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Progress of Medical Science.

THE PRESENT TREATMENT OF SYPHILIS AT THE VIENNA SCHOOL.

[The following condensation of Prof. Sigmund's recent clinical lectures on the progress in the treatment of syphilis in the past decade of years (1867-1876), gives the present treatment of syphilis at this, perhaps the largest venereal clinic of our time.]

The author bases his statements upon facts collected at his clinic and from a large private practice.

The following new remedies were tried: carbolic and salicylic acid, and iodoform and oleate of mercury.

The following old remedies were tried in new ways: suppositories of gray ointment, the combination of mercury, sodium and chlorine, and of iron and the oxide of mercury internally; corrosive sublimate by inhalation, a number of the mercurial preparations hypodermically, finally the inunction method combined with balneotherapy.

Carbolic acid, after trial in every way, proved of value only for *external* use, and is recommended by Sigmund for cleanliness for bandaging and rarely for caustic use. A solution of carbolic acid in water, 1-00 is the *general wash* for wounds and ulcers, and for injections into the vagina, rectum, mouth, throat, and especially nose (ozaena). One part to 20-30 water, or glycerine or alcohol, is the application for freely suppurating ulcers, for diphtheritic deposits, and especially for gangrenous surfaces. This application 3 or 4 times a day is the best antiseptic of all, and is never followed by any injurious effects. As a caustic (1-2 carbolic acid to 1-3 glycerine) for opening abscesses, etc., it is not better than the old Vienna paste. The Lister bandage method the author has used for gangrenous destructions of all kinds, especially in anaemic patients, and for the separation of gummatous infiltrations (for instance for the gummata of both testicles as large as the fists), and with the most satisfactory results.

Salicylic acid is like carbolic, but its high price prevents its general use.

Iodoform internally in small doses (0.10-0.15-0.20-30 daily), in pill form, morning and evening, induces after a time catarrh of the stomach and bowels. Its odor as discharged from the mouth and anus in gaseous form is so unpleasant to the patient and those about him as to lead to its disuse; moreover its external use is not of much value.

The oleate of mercury by inunction had no advantage over mercurial ointment, except that it never produces salivation. It is better in private practice because less known, and therefore betrays less.

Suppositories of mercurial ointment (4.5-1.5 cocoa butter each) were tolerated by but very few. Most patients are attacked with tenesmus, colic, more or less violent catarrh of the stomach and bowels, and in 2 or 3 days no mark of them could be retained. Moreover gingivitis and salivation occurred, without very favorable influence upon the syphilitic process.

Corrosive sublimate, with collodion externally is a most valuable agent (1 part sublimate to 8-16 collodion) when painted, over psoriasis palmaris and plantaris twice daily after a bath with soap. Gloves and stockings are to be drawn on afterward and left on over night. The heavy, thick infiltrations and massive horny incrustrations always disappear after this treatment.

Sublimate inhaled locally into the mouth for pharynx and larynx complications preserves its high place, but it is without general effect because it can not be long continued.

Subcutaneous injections of mercurials, particularly with sublimate cycanide and calomel, show no special difference from each other. New phases of the disease are not prevented from appearing by this or any other form of treatment. The old method of administering mercury deserves the preference as a rule, and hypodermic medication is only to be resorted to in special cases.

Baths and mineral waters assist every form of treatment in marked degree by hastening metamorphosis. Of all the methods of treatment the "inunction cure" is most assisted by balneotherapy. Exercise in the open air is one of the great advantages also gained at a watering place. Many of the cases of the so-called scrofula, obstinate to iodine and bromine, because they are really inherited syphilis; cases of gummata and corneal and conjuctival affections, are readily cured of their old and obstinate, often disfiguring, troubles, by adding mercury to the treatment, while most of the anaemic and reduced patients are restored at once.

The time at which general treatment is to be undertaken, according to the author's careful clinical observations, is determined by the appearance of disease at places distant from its reception. Papulæ in the vicinity of the place of infection and upon the tonsils, together with general glandular enlargement, which manifestations never occur before the sixth to the eight week, are the indications for general treatment.

The number of facts has more and more increased, showing the successful treatment of syphilis in pregnancy with mercurial preparations, and especially with inunction. This treatment, the author states, never produces abortion or premature labor. Patients improve under it, and, if the treatment shall have been commenced at the time of appearance of papules, the mothers carry their children to maturity.

The children then very often do not show the signs of syphilis, and remain alive, and if the children are born and badly nourished, they recover generally under good diet, of which the milk of their mothers is the best. Treatment begun before the fifth month of pregnancy, and continued long enough, accomplishes this result, while that begun after the sixth or seventh month, leaves less to hope. But even in the last months of pregnancy, with very extensive papular syphilides, the "inunction cure" caused no injury to the fœtus. Many pregnant women have here reached the normal end of pregnancy, and did not suffer the grave injuries to the os uteri and external genitals (ruptures, lacerations, etc.) which so often occur in syphilis, and the puerperal bed was just as favorable as in *non*-syphilitics.

Syphilitic children are above all things to be put under most favorable hygiene, from which the most is to be hoped. The syrup of iodide of iron and sublimate baths are of great value in their treatment. The chemical examination of the milk of women methodically treated by the inunction method, showed quicksilver in the milk for fourteen days after the end of treatment. What value such milk may possess for the suckling remains to be proven. The experiment of inoculating the milk of animals (cows, sheep, goats, and asses) with mercury and iodine, to use it in the treatment of children, have led as yet to no practical results. The author could not get the results said to have been obtained on the Scandinavian coast by feeding sheep with sea plants containing much iodine and bromine.

The gummatous forms of syphilis, the tertiary forms, find in sublimate, most especially in inunction of mercurial ointment, a more permanent means of cure than in the preparations of iodine, whose effects are most rapid in cases, it is true, but are less permanent.

The treatment of visceral syphilis and nerve syphilis has clearly gained since the combination of hydrotherapy and mineral waters with the preparations of mercury and iodine.

As in former, so also in late years, has the value of expectancy and observation established itself in the therapy of the first stage of syphilis, and Sigmund has seen a very considerable number [*einen sehr betrachtlichen Theil*] of patients known to him from former years, permanently cured by pure local treatment of the first symptoms—cases of spontaneous or natural cure. This result appears to occur oftener among women than among men. Further, the exhibition of mercury in small doses at longer intervals has proven more useful than attacks with larger and stronger doses. For the treatment of the second stage of syphilis, the mercurial preparations are the most reliable means of cure [*Fur de Behandlung des zweiten stadiums der Syphilis bilden Qeucksilberpräparate das zuverlässigste Heilmittel.*] That in the third stage in different seats and forms of the disease, mercury is still very often the chief remedy [*das Hauptmittel*] with iodine, bromine, and other agents with it in combination, has already been mentioned.

The careful study of the history of chronic syphilis refutes the error, again recently committed, of ascribing the development of the graver forms of the third stage to the use of mercury. J. T. W.—*Allgem Mediz Central Zeitung, Nos.* 102, 3, *Med. Neuigkeiten*, January 20-27, 1877.

THE TREATMENT OF TAPEWORM.

Prof. Mosler has been advocating a system of treating tapeworm which, according to a Swiss medical journal, has been attended with remarkable success. Its chief characteristic is the injection of large quantities of warm water into the colon, after the administration of the anthelmintic. The diet is first regulated, food being given which is supposed to be distasteful to the tapeworm—bilberry-tea, herrings, sour cucumber, salted meats. The intestines having been, as far as possible, emptied by laxatives, a dose of the extract of pomegranate-bark is administered, prepared from the fresh bark, and then a large quantity of warm water is injected into the rectum. The theory is that the worm, previously brought down into the colon, is prevented by the water from attaching itself to the wall, and is brought away by the liquid on its escape. It is asserted that in every case in which this treatment was adopted the head of the worm was removed.—*The Lancet*, June 23, 1877.

EFFUSIONS OF THE PLEURA, AND THORACENTESIS (*Med. Record.*)

Dr. Beverly Robinson, in a paper on the conditions existing in effusions of the pleura, comes to the following conclusions:

Inasmuch as it is proved that puncture of the chest-walls, with a capillary needle attached to the improved aspirator, whenever performed with due precautions against the entrance of air into the pleura, is a perfectly simple and harmless operation, and further, that any appreciable amount of liquid, irrespective of its nature, is by its presence pernicious, and may become dangerous; therefore, I hold that, in all cases of pleuritis in which fluid is present, we should without hesitation make use of the aspirator to withdraw the morbid effusion.

To this law I shall only affix one limitation and one exception.

The limitation is whenever very large or excessive quantities of fluid are present, it is wiser to puncture the chest on two successive occasions, so that all risk of acute œdema of the lung on the affected side shall be avoided.

The exception is if the patient be very much enfeebled and the effusion be small or moderate, we may, with advantage delay the operation during a brief period, until his forces have been somewhat re-established.

By proceeding after this manner, all danger of fatal syncope will be obviated. Meanwhile, of course, if the effusion from small or moderate, rapidly become large or excessive, the formal and imperative indication is to operate as soon as possible. In syncopal states there is anæmia of the brain, which is often successfully treated by placing the patient flat on his back. In view of this fact, Marrotte has recommended to operate while the patient is in a half-reclining or completely recumbent posture, so that there may be less predisposition to this condition. This practice seems to me judicious.

—*Clinic Cincinnati.*

EXTERNAL TREATMENT OF PERTUSSIS.

Permit me to call the attention of the profession, through your valuable journal, to the successful treatment of whooping cough by rubefacients and revulsive applications. My attention was first attracted to this mode of treatment by an intelligent old lady. Some four years ago, while visiting a patient in the family where she was residing at the time, I incidentally spoke of a granddaughter who was suffering from an attack of whooping-cough, and as she was but two years old and quite delicate, I expressed some doubts about her recovery. The old lady remarked that she could tell me how to cure her in three days, and said she had obtained the prescription over fifty years before, from the celebrated Dr. Drake, who was at that time her family physician in Cincinnati. The source from whence she got the prescription made me anxious to know more about it. As she had preserved a copy, I will give it—

R. Olei succini rectificatim,
Tincturæ opii,
Aquæ ammoniæ,
Olei olivæ, *ää* ℥j. M.

Sig.—Rub along the whole track of the spine two or three times a day; to be discontinued when the parts become tender.

As soon as I returned from my visit, I prepared the liniment, according to the formula, and immediately commenced the treatment. The patient at the time had terrible paroxysms of whooping. The result was that whooping ceased entirely in less than three days. The relief was so prompt I was confident it was brought about through the use of the liniment, as I had dropped every article of medicine after commencing the local applications.

I have, since that time, used the same treatment through several epidemics of the disease, and always with success. The treatment should not be commenced until the whooping paroxysm sets in. Just how, or through what channels the cure is effected, I am unable to say, but facts are stubborn things. I will only hint that the action of the medicine may be through, or on, the communicating branches of the pneumogastric nerve, the spinal accessory, first and second cervical, and sympathetic. I have no other object in giving this to the profession than to stimulate others to a trial, and in return beg them to give the profession the results of their observations.

H. MALLORY, M.D.

Hamilton, Ohio, July 10th, 1877.

—*Phil. Med. and Surgical Report.*

A NEW ANÆSTHETIC.

A new anæsthetic has been described by M. Rabuteau before the Academy of Science, Paris. It is hydrobromic ether, which, he says, can be administered without difficulty, and which is, moreover, eliminated almost completely by the respiratory passages. It holds an intermediate place between chloroform, bromoform and ether. Considering the frequent recurrence of chloroform accidents, any new anæsthetic which promises to yield a greater degree of immunity from danger of a fatal result is worthy of trial.—*New Remedies.*

NOTE ON THE IMMEDIATE CURE OF PILES.

The following note on the immediate cure of piles by H. A. Reeves, F.R.C.S. Edin., is found in the *London Lancet* for May, 1877.

