Supposing that a fellow-practitioner is in the habit of dressing sound limbs as fractured ones, and that I am absolutely certain that he has done so more than once, would I be justified in exposing his imposition and quackery, and by so doing would I be committing a breach of gentlemanly conduct, or violating the rules of medical etiquette? By giving your opinion in the next issue of your valuable Journal, you will oblige

Yours respectfully,

WILLIAM GRAHAM.

Brussels, July 9th, 1879.

[One is always justified in exposing wilful wrongdoing, no matter by whom, or under what circumstances, but care must be exercised in distinguishing between chicanery of the kind here referred to, and error of judgment in diagnosis.—[ED. LANCET.]

NEWSPAPER ADVERTISING.

To the Editor of the CANADA LANCET.

SIR,—I desire to correct an error which has occurred in the last issue of your valuable Journal in reference to a statement in an article copied from the *Huron Expositor*, in which it is asserted that the operation of tracheotomy performed by Dr.

Vercoe of Seaforth, was the first of the kind performed in this section of the country. Dr. Worthington deserves the credit of performing it successfully previous to the one performed by Dr. Vercoe—though he did not publish it in any of the local papers by way of advertising himself. Dr. Hurlburt of Brucefield also performed it successfully, and I understand that Dr. Graham of Brussels likewise operated with a good result—though *unfortunately* neither of these gentlemen *advertised* their operations through the columns of the local press. We have heard it reported that medical men in other parts of the country, such as Goderich, Wingham and Exeter have also performed the operation. Hoping you will correct the error in question and give “honor to whom honor is due.”

I remain yours etc.,

TRUTH.

July 15, '79

Selected Articles.

PLACENTA PRÆVIA; POST-PARTUM HEMORRHAGE; AND ACCIDENTAL HEMORRHAGE.

CLINIC BY ELLERSLIE WALLACE, M.D., PHILA.

Placenta Prævia.—This is the name bestowed upon the position occasionally occupied by the placenta, *i.e.*, when it lies over the internal os uteri, so presenting a bar to the onward progress of the child and necessitating the occurrence of more or less hemorrhage when the woman goes into labor. As the internal mouth of the womb begins to dilate it tears itself away from the lower segment of the placenta and the blood of the mother flows.

As early as the middle of the sixth, or beginning of the seventh month, an abnormal discharge of blood may occur from the womb, but usually the woman pays no attention to this, or if she is overtimid she may perhaps send for you. When you arrive she tells you that she has had a show.

In such an instance as this do not proceed at once to make a vaginal examination, but if the bleeding still continues put the patient to bed and keep her quiet, administering from gr. $\frac{1}{2}$ to gr. $\frac{2}{3}$ of opium and grs. ij.—ij. of sugar of lead in f. $\bar{3}$ ss. of the infusion of roses, if it be found necessary. We do not know why hemorrhage should occur at such an early stage. As a general rule in such cases all you have to do is to keep the patient quiet and bide your time.

Three or four of these shows may occur, and you

may have but slight trouble in stopping them until the neck of the womb begins to dilate in earnest, and in so doing tears the placenta loose from the uterine sinuses. In such instances, although the os uteri is but ever so little open, the hemorrhage is likely to be free.

If this severe bleeding persists, and the woman's condition becomes serious, proceed at once to make a vaginal examination. Pass the finger into the vagina. The external os uteri may or may not be taken up. However that is, you will at any rate find that the neck of the womb has softened, and you will be able to feel the placenta presenting at the inner mouth, and imparting to the fingers the sensation of a piece of raw beef.

When the os uteri is no larger open than the size of your thumb, the blood will pour out and the woman will die in a few moments unless she is properly attended to. If you can get the child out of the womb, and give it room to contract fully, all the danger is over. But how is this to be done?

You not only feel the placenta presenting, but you also see that it is bleeding profusely. How is this hemorrhage to be stopped?

One says, introduce the finger into the uterus and separate the placenta from all of its uterine attachments. In the first place your finger is not long enough to do the work, and if it were long enough the woman would bleed to death before the placenta was half removed. I cannot imagine why so great a man as Simpson should give such advice as this.

Another says, tear away an edge of the placenta and deliver the child. If you do this you will most certainly deliver a dead child, for the hemorrhage caused by so extensive a laceration of the placenta is sure to kill the child.

I might argue for some time and with much force upon the various methods of treatment which have been proposed, were it not that I believe them all to be utterly futile and of no service. To my mind the question lies in a nutshell. We know that if we cork a bottle and turn it upside down, after filling it with water, that the water cannot escape. Upon this same principle, by corking the vagina we can stop the flow of blood and keep it within the woman's body.

My explicit advice to you in cases of placenta prævia is to tampon the vagina with sponge tents at once. If you cannot procure sponge tents, pack the vagina and mouth of the womb with bits of sponge or rags.

Well, we will imagine that you have been called to see the case in good season, and that you have stopped the rush of blood by stuffing the vagina full of sponges, or sponge tents, or bits of rags, or what-not. What are you to do then? Put on a T bandage and sit down and await developments.

Some say that this is all wrong; that if you do

this the blood will still well away and dissect the placenta loose, and so allow internal hemorrhage, a much more dangerous form of hemorrhage than that which take place openly. Do not believe it. You will find it troublesome enough to tear away a placenta from its uterine attachments with your hand; how impossible then must it be for any force of mere blood to dissect it away. The placental adhesions are very tough and strong.

Therefore I say plug up the vagina thoroughly and sit down and rest yourself, and send for a friend to share the burden of responsibility with you; or, if you are thrown entirely upon your own resources, plug the vagina and sit down and wait until you see fit to remove the plug, so as to examine if the mouth of the womb has dilated sufficiently to enable you to insert your hand into the uterus and break up the remaining placental adhesions and turn the child and deliver it.

When are you to know that this time has come? When the tampon begins to protrude from the vulva, and when it cannot be pushed back though much force be expended.

I remember a case which I saw in consultation with a friend, where, after waiting for a long while, we found the os uteri only about two and a half inches open. I passed my hand in and detached a small arc of the placenta and delivered the child in such a short space of time that the whole amount of blood lost was only four ounces and a half.

Some physicians prefer to use a Barnes' dilator instead of sponge tents, but we do not all carry Barnes' dilators about with us. A Barnes' dilator filled with air forms a most excellent plug for the vagina.

But you are still sitting beside your patient and waiting for some bearing down pains. Explain her condition to her family, but do not think of saying a word to her about it. Speaking of bearing down pains, the mere presence of the plug in the vagina will very often excite them. The presence of a great mass of sponge, or rags, or bits of handkerchiefs, or what-not in the vagina will produce rebellion of the womb and the woman will at once bear down.

Make it a point never to leave the house of a woman with placenta prævia until either all the danger is over, or at least until you can get some other competent and trustworthy physician to take your place. And follow in every case the rule which I have already laid down for you—*never remove the plug even for an instant, until it begins to protrude*. So long as the vagina is well guarded by tampons the woman is safe; even if you have to sit at her bed-side twenty hours waiting for developments.

Bitter hours these will be to those of you who may be forced to live them out. No man need want to attend a case of placenta prævia—ten times worse than puerperal convulsions is it.

Never wait longer than ten hours before changing the tampon, taking out the old sponges soaked with blood and serum and placing new ones in their stead. Always make it a practice to carry a supply of sponges about with you in your country practice.

Why is it not proper to leave one set of sponges in the vagina more than ten hours? Simply because they become frightfully offensive and are liable to poison the woman's system. Before removing the old sponges have the new ones well greased and roll several of them up together.

Delivery must be made with great deftness and wonderful activity in these cases. Grease the hand well, pass it well into the uterus, forearm and wrist acting as tampons, separate as much of the placenta as is necessary, the least the better. Put your whole hand into the womb and turn the child. You can not turn a child under such circumstances with two fingers. Get above the placenta and feel round until you get hold of both legs, and moving as rapidly as may be without unduly exciting the uterine contractions, turn the child and bring it down feet foremost. *Hurry the labor for the sake of both mother and child. Deliver just as fast as you can without undue haste.*

The minute the child is born go right up into the womb and clear the placenta away and make the uterus contract by some of the means at your command. The placenta delivered, twist the membranes up into a rope, so as to be sure that you have left nothing behind. Then put on a bandage round the patient's abdomen, and go! *ome and thank God that you have saved the mother's life if not the child's.*

Remember what I have said to you. In placenta prævia the rule is tampon the vagina and mouth of the uterus immediately with big pieces of—well, of whatever is handy. Afterwards, while you are at work separating the placenta and feeling about for the child, get some one to push the womb well down from above, and always give a dose of ergot the moment you get hold of the child's legs. The lower part of the womb does not have half so much contracting to do as the upper after the placenta is separated. Be sure to secure complete contraction, otherwise you will have very serious leakage of blood.