During the latter part of last year I commenced the treatment of piles about to be described, and having now submitted eighteen cases to this new method, and sufficient time having elapsed to form a fair judgment as to the result of most of the cases, it is time to make the simple operation more public, so that others may try it, and report their results. All the patients operated on suffered from the severe form of internal piles, and four of them were bad cases—i.e., the piles were very large and ulcerated in large superficial patches, and the general condition was distressing, as there were anæmia and haggard aspect due to hæmorrhage and pain.

To this rapid method of treatment I have applied a term used by Mr. Barnard Holt, and now so well known to the profession—viz., the *immediate* cure; and I have used the word *cure* advisedly, as the first batch of patients have not had the slightest trouble since they were operated on. The last five cases are too recent to say anything as to ultimate results.

I feel that the term "immediate" is more strongly applicable to this method than that of Mr. Holt, for not only is the operation rapid, but the *entire treatment* is very short as compared with the ordinary methods of treating hæmorrhoids—i.e., by nitric acid, ligature, or clamp and cautery.

In the *immediate treatment* of urethral stricture

—excellent as I have come to regard it in fit cases—the operation is speedy, and in the majority of cases safe; but the *treatment* is very prolonged—nay life-long; and the *cure*—well, never. In the *immediate cure* of piles, I can truly state that, so far as my present experience goes—and this can be corroborated by several witnesses and by the patients also—the operation is rapid and trifling, and may in some cases be done without anæsthetics; it is unattended with the least risk and the *cure* permanent.

The operation is simply this. The piles being well down, they are punctured with the conical pointed end (which I have had made by Messrs. Mayer and Meltzer to fit on to Dr. Paquelin's gas cautery) to their bases, the number of these hot punctures varying with the number and size of the piles, a pile the size of half a small walnut requiring two or three. A dull red heat should be used, and the point gently rotated while being extracted, and *not pulled out*, because if this be done a portion of the escher will be withdrawn with the instrument, and some hæmorrhage will follow. Should the disease be of old date, some of the piles will be quite hard; these I have pierced to their softer attachment, at the feeding veins of which they were clot-laminated, and even fibrous varicose transformations. Ulcers and fissures in connection with the hæmorrhoids were touched with the cautery.

If this simple plan be properly followed, there is no hæmorrhage, but should there be slight oozing, a touch of the cautery at once stops it; the piles are then returned, and a half-grain morphia suppository introduced. The bowels are kept confined by a quarter of a grain of morphia daily, by mouth or subcutaneously, for the first two or three days, and on the fourth or fifth day an enema-tube is gently introduced and a warm injection given, and followed on the succeeding day by a laxative. The first two, or in some few cases three, motions, produce pain, but nothing as compared with that the patient suffered before the operation; and at the expiration of a week they are discharged, with such directions as to diet and regimen that will promote the healthy functions of the rectum, and which are known to all professional men.

It is right to state that two of these eighteen cases were not alllowed out for ten days, and one for a fortnight, but in all there was some other pre-existing complication, either urinary or uterine. Sixteen of them were treated at the Hospital for Women, and two in private. I have seen them all several times since, and examined them with finger and speculum, and I can say that the satisfaction of the patients at their rapid and permanent relief is not greater than mine when I observed how little damage was done to the rectum, as evinced by the difficulty of detecting, some little time after, any result, in the shape of cicatrices, of the operation. The ages of the patients varied from twenty-three to sixty.

I am happy to say that I have not yet had an opportunity of examining post-mortem any case operated on, but I conceive that the *rationale* of the method is that the igni-puncture sets up a phlebitis which soon leads to obliteration of the diseased veins; that the phlebitic clot is, somewhat rapidly, sufficiently absorbed, or so altered as to render it difficult for the finger to detect any nodulus or lines of thickening in the rectum. Whatever the traumatic pathological change may be, certain it is that the *symptomatic* relief is not only speedy but lasting. I may mention that I had occasion to operate on a patient for urethral mischief, who had undergone this procedure for three weeks previously, and neither I nor others present could discover the least trace of any recent operation on the rectum.

I do not wish it to be thought that I consider the operative results, as regards nodulation and disappearance of the altered piles, will always be so rapid; this may or may not be so without affecting that which the patient and the surgeon most desire—viz., the cure of the case. I briefly sum up what I consider the advantages of this method over the old plans.

1st. The operation is quickly done.

2nd. The cure is much more speedy, as, by the ligature or clamp and cautery, three weeks is considered quick time for convalescence.

3rd. There is no fear of secondary hæmorrhage, as there is no ligature to separate, and no wounded surface to cauterize.

4th. Nothing is removed. To the patient this is often a strong recommendation; to the surgeon, at first and without experience of this method, it may seem a drawback, but sufficient trial will convince him to the contrary.

5th. There is no apprehension of secondary abscesses and fistulæ so far as my experience has gone.

6th. There cannot possibly be a stricture as a result of the operation. That this has occurred several times after the old methods no one can gainsay, and I may quote a case sent me by Dr. Heywood Smith, on which I operated by the clamp and cautery, and only removed the piles and not a particle of other rectal tissue, and in seven weeks had to commence the use of a bougie for an annular stricture near the orifice. Nothing of the kind pre-existed.

7th. There are no relapses. Two of the cases I operated on had been elsewhere treated by ligature, and the other with clamp and cautery. Of course, if all the diseased part be not punctured at the time of operation, the portion left untouched may be the source of future trouble, necessitating an operation, and it may be that this was the explanation of the relapses in the two cases just mentioned. On the other hand, it is fair to state that other veins, already weak at the time of operation, but not sufficiently so to attract attention, subsequently enlarged and required meddling with.

8th. In patients who can bear a little pain no anæsthetics are necessary, as the operation is a quick one.

It is obvious that this plan can be applied to other varicose veins and to nævi.

Before concluding I may mention that I have, in two cases, tried the revived plan of sudden dilation of the sphincters; one did moderately well, the other had to be igni-punctured. I have, in one case, in-

jected the piles with solution of perchloride of iron undiluted, but the result was not satisfactory. I believe, however, that a weaker injection of iron, or of water and iodine, or of chloral, would be effectual, and have the advantage of not needing anæsthetics.

TREATMENT OF PHAGEDÆNIC ULCERS.

Weisflog, in a recent paper (Virchows's *Archiv*, B. 66), states that the pain of phagedænic ulcers ceases almost immediately if the patient is immersed in a "faradizing bath." One of the electrodes is connected with the bottom of the bath, and as soon as the wound is submerged in the warm water the patient touches the other electrode, which is covered with sponge, with the tip of one finger, gradually bringing the others into contact with the sponge, according to the sensations he experiences in the ulcer. The effects are less marked and less beneficial if the ulcer is out of water. For the purification of the wound he employs a weak ointment of nitrate of mercuric oxide (1 to 50). For the relief of the *dolores osteocopti* Weisflog recommends the use of subcutaneous injections of solutions of the nitrate, which are much less painful than those of corrosive sublimate, and never causes abscesses; whilst much larger quantities of mercury can be introduced into the system without causing salivation.—*London Lancet.*

THE TREATMENT OF CHOREA.

The following abstracts are from a paper, by Dr. Howship Dickinson, published in the London *Lancet* for April, 1877:

Chorea, then, as far as concerns its individuality as a disease, must be dealt with neurotically, though general is often more to the point than special treatment, as it may be needful to prevent a patient dying of a disease before we can attempt to cure him of it. In severe and acute cases, where the patient is being worn out by incessant movement and want of sleep, liberal feeding, stimulants, and the means of procuring timely slumber—the bromides, opium, or chloral—may enable him to tide over a period of mortal peril. Next comes the use of bodily restraint. The violent and erratic movements of chorea appear to be one mode at least by which the exhausting effect of the disease is produced; and the improvement which follows upon their mechanical control suffices to show that some at least of that effect is due to the actual movement, while perhaps some may be attributed to the muscular attempt, which the bandage makes futile but does not prevent. Added to this, restraint is important in preventing the excoriations and sores which the jactitation causes, and which may contribute perceptibly to the typhoid prostration, which is one of the worst phases of the disease. A sufficient measure of controllment may be sometimes obtained by merely tying the feet together and firmly fixing the upper sheet. A more effective arrangement is an embankment of pillows along each side of the bed closely adapted to the patient, who lies in the trough between. In extreme cases it may be necessary to fix the limbs with splints. A well-padded splint, such as is used in hip-disease, reaching from the axilla to the ankle, is placed along each side of the body, with the arm bandaged to the outer and the leg to the inner aspect. The child, excepting that he can still make faces, has little more power of movement than a mummy, and resembles a Swiss baby within its encasement, which can move nothing but the eyes. Anything which causes alarm or distress is to be scrupulously avoided, but the agitation of the limbs is in itself a source of great discomfort, and any gentle means of preventing it is usually acceptable to the patient.

In less severe cases mere rest in bed will do much and occasionally all. Chorea will almost always improve up to a certain point, sometimes to recovery, under the simple influences of rest and time. These, and now and then a purge, may be all that is needed. A word as to aperients may precede what has to be said touching special modes of treatment. Constipation belongs to several nervous disorders of which chorea is one. It is perhaps rather a result of the chorea than its cause; nevertheless purging does distinct good and sometimes is the only medicinal process needed.

Passing now from medicine in general to medicine in particular, I am bound, with regard at least to the acuter forms of the disease, to give the first place to the sulphate of zinc. This is no novelty in practice; what novelty pertains to it is the denial of its use in chorea. I believe I am not to be generally charged with therapeutical credulity, and upon this point I should not have ventured to express a confident opinion were it not that I have had more than ordinary opportunities of correcting by experience any errors into which I may have fallen. Many metals—antimony, arsenic, iron, and zinc—markedly influence the disease in question. Antimony perhaps controls the jactitation of severe and recent chorea in the most immediate manner; but it must be given largely to be effective, and so used it adds to the prostration of the patient, and sometimes, I believe, is the chief cause of a fatal result.

ZINC IN CHOREA.—Zinc stands next in the order of efficiency. To be of use it must be given in large doses. A grain of the sulphate may be given three times a day, or in a very severe case more often, and a grain added to each dose every day until the dose amounts to between fourteen and twenty-six grains Thus administered and sufficiently diluted it causes no sickness nor any prominent effect but the abatement of the jactitation and grimace. A scruple or rather less is commonly a sufficient dose, but much more may be given. In an exceptionally

severe case, of which the subject was a girl of seven, I gave with apparent advantage, and certainly without harm, a dose which at last reached forty-five grains three times a day, or one hundred and twenty-five grains in the twenty-four hours. Under this the child became able to talk, feed herself and walk, none of which she could do before. The greater amount passes off by the bowels, and the metal can be recovered from the fæces. I have not succeeded in finding a trace in the urine, so that probably but a small proportion is absorbed; though from the greater effect upon the nervous system of large doses than small, it is probable that the quantity absorbed bears some relation to the quantity swallowed. As touching the curative effect, it may be said that a course of treatment which lasts necessarily for a fortnight secures Time as its ally, in acute diseases no unimportant auxiliary. But chorea is a disorder of infinite duration. The zinc may be begun at any period until the acute form has merged into the chronic, and I have often been able to assure myself that recovery dated from the beginning of the remedy, and not from the beginning of the disease. I have often recognized, as I thought, an early effect of the zinc in a peculiar brightness and clearness of complexion; to be succeeded, if the drug be long continued, by marked anæmia. It is hence often advisable to associate with the zinc an unaugmenting dose of sulphate of iron. With the subsidence of the chorea the zinc may be gradually withdrawn, and the iron at last continued alone, or with the addition of quinine. Another salt of zinc, the valerianate, is of especial use; it is suited to cases of a less acute type than to require the sulphate, and to those by no means infrequent instances in which the attack has with it some of the characters of hysteria.

Iron in Chorea.—Next to the salts of zinc, and often to be preferred to them, come those of iron. Where there is evident anæmia, iron in some shape should be given from the first. Zinc does best with florid children, iron with the pallid; zinc when the symptoms are acute, iron when they are chronic. I have met with good results from the syrup of the bromide; and the valerianate, like that of zinc, may occasionally be resorted to. In the more lasting and slighter forms of the disorder, where perhaps an occasional twitch or grimace or some awkwardness in the limbs is its only sign, arsenic, as a nerve tonic in small and long-continued doses, is often of service; and a similar statement may be somewhat more emphatically made with regard to strychnia, particularly if this alkaloid be given together with iron. Thus, for the slighter and more lasting forms of the disorder, the pharmaceutical remedies are iron, arsenic, and strychnia; often iron together with one of the others. Strychnia, like iron, may be advantageously given as bromide, in the liquor strychniæ bromidi.

The smaller shapes or lingering remains of chorea call, as a rule, for general tonics; and among such perhaps the most effective is change of air. There is, indeed, no disorder in which a temporary exchange of town for the country or the sea is more decidedly curative.

Where chorea is much mixed with hysteria, as we sometimes see in developing girls, the treatment must be correspondingly modified. Electricity and shower-baths are sometimes in these circumstances useful adjuncts, though with simple chorea such agitating measures could scarcely fail to be mischievous.

Regulated movements, as drilling or dancing, have been recommended. I have often suggested dancing, and thought it did good. The history, indeed, of the epidemics of dancing mania, which have been credulously traced to the bite of the tarantula, or oddly associated with the name of the Baptist (Herodias appears to have been the means of associating, in mediæval fancy, a profane amusement with the fame of that austere moralist), supplies many striking illustrations of the influence exerted upon the voluntary muscles by rhythmetical sounds; not that the dancing epidemics were what we now know as chorea; they were more allied to hysteria.

I have mentioned only means of treatment which have been found to be or thought to be useful. I could make out a long catalogue of drugs which have been tried and abandoned. Belladonna has been liberally given without effect. The late Dr. Fuller gave to a child with chorea eighty-four grains a day of the extract, of which the purity was ascertained, and the remedy was not destructive either to the disease or the patient. I have used Calabar bean and conia without being able to refer any beneficial result to them; and although I have seen children improve under codein, I have not been able to assure myself that they would not have done equally well without it.

THE VALUE OF THE BINDER

Dr. J. Hyde Houghton, M.R.C.S., writes to the *British Medical Journal*:—

"Initiated in midwifery by my late lamented friend, Dr. Edward Rigby, I was early taught the importance of the 'binder' as a means of preventing *post partum* hemorrhage; and through a period of nearly thirty-three years, during greater part of which I have had a very extensive midwifery practice, I have only had one fatal case in my own practice. In every case I myself carefully bandaged the patient as tightly as possible, with a shawl or large towel, in which I generally wrapped a book to form a pad over the uterus, with the best results, though I had then sometimes to deal with cases of hemorrhage.

"In the year 1861, however, I was engaged to attend one of the largest women I ever saw. She was tall, and immensely stout. The labor was natural, but rather tedious; and after it was over violent hemorrhage set in. Here any ordinary binder was useless, and to grasp the uterus through the parietes was impossible, from the immense quantity of fat on the walls of the abdomen. I had the advantage of the advice of my old friend, Mr. S. D. Fereday, and all the means which we could devise were used without effect. We watched her for some hours, a certain quantity of draining going on in spite of our efforts, and we anticipated a certainly fatal issue. Where art had failed, however, nature came to her assistance and she ultimately recovered.

"In the following year I was again asked to attend her, and was called to see her one Sunday morning. I had a most lively recollection of her last labor, and a firm reliance on the binder, and was determined, if possible, to bring one to bear on her huge abdomen; so I went to a saddler who lived near, and there extemporized a binder. It consisted of an oval piece of the strongest 'butt leather' he had, ten inches long by eight wide, to each side of which a strong strap (nearly as strong as stirrup-straps) with buckle, was attached. With this I was able to attain s ome degree of pressure. Suffice it to say the labor went on well, and no flooding took place.

"For some time afterward I took my 'binder' with me only when I had to attend stout persons; but I soon found that the comfort of it was so great, and the advantages so signal, that I began to take it with me to every patient I attended, and have continued to do so for the last eight or nine years, *and during that period I have not had a single case of hemorrhage that has given me the slightest anxiety.*

"This is the practical fact I wish to bring forward: I apply the bandage gently before the child is born. I make the nurse press on the pad during the expulsion of the child. I then tighten the bandage pretty firmly; and after the expulsion of the placenta, which is rarely long delayed, I again tighten it as firmly as the patient can comfortably bear. It is very rarely necessary to do more; but if the pains be sluggish or infrequent, and if pressure by the binder does not increase them, I give a dose of ergot just before the child is born."—*Philadelphia Reporter.*

FOTHERGILL, after discussion of the causes of sleeplessness, tabulates as follows the remedies which have been hitherto most highly recommended for this complaint:

1. Opium is indicated when sleeplessness is caused by pain; when irritation of the vascular system is present, aconite and antimony are to be combined with it.

2. Hyoscyamus is of service when sleeplessness depends on disease of the kidney.

3. Chloral hydrate is inefficacious in sleeplessness dependent on pain, though it is a hypnotic *par excellence* in the sleeplessness of fever, particularly in children. This remedy is injurious in ill humor, brain exhaustion, and in the sleeplessness of melancholy.

4. Bromide of potassium acts as a sedative either on the brain cells or the vessels of the brain; it is indicated in those cases where peripheral irritations are present, and is very beneficial in the sleeplessness which is the result of maladies of the pelvic organs.

5. Alcohol is a powerful hypnotic in those cases in which sleeplessness comes from sorrow, ill humor, and mental disturbances.—*Boston Medical and Surgical Journal.*

ON CHLORAL.

Dr. LIEBREICH, Professor of Therapeutics in the University of Berlin, in an article on chloral (*Practitioner*, June, 1877), says: Taking full account of the clinical facts, I believe that in the case of chloral it is in the highest degree essential that it should be freed from all chemical impurity whatever, and that the chemical impurities special to chloral hydrate, other than its highest state of crystalline purity, are, more than in other cases, of a kind to interfere with and to contravene the legitimate and desired effects of the drug. For this reason I would altogether prohibit the use of chloral, either in solution or otherwise, which is not of the utmost purity. I may add that there is no practical means by which the purity of chloral in solutions can be ascertained; and the best authorities state that a very large proportion of the solutions current in medical and pharmaceutical practice are of an impure, untrustworthy character, and therefore liable to produce dangerous results. Pure chloral produces rest and relieves pain without giving rise to excitement, nausea, or gastric irritation; and its effects do not need to be enhanced, as in the case of opiates, by increasing doses, if its administration needs to be continued. Impure chloral, on the other hand, irritates the stomach, produces excitation, headache, sickness. To produce the best effects of chloral it should not be given on an empty stomach. It is not necessary that a full meal should have been taken, but it is desirable that some light nourishment or a biscuit or something of the sort should be eaten before the dose of chloral is administered.

I may add, finally, one word as to the clinical observation of the effects of chloral hydrate when it has been administered in excess, or when it has been used as a poison. Chloral hydrate poisons by paralyzing the heart, and its effects are observable in retardation of the pulse and respiration. Hence I have been led to urge the use of strychnine in combatting these effects. The results of my experiments (*Transactions of the Academy of Medicine of Berlin*) have been confirmed by subsequent ob-

servers, but I believe that this antidotal use of strychnia to combat excessive or fatal doses of chloral may still be usefully brought to the notice of practitioners in general; for it is not so far or, I observe, so generally known as it might be. I have often been struck with the report of bounding pulse, severe headache, and nervous excitement in reported cases of an overdose of chloral; these are not the characteristic effects of chloral, but of impure and poisonous substances sold as chloral, and especially the various impure and unreliable solutions of chloral, which physicians and dispensers too readily employ.

CARBOLATED CAMPHOR AS A SURGICAL DRESSING.

Dr. Soulez, of Romorantin, recommends this substance (*La Tribune Médicale*, Dec. 24). He prepares it by mixing 15 grains of carbolic acid (dissolved in an equal quantity of alcohol) with 37½ grains of powdered camphor. The product is an oleaginous pale-yellow liquid, with a feeble odour of camphor, and none of carbolic acid. It does not mix with water or glycerine, but mixes with olive and almond oils. The infusion of saponaria (1 part of the leaves of soapwort to 10 parts of water) emulsifies it, as does also the alcholic tincture of Panama bark. When mixed with an equal part of the carbolated camphor, this tincture produces another emulsion, which, when weakened with water, is used to prepare the antiseptic wadding.

In dressing a wound, Dr. Soulez covers it first with a square of wadding, which is impregnated with a mixture of carbolated camphor and olive oil. This must be large enough to extend 2½ to 3 inches beyond the wound. This is then covered by six other layers of wadding, impregnated with the emulsion above mentioned. Each layer should be one inch wider than the one below it. A thin envelope of caoutchouc is then applied to prevent evaporation, and over this a layer of dry wadding, and the whole is then secured by a bandage. The author alleges that this dressing is very easy of application; all the materials can be prepared beforehand and kept in well-covered jars. Before applying it, the wound should always be washed with the emulsion of carbolated camphor. When applied to a stump, this dressing keeps it enveloped in a warm atmosphere saturated with vapour of water, which lessens the exciting effects of the oxygen of the air, and is protected by the numerous layers of soft wadding which kept out all infecting germs. Dr. Soulez renews the dressing usually every six days, but sometimes leaves it on for ten days. So far he has never known the carbolated camphor to cause the least irritation of the skin or the wound. When the caoutchouc is removed, all the layers of wadding are found to be as moist as when first applied. He states that he has obtained the following advantages from the use of his dressing: 1. Lessening of the reaction after major operations; 2. Cessation or diminution of the pain; 3. Diminution of the suppuration.—*London Med. Record*, May 15, 1877.

SALICINE IN THE TREATMENT OF RHEUMATISM.

Mr. A. D. L. Napier, in a short article on the action of salicine contributed to the *Practitioner* (June, 1876), thus speaks of his experience with this drug in rheumatism.

The form of rheumatic disease for which I have most frequently ordered salicine is the arthritic, and in these cases relief was almost invariable experienced. In one case of severe arthritis of the left finger, wrist, and ankle-joints, decided benefit attended the exhibition of a fifteen-grain dose, and, though the disease was of six days' standing, complete relief from pain was experienced after three other doses. In such cases I have repeatedly seen reduction of pain, redness, heat, and swelling about an hour and a half after the administration of a twenty-grain dose.

The salicylate of soda, in addition to its general action in lessening arterial tension, acts frequently as a powerful diaphoretic, producing increased perspiration, large flow of urine, and in some cases an increased quantity of saliva. These latter effects seem to be more often caused by the soda salt than by the acid. Although swelling frequently is materially decreased in a short time by salicine, yet in some cases this is not so: I have a patient at present, who suffered from rheumatic arthritis of the wrist-joint, was treated by salicylate of soda, and relieved of all acute pain, more than a month ago, whose joint is still greatly swollen, and useless for all active exertion; he is now rapidly improving under galvanism.

Symptoms exactly similar to cinchonism may follow the prolonged use of salicine. An old gentleman, who was under my care suffering from rheumatic affection of the wrist and ankle joints, was ordered twenty grains of salicylate of soda every two or three hours; a few doses speedily cured him. He ceased taking the drug, and was again similarly affected, about ten days after his first attack; the drug was resumed, and he was recommended to continue it for a fortnight, in ten-grain doses twice daily, after all symptoms had disappeared. He only used it, however, for two or three days. Within a short time he again became ill, and, having experienced the decidedly beneficial action of his former medicine, resumed taking it without sending for medical advice. On this occasion, evidently desiring to make assurance doubly sure, he persevered in taking twenty grains every three hours for more than a weak, although the pain had almost ceased after two or three doses. He then became very deaf, had ringing noises in the ears, experienced severe headache, thirst, loss of appetite, and felt dull and heavy. The medicine was discontinued, and the unpleasant symptoms shortly vanished. It is necessary for the perfect action of salicine that the drug should be used in reduced doses for some time after acute symptoms are dispelled; I have often seen a relapse from a too early cessation of the medicine.