If you tampon the vagina in post-partum hemorrhage the woman will die by internal hemorrhage after delivery. Never tampon except in a little bit of an abortion. Why, gentlemen, the womb, when relaxed, will hold a dozen pints of blood or more, and what woman can lose that quantity of blood in addition to the hemorrhage attending labor and live? The contracted fibres of the uterus, unless they be like steel, cannot resist the welling blood.

There is another form of hemorrhage occurring before labor and known as accidental hemorrhage.

This comes from the membranes inside of the womb. You put your finger into the vagina and find the mouth of the womb but ever so slightly open, and yet a stream of blood is slowly trickling down and out. What has happened here? The placenta is not presenting at the mouth. Why is there bleeding?

The carriage-wheel falls suddenly into a deep rut while the woman is driving or she slips off the step of the carriage, or a load jumps out into her path, and causes a sudden shock to the nervous system and she bleeds. What has caused the bleeding? The jerk in one case, the mental shock in the other, has concussed the great system of nerves which preside over uterine action, and owing to a sudden irregular contraction of the uterus the placenta has become separated at some point, and from all the torn uterine sinuses the blood flows and runs down between the uterus and its membranes and so out by the vagina. This is what is called accidental hemorrhage, and you cannot put the placenta back and restore the continuity of its blood supply. What are you going to do? Why, if Mahomet will not go to the mountain, the mountain must be brought to Mahomet. If the bleeding is not stopped the woman will undoubtedly die, and if you tampon the vagina, the blood still continuing to flow from the open sinuses and corked up into the womb, will cause internal hemorrhage without any sign. You must make the womb come to the placenta, as the placenta cannot be made to go to the womb. You must rupture the membranes and so cause the womb to contract and settle down upon the placenta. The uterus, emptied of the amniotic fluid, will cling close to the body of the child, adapting itself to the foetal contour, and will bring the placenta down on the top of the child, and so compress it, and put an immediate stop to the hemorrhage.

In placenta prævia p us the vagina ; in post-partum hemorrhage make the womb contract ; in accidental hemorrhage rupture the membranes.—Hosp. Gazette.

BILIARY CALCULUS REMOVED BY OPERATION FROM THE GALL-BLADDER.—Mr. Bryant read notes of this case at the Clinical Society, London (*Brit. Med. Four.*) The patient was a single woman, aged 53, who was admitted into Guy's Hospital, under Mr. Bryant's care, in July, 1878, with two discharging sinuses of three years' standing, following an abscess, which had been previously forming for two. At first, the sinus was laid open, and pus alone escaped; but subsequently, as bile flowed in quantities from the wound, an exploratory operation was performed, and, at a depth of two inches, a biliary calculus, one inch long, turned out of the gall-bladder. Everything went on well after the operation; and although bile continued

to escape from the wound for about two weeks, the parts quite healed in about four months, and the patient left the hospital cured. The author brought the case before the Society as an encouragement to surgeons to apply their art in like or allied cases, for he was well prepared to support the suggestion of Dr. Thudichum, made twenty years ago, "that gall-stones might be removed from the gall-bladder through the abdominal walls"; and he pointed out that, under certain circumstances, the operation was justifiable when the sinuses by their presence were setting up inflammatory and suppurative changes about the gall-bladder, without any obstruction to the bile-ducts, as well as in that more serious class of cases in which the cystic or common bile-duct was obstructed, and dropsy of the gall-bladder, with jaundice, complicated the case, as shown by the cases of Dr. M. Sims and Mr. G. Brown. Mr. Hulke said there was no shadow of doubt as to the propriety of the treatment in Mr. Bryant's case. He simply rose to say that the whole question had been exhaustively treated in an early number of the *Mémoires de Chirurgie* of about the year 1706. In a case there discussed, the stone was withdrawn by the forceps, and the author drew an analogy between it and the operation of lithotomy.

THE VARIOUS APPLICATIONS OF CALCIUM PHOSPHATE IN MEDICINE.—The works of M. Dusart have contributed largely to the spread of the use of phosphate of lime for therapeutic purposes. The importance of this substance is shown by the fact that phosphate of lime is in largest proportion in those animals whose activity is greatest, and whose temperature is highest. Phosphate of lime administered in an insoluble state passes along the alimentary tract, and is for the most part ejected with the feces without causing any marked change in the animal economy. An entirely different action takes place, however, when the phosphate is dissolved in lactic acid. Under the form of lacto-phosphate, it stimulates the function of nutrition, whether in the adult or in the infant. In the latter under the influence of this substance the weight of the body undergoes a regular and progressive increase. Whilst exercising this general recouping influence, lacto-phosphate of lime exerts a special effect upon the osseous system, in which it causes an increase of hardness, or in cases of fracture, consolidation. This double action is the basis for the therapeutic applications of lacto-phosphate of lime. In rickets, M. Dusart finds that in every case in which the diet, though sufficient in quantity, was unsuited to the digestive organs, the addition of lacto-phosphate of lime caused rapid improvement. Very interesting observations upon this subject have been collected in the large hospitals of Paris. In wounds and fractures as in the preceding case lacto-phosphate of lime acts by its

invigorating power and by its special action upon osseous tissue, to which it carries the calcareous salt or reparative material. Its employment is chiefly indicated according to Dr. Paquet in those cases in which there exist deeply-seated disturbances of the functions of nutrition. The result, which is all but constant, to be obtained from this method of treatment is a marked diminution in the usual length of the period of consolidation. Easy pregnancy, constant appetite, a well developed and vigorous child, a rich milk and abundant supply, are the results obtained by M. Dusart from the employment of lacto-phosphate of lime by the mother. Given to the child it keeps up its appetite, favors nutrition, and thus preserves the infant from most of the ailments which are peculiar to the first period of life. In typhoid fever and its convalescent period, in albuminuria, phthisis, diphtheria, etc., the invigorating properties of lacto-phosphate of lime may be used with advantage.—*Gazette Médicale de Paris, March 11th, 1879.*

PIGMENTATION OF THE FACE IN ABDOMINAL TUBERCULOSIS AND OTHER CHRONIC ABDOMINAL AFFECTIONS.—Dr. N. Gueneau de Mussy (*Revue Médicale*, February, 1879) says that, twenty years ago, in a work on the cause and treatment of phthisis, he pointed out the coexistence of pigmentary patches on the face with abdominal tubercle. Since then, the two conditions have been so constantly associated, that he now regards the one as a sign of the other. Tubercular disease of the abdominal viscera is usually indicated by functional troubles which deprive the pigmentation of any diagnostic importance, but not always; and this pigmentation may become of value. It forms bronzed patches, which usually commence in the temporal fossa, and then spread over the forehead, where they may cover the greater part, or lose themselves in a diffused coloration, like that of mulattoes. Sometimes they invade other parts—the nose or the malar region; and they may even appear on other parts of the body, particularly the backs of the hands, and are sometimes so extensive as to constitute a species of Addison's disease. Pigmentation is found in other abdominal affections besides tuberculosis. Dr. Gueneau de Mussy has met with it in four cases of cirrhosis with ascites, and in a case of cancer of the stomach; it is present also in the well-known pigmentation of pregnant women, and may last several months after confinement should anything interfere with restoration to health. It is to be distinguished, however, though often coupled with it, from the greenish-yellow tint not uncommon in abdominal phthisis, and which appears to be associated with fatty degeneration of the liver; and if by its objective character this pigmentation put on the aspect of the melanoderma described by Addison—if in some cases, by its extent, it take this disease as its

model, and appears in, indeed, an early stage—it may well be asked if it have not some pathogenic connections with Addison's disease, if it do not own the same cause, acting with less energy. Dr. Gueneau de Mussy there passes in quick review the causes of Addison's disease, and concludes that all excess of pigment is developed under the same pathogenic condition: and this is a lesion or irritation of the nervous threads which form part of the suprarenal capsules, and form plexuses in their vicinity. All irritation or lesions of these nerves, in whatever part of the abdomen they commence, will end in the same result. Clinical observation is in accord with this induction. It has been seen that the most different affections situated in all parts of the abdomen are associated with the melanoderma of Addison's disease, or with the partial pigmentation now more particularly in question. And an irritation which is physiological and not habitual, such as that which results from enlargement and congestion of the uterus in gestation, produces the same effect, and explains the formation of the pigmentary mass which is characteristic of the pregnant state.—*Brit. Med. Four.*

NITRITE OF AMYL IN SUSPENDED ANIMATION.—The nitrite of amyl being a powerful agent in quickening the heart-beat, a few drops of this drug have a powerful influence in restoring the functions of the heart in cases of drowning, hanging, or fainting. It is suggested, therefore, that it should always be used whenever attempts are being made to restore to life an individual apparently dead, or when it is desirable to settle the question whether a person is really dead or not. The dreadful thought of being buried alive has haunted the human race since its earliest days, and the discovery of some means by which this risk could be, if not evaded, at least greatly diminished, would prove an ineffable boon to mankind. Dr. T. Lauder Brunton, to whom we have referred this suggestion, considers it to be a good one. He adds that in ascertaining death the nitrite of amyl might be used along with the cord-test, of tying a cord round the finger. If the circulation have entirely stopped, the part beyond the ligature never becomes any thicker; but if the circulation continue, however slowly, the finger-tip beyond the ligature will sooner or later begin to swell.—*Brit. Med. Four.*

CHLORAL AS AN ANTIDOTE.—Prof. Husemann, of Göttingen, has been engaged in a long series of observations on the antagonistic and antidotal actions of drugs, and some of his investigations which relate especially to chloral are described in a recent number of the *Archiv für Exper. Pathologie*. Of these the following is a summary. Chloral hydrate is known to act as an antidote to strychnine, lessening the spasm, and even preventing

death. It has a similar action in the case of the mixture of strychnine bases sold under the name of brucin, and also against the opium alkaloid thebaia, which simultaneously tetanizes and lessens sensibility. The spasms produced by chloride of ammonium diminish under the employment of non-fatal doses of chloral hydrate, and can indeed be completely stopped. Nevertheless death occurs, probably from the paralyzing effect of both substances on the respiratory centre. The antidotal effect of chloral on the action of the poisons which cause convulsions by their action on the brain is not the same for all these substances. The quantity of the poison which can be counteracted by the antidote appears to be considerably greater in the case of picrotoxin than in the case of codeia. Of the latter, indeed, the fatal dose, and even a quantity half as much greater, can be rendered harmless, but twice the fatal dose cannot be counteracted, and is still fatal. Calabarin is counteracted by chloral hydrate in about the same degree as codeia. The symptoms produced in rabbits by poisoning with baryta are not materially altered by the action of chloral, which does not appear to prolong life. So also with carbolic acid: the spasms produced by it are not arrested by chloral, and the minimum dose fatal to rabbits still produces death. The combination of a fatal dose of carbolic acid with a non-fatal dose of chloral hydrate causes in rabbits a remarkable fall of temperature, which is not produced by the action of these alone. As a rule, when chloral antagonizes the action of these cerebral poisons, the respiration sinks in frequency much more than in the case of the analogous action of chloral on the tetanizing poison. The depression of temperature caused by the chloral is almost independent of any peripheral loss of heat. The elevation of temperature due to division of the spinal cord is hindered by chloral hydrate. The depressing action of thebaia and codeia on the cerebrum, which is distinctly perceptible in many animals in addition to their action in causing spasm, is the chief effect recognizable in man. On the one hand, thebaia has a distinct action in lessening pain; and on the other, in human poisonings with this opium alkaloid, chloral hydrate is of little use, and in the case of poisoning by codeia, on account of the collapse which is produced, it is positively injurious.—*Lancet*.

THE ADIRONDACK REGION FOR PHTHISIS.—Dr. A. L. Loomis (*Med. Record*, April 26th, 1879) speaks very highly of the Adirondack region as a resort for those suffering from phthisis. This region is that portion of New York north of the Mohawk and west of the Champlain Valley, and extends about 150 miles northward and 100 miles westward. It is an undulating or hilly country, of porous soil, and covered with lakes and forests—

pine and hemlock, etc. It has an elevation from 1,500 feet to 2,000 feet above the level of the sea. As might be expected, in such a latitude the winters are very cold, but not changeable, and the summers short and not very hot—the thermometer seldom or never reaching 90° Fahr. The air is clear, bracing, and loaded with soothing fragrance from the extensive balsamiferous forests. The doctor reports several very bad cases, some of which had become worse in Minnesota, at the South and at other favorite resorts, but received very favorable results from a summer sojourn in the Adirondacks. The best results were obtained by those who remained the longest—several years, both winter and summer. Some by camping out during the summer gained much in weight and appearance, and recovered almost entirely from cough, as well as night sweats and fever, but by returning to the City of New York soon again began to manifest their former unfavorable symptoms. A return to their forest homes in the Adirondacks in most cases was followed by the most gratifying results. It would seem from Dr. Loomis' report, that our Eastern brethren, like ordinary mortals, have been searching this earth from shore to shore for a region where the dreaded disease, phthisis, may be controlled, while the enchanted land, with its towering pines, has laid for ages beneath their gaze unobserved.—*Mich. Med. News*.

THE TIME FOR BEGINNING THE CONSTITUTIONAL TREATMENT OF SYPHILIS.—(*Wiener Med. Wochenschrift*, No. 10, 1879,—*Beliner Klin. Wochenschrift*, March 24, 1878,—*Cincinnati Lancet and Clinic*, April 25, 1879). It is Von Sigmund's opinion, the result of extensive experience, that the secondary period of the disease is the proper time to commence general medication; even at this stage he saw no necessity for haste, unless several systems or organs were affected, or the disease was of a very severe type, or in case the general physical condition of the patient appeared to suffer. When of the lighter grade and confined to single organs, ordinary local treatment will usually suffice, even in the secondary stage. Abundant experience had satisfied him that anti-syphilitic general treatment during the primary stage exerted no influence upon its course, except in some cases the debilitating course of treatment postponed a cure. Of those treated simply locally at the outset, a large proportion—almost forty per cent. of all infected—presented very slight secondary symptoms, sometimes scarcely noticeable by the patients themselves. In the milder class of these secondary manifestations, complete and permanent cure very often followed simple local means. On the other hand, experience has also shown that a general treatment, begun late in the secondary period, is followed by more rapid and permanent results than if undertaken at an earlier

date. In his concluding remarks he insists upon the importance in each stage of the disease, of careful attention to the hygienic and dietetic conditions and of prompt treatment of all complicating constitutional diseases.

SUBSTITUTE FOR COD-LIVER OIL.—Dr. Emmet, in his work on gynecology, gives the following directions for preparing pork for invalids: "I direct a thick portion of a rib piece, free from lean, to be selected and allowed to remain in soak for thirty-six hours before being boiled, the water being frequently changed to get rid of the salt. It should be boiled slowly, and thoroughly cooked, and while boiling, the water must be changed several times by pouring it off, and fresh water nearly boiling substituted. It is to be eaten cold in the form of a sandwich made from stale bread, and both should be cut as thin as possible. It is very nutritious, but it should only be given in small quantities until a taste for it has been acquired. It is the most concentrated form in which food can be taken in the same bulk, and I have frequently seen it retained when the stomach was so irritable that other substances would be rejected. For this condition of the stomach it may be rubbed up thoroughly in a porcelain mortar and then given in minute quantities at a time."

TREATMENT OF WHOOPING-COUGH.—Pertussis is one of the common epidemic diseases that rarely occurs twice in the same person. It is a specific catarrh and should be treated with just as much promptness and care as any other form of bronchitis. That the disease runs a definite course, with a natural tendency to recover, is not questioned. That most all acute inflammations pass through equally well marked stages no one doubts. That if it is rational to treat pneumonia, the same reasons demand that whooping-cough shall be treated.