In muscular rheumatism, salicine affords some relief, but its action in such cases has given uncer-

tain results in my hands. In neuralgic affections, I have seen good from salicylic acid, more especially in mixed cases of neuralgia and rheumatism; one case of neuralgia of the brachial plexus was undoubtedly cured in a very short time. From its greater solubility, and from its being more easily taken by the majority of patients, I have found salicylate of soda preferable to the salicylic acid. With the exception of the greater diaphoretic action of the former, I have been unable to discriminate between their therapeutic action.

PODOPHYLLIN.

The reason why this valuable remedy is often objected to is that it is very liable to produce nausea when administered in its crude state, as furnished by the druggist. To overcome this objection, I have caused it to be most thoroughly triturated with equal parts, by weight of white sugar. By this process an infinite division is made, which makes it more efficient and generally free of any nauseating action.—[*Medical Brief.*]

SEVERE DIPHTHERITIC PARALYSIS CURED BY THE CONTINUOUS CURRENT.

Professor Peter, of the Hôpital La Pitié, has had recently under his care a patient affected with paralysis following very acute diphtheria, which is remarkable, not only on account of its severity, but from the success of the treatment employed (*Journal de Médécine et de Chirurgie Pratique*, March, 1877.) The woman was taken, about the middle of last November, with a slight sore throat, probably diphtheritic from the account which she gave of it, which lasted for about twelve days, but did not oblige her to stop work. About a month after the commencement of this attack, on December 20, after a violent fit of passion, the patient felt some signs of paralysis. Paralysis of the soft palate and of the pharynx was complete; food returned by the nose, and swallowing was impossible. Articulation was abolished. There was some marked weakness of sight and a slight degree of amblyopia. The woman remained thus during seventeen days without taking any food. She was brought to the hospital on January 4, in a very enfeebled state. Œsophageal catheterism was practised, and nourishment given by this means, which had to be continued for five weeks. It was not till fifteen days after her admission that electrization was commenced on account of want of the necessary apparatus. The continuous current was employed, applied to the neck for about an hour each day. At the end of three weeks the symptoms of paralysis amended, the patient commenced to eat, and the voice returned at the same time. When the case was reported, the cure was all but complete; but the treatment was continued because the voice was still affected, and liquids often returned by the nasal fossæ at the moment of deglutition.

This case is remarkable on more than one account. We see in the first place that this severe paralysis succeeded to a sore throat so mild that the patient did not even stop work. The gravity of the paralysis is also quite exceptional. It is extremely rare to see the paralysis not only involving the soft palate, but even all the pharyngeal muscles, and to be so complete as to abolish its functions. It is also certain that, if this woman had not been fed by means of the œsophageal sound, she would have died of starvation, since the paralysis lasted for some weeks after this mode of alimentation had been begun. Lastly, the good effects of this treatment must be noticed. The continuous current constitutes, indeed, the best method of treatment for paralysis following diphtheria. —*London Med. Record*, April 15, 1877.

BELLADONNA IN CORYZA.

A gentleman writes to the British *Medical Journal*:

I have found marked benefit from tincture of belladonna in the most severe attacks of coryza. I would recommend one dose of twenty minims in the evening, about six o'clock; this will stop nearly all the most distressing symptoms, especially the frequent, and, in some cases, the almost incessant desire to sneeze. Another dose of ten or fifteen minims at bedtime will generally have the effect of all but completing the cure. There is little or no inconvenience felt the next morning from the medicine, except, perhaps, a little languor, though, I believe, some people bear belladonna better than others. I can speak highly of its effects on my own person.

THE SPONTANEOUS CURE OF CAVITIES IN THE LUNGS.

At a late meeting of the Clinical Society of London, that able observer, Dr. Theodore Williams, exhibited the patient, a middle-aged foundryman, in whom the disease began ten years ago with profuse hæmoptysis, followed by the usual phthisical symptoms. Three years ago a tinkling cavity was detected in the upper portion of the right lung. Since that date he had gained flesh, the cough had diminished, and he had been able to return to his occupation; and, on re-admission into the Brompton Hospital in December, 1876, marked shrinking of the whole of the right chest was noticed. The cavity was found to have contracted, but not to have disappeard, distant cavernous sounds being still audible. The physical signs indicated considerable displacement of the neighboring organs; the left lung was drawn across the median line, and the liver and heart were both displaced towards the contracting cavity. The general health showed corresponding improvement, a considerable amount of weight having been gained. Dr. Williams remarked that the contraction of an amphoric cavity was a very rare occurrence, and that this was a good instance of the various changes in the wall of the thorax, amounting here almost to a deformity and the displacement of the various organs that were necessary to fill up so large a void.

Dr. B. Yeo thought that the fact of there being a contracting cavity in the lung was simply accidental, and not due to any special treatment. He mentioned the case of a clerk in the city, who for twelve years had had a cavity in the lung, but who took extremely little care of himself, going on an omnibus, in all weathers, to and from his daily occupation to Brompton, and in whom, without any special treatment or care, the cavity had greatly contracted.

THE OPIUM TREATMENT OF PERITONITIS.

In an article in the *Practitioner*, February, Dr. W. H. Broadbent, physician to St. Mary's Hospital, London, writes:—

It is common in fever, whether enteric or typhus, to have as a complication tympanitis, which may be quite independent of peritonitis or perforation of the bowel. The treatment I have found most useful in relieving this condition is opium. Occasionally the distention of the intestine comes on very suddenly, when it is not only a source of distress and danger but carries very grave prognostic import. My interpretation of the phenomenon is that it is one of the manifestations of nervous shock, and that it indicates paralysis of the sympathetic system, with consequent loss of tone in the muscular wall of the bowel, allowing the distention to take place. It constitutes one of the emergencies to which the Hippocratic maxim applies, and under such circumstances I do not hesitate to give and repeat a drachm of tincture of opium. I can recall to mind many instances in which, by this treatment, the tympanitis has been dissipated in a few hours, with a corresponding improvement in a general condition of the patient.

THE USE OF ERGOT IN THE TREATMENT OF PURPURA.

Dr. L. Duncan Bulkley calls attention to the treatment of purpura by ergot, in an interesting paper, the principal points of which are as follows:

1. The treatment of purpura as advised in books is ineffective and tedious in lighter cases, and insufficient to save life in many of the severe or hæmorrhagic cases.

2. Ergot possesses a very decided power in contracting the involuntary muscular fibre, causes divided arteries to contract, acts upon the smaller arteries and capillaries, and has been proved a valuable arrester of hæmorrhage in many affections.

3. In purpura the action of ergot is very manifest, causing, when given in sufficient doses, an almost, if not quite, immediate cessation of the cutaneous and other hæmorrhages.

4. The most effective method of administration of ergot is by hypodermic injection, and this means renders it peculiarly valuable in purpura hæmorrhagica, where there is hæmatemesis, so that its administration by the mouth would be impossible, or in cases where the stomach would not tolerate it.

5. While ergotin, a purified, watery extract, has been advised by many, and has been found to act efficiently in many cases, its action is liable to be uncertain by reason of age or faulty preparation, and after dilution with water it soon becomes inert.

6. Fluid extract of ergot may be administered hypodermically, undiluted, and without local accident, as abscess or inflammation, if care be exercised; and its effect is very prompt and certain.

7. Ergot may be thrown under the skin in any part of the body; the gluteal and shoulder muscles answer well, but the places to be preferred are about the pectoral muscles, or at the sides of the chest, about half-way down.

8. Severe cases of purpura require the frequent repetition even of very large doses, whether by the mouth or by hypodermic injection; both methods may be combined.

9. Generally one or two grains of ergotin, or from ten to fifteen minims of the fluid extract hypodermically, once or twice a day, are sufficient, but the former may be safely increased to five grains and the latter to twenty or thirty minims, and repeated as often as every hour and a half.

10. Larger doses relatively are required when given by the mouth, and their action thus given, is more slow.

11. No fear need be entertained of any untoward effect, an ounce of fluid extract by the mouth, and seven grains of ergotin hypodermically, have failed to give rise to any unpleasant symptoms; and from half a drachm to a drachm and a half of the tincture of fluid extract have been continued for several months without producing ergotism.

12. Other preparations of ergot may be employed internally, as the powder, solid extract, wine, or infusion, the dose being proportioned to the effect required or produced.—*The Practitioner.*

REMOVING FOREIGN BODIES FROM THE NOSE.

A correspondent of the *Medical Record* observes, on perusing an account of a discussion on the removal of a button from the nares, that he finds no mention of a very simple procedure which has often succeeded after instruments have failed. It is merely to blow the patient's nose for him by closing the empty nostril with the finger, and then blowing suddenly and strongly into the mouth. The glottis closes spasmodically, and the whole force of the breath goes to expel the button or bean, which commonly flies out at the first effort. This plan has the great advantages of exciting no terror in the child, and of being capable of being at once employed by the parent before delay has given rise to swelling and impaction.

FOR PALPITATION OF THE HEART.

Dr. Lardies, in *L'Union Médicale*, describes a method by which palpitation of the heart not due to organic lesions may be arrested at once. The patient is directed to bend the body head down, with the arms hanging so as momentarily to cause congestion of the upper part of the body. In all cases of nervous or anæmic palpitations the heart quickly resumes its normal functions. If respiration be arrested for a few seconds while the patient is in the above position, the relief is still more speedy.

COLD WATER INJECTIONS IN ACUTE RHEUMATISM.

Dr. Dieulafoy, in the *Gazette des Hopitaux*, states that he has for several years past been in the habit, in acute articular rheumatism, of injecting some ten drops of cold water around different parts of the affected joint, as a means of relieving the pain. The results are most remarkable. The pains abate, and the patient is enabled to move the joint, and in some cases the rheumatism is even cured by this simple means. The same means may be employed also in muscular rheumatism, ischias, &c.

BROMIDE OF POTASSIUM IN HEART DISEASE.

Professor G. Argrisani finds the bromide a powerful remedy for the functional affections of the heart, whether in regard to frequency, intermittence, or want of rhythm. In a paper in he *Rivista Clinica di Bologna*, he endeavours to show that the bromide has a restraining action on the vaso-motor centres and on the cardiac plexus. This may be the origin of its power to diminish the calibre of the capillaries. It has no action on the cardiac muscular fibres, as digitalis has, which, in its turn, does not act on the vessels. Dr. Angrisani finds it of the highest clinical value in angina pectoris, and in all cardiac neuroses, relieving them rapidly, and the relief frequently ending in complete cure.

OBSTINATE CONSTIPATION.

The following letter, addressed to a practitioner in this city by a patient, is self-explanatory. It is to be hoped that some of our readers may be able to suggest a convenient and efficacious remedy:

"During my short but eventful career I have punished my share of all kinds and descriptions of ardent *sperits*. For the past seven months I have not drank a drop. During all that time, and for the first time in my life, my bowels have been in a state of chronic constipation, and I have no doubt my liver is like a piece of cork. One of your most powerful liver-stirring doses, which would probably nearly physic a horse to death, appears to agree with me, like a suitable meal of victuals, and causes only one gentle movement, apparently natural. After that, if I took no more cathartic of some kind, I should probably go a year or two without further movement.

"Of course, this is a very convenient state of things, but I am afraid I should eventually fill up, so that my victuals would not taste well, and besides I might die in the summer-time and am afraid I shouldn't keep well. I thought, perhaps, you might prescribe a sort of pill diet, and allow me to break my strict temperance rules by taking one or two castor-oil cocktails before breakfast, with an aloes punch in the middle of the day. I went one whole week, eating nothing but oatmeal, corn-meal gruel, baked and raw apples, etc., etc. It made no difference, and it convinces me that there is something wrong about the organization of my *innards*.

"If you think my liver is unfit to preside over its department, could you appoint some one of my other vitals '*Liver ad interim*'? Anything you say. I am not one of the kind who always imagine themselves sick; I am well enough any way, but either want some benefit from my numerous bowels, or else I don't want the trouble of carrying them about.

"I shall expect you to charge one visit to pay you for reading this amateur diagnosis, and then if you agree with me that my bowels are of no future use to me, render me a bill, I will pay up, and at once commit harikari."