The first stage is that of congestion with dry, irritative cough; the second stage is that of mucous secretion, in abnormal quantities, and no acinous secretion (no chlorid^e of sodium to liquify the mucus), attended with prolonged efforts to expectorate.

In the first stage a purgative dose of calomel, followed by a full dose of quinine—enough to produce decided constitutional effect. Say ten grains to a child between two and six years of age. The local use of bromide of potassium, ten grains to an ounce of water, to be used in a spray for inhalation every two hours. This plan of treatment, with slight modifications to suit individual cases and complications, has proven as nearly specific as could be desired. A full report of the results of this general plan of treating pertussis will, at an early day, appear in the columns of the *Herald*. Enough has been done to demonstrate that the

disease is a specific catarrh, and that it may be successfully treated; not by any abortive measures, but by such means as naturally tend to hasten the various stages to a favorable termination, without the danger of capillary bronchitis and pneumonia.—*Med. Herald*.

NECROSIS WITHOUT SUPPURATION.—William Colles, M.D., in the *Dublin Journal of Medical Sciences* for December, 1878, reports the following case:

"F., aged 15, healthy, was thrown from a carriage and received some bruises on the face; also there was a slight transverse wound, about one-fourth of an inch, at the ulnar side of the left wrist close to the joint. Through this opening projected a small piece of very rough bone, which was considered to be the lower end of the ulna broken off and projecting. It could not be restored or retained in position. Two days later she was put under the influence of chloroform, but it was still found impossible to restore the natural form of the limb. It was therefore determined to remove the projecting piece. With this view the piece was caught in a forceps, and a director passed behind it. It was found that the latter instrument could be easily passed for a considerable distance in all directions without obstruction from ligamentous or other attachments. On bending the hand backwards, and pressing the director inwards, there slipped out a portion of bone two inches long. On examining the forearm, the bones seemed quite naturally in their position, but perhaps slightly larger than those of the opposite limb. On examining the bone extruded, it was much smaller than would be expected in a person of her age; it was quite devoid of periosteum; no cartilage or epiphysary end, but a small rough deposit of new bone; the upper end irregular, jagged, but in no part did it present any appearance of its having been acted on by living parts; and on section—which was difficult, from the dryness and friability of the bone—the medullary cavity was the same as in ordinary section of bones.

"On further inquiry it was found that about eight or ten years ago the patient fell and received what was called a sallyswitch fracture of both bones; this was treated by splints and rest; she recovered with perfect use of the limb, but there was a slight thickening of the bone.

"That this was a case of necrosis there can be no doubt; and if it was the result of injury, it must have been of only two days' duration, which is scarcely possible, for the bone to die, to lose its periosteum, cartilage, and epiphysary end, and for a new case to be formed around the dead bone. Hence it was more probably the result of the fracture received so many years ago."

OVARIOTOMY UNDER ADVERSE CIRCUMSTANCES.

—The *Louisville Med. News* says:—Ovariectomy has been reduced to such an exact science, and cases have recovered under circumstances so adverse, that reports of special cases have given way to statistical remarks upon lines of cure. In the *British Medical Journal* of May 24th. however, there is the report of a special case, which has no fellow that we know of in history, in which is described a successful ovariectomy by Mr. Spencer Wells, in which the patient was suffering at the time from suppurative peritonitis and pyæmic fever. The operation was rendered necessary by the bursting of a cyst into the peritoneal cavity.

CURE OF THE OPIUM HABIT.—The *Med. and Surg. Reporter* says:—Dr. O'good, of the Missionary Hospital at Foochow, has treated successfully several hundred cases of the opium habit by the following plan: 1. The total and absolute discontinuance of the opium from the beginning of treatment. 2. A trusty attendant to be with the patient day and night for the first three days. 3. Chloral hydrate for the first three nights, if required. 4. Good food, milk, raw eggs, brandy (in some cases), and chicken broth. (The above is taken in small quantities and frequently). 5. In diarrhœa, give two-drachm doses of a mixture of equal parts of tincture of catechu and tincture of ginger.

TREATMENT OF SCARLET FEVER.—The late Prof. George T. Elliot, of New York, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive state, and only the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged, great comfort is experienced. As a gargle make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc, are beneficial. As a palliative to the throat, the vapor from slacked lime can be recommended. Strong beef tea, with opium, may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarged and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show hyperæmia, desquamation, or transitory albuminuria, then there is a twofold danger. Al-

ways examine the urine when the patient has kidney disease; the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics.

To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but from experience they can not be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*New York Medical Record*.

PROPHYLACTIC TREATMENT OF POST PARTUM HEMORRHAGE.—Dr. John Kent Spender discusses this subject in a recent number of the *London Lancet*. He has examined all the literature of obstetric medicine at his disposal, including the first sixteen volumes of the *Obstetrical Transactions*, but finds no paper on the prophylaxis of flooding which treats of the treatment at the proper period of gestation. All discussion dwells on what should be done *during the progress of labor*, and Dr. Spender asks: "Is this then the whole problem? Is it not a mere fragment of a very wide problem, whose area is co extensive with the whole period of gestation and even beyond? If we expect a child-bearing patient to lose an unnatural quantity of blood during the third stage of her next labor, certainly it is a most narrow view to imagine that we are doing our whole duty to that patient in merely 'anticipating' hemorrhage when the early stages of labor are going on." "It is easy to lose ourselves in a dark thicket of words about 'debility,' 'want of tone,' and the like; but this is not science, nor can scientific knowledge be gained by any such means. Divesting ourselves of all obstetric speciality, we shall best approach the subject as the pure physician; and perhaps we shall find that a bleeding womb is only one weak member among many weak members, the vital resistance of which is weakened by deficient hæmatisation and imperfect formative power. The history of gestation may give rise to many medical accidents; the physiological experiment of pregnancy (as Dr. Barnes calls it) searches the body in every part, and tells in plain terms when blood is poor, nerves and nerve-centres are irritable, and excretory glands are blocked or damaged. But at the end of nine months there is one organ whose strength will be specially tested, and the enormous strain to which it is then submitted will prove or disprove its textural soundness, the integrity of its muscular fibres, and the elasticity of its blood vessels. And if this healthy balance be seriously disturbed, can we wonder at the phenomenon of post-partum hemorrhage?"—Dr. Spender believes, in the first place, that many cases of post-partum hemorrhage arise from an ill-nourished uterus. In many cases the uterus is starved because the body is; and nerves and muscles and bones waste because of

the long inability to take food in proper quantity and quality. The uterus is a bag of muscle like the heart, and is liable to some of the frailties and accidents which beset all organs constructed as receptive and expulsive cavities. If mere weakness can disturb the rhythmic action of the heart so as to produce palpitations and faintness, it is only according to analogy that a weak uterus should abort, or be flexed, or be unable to contract efficiently when the mature ovum has been expelled. Although no direct observations have been made, Dr. Spender thinks that menorrhagia in early life is often a prelude to post-partum hemorrhage afterwards.

To strengthen the muscular fibre of the uterus he advises that a relatively large quantity of meat (the special food of all muscular organs) should be eaten during gestation. The "positional treatment" should also be resorted to. The patient should lie down for three or four hours daily on a couch, the foot of which is raised a few inches, so as to lighten the arterial column flowing to the uterus, and proportionately to favor the return of venous blood from it. Static pressure being thus relieved, the uterine sinuses are not so liable to be distended, and passive congestion is retarded. Daily muscular exercise in the open air is also of vital consequence in helping the metamorphosis of tissue and the processes of excretion. As a special restorative medicine he has greatest confidence in the muriated tincture of iron, to be taken especially during the latter months of pregnancy. Where a tendency to post-partum hemorrhage has appeared, too frequent pregnancies must be guarded against in order to allow the uterus time to recuperate. Dr. Spender does not think that chloroform predisposes to post-partum hemorrhage. He regards the obstetric belt worn during the last two or three months of pregnancy as valuable in promoting tonicity of the distended uterus.—*Mich. Med. News.*

TWENTY-FIVE CASES OF SPLENOTOMY.—[We are indebted to Professor A. BARKAN, M.D., for the following translation from a paper on Laparo-splenotomy, recently published by Professor Czerny.—Ed. P. M. & C. JOURNAL.]

Professor Czerny, who succeeded the late Simon in the Chair of Surgery at the University of Heidelberg, and may be considered as one of the foremost of young German surgeons, has recently published a monograph on laparo-splenotomy, which contains the history of two cases operated on by himself, and some interesting remarks regarding the operation itself. Of twenty-five cases on record, six recovered (Zaccarelli, Ferrerius, Pean (2), Martin, Czerny). Speaking of the condition of the patients, whose state of health was shown for a long period after the successfully performed operations, Czerny remarks: "These cases again prove the well-known fact that man is able to live

without a spleen, without his functions undergoing an essential disturbance. The changes in the constitution of the blood are of such trifling nature, and soon pass away so completely, that they may be considered simply as caused by the operative proceeding. The passing swelling of the lymph glands does not seem either to be a constant sequel of excision of the spleen, nor is there a constant anomaly to be found as regards the digestion of the patients. Neither bread and butter nor potatoes agree with my patient, whilst to the second patient of Pean, meat is distasteful. His first patient, as well as Marin's case had normal digestion. If, then, the spleen possesses the great significance in the Pancreatic digestion, and Schiff supposes, it is replaced through supplemental organs, in a way similar to that in which the excluded stomachic digestion is supplanted in the living dog. A striking feature is the greatly excited nervous condition of these patients. As to the benefit conferred by the operation, there seems to be no doubt that in these four cases the trouble and dangers caused by the moveable or enlarged and painful spleen, have been lastingly removed.—*Pacific Med. & Surg. Journal.*

TREATMENT OF SEVERE BED-SORES.—Dr. Dyce Duckworth (*Archiv. Dermatology*) communicated to the Am. Derm. Ass. meeting of 1877, a short paper on this subject. He recommends that, in addition to the use of the water-bed, the patient should lie with the buttocks and sacrum constantly upon poultices. These should be made of linseed, and if there be much discharge or fœtor, the cataplasma carbonis should be used. They should be made of pure linseed and frequently changed. They must be large and secured in position by a binding sheet secured over the abdomen by safety-pins. The balsam of Peru should be added if there is deep excavation and sloughing.—*Am. Med. Bi-Weekly*

A CHEAP DISINFECTANT AND DEODORIZER.—Dissolve a drachm of lead nitrate in a pailful, and a drachm of common salt in a jugful of soft water and mix the two solutions. Soft water is essential, on account of preventing the formation of an insoluble carbonate of lime and lead. Dip rags into the solution, and hang them in the offensive room, or pour some of the mixture upon excrements, or down the privies or sinks. This is of ordinary strength, but the solution may be made stronger if desired. If carb. lead and lime form, pour off the clear liquid and use none of the sediment.

The Russian plague has been investigated by Prof. Hirsh. He says that the epidemic at Wetlyanka was really one of true plague. The mortality in Wetlyanka was about 80 per cent. It was suspected that the disease originated with the war in Asia.

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AGENTS.—DAWSON BROS., Montreal; J & A McMILLAN, St. John, N.B.; GRO STREET & CO., 30 Cornhill, London, Eng.; M. H. MAILLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, AUGUST 1, 1879.

MEDICAL AND LEGAL ASPECTS OF DIPSOMANIA.

The *Practitioner* for June, gives an able article on the above subject, by J. Kingston Barton, F.R.C.S., which, did our space permit, we should much desire to place before our readers, *in extenso*. We must, however, confine ourselves to a few important abstracts which appear to us worthy of the prudent consideration, alike of the medical profession, and of our legislative and administrative authorities.

On the *Etiology* of Dipsomania, the writer lays down the following definitive premises:

"Hereditary taint is, no doubt, the most important element. There are, however, two important kinds of hereditary taint:

1st. That dipsomania is a neurosis, and only a variety of insanity, other members of the same family being either insane, epileptic, eccentric, or hysterical; or some of the parents or grandparents being afflicted with one or other of the above neurotic afflictions.

2nd. That dipsomania as a neurosis, only arises from an acquired habit of the parent, that is to say, a man drinks hard either because he is fond of luxurious living, or from mere habit with his associates, and the result of this drinking is that his children have a strong tendency to become dipsomaniacs."

"Injuries to the head occasionally produce periodic dipsomania. It is often extremely difficult to say which is the real cause, as they react so much on one another. But one thing is evident, dipsomania is rare amongst the lower classes; it is a disease found almost entirely amongst the upper classes.

"Those who most often become dipsomaniacs,

either are themselves rich, or are thrown amongst those who have money, and live luxuriously. The army, and *club life*, are most dangerous schools for any one with a hereditary disposition to dipsomania, for liquor is the mainstay of idle men. The number of idlers always present at clubs speaks for itself."

The writer then draws comparison between the tendency to drink in the army and navy, and asserts that in the former, dipsomania is met with far more frequently than in the latter; and he assigns as the reason of this difference, indulgence in the army in champagne, whilst in the navy, wine drinking is less common; but he gives to the navy a larger credit for drunkenness, which he regards as quite distinct from dipsomania. The following statement might be regarded as almost an unquestionable moral axiom, and perhaps its actuality is but too certainly illustrated in our own profession:

"Idleness is the most important cause for inducing drinking habits, and consequently that is why members of the upper classes are frequently the subjects of dipsomania."

That idleness is the dire misfortune of a multitude of our young country, and too many city practitioners, is a fact painfully above controversy, and we cannot imagine any position in life more pitiable than that of a newly fledged physician, whose realm of literary or professional culture has been circumscribed by the bare attainment of so much proficiency as may have enabled him to screw himself through a final touch-and-go *pass* examination. Such a mental starveling has no resources within himself, or which he may fall for intellectual sustentation, in his clientless probation, and heaven knows, his surroundings, in some semi-barbarous hamlet, or near some cross-road tavern, are but too little calculated to inspire him with professional ambition, or to elevate his conceptions of self respect. What wonder then, that in too many instances, he is to be found seeking refuge from his mental misery, or perhaps his fiscal perplexities, in the bar-room, on the race-course, or, worst and last of all, at the gambling table.

Dr. Barton designates one of the forms of dipsomania as the *periodic*. In this form, the victim may put over four, or even eight months, in total abstinence from alcoholic liquor, "but the first taste of liquor after that abstinence would bring on an attack."

Nothing can be more true than this statement. We have known cases in which not the *taste* only, but the mere smell of alcoholic liquor has, after months,—nay, in one case, after over a year of rigid abstinence,—provoked indomitable relapse. We believe, that even in Canada, a few very *illustrious* examples of this fearful mania, (for a real mania it is), might be adduced.

Among Dr. Barton's observations relative to the treatment of dipsomaniacs, the following pungent enunciation of his estimation of the legislating capacity of lawyers, is as refreshing as it is pertinent: "As long as lawyers have the making of laws for the treatment of insanity, so long shall our laws be inadequate." And yet, what law has ever yet reached enactment in relation to insanity, or to any other moral evil, or physical affliction, which has escaped the tinkering interferences of these quacks? The sublime diagnostic autocracy displayed by this class, whether at the bar in prosecution or defence, or on the bench in sage exposition of a somatic malady, of whose protean character they have as little practical knowledge as a clod-hopper has of Newton's theory of optics, is one of the richest treats which an experienced alienist need desire. In no other department of mundane affairs can so convincing a proof be afforded of the fact, that the highest pretension to consummate knowledge of a subject, must be based on utter ignorance of all its actual phenomena; and it will be strange indeed, if an expert witness will escape the contumelious insinuation, that his long intimacy with mental dethronement has eventuated in his own mental eclipse. It might, to a sane man, appear rather absurd to be told that an anatomist, who has made the study and dissection of the body a life-work, or the physiologist, who has spent long years in experimentation of its functions, must know less of these sciences than the man who has never entered the dissecting room, or the laboratory; yet it is not a whit more declarative of stolid ignorance, than are the jeers and snobbish sneers to which an intelligent and honest medical witness may expect to be subjected in the box, or within its precincts.