FORMULARY.

[Communicated by various practitioners.]

SOLUTION OF SALICYLIC ACID.

℞ Acidi salicylic..... ℥ ss;
Liquor ammon. acetatis.....
Syrupi limonis..... } aa ℥ ij.
Aquæ.....

M. Making a clear solution five grains to the drachm, and positively pleasant to the taste.

IN HEMOPTYSIS.

℞ Fluid ext. ergot.. .....
Tinct. opii camphorat..... } aa ℥
Syrupi tolutan.....

M. A dessertspoonful every half hour, p. r. n.

FOR EXTERNAL USE IN ECZEMA RUBRUM.

℞ Plumbi carbonatis..... 3 ij;
Morphiæ sulphatis.....gr. x;
Chloroformi..... 3 ij;
Glycerinæ..... ℥ ij. M

AN EXCELLENT AND ELEGANT FORMULA FOR PRESCRIBING GALLIC ACID.

℞ Acidi gallici..... ..... 3 j;
Glycerinæ..... ..... ℥ j;
Aquæ bullientis..... ℥ v.

M. A tablespoonful *pro re nata*.

VASELINE AND SALICYLIC ACID IN MEDICINE.

By Henry A. Dubois, M.D.,

SAN RAFAEL, CAL.

In two former brief papers in this journal I have noticed some of the uses of vaseline and salicylic acid, alone or combined, as an ointment in the treatment of wounds and in obstetrics; in the present I will make some suggestions as to their use in another class of cases. Ulcerations of the septum of the nose are often as much the cause of persistent discharge from the nostrils as erosions of the os uteri are the cause of leucorrhœa. I have seen many cases that, under the care of specialists, have for the time being, been cured, only to break out afresh. In truth, these cases seem to require general as well as local treatment. Looked at from one standpoint, they are but a sign of a general constitutional state. The treatment pursued by most specialists is tedious, requiring the attendance of the patient several times a week for several months before the ulcerations are completely healed and the discharge stopped.

Many of the cases that come to the general practitioner would be satisfied if they could get a partial cure, *i. e.*, be able to control the discharge from the nostrils to such an extent as not to be seriously inconvenienced thereby. It is a question in some of these cases as to the advisability of stopping suddenly a long-continued discharge. The treatment that I have found most convenient for the patient, and at the same time very effective locally, has been the use, night and morning, of vaseline with five grains of salicylic acid added to the ounce. This is introduced into the affected nostril by a camel's-hair pencil, or, better still, by a little cotton-wool wound around the end of a stick. At the same time I give $\frac{1}{10}$ to $\frac{1}{5}$ grain of corrosive sublimate with some preparation of iron twice daily. I frequently find that, after this treatment has been continued for one to two months, a complete cure is effected, while in other cases the discharge has so far ceased after a few weeks that the patient, being satisfied, leaves off the treatment. In cases of scrofulous enlargements of the glands of the neck, vaseline, with from ten to twenty grains of iodine and the same quantity of iodide of potassium, makes an excellent ointment. In hemorrhoids vaseline with five to ten gtt. of tar to the ounce, makes a very soothing application to the inflamed piles. Ten to twenty grains of subnitrate of bismuth may be substituted in some cases for the tar, with advantage; of course the portal circulation must at the time be kept unobstructed. In granular lids, vaseline alone introduced into the eye soothes the parts, and has given good results in my hands. If desired, alum, sulphate of zinc, or what I prefer, liq. ferri persulphatis, can be added. I believe that vaseline containing one-half to three grains of salicylic acid will be found useful in purulent ophthalmia. Indeed, the use of these agents in diseases of the eye has received, so far, little attention. In otorrhœa in scrofulous children, the vaseline, with varying proportions of salicylic acid, checks the discharge and relieves all excoriations caused by it. In granular sore throat the ointment, if applied morning and night with a probang, answers a good purpose, and, I may add, that in diphtheria I prefer to apply the acid with vaseline rather than in solution. Vaseline, in many skin eruptions soothes and protects from the air. Recently I have had charge of a case of small-pox in a child, in which I kept the ointment constantly applied to the whole body, with the effect of apperently entirely relieving the itching; for the child, though of a very irritable disposition, did not break a single pustule on the face by scratching, and recovered without a pit. I should also mention that the secondary fever was almost absent. I do not think I am going too far in saying, that a daily application of this ointment, in cases of small-pox, over the whole body, will not only greatly conduce to the comfort of the patient, but will do much towards reducing the fever of maturation. In cases of poison-oak, I find it to give more relief than any other topical application, and, in connection with vapor or hot-air baths, to effect speedy cures. In cases of burns it answers much better than caron oil. The ointment stimulates the granulations, and, by the addition of astringents, will furnish a good dressing throughout all of the stages of an extensive burn. It answers well as a dressing for chancroids. In cases of baldness or loss of hair after fevers, vaseline with twenty grains of quinine and thirty gtt. of tincture cantharides makes an excellent pomatum. It takes, in many cases, the place of liniments, and can be combined with quite a variety of active medicines. It may be used instead of cod liver oil as an external application in diseases of mal-assimilation, and will not be found disgusting like the former, while it seems to have nearly if not quite as good an effect on the disease. I have used it internally in phthisis, chronic bronchitis, and whooping-cough, and with generally satisfactory results; but consideration of its action when used internally must be postponed until my experience is more extensive than at present.

I will conclude by mentioning a number of little uses in which vaseline will be found to contribute to the comfort of the patient and to the convenience of the physician. It makes a good dressing for blisters, and a more soothing one than any other with which I am acquainted. Added to poultices, it keeps them moist, and, if a little of the acid is added, sweet for a length of time. It is a good vehicle for active medicines when used by the rectum. The vaseline should be slightly warmed, and the nozzle of the syringe large. If introduced in the melted state into the urethra, in cases of difficult strictures, it enables the catheter to enter with great facility. It answers better than mercurial ointment to prevent rust on instruments. I have no experience in its use in gonorrhœa, but I think there can be little doubt that with its soothing and penetrating qualities it would make a good agent for astringents, and with the salicylic acid would tend to abate inflammation and check the discharge. The ointment alone or with tannic acid is a valuable application to bedsores. I may add that, in blistered feet, and for the

sore backs of horses, it answers well. I have thus briefly called attention to these agents. No doubt most physicians have used them in many cases; but, so far as I know, all of the valuable properties of vaseline, alone or combined with salicylic acid and with other active agents, are not yet fully appreciated by the profession generally, and this must be my excuse for mentioning many of the uses that these agents may be put to.—*N. Y. Medical Record.*

THE SURGICAL TREATMENT OF EMPYEMA.—

There are a few cases which cause more anxiety to physicians than patients suffering from empyema, and we fear that uncertainty as to the best mode of treatment considerably aggravates this anxiety. Time is often wasted while half measures are being tried and found to fail; and sometimes it is only as a *dernier ressort*, when the patient's strength is exhausted and the case is desperate, that the true curative treatment is adopted. When the existence of pus within the pleural cavity has been established there can be no doubt of the necessity for its evacuation. The question remains, how can this best be accomplished? Aspiration is the easiest method, and in children is frequently very successful; for any pus that remains after the operation is not unfrequently absorbed, and masses of lymph become organized. But in adults we do not meet with these favorable results; the hopes excited by the immediate relief following the aspiration are only to ocommonly dissipated by the evident signs of resecretion of pus. The fact is that the aspirator never completely empties a chest, and the fluid left behind is neither absorbed nor organized, but causes further suppuration. The other plan of making a free opening into the chest low down completely evacutes the pus, and allows of the gradual obliteration of the pleural cavity by the expanding lung, collapsing walls, and displacement of adjacent viscera; and it offers the only chance of cure in the great majority of cases of empyema in the adult. But there is a dread of this operation in the minds of many, owing to the evil results not unfrequently attending it: prolonged suppuration, destroying life by hectic, albuminoid disease, or acute tuberculosis: or decomposition of pus, with consequent blood-poisoning. Here it is that we think the antiseptic treatment can be employed with the happiest results; for it has been in cases of large abcesses that its most decided triumphs have been won. Where only pure non-irritating air is admitted to the pleural cavity the suppuration at once or soon ceases, and the patient escapes the danger of blood poisoning. A drainage-tube should be employed, and care should be taken that it be past just into the pleura; but it is unecessary that any of the tube shuld be free in the cavity. Several cases are on record where these tubes have slipped into the pleura, and have given rise to trouble in extraction. This accident can be quite prevented by adopting the simple expedient of transfixing the outer end of the tube with a harelip pin, which crosses the wound and effectually prevents the tube passing in; and if the ends of the pin be secured to the chest by strapping, it equally prevents the tube being forced out of the opening. The tube should not be withdrawn until all secretion from the pleura has ceased. —*Lancet.*

HYGIENE OF THE FEET.

Thomas F. Rumbold, M. D., of St. Louis, Mo. contributes the following to the Virginia Medical Monthly:

"Cold feet predipose to colds in the head, throat, and ears. It is almost useless to treat a patient for a catarrhal condition of these organs if the feet are not kept warm. No external influence so certainly causes a congestion of the mucous membranes of the respiratory organs as cold and wet feet.

"It is frequently the case that wearing woollen stockings will cause the feet to perspire, they are then liable to become cold. Should this be the case, a thin pair of cotton stockings should be worn under the woollen stockings. It will be well for those patients who have cold feet, whether damp or not, to were their stockings in this way; that is, to draw on a pair of woollen stockings over a pair of cotton stockings. Neither of the pairs need be very thick.

"A good remedy for cold and damp feet is to bathe them at bed time. For many years I have advised my patients, when taking this bath, that they should after undressing wrap a blanket around the body from head to foot, the room being warm; then sit on the side of the bed and immerse the feet in a sufficient quantity of water, heated to blood-heat, to cover the ankles, having the blanket at the same time wrapped around the limbs and foot bath tub.

"The position upon the side of the bed has two advantages: the patient, in being near the bed, will be able to get under the bed-clothes without the loss of the warmed air inclosed around his limbs and body by the blanket; again, in this position, the body will be more erect than it would be if the person were sitting upon a chair; consequently more of the limbs will receive the warmed and moist air from the bath-tub—two adjuncts necessary to a successful foot-bathing.

"After the feet have been in the warm water about three minutes they should be raised out of the tub, and one pint of boiling-hot water poured into the bath. The feet should then be immersed again about three minutes longer; at the end of which time a second pint of hot water should in the same manner be added to the bath; and, with the same interval, a third, fourth, or more pints should be added, till the water in the bath-tub is as warm as the patient can bear it. After the feet have been in the water in all about fifteen minutes, they should be dried by being well rubbed with a coarse towel, and then an inunction should be applied with considerable friction. Lastly, they should be covered with a pair of cotton stockings, well warmed. The drying and anointing should be done while the feet are held over the bath-tub and inclosed in the blanket. The patient should get into bed completely

enveloped in the blanket. For many years I have used an anointment for the feet with and without bathing; it assists in preventing them from sweating and from being cold. During the last two years I have employed "vaseline' as an inunction. It is far superior to any of the oils or cerates in common use.

"By the time the feet are bathed in this way the body will be in a gentle perspiration; this should be allowed to dry gradually, after which the blanket may be removed.

"If there is fetor from the feet, salicylic acid and bromide of potassium (aa grs. v ad. ʒ j of 'vaseline') will in a few bathings and anointings correct this condition. Plunging the warm feet in cool water immediately on getting out of bed in the morning has frequently a good effect.

"A large majority of females fasten up their stockings by elastic garters. Girting the limbs in this way is very liable to induce cold feet on account of impeded circulation; the veins being so much compressed by the garter that the blood can not leave the limbs so readily as it should do, while the heat forces the blood to them through the arteries, whose walls are firm enough to resist the pressure of the garters. Almost every patient will claim that her garters are not tight; yet most of them will acknowledge that when the elastics are removed at night, the creases under their knees, caused by the constriction of the garter, are deep enough to bury half of the thickness of the finger. In order to maintain the hose in their place without the aid of garters of any kind, they should be pulled on over the stocking-knit drawers and fastened with tapes. Four of these tapes, about six inches long, should be sewed on the drawers at about the middle of each thigh, one on the outer side and one on the inner side; also four tapes of the same length should be sewed, one on the outer and one on the inner side of the top of each stocking. The tying of the four pairs of tapes secures the hose in their place, and, as they are long enough to come above the knees, more of the limbs are then covered than when they are held up by the strangulating elastic or non-elastic garters.

"Boots that are thin or tight, and shoes that are low in the ankles should be avoided in cold or damp weather. Heavy, loose-fitting boots, with double uppers and soles, the latter made wide, are the proper coverings for the feet in cold or damp weather. India rubber overshoes should be worn in wet or damp weather only, and they should be removed from the feet as soon as the wearer enters the house. Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is *mysteriously* (?) contracted is to exchange a pair of warm boots for a pair of low slippers. Those who do this had forgotten that their feet and ankles had been protected all day, and that they have not only uncovered them but placed them in the coldest stratum of air in the room. If they had taken the precaution to draw on over the stockings which they usually wear a pair of heavy woollen socks, the chances for taking cold from wearing the slippers would have been greatly decreased."

COUGH MIXTURE IN PHTHISIS.

℞ Mist. amygdal dulc..... ʒ iij;
Fl. ext. glycrrh..... ʒ viij;
Mucil. acaciæ. ..... ʒ viij;
Potassi cyanidi.....gr. ij;
Acidi citrici.....ʒ j;
Morphiæ acet.....gr. iij;
Spts. nitrosi ether..... ʒ vij;
Syr. sanguin Cand..... ʒ iij;
Ext. prunus virg., g. s. ad... ʒ viij. M.

Sig. Dessertspoonful every three or four hours.

I find this generally moderates the cough, exerts a very beneficial influence on the bronchial mucous membrane, and improves rather than deteriorates the digestive function.

In more advanced cases I often give the following mixture. It is both tonic and pectoral, and furnishes an excellent mode of giving quinia, as its taste is almost entirely concealed:

℞ Mist. glycrrh. comp..... ʒ iv;
Fl. ext. prunus..... ʒ ij;
Acidi hydrocyanici..... ʒ ss;
Quiniæ puræ..... ʒ ss;
Morphiæ sulph.....grs. iij;
Syr. picis comp., g. s. ad..... ʒ viij. M.

Sig. Dessertspoonful every four hours. To this I often add either the chloride or the phosphate of ammonium.

The following combination of Prof. DaCosta forms a fine combination:

℞ Morphiæ acet.....gr. ij;
Potassi cyanidi.....gr. j;
Acidi acetici dil..... ʒ j;
Ext. prunus virg..... ʒ ij;
Mucil. acaciæ..... ʒ ij. M.

Sig. Teaspoonful thrice daily.

A combination of this kind, however, is more sepecially adapted to non-inflammatory coughs with free but yet not abundant xpectoration. I, however, prefer the following one of my own:

℞ Syr. picis comp..... ʒ ij;
Potassi cyanidi..... .....gr. iij;
Morphiæ acet.....gr. ij;
Fl. ext. hyosciami..... ʒ ij;
Vini ipecac..... ʒ j;
Syr. tulut..... ʒ iv;
Ol. sassafras.....gtt. x. M.

Ft. Sig. Teaspoonful four or five times a day.

When the cough is convulsive, with stridtor and wheezing breathing, we find our best therapeutics in belladonna, strammonium, cannabis indica, and the bromides. The following, a favorite of Dr. Williams, of the Brompton Hospital, often acts well:

℞ Ammonii bromidi·····
Chloral hydrat..... } aa ʒ jss;
Syr. papav..... ʒ ss;
Aquæ menth. pip., q. s., ad... ʒ vi. M.

Take an ounce every two or three hours.

—*Dr. Polk, in Ohio Medical Journal.*

CLINICAL LECTURE ON GOUT.

(Delivered in the Amphitheatre of Bellevue Hospital, New York.)

By Wm. M. Polk, M.D.,

Professor of Materia Medica and Therapeutics, and Clinical Medicine, in Bellevue Hospital Medical College, New York.

(Phonographically reported for *The Hospital Gazette.*)

Gentlemen,—A casual glance at either of the patients I bring before you to-day is sufficient to shew that they are suffering from some form of articular disease. In seeking for a cause of the trouble, two conditions suggest themselves, namely: rheumatism and gout. As regards their differentiation, we can very soon determine the matter here by enquiring into the history of the cases. We will take the first patient.

He says he is 38 years old, and up to the time he was 35 enjoyed most excellent health. In addition to this, his habits were very good, never using spirituous or fermented liquors until he was 25, and even after that time, only in moderation.

His occupation up to about ten years ago was that of a school teacher, but since he has been in this country (ten years) he has been an ordinary laborer, thus living out of doors a considerable portion of his time, where he could get a free supply of oxygen.

When he was 35, that is three years ago, he was suddenly seized after exposure to cold with sharp pain in the knees, and later the metatarso-phalangeal joints of the great toes became involved. Other joints were likewise affected. He was confined to his room for five or six weeks, but did not suffer an unusual amount, being at the end of that time quite free from his difficulty. One year elapsed when he was seized with another attack similar to the first, and following exposure to cold. This seizure was limited to three weeks. This winter in January, he had another attack quite like the two previous. When he entered the hospital the joints chiefly affected were the metatarso-phalangeal of the great toes, but that of the left was worse than that of the right. He was entirely free from perspiration and the heart was not at all involved.

When we came to look at the metatarso-phalangeal articulation of the left great toe we found it anchylosed and more sensitive than any other joint. The cartilages of the ears exhibited small deposits, which on examination were found to be urate of soda. The joints of the fingers likewise showed deposits of the urates, especially about the articulations of the second and third phalanges, and, moreover, one had opened and was discharging a material which was found to consist principally of urate of soda. This point settled the question definitely, for under these circumstances, the disease could, by no possibility, be rheumatism. You can still see the enlargement of the finger joints and the deposit in the cartilages of the ears.

My reason for calling your attention specially to this case is that the attacks so closely resembled rheumatism in that the larger joints were primarily involved, and yet the subsequent history, with the joint lesions present, all show the characteristic development of gouty disease. Now the patient shows the chronic steps of the disease.

As to the second patient, he is about the same age as the first, but a shoemaker, working many hours out of the twenty-four in badly ventilated quarters. His habits are fair, and he indulges but little in either fermented or spirituous drinks. The first patient was a moderate beer-drinker, but this, not. The family history of both seems to be free from any suspicion of the gouty vice.

Here the patient was at the first (three weeks ago) seized with sharp lancinating pain in the metatarso-phalangeal joint of the right great toe. A great deal of inflammatory swelling was developed and with it constitutional disturbance. No other joint became involved, and, in the course of two weeks, he felt comparatively well.

The swelling about the toe and top of the root is still quite considerable, as you can readily see. One point just here I wish to call to your attention is this—the swelling around a small joint affected with gout is generally much more extended than when the inflammation is rheumatic.

This man presents no other evidence of gout than is shown by the history and present appearance of the affected joint. At the present, we class his ailment as acute gout, but sooner or later he will pass on to the region of the disease occupied by the patient just shown you.

In cases of chronic gout, if we wished to push the investigation further because of the scarcity of diagnosis points, we might resort to the test for uric acid in the blood. In order to do this, we simply extract half an ounce or an ounce of blood from the patient, or we may use the serum taken from a vesicated surface. Taking the blood or serum, as the case may be, and adding a small quantity of acetic acid, we allow it to stand for a time, then place in it a few shreds of cotton fibre. After the lapse of eleven or twelve hours there would be found on these shreds a deposit of crystals of urate of soda, an evidence that this salt exists in unusual quantity in the circulating fluid.

In the first case there is a chance that the kidneys have become involved, for this is likely to happen when the disease has continued for a length of time. We find in such cases what is called the gouty or contracted kidney. The quantity of urine passed in twenty-four hours

is increased, while the uric acid and urea is very much decreased in amount. In the present instance this patient passes sixty ounces a day, which is more than normal, while the specific gravity is low. This specimen is free from albumen, but you ordinarily expect to find in these cases a light deposit. If this patient were to take a slight cold you would then discover albumen in his urine. Though there is none present now, the other characteristics obtain, and we are, I think, justified in believing that this man has the gouty kidney.

But now let us look a little beneath the surface and endeavour to see what all these various changes can be traced to. The writers on this subject may be divided into two classes, those who hold that there is nothing behind the local manifestations, and those who go beyond this and look to the blood to find a primary disorder. A great many different hypotheses have been offered at various times, some with and others without plausibility, but all of them are merely different interpretations of some undisputed manifestation of the disease. Most authors, however. seem to be agreed that it is due to suboxidation of the albuminous substances introduced into the circulation. The suboxidation depends on one of two conditions, viz., an over supply of albuminous substances, or an under supply of oxygen.

The first condition is illustrated by a person who habitually eats and drinks freely and exercises but little, and the second by one who is habitually confined to badly ventilated quarters and yet may not eat excessively.

The attempt has been made to show that the origin of the gouty vice in any one person is in the liver.

Assuming as a fact that the liver is the point where urea is formed. The problem is worked as follows: functional derangement of the liver prevents the complete conversion of the albumunoids into urea. The process of oxidation essential to that conversion being stopped at the uric acid point instead of continuing to the urea point.

Uric acid and the urates steadily accumulating in the blood are, after a time, deposited in cartilaginous structures, especially about the small joints; as a result you have gouty inflammation with the attendant fever set up, in other words you have an attack of acute gout. During the fever the increased oxidation entering into that phenomena leaves out or destroys the excess of the urates, leaving the patient's blood purer.

In this way is explained the fact that patients always feel relieved after an explosion of gout. Their blood being purified, they feel better in all respects.

The entire theory is certainly very fascinating, and in the place of a better may be accepted for the present.

Persons who have inherited or acquired the gouty diathesis may have a great number of manifestations of the disease, without developing any characteristic joint affection.

Some who have the diathesis, will, after an ordinary indulgence in wines, etc., complain of an ill-defined soreness over the kidneys, and have frequent calls to urinate, the water being loaded with urates.

A distinguished actor of this city, who suffers from inherited gout; after the slightest indulgence, is afflicted with severe soreness in the heels, extending as far as the tendo Achilles. He can be cured each time by the usual gouty treatment.

These patients are very much subject to indigestion of some kind, principally acid dyspepsia.

The diathesis may be present for years, without anything other than indigestion as a manifestation, this occurring particularly after the drinking of certain wines.

Whenever you have a patient the victim of any of the manifestations of prolonged gout, invariably examine the urine, to see whether the symptoms may not only be due to increased production of uric acid in the blood, but to renal disease as well, this latter preventing the proper elimination of urea and urates, which, as you are aware, is as surely followed by disastrous results. I think, in many cases, you will find casts and albumen. You may not discover them at first, but you will assuredly find an increased amount of fluid, with a low specific gravity. If I had carefully followed this precept in a case under my care during the last year, I should have been spared from deep mortification. My patient suddenly passed into uræmic coma from which she never came out. There was advanced renal disease which was then discovered on a second and third examination of the urine. I knew the patient had inherited gout, and was suffering from an acute attack of gouty bronchitis; but had the urine been examined more than once, I would have known more.

In some persons there is a special tendency to bronchitis, which supervenes on the slightest exposure to cold. These cases will more frequently respond to gouty treatment than to the expectorant plan which is adapted to average cases of bronchitis. In special cases there is some neutral trouble, usually sciatica, which may be directly traced to gout. A large number of skin diseases, especially the scaly varieties, as psoriasis and eczema, call for the administration of gouty remedies.

I have at the present time a patient who shows a remarkable and rare development of the gouty diathesis, so rare, in fact, that for some time I was in doubt as to its exact nature.