But we have been tempted into a digression. In truth, to be just to Dr. Barton, his entire essay should be reproduced, which is outside the capacity of our pages. With one most significant practical passage, we must close our citations, and it is as follows:—

"If a man is found to be a confirmed dipsomaniac, and is constantly getting ill, and getting into all kinds of scrapes, the worst thing his friends can do, is to be constantly paying his debts and setting him straight again. It only encourages him to continue his practices, feeling that he will always be extricated by some one."

Dr. B.'s matured conviction is that this class of inebriates are incapable of self-control, and of self-reclamation, and that no maudlin, sentimental tenderness as to their personal liberty should deter communities or legislatures from dealing with them as their own best interests, and those of their dependent relatives, as well as the public weal, demand. We are entirely in accord with Dr. B. in this conviction, and we venture to say that it would be endorsed by the great majority of the medical profession.

PORNOGRAFIA DE BUENOS AYRES.

Under the above heading (which our Greek reading subscribers will readily interpret), Dr. Dupont has been contributing to the *Revista Medico-Quirurgica* of Buenos Ayres, a series of very instructive articles, with the view of demonstrating "the necessity of a Dispensary of Health, and a bureau of public morals (*costumbres*) for the regulation and repression of prostitution."

Dr. Dupont's arguments in this relation are chiefly drawn from official statements of similar establishments in Europe; and as we are not very clear in our impressions as to the actual *general* efficiency of the system, we prefer, for the present, to leave this part of his subject under deliberation.

We believe, however, that a perusal of some of the statistics cited by Dr. D., from a thesis by Dr. Fidanza on the prevalence of venereal diseases in Buenos Ayres, may be interesting to our readers, the majority of whom we are happy to think, have had but comparatively meagre opportunities of practical acquaintance with the ravages of this class of diseases.

In the general hospital of San Roque, from 1861 to 1870, inclusive (ten years), the admissions were, of men 29,684, and of women 7,704. Of the former, 6,497, or nearly 22 per cent., were cases of venereal disease, and of the latter, 362 were of the same form, or only 5 per cent.

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total admissions in three hospitals (San Roque, the French hospital and the English hospital) were 8,486 males and females (undistinguished). Of these 4,362 were venereal cases, or in the aggregate of male and female cases, 15 $\frac{3}{10}$ per cent.

Dr. Dupont, corroborated by Dr. Fidanza, estimates the number of venereal cases submitted to hospital treatment, as only equal to one-tenth of the whole number occurring in the city; and if his estimate be correct (and certainly Drs. D. and F. should be well able to form it), there must have been no less than 112,210 cases in the 15 years, 1861 to 1877 inclusive, or an average of 7,480 annually. This figure, for a city of some 300,000 men, women and children, is certainly rather threatening, and should be very admonitory to visitors. We have lately been informed by the highest episcopal authority of the church which represents over 90 per cent. of the population of Buenos Ayres, that the confessional is the surest safeguard of public and private morality. If this be true, the duty of confession must either be very much neglected in Buenos Ayres and throughout South America, (for venereal disease abounds in every portion of it), or its moral efficiency must be very slender. This, however, is not a question for medical jurisdiction, though it is one for serious consideration.

The deaths from constitutional syphilis, in Buenos Ayres, in hospital, in the 5 years, 1869-1873, were 301, or 60 per annum. This we venture to say is a very low estimate as regards the entire affected population. Dr. Fidanza tells us that among the lowest classes only a small proportion are treated by the regular medical profession. "Innumerable," he says, "are those among us who regard the disease with indifference the most criminal, that is, in the lowest classes, and who prefer the aid of ignorant charlatans to that of regular practitioners." We can easily comprehend the consequences of this indifference.

That only a fractional proportion of the number of female cases, as compared with those of males, comes under medical treatment, no one can doubt; and that the ravages of the neglected malady must be terrible among the women, is a fact duly established, though but in a minor degree, by the following figures. Of 6,497 male cases treated in San Roque, in 10 years, only 26 resulted in death, or about 4 per 1000; but of 362 female cases in

the same period, 36 ended fatally, or nearly 100 per 1000. This shows that women enter the hospital only after the disease has become far advanced. "This," as Dr. F. justly says, "indicates that during a long time these creatures have been affected, and may during the course of the disease have transmitted it to an immense number of individuals."

Jacob Faithful said very truly that "familiarity breeds contempt." Familiarity with venereal disease has, no doubt, done effectually its work of moral and physical degradation in the metropolis of the Argentine Republic. Dr. Dupont estimates the annual number of cases of syphilis in Buenos Ayres as at least 10,000.

The like proportion for the city of Toronto would give, say, 2,500 cases. We dare not venture to say how far this calculation exceeds the actual fact, but we would fondly hope our city, whether through the efficacy of a close and conscientious attention to confessional duty, or any and all other auxiliaries of sound morality, will long stand at a very remote distance in the statistics of venereal diseases, from the most important city of all the quondam provinces of His most Christian Majesty of orthodox Spain.

THE TORONTO SCHOOL "ORGAN" AND THE ONTARIO MEDICAL COUNCIL.

As was to have been expected the Toronto School "organ" in its July issue comes out in opposition to the proposed increase of territorial representatives, "believing that the Council is already too large and unwieldy." If it is too large and unwieldy now, what must it have been when the eclectic members were yct on the board? The real cause of this opposition however is not difficult to comprehend. The territorial members at the last meeting showed more than the usual amount of independence, and refused to be led by the nose at the instance of a few manipulators. The council has therefore suddenly become "unwieldy" and its proceedings have come in for an inordinate amount of contemptuous criticism, in the style peculiar to the "organ." So long as the council was obsequious and submitted to dictation, all was right, no praise too great; but the moment that body asserts itself, it becomes "unwieldy," and the dictionary of vituperation is exhausted; every

word indicative of contempt which can be thought of is used. It is now characterized by "puerility" "incapacity" and unseemly wrangling." Its proceedings are "simply disgusting;" "the log-rolling," "wire-pulling," "mutual recriminations incessantly indulged in," "rampant and running riot" fill one with "ineffable disgust." Even Dr. Daniel Clark, one of the organ's "model men" comes in for a share of abuse for his independence the organ grieving much that "our greatest are so small."

Of course the profession of Ontario can easily see where the opposition to increased territorial representation is coming from, and can give it whatever consideration its importance may seem to demand. We are quite willing to accord to the schools their just share in the management of affairs, but we still maintain that the interests of the profession are paramount, and the number and influence of the territorial members should be increased.

With reference to the treasurer Dr. Aikins, we totally deny that there was any attempt made by any member of the council to "aspersion that gentleman's character," all who spoke, bore ample testimony to the faithfulness with which he had discharged his duties as treasurer. The objections which were urged against "that gentleman's" holding the office, were such as would be taken against any other school-man occupying the position, and one which the "organ" would very soon raise a cry about, if it were held by a member of the faculty of any other school. Although Dr. Berryman's motion which affirmed that "no permanent officer of the council should be connected with any of the schools," was defeated by a small majority, the principle is a sound one, and sooner or later must and will prevail.

THE AMERICAN ACADEMY OF MEDICINE.—This association of physicians was organized September, 1876, at Philadelphia, during the sessions of the International Medical Congress. Dr. Traill Green, LL.D., of Easton, Pa., was elected its first President. Frank H. Hamilton, M.D., LL.D., of New York, and Lewis H. Steiner, A.M., M.D., of Frederick, Md., were respectively chosen as Presidents at the meetings in 1877 and '78. At these meetings the organization was more thoroughly perfected, and numerous accessions were made to the membership.

The objects of the Academy are thus broadly stated in its Constitution:—*First.* To bring those who are alumni of collegiate, scientific, and medical schools into closer relations with each other. *Seco d.* To encourage young men to pursue regular courses of study in classical or scientific institutions before entering upon the study of medicine. *Third.* To extend the bounds of medical science, to elevate the profession, to relieve human suffering, and to prevent disease.

The Fellows of the Academy must be Alumni of respectable collegiate institutions, who have received therefrom:—

1. The degree of Bachelor of Arts, after a systematic course of study, preparatory and collegiate;
2. The degree of Master of Arts in accordance with the usage of these institutions;
3. The degree of Doctor of Medicine, after a regular course of study, not less than three years, under the direction and instruction of preceptors and professors. They must have also had an experience of three years in the practice of medicine.

Candidates for fellowship must be recommended by at least one Fellow, and be approved by a majority of the Council, after which the consent, by ballot, of two-thirds of the Fellows present will secure their election. The initiation fee is \$5.00, to be paid before initiation and registration. Blank forms of application for fellowship can be obtained from the Secretary, R. J. Dunglison, M.D., Philadelphia. The annual meeting for 1879 will be held September 16, in New York.

ANOTHER "SKILFUL OPERATION."—A report of another "skilful operation" comes to us from the eastern part of the Province, cut from the columns of the *Perth Expositor* of the 12th of June. The account of the operation (ovariotomy) is given in the form of a letter, and was certainly written by a medical man—no doubt some ill-advised friend of the operator. The evil of newspaper advertising lies chiefly in the fact that an account of these operations is published solely to magnify the skill of the particular physician who undertakes them, rather than to show to the public the benefits that may be derived from surgical procedures. There could be no objection to a statement of the operation and its results, without bringing into special prominence the names of the operators. This would fully meet the requirements of those who desire to instruct the public in these matters.

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CANADA MEDICAL ASSOCIATION.—The Twelfth Annual Meeting of the Canada Medical Association will be held in London, Ont., commencing on Wednesday, the 10th of September. Those who propose to present papers will confer a favor on the Committee of Arrangements by kindly letting them know the title thereof at least ten days before the meeting. Arrangements will be made with the different Railroad and Steamboat Companies for the usual reduction in the fare of members, certificates for which can be obtained from the Local Secretaries, Drs. L. Allison, St. John, N.B.; Lawson, Halifax, N.S.; Burgess, London, Ont.; and Osler, Montreal; and from the General Secretary, A. H. David, M.D., Montreal. The meeting has been postponed from the 3rd to the 10th of Sept., owing to the opening of the Exhibition, and the Governor-General's intended visit to Toronto and the western cities early in September.

CÆSARIAN SECTION WITH REMOVAL OF THE UTERUS AND OVARIES.—This operation which is said to have originated in America has lately been revived in Vienna. The operation has been performed in all 24 times, and 9 times in Vienna alone. Prof. Carl Braun has performed this operation five times. Two of the cases were successful and two unsuccessful; in the fifth the result has not yet been made known, the operation having been performed on the 20th of June last. The operation of Cæsarian section is first performed, after which the uterus and ovaries are removed in the usual way. The advantages claimed for this operation are, that the bleeding is entirely controlled after emptying the uterus, the danger of peritonitis is less than when uterine sutures are used, and the danger of secondary hemorrhage so frequent when uterine sutures were not used, is lessened. Lastly the woman can never again become pregnant.

EPITHELIOMA OF THE CERVIX UTERI.—Dr. Sims is opposed to the removal of the cervix by the ecraseur or electro-cautery, in the treatment of epithelioma of the cervix. He prefers ordinary excision by the knife and scissors, removing every portion and afterwards applying caustics to produce sloughing of the surface.

CORONERS.—The following gentlemen have been appointed coroners for their respective coun-

ties:—A. McKay, M.D., of Underwood, for the County of Bruce, Ont.; J. L. Brown, M.D., of Plattsville for the County of Oxford, Ont.; L. N. Bourque, M.D., for the County of Kent, N.B.; R. A. Ford, M.D., and G. H. Johnston, M.D., for the County of Kings, N.B.

PRACTICE FOR SALE.—We beg to draw attention to an advertisement in this issue of a practice for sale in Montreal. An excellent opportunity here offers, with several transferable appointments.

INTERNATIONAL MEDICAL CONGRESS.—The sixth meeting of the International Congress will be held at Amsterdam, commencing on the 7th of September, '79, under the presidency of Prof. Donders.

A WITTY Englishman replies to Mr. Mallock's enquiry, "Is life worth living?" that it depends upon the liver.

THERE is said to be a good opening for a physician in Udora, Ont.

DR. TILBURY FOX, the distinguished dermatologist, died a few weeks since, in Paris.

APPOINTMENTS.—Drs. Canniff and Thorburn have been appointed on the acting staff of the Toronto General Hospital, and Drs. Russell and U. Ogden on the consulting staff.

DR. W. B. BURLAND has been appointed surgeon of the 5th Royal Fusiliers, Montreal, *vice* Dr. Drake, resigned.

DR. REED has been appointed apothecary to the Montreal General Hospital.

DR. B. TRAVERS of St. John, N.B., has been appointed a member of the senate of the University of New Brunswick.

Reports of Societies.

THE HAMILTON MEDICO-CHIRURGICAL SOCIETY.

The regular meeting of the above Society was held on the 2nd inst., at the Royal Hotel, the Vice-president Dr. Malloch in the chair. There was a good attendance of members present. A resolution of condolence was passed expressing regret at the death of Dr. J. B. Laing an old member of the Society.

Dr. Mullin presented a patient who had fallen from a scaffold 6 weeks previously and sustained a compound fracture of the left tibia, opening into the ankle joint, also a Colles' fracture of left forearm. The bones were found to be firmly united, and the wounds healed except to a small extent superficially. The fracture was treated under Lister's spray. The temperature never rose above 100° F., and without pain or swelling in the affected limbs. The result was considered by all eminently satisfactory. Dr. Malloch presented a patient on whom he had performed Symes' operation nine months previously. The patient had a very useful stump. Dr. Ryall presented the subject of vomiting in pregnancy and the generally unsatisfactory result of treatment, and failure of all remedies in some cases. After the members present had generally commented on the subject, Dr. Mills presented a pathological specimen of fatty degeneration of and liver and kidney; an enlarged bronchial gland, also a portion of a nutmeg liver where the interlobular veins were very much enlarged; also a portion of an ovarian cyst.

A. WOLVERTON, M.D., Sec.

NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The second meeting of the above Association was held at Cobourg, on the 4th ult., Dr. Herriman of Port Hope, President, in the chair.

After the reading of the minutes of the former meeting, the Committee appointed to draft a constitution and by-laws submitted their report, which on motion was adopted.

After the usual routine business had been disposed of, Dr. Hamilton, of Port Hope, exhibited a specimen of *Tricocephalus Dispar* and made some appropriate remarks thereon.

Dr. Boucher of Peterboro described the process of operating for the removal of cartilage from the interior of the knee joint, and exhibited a cartilage he had abstracted.

Dr. Frazer, of Peterboro, then described a case of malignant tumour of the frænum linguæ which he removed. This case provoked some discussion on the subject of malignant diseases in general. Cases of epithelial cancer, epulis, syphilitic ulceration were reported, and their distinguishing characteristics and appropriate treatment discussed.

Dr. Ruttan, of Napanee, then gave the history of twin sisters who were both affected with multi-

locular ovarian disease, one of whom died, while the other recovered by spontaneous cure.

Dr. Waters promised to read a paper on Fracture of the Astralagus at the next meeting, and illustrate by cases; other gentlemen also promised to bring cases or pathological specimens. It was also determined to submit a tariff of charges for the consideration of next meeting.

Dr. Hamilton gave notice that he would move at next meeting to allow gentlemen outside of the profession to become honorary members.

The Association decided to meet three times a year, on the first Wednesday in the months of February, June and October.

The following are the members of the Executive Committee, Drs. Waters, Hamilton and Thornburn.

The next meeting will be held at Colborne on the first Wednesday in October.

BRANT COUNTY MEDICAL ASSOCIATION.

The above Association, convened at Paris, Ont., on Tuesday, June 3rd. Members present were Drs. Burt, Dickson, Griffin, Henwood, Sinclair, Clarke and Harris; and Drs. Turquand and McKay of Woodstock, as visitors. A committee was appointed to consider and report at the next meeting on a Code of Medical Ethics for this Association. Notes on different cases were given by Drs. Griffin, Burt and Clark. One of the most interesting was a specimen of diseased larynx, which was shown by Dr. Griffin. The next meeting of the Society will be held at Brantford, on the first Tuesday in September.

Books and Pamphlets.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN, WITH A FORMULARY. — By EDWARD ELLIS, M.D. Third Edition. New York: William Wood & Co. Toronto: Willing & Williamson.