The person had had burning sensations in the palms of the hand and soles of the feet, from time to time, but as there was never any swell-

ing to be detected, and no evidence of any lack of her usual health, I paid but little attention to the case One day, however, she asked an explanation of certain sudden swellings occurring in the soft palate. They would disappear in a few hours as rapidly as they had come. My suspicions being aroused, I found that occasionally the swellings instead of coming in the soft palate, would show themselves on the cheek on a line with the mouth, never higher than the malar bone, and always on the right side. They were about the size of a pigeon's egg hard, but not inflammatory, not even tender. Once or twice some discoloration of the skin remained for a few hours after their disappearance. I examined the urine and found that possessed of the characteristic peculiar to the gouty kidney. The patient was the victim of that form of renal disease, but the swellings were due not to that fact, being rather direct expressions of the gouty dyscrasia.

The symptoms that I have enumerated constitute the chief manifestations of the gouty diathesis, and having already alluded to the causes, we will now turn to the question of treatment.

The treatment of gout may be divided into that appropriate to the acute development of the disease, and that which should be employed in chronic forms. First, as to the acute forms. The seizure usually takes place during the night, and the first essential element in treatment is to secure freedom from pain by anodynes. Let the patient have rest in bed and make some application to the joint, such as extract of belladonna. If the inflammation be considerable, use hot applications. The patient will usually object to cold applications as he believes they will drive the disease to the heart or brain. Elevate the limb and administer colchicum.

I look upon the use of this drug as most important. The wine of the seeds is the best preparation, and you may give it in doses of ten or twenty minims or even thirty, every three or four hours until the action of the remedy is obtained. It does not do to leave these cases without active treatment, unless they are much enfeebled already, as you may have anchylosis of the affected joints resulting. Measures of this kind are usually sufficient to cut short the disease. Do not let the patient walk as long as any tenderness is left. After the acute attack put the patient on alkaline waters, Vichy being as good as any other. It contains from forty te forty-five grains of bicarbonate of soda to the pint. With Vichy we get the good effects of the alkali as well as of the water itself, which acts as a diuretic and aids in getting rid of the excess ef uric acid and urate of soda. Soda has some action on the liver and enables it to perform its functions in a better manner. In addition we get good effects on the digestive system from Vichy and other alkaline waters, so that in more than one way it does good.

In the chronic forms of the disease rely but little on colchicum, though it may be used carefully to control any active outbreak.

Use the milder alkaline waters, and see that the bowels are kept in good condition. The granulated Carisbad salt is very good for this purpose in such cases, giving a teaspoonful or two in a glass of water before breakfast.

Bitter tonics are to be used to aid digestion, and the blood is to be fortified by the free use of iron, and let me repeat it here, keep your eyes on the kidneys of your gouty patients.

The diet is a most important element to be attended to. The patient should be strictly cautioned to avoid fermented liquors and partially fermented wines.

If it be necessary to prescribe stimulants, let the patient be restricted to spirituous liquors, as they act best and do least towards increasing the trouble. Brandy, gin or whiskey, with Vichy, may be taken with the meals. It is likewise very important that the sthenic cases be kept from too free indulgence in animal food, particularly in acute cases, the patient should be confined to a farinaceous and mild die Sweets should always be avoided. In the chronic forms we must not curtail the diet to to great an extent, and a free indulgen ce in anima food does not seem to have the same bad effects as in the acute cases.

Encourage your patients to live as much as possible in the open air, take as much active exercise as their strength will permit.

By applying these general remarks and treatment to such cases as you will meet with, I think you will find yourself in the proper path to their correct management.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND.

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MONTREAL, JULY, 1877.

THE TRI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

In another column we give the names of the forty Governors, who, on the 11th of July at Three Rivers, were elected to conduct the business of the College for the ensuing three years. Of these forty Governors, eight were delegates from the various Medical Schools at present existing in the Province, so that, in reality, but thirty-two were elected. It is true that the

names of the School delegates were introduced on the voting papers, but we think that it was a mistake so to do. We wish, however, that we could add that this was the only mistake that was made. We could not in truth make such a statement, for the greatest mistake of all was the demonstration of a strong national feeling upon the part of a large number of the French Canadian members. There was, of course, many noble and well marked exceptions, and these stood out in bold relief, only making the action of those who controlled the meeting for their own good, appear most condemnable. Among the retiring Governors there were many whose re-election was to have been expected. They were representative men, whose reputations are not confined to the city and district where they practice their profession, but who are known and respected, over the entire of our vast Dominion, and who have helped to give to Canadian Medicine the standing which it occupies in the eyes of the American Medical world. Considerations such as these should have had their weight, had not a spirit, much to be deprecated, swept all before it, and these good men were left in a minority. There was an almost wholesale annihilation of the English element on the Board, and also of that portion of the French element which for many years has worked so harmoniously with them. Out of the thirty-two *really* elected Governors only six were English, which, with four representatives from English Schools, gives a total of ten English Governors. It is true that if we are simply to have numerical representation, perhaps this number may give us our correct quota, but we claim that it was not only unfair, it was unjust to drive from the Board some of the very men, who have done so much to bring Canadian Medicine to its present high standard. At the same time we claim that the influence the English Medical profession exerts in this Province was worthy of consideration in this matter. No one can deprecate more than we do, the introduction of the national element in matters of this kind, and, if it were at all possible, we should have left the matter drop. We feel, however, that the introduction of this element was not the wish of a very large number of our French Canadian friends, whose votes were used for this purpose. Elections in the very nature of things, must be unsatisfactory to some one, but, when elections can be conducted by proxies, it can at once be understood how a few active men can carry things in their own way, and which, in the very nature of things, may be in direct opposition to the wishes of those, who unknowingly and unthinkingly have been used as a means towards an end. That this was the case at Three Rivers, at all events with some of the proxies, is, we are assured, the fact. We therefore hold the majority of our Canadian friends guiltless in this matter, and place the blame, where we believe it lies, viz., on the heads of a few misguided young men, who, enthusiastic with a mistaken zeal, have driven from the Board some of the very men whose ripe age and experience was well qualified to give tone to the new College. For over thirty years the old College conducted its affairs without the introduction of this unfortunate question—both Nationalities working together harmoniously—nor would it have come up at the last meeting, had not the zeal of a few outrun their discretion. Conservatism in Medicine is a policy which can not be too much admired. Already we have seen the folly of at least one of the democratic clauses of the New Medical Act. Time will, we trust, wear away the irritation which this election has produced, but if the *entente cordiale* of the profession in its entirely is to be maintained, the profession must take the next election in its own hands, or be sure their proxies will not be used to bring about results they cannot approve of.

APPOINTMENTS, HONORS, ETC.

It is rumored that the vacant position of Surgeon to her Majesty in Scotland, held by Prof. Lister, wil be given to Dr. George Macleod, Professor of Surgery in the University of Glasgow. Mr. Brodis's bronze statue of the late Sir James Y. Simpson was unveiled in Edinburgh, May 26th, and is spoken of very highly as a work of art.

HUMAN MILK ON SALE.

It strikes the European as a singular fact that human milk can usually be obtained without difficulty in China. In the native city of Shanghai, it costs at present about twenty cents for half a pint. Dr. Mackenzie, of Ningpo, says that he has frequently seen the native women milking their breasts into small basins, in the streets of the native city and foreign settlement of Ningpo. It is esteemed

by the Chinese as a nourishing food for old people, and consumptives.

PROFESSOR LISTER.

This distinguished teacher has at last yielded to the solicitations of King's College, London, a chair of Clinical Surgery having been created for him and thirty beds placed at his disposal. The chair of Systematic Surgery, originally offered to Prof. Lister, and which he refused, is still vacant.

VICTORIA MEDICAL FACULTY.

We have it on very good authority that negotiations have been going on for some time between the Montreal School of Medicine and Surgery (now affiliated with Victoria College, Cobourg,) and the University of Laval, Quebec, with a view of the former becoming the Montreal Medical Faculty of the latter. It is believed that the negotiations will shortly be brought to a satisfactory termination.

We have received the annual announcements of the Medical Faculties of the Universities of McGill and Bishop's. Both these Calendars give the changes which the new Medical Act of the Province of Quebec requires in the curriculum of students. We have already alluded to these changes, but refer those interested to these Calendars for details. The Calendar of McGill can be had from Dr. Osler, the Registrar of the Medical Faculty of that University, and that of Bishop's University from Dr. F. W. Campbell.

Transactions of the American Gynæcological Society, Vol. I, for the year 1876. Boston: Published by H. O. Houghton & Co., Cambridge. Riverside Press.

This elegant volume is now offered to the profession as the fruit of the first year's work of the Society. The typographical and binder's work is faultless, and the table of contents shews that a large addition of valuable information is presented to the reader.

The objects of the Society are meritorious, and, should these objects be honestly pursued, the success of the Society will be assured. Without dwelling upon or referring to the birth of the Society, or the necessity there seemed for its existence, we will pass to the table of contents. The President, Dr. Barker's address, is well suited to the occasion, and exhibits the broad views and generous warm-heartedness of one so deservedly held in high esteem by his professional brethren.

The first paper on "The Etiology of the Uterine Fluxes, with the Proper Mode of Treatment Indicated," is deserving of the careful study of Gynæcologists. The author presents the records of 2,447. The result of flexions upon sterility are carefully examined, and the author finds that "the female who has been impregnated is rarely found with a flexure of the cervix, and, in comparison with other women, is little liable to flexures of the body."

"The proportion of different flexures of the body to one another was 55 per cent. for the forward to 17 per cent. backward, and 26 per cent. for lateral deviation." This conclusion gives a much larger percentage of antiflexures than were generally supposed to exist. Our space does not permit of dealing with many other valuable deductions, nor of the treatment commended. The paper was followed by a most valuable discussion, in which Dr. R. Barnes, of London, Dr. White of Buffalo, and other distinguished Gynæcologists took part.

The paper by Dr. Skeene on "Cicatrices of Cervix Uteri and Vagina" is one of much merit.

"Extirpation of the Functionally Active Ovaries, for the remedy of Incurable Diseases. By Dr. Robert Batty."

The writer of this paper gives the record of some ten cases, where this operation has been made. The results, though in some cases satisfactory, are hardly such as to bring the operation in much favor with the profession. The first performance of the operation must be conceded to the author, although similar operations were made in Canada before the published records of these cases were known.

Dr. Matthews Duncan presented a very interesting and instructive paper "On Central Rupture of the Perineum," in which he speaks of the various forms of rupture, and especially draws attention to the fact that "a central rupture of the perineum may take place without all the tissues being torn, or without a new artificial passage into the vagina being made.

The central perineal ruprure may affect only the skin, and that only partially—that is, a split

or crack. It may affect the skin only, the subjacent cellular tissue being exposed. It may affect the vagina only. Lastly, it may affect skin and mucous membrane and the tissues immediately adjacent, while there remains entire some tissue intervening between the skin and vagina.

Dr. E. W. Jenks, of Detroit, gives an interesting paper on Viburnum Prunifolium, in the Treatment of Diseases of Women. The part used is the bark of the root. "It is (said to be) particularly valuable in preventing abortion and miscarriage."

Dr. T. Parvin, of Indianapolis, relates a very interesting case remomenia, or vicarious menstruation.

Dr. Robert Barnes, London, gives a most interesting paper "On the relations of Pregnancy to General Pathology." The paper is so full of original thought that it is impossible satisfactorily to give an abstract.

"The Spontaneous and Artificial Destruction and Expulsion of Fibrous Tumors of the Uterus," by Wm. H. Byford, M.D., Chicago, is a paper of exceeding merit. The author illustrates the subject with a number of cases. His theory is to "administer ergot for the cure of fibrous tumors of the uterus by compression or expulsion." The blood supply is cut off by compression. The amount of success depends upon the position of the tumor in the muscular walls of the uterus. The nearer such growths are to the inner surface the more amenable are they to this form of treatment. An interesting discussion followed. The novelty of the treatment, and the success it has achieved, commend it to the Gynæcologist as another weapon for combatting the disease.

Dr. T. G. Thomas, New York, reports "A case of Abdominal Pregnancy treated by Laparotomy," in which the importance of leaving the placenta in situ is illustrated and insisted upon.

Henry F. Campbell, of Augusta, Ga., presents an interesting paper upon the "Pneumatic Self-replacement in Dislocations of the gravid and non-gravid Uterus." The advantages of the genu pectoral" posture is insisted upon.

1st. For examination of the ossa and linea innominata. 2nd. Conducting the hand through the pelvis. 3rd For applying the forceps from behind. 4th. In turning. 5th. For hernia and prolapsus, from the third to the seventh month. 6th. For replacement of retroversions, retroflexions and inversions. 7th. For introducing the catheter. 8th. For accelerated labor, and also for the passage of the stools when prolapsus of the rectum is to be feared. Injections are easily given in this posture.

Wm. L. Richardson, of Boston, gives a paper upon the value of hydrate of chloral in obstetric practice.

James R. Chadwick, M.D., of Boston, relates some cases of "Labor complicated with Uterine Fibroids and Placenta Prævia," also a very interesting paper on "Umbilical Hernia in the Fœtus."

Emil. Noeggerath, M.D., New York, gives a very interesting paper on *Latent Gonorrhœa, especially with regard to its influence on fertility in women.* The conclusions of the paper are very novel and startling, and, I may safely say, by no means accepted by the profession. They are as follows:

1. Gonorrhœa in the male, as well as in the female, *persists for life* in certain secretions of the organs of generation, notwithstanding its apparent cure in a great many instances.

2. There is a form of gonorrhœa which may be called latent gonorrhœa, in the male as well as in the female.

3. Latent gonorrhœa in the male, as well as in the female, may affect a healthy person either with acute gonorrhœa or gleet.

4. Latent gonorrhœa in the female, either the consequence of an acute gonorrheal invasion or not, if it pass from the latent into the apparent condition, manifests itself as acute, chronic, recurrent peremitritis, or ovaritis, or as catarrh of certain secretions of the genital organs.

5. Latent gonorrhœa, in becoming apparent in the male, does so by attacks of gleet or epididymitis.

6. About 90 per cent. of married women are married to husbands who have suffered from gonorrhœa, either previous to or during married life.

Dr. Noeggerath justly remarks, after the discussion of the paper, that "The theory which I propose requires careful study, and a great deal of experience for its recognition."

Dr. Alfred Wiltshire, of London, Eng., gives

a paper "On Death from Urinemia in certain cases of Malignant Disease of the Uterus.

Wm. Goodall, M.D., Phil., gives a "Clinical Memoir on some of the Genital Lesions of Childbirth." A most instructive paper upon a very practical subject. The immediate operation for ruptured perine was favored by the writer, as well ast hose who discussed the subject.

"Hermaphroditism" is the title of a paper by Lawson Tait, F.R.C.S., Birmingham, Eng.

George Bixby, M.D., Boston, gives an interesting paper on "Cases of Cystic Tumors in the Abdomen and Pelvis."

E. Randolph Peaslee, M.D., LL.D., New York, gives a paper upon "A Case of Solid Uterus Bipartitus; both ovaries removed for the relief of epileptic seizures, ascribed to ovarian irritation. The case terminated in death three days after the operation, which was made through the abdominal walls.

Henry F. Campbell, M.D., Georgia, gives an interesting paper upon the "Origin and History of Calculi found in the Bladder after the cure of vesico-vaginal fistulae." The writer thinks that in many cases the stone exists in the bladder, and assists in causing the fistulæ during labor, and concludes "that careful examination be made for stone *previous to the closure of the fistula*, in all cases in which the known circumstances attending the occurrence of the accident do not exclude the possibility of its presence in the bladder; and, also, that all patients be sounded for stone before their discharge as cured."

The death of Dr. Gustave Simon, one of the Honorary Fellows of the Society, is most feelingly and ably referred to by Dr. Paul Mundi, of New York. A short sketch of the life and labors of the lamented dead is also given. That by which he was best known to English readers was his admirable paper on Vesico-Vaginal Fistula, which appeared but a short time before his death.

PERSONAL.

It is reported that the Chair of Hygiene in the Victoria Medical School of Montreal has been offered to Dr. E. P. Lachapelle.

Dr. Bell (M.D., McGill College, 1877) has been appointed apothecary to the Montreal General Hospital.

—Sir Thomas Watson, M.D., though now in his 86th year, continues to write for the scientific and literary journals with all his wonted grace and force of style.

Sir Robert Christison, who has been in failing health for some time, has resigned the Chair of Materia Medica in the University of Edinburgh, which he has held with much distinction since the year 1832. Sir Robert, before being appointed to the Chair which he has now relinquished, had filled for ten years that of Medical Jurisprudence.

—Professor Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh, which he has held for upwards of thirty years. This step has not been rendered necessary by any failure of health or power, but by the increasing demands made upon his time and energy by his enormous botanical class, which, like his botanical text-book, is the largest in the world, numbering above three hundred students.

After considerable coquetting, which might just as well have been left out of the programme, Professor Lister has accepted a Professorship in King's College, London.

TRI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

The Tri-annual Meeting of the above body took place at Three Rivers, on the 11th of July. The attendance of the profession was very large. The meeting was held in the City Hall, and the Chair was occupied by the President of the College, Dr. R. H. Russell, of Quebec. The minutes of the previous meeting, held in 1874, at Sherbrooke, were read and confirmed. A Committee to examine the proxies and receive the votes was named, and they had a laborious duty, for fully five hundred votes were polled. It was decided that any member of the profession who, under the present Act, had registered and paid his annual contribution to the College, was eligible to vote. This, notwithstanding that, as a member of the old College, he might be in arrears. The counting of the votes occupied from three o'clock in the afternoon of the 11th till two o'clock in the morning of the 12th. The following Governors were elected to manage the affairs of the College for the ensuing three years:

CITY OF MONTREAL.

Drs. David, F. W. Campbell, Howard, Fenwick, Rottot, Pelletier, Dagenais, Lachapelle.

DISTRICT OF MONTREAL.

Drs. Church, Gibson, Prevost, Turcot, Paquet, Rivard, Perrault, Lafontaine, Laberge, Ladouceur, Mignault.

CITY OF QUEBEC.

Drs. Belleau, Lemieux, Sewell, St. George, Marsden, Larue, Ahern, Wells.

DISTRICT OF QUEBEC.

Drs. Michaud, Marmette, Tétu, Gingras, Robitaille, Rousseau, Collette.

DISTRICT OF ST. FRANCIS.

Drs. Gilbert, Paré, Worthington.

DISTRICT OF THREE RIVERS.

Drs. Ross, Badeau, Desaulniers.

On the morning of the 12th such Governors as remained met, and elected the following officers:

President.—Dr. Rottot of Montreal.

Vice-President for Montreal.—Dr. R. Palmer Howard.

Vice-President for Quebec.—Dr.

Secretary for Quebec.—Dr. A. G. Belleau.

Secretary for Montreal.—Dr. H. Peltier.

Registrar.—Dr. Lemieux, Quebec.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

May 26th, 1877.

The President, Dr. G. E. Fenwick, occupied the chair. There being a great deal of general business before the meeting, no paper was read.

Dr. Osler exhibited the following interesting pathological specimens: A blood-cast of a ureter which had been passed by the urethra, causing great horror to the man from its resemblance to a worm. It was nine inches in length, dark-reddish-brown in colour, and wrinkled. The passage of it had been preceded by symptoms of renal colic. A specimen of extensive diphtheritic disease of the larynx, from a patient who had died in the Montreal General Hospital, under the care of Dr. Ross.

Dr. Ross gave an account of this case, in which there were some interesting circumstances. The patient was an adult, upon whom, a few weeks before, an operation for excision of part of the tarsus had been performed. He was very much run down and hectic. He lay in a bed opposite to that of a man with a fistula in ano, which had been operated upon at his own house. There was diphtheria in this man's family, for which reason, and on account of an unhealthy condition of the wound, supposed to be diphtheritic, he came to hospital. There was a grey slough in the bottom of the wound, which disappeared entirely in two days under an application of a lotion of chloral hydrate. Dr. Ross does not think that this wound was diphtheritic, and looks upon the diphtheria of the other case as a coincidence and not a case of direct contagion. If the wound was diphtheritic, and this was a case of direct contagion, he thinks that diphtheria must be much more contagious than it is generally supposed.

Specimens of coarse and miliary aneurisms of the vessels of the brain, from a patient who had had an apoplectic attack four years ago, and since which time had been epileptic. Latterly, symptoms of softening of the brain had developed. An apoplectic cyst was found external to the left corpus striatum, and on the small arterioles on its wall, and in the neighbouring corpus striatum numerous small miliary aneurisms were found. Two large ones, the size of peas, existed on the vessels of the circle of Willis.

Two specimens of prostatic disease. One, exhibited for Dr. Malloch, of Hamilton, in which the third lobe of the prostate projected from behind the orifice of the urethra, almost completely closing it. The ureters and pelvis of the kidneys were considerably dilated. The other was from a case of stone in the bladder, of Dr. Fenwick's, and presented a number of outgrowths from the prostate surrounding and narrowing the urethral orifice. One of them, springing from the left side, was pedunculated, and fitted like a ball-valve into the orifice of the urethra.

A kidney from the same subject as the larynx came, which consisted of a mass of cysts full of caseous pus, evidently tubercular in character.

Dr. Trenholme narrated a case which occurred in his practice. One year ago he had removed the left eyeball for what he thought was malignant disease. Lately the patient returned to him with a growth on the top of the head, situated on the parietal bone of the side on which the diseased eye had been, one inch from the coronal suture. It had no appearance of being malignant. It was painless, and not adherent to the integument. In attempting to enucleate it with a director, he found that the

growth was protruding through the bone. He closed the wound and left it. He thought that what appeared to be the cyst was the dura mater. The growth in the eyeball was dark in color.

Dr. Osler spoke of a case, of which this reminded him, reported in Knapp's work on Intraocular Growths. It was a glioma of the eyeball, which was removed and recurred along the dura mater.

J. D. CLINE, B.A., M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD, June 8th, 1877.

Dr. F. W. Campbelll, 1st Vice-President, in the Chair.

Dr. Reddy read a paper on a case of vascular heart disease. The patient, forty-two years of age, had enjoyed good health up to the summer of 1876, was regular in habits, never had had articular rheumatism. Had been treated for syphilis nineteen years ago. Had had a family of five children, all of whom were healthy; wife was healthy. Had always been a very active man in business, and had suffered a good deal of anxiety in business lately, and had exerted himself very much in London, England, in the spring of 1876, at which time he began to suffer from shortness of breath, &c. On June 8th, Dr. Reddy visited him and found aortic obstruction and regurgitation with some dilatation of the heart. The case rapidly went through the consecutive stages of heart disease up to tricuspid regurgitation, and proved fatal in November. Dr. Reddy remarked that the question of the influence of syphilis occurred to him. He stated that he had found present in this case what Durosier had first drawn attention to as occurring in aortic insufficiency, namely, the development in the femoral artery of a reduplicated sound, systolic and diastolic, by pressure with the stethoscope. Naube says, that in marked aortic insufficiency a reduplicated sound is found in the femoral without artificial pressure, which he explains by the fact that membranes begin vibrating audibly during a transition from maximum to minimum tension.

Dr. Osler then read a report of the autopsy. The heart was very large, weighing 23 oz. All the cavities were dilated; the thickness of the wall of the right ventricle anteriorly was $\frac{2}{8}$ to $\frac{3}{8}$ in.; tricuspid orifice measured $5\frac{1}{2}$ in.; pulmonary orifice, $3\frac{1}{2}$ in.; pulmonary artery, normal; length of the left ventricle was $4\frac{1}{8}$ inches, the normal length being 2 inches; the anterior wall was $\frac{7}{8}$ inch thick; mitral orifice measured $4\frac{1}{2}$ inches; aortic orifice, $3\frac{5}{8}$ inches; the aortic valves were incompetent, and consisted of only two segments; there were three coronary arteries; the aorta was dilated, measuring above the valves $4\frac{3}{8}$ inches, at beginning of transverse portion of arch 5 inches, and