Every one engaged in the practice of medicine soon finds out the difficulty of arriving at a correct diagnosis in examining children in early life. The organs of relation being then but very imperfectly developed, the medical attendant is in such cases entirely destitute of that valuable information which he might readily obtain from an adult patient. Another source of difficulty is, that in consequence of the excessive sensibility of the infant, the sympathetic phenomena are very marked, and oftentimes become confounded with the idiopathic

symptoms of the disease. In English, many valuable works on the diseases of children are in print, such as those of Underwood, Hamilton, Dewes, Burns, Meigs, Churchill, Ryan, Sir W. Jenner, Stewart, Barlow, Eustace Smith and others, the names of the writers not at the moment occurring to us. In the first rank among the French writers on the subject, are Capuron, Becquerel, Billard, Bouchut. Chief among the German writers, are Joerg and Vogel. They have all followed more or less different arrangements; for all practical purposes, the system pursued by Dr. Ellis, the writer of the work under review, is, we conceive, as little open to objection as any, although less comprehensive and minute than Billard. Dr. Ellis divides his work into ten chapters. 1st. General observations on management and diet. 2nd. General diseases. 3rd. Skin diseases. 4th. Congenital affections. 5th. Fevers. 6th. Diseases of brain and nervous system. 7th. Diseases of air passages and thoracic organs. 8th. Diseases of food passages. 9th. Therapeutical hints and formulary. 10th. Dietary. The fourth chapter, on congenital affections, might certainly have included a far larger number than we find adverted to, the only abnormal conditions touched on being asphyxia neonatorum, diseases of navel, sclerema or induration of cellular tissues, and ophthalmia neonatorum; numerous other congenital states not being alluded to, such as congenital occlusion of the eyes, ears, nose, lips, arms, vulva, vagina, prepuce and urethra, or of union of certain organs—tongue to gums or lips, tongue-tie, etc.; disunion of organs, such as hare-lip, cleft palate, epispadias, hypospadias, etc. Excess or redundancy of parts, defect of organs, dropsies, as congenital hydrocephalus, hydrorachitis or spina bifida, irregularity of parts, distortion of extremities, etc., might all have been briefly alluded to, and thus increased the value of the work as one of reference for the student and practitioner. Dr. Ellis does not incline to the belief of many modern writers, that croup and diphtheria are identical, but views diphtheria as an epidemic, eminently contagious and of an intensely asthenic type from its very commencement, in which exudation is formed upon the tonsils and pharynx and spreads thence upwards and downwards, occurring at all ages, and in which paralysis is a common sequela. Whilst in croup he recognizes a disease, sporadic and very doubtfully if at all contagious, of asthe-

nic character at first, in which not the tonsils and pharynx, but the larynx and trachea are the parts first attacked, in which the tendency to spreading is far less marked, which is exclusively a disease of childhood, and of which paralysis is not a sequela. The chapter on chest affections contains all the information that can be required, as also chapter VIII, on diseases of the food passages and abdominal organs. Chapter IX, on general therapeutical hints and formulary, is valuable and comprehensive, and the final chapter on diet supplies an often experienced want to the young practitioner.

In conclusion, we can bear testimony to the variety and importance of the facts contained and to the general soundness of the deductions drawn from them. The treatment recommended is in harmony with modern views, and we consider the work a most useful compendium of the various diseases peculiar to children.

DEMONSTRATIONS OF ANATOMY, by George Viner Ellis, Professor of Anatomy, University College, London. Philadelphia: Henry C. Lea. Toronto: Willing & Williamson.

This truly excellent work is a vast improvement upon those in common use in dissecting rooms forty-five years ago, viz., Dublin Dissector, Harrison on the Arteries, Alex. Jardine Lizar's Text Book of Anatomy, Dermott's Plates, &c., &c., a period when royal roads to learning were not as numerous as at present, when the great Edinburgh anatomical teacher, Dr. Knox, fancied he could afford to sneer at the young teacher in Argyle Square, prefacing his introductory lecture in 1832 with the remark, "There is a young gentleman in Argyle Square who pretends to teach anatomy by pictures," repeating, with one of his peculiar facial contortions, "Pictures, pictures, gentlemen!" Notwithstanding the doctor was a most accomplished classic, he had evidently forgotten the quotation commencing, "*Segnius irritant animos demissa per aurem, quam quæ sunt oculis subjecta fidelibus.*" Dr. Ellis, in common with all modern teachers of the science, is fully alive to the importance of pictures; his work is profusely illustrated with admirably executed plates, clear, forcible, and to the life. The advantage of such illustrations cannot be too highly appreciated. Artists and Anatomists have for centuries been closely allied. Titian, with the assistance of one of his pupils, sketched

the admirable drawings for the great work on anatomy by Vesalius. The great painter of Venice fully appreciated the merits of the young anatomist, for we find that when he had finished the portraits of Charles V., Francis I., the grand Signor Soliman, he immediately commenced those of Vesalius and Ariosto, the aristocracy of talent appearing to him worthy of a place beside the aristocracy of rank. We cordially recommend to students this work as an excellent companion in the dissecting room; the directions for dissection of the various parts of the body are clear and concise, and the work altogether is one of much merit. As a rule, we think students make the study of physiology follow anatomy, instead of preceding or accompanying it. The study of anatomy would be greatly facilitated by making the general notions of function precede the dissection of parts. The idea of function would be so associated with all the mechanical structure necessary for its exercise, that the details of the latter would present themselves in regular train. If students were early accustomed to contemplate the ends for which certain arrangements are made, they would be in little danger of forgetting the arrangements themselves.

SEVENTH REGISTRATION REPORT CONCERNING THE VITAL STATISTICS OF MICHIGAN. Henry B. Baker, M.D., Lansing, Michigan.

Nothing is better calculated to advance our knowledge of the great causes of disease, of the circumstances that affect public health, of the means to be taken to improve it, and to force these questions on the Legislature than such reports. Our brethren on the other side of the line have greatly excelled us in the care and attention displayed by the numerous State Boards of Health, in the cultivation of increased knowledge of vital statistics. The report of the Hon. A. Hardy, Secretary of State for Ontario, is greatly in advance of preceding issues, but very much yet remains to be accomplished before the great object in view, practical utility, results. The first step in this direction should be the establishment of a State Board of Health, armed with plenary power for the enforcement of answers to questions framed by medical experts. It is quite evident, from the reports published for years past by the Boards of Massachusetts, Michigan, Virginia, Illinois, and

numerous other States, that far more attention has been given to this important subject than has yet been accorded to it in Canada.

THE POPULAR SCIENCE MONTHLY.—June No. Published by D Appleton & Co., New York.

We always look forward longingly for the appearance of this valuable periodical, and we are never disappointed in our anticipations as to the merits of the contents. Though it is a publication decidedly identified with the ideas and theories of the *advance* class of scientists, the articles presented in its pages are always characterized by a liberal and gentlemanly tone, and as they are almost entirely divested of learned technicality, they may be pleasantly as well as profitably read by persons of even a moderate degree of scholastic education. The article in the present month's number, by Prof. J. S. Newbury, on "The Geological Survey of the 40th Parallel," is one that must interest every reader who has any love for geological science. The continuation of "John Stuart Mill," by Prof. Alex. Bain, is, as might be expected, both from the writer and his subject, one of very high merit. "Pleased with a Feather," by Prof. Grant Allan, is somewhat more pedantic than instructive. The "Sketch of Julius Robert Mayer," by the editor, (with a portrait) is a lovely gem.

THE STUDENT'S GUIDE TO THE MEDICAL PROFESSION.—By C. B. KEETLY, F.R.C.S. London: McMillan & Co. Toronto: Willing & Williamson.

To recent graduates and students contemplating a sojourn at the British hospitals and schools, we would strongly recommend the above guide, as affording much valuable information with regard to expenses, choice of schools, residence, lectures, honorary hospital appointments, expenses and time required for obtaining degrees at Oxford or Cambridge, and a special chapter for ladies who propose to study medicine, contributed by Mrs. Garrett Anderson, M.D.

Deaths.

In Hamilton, on the 27th of June, J. B. Laing, M.D., in the 67th year of his age.

At Wheatley, Ont., on the 3rd of June, Horatio Mills, M.D., in the 66th year of his age.

On the 15th ult., F. H. Braithwaite, M.D., of Port Perry, Ont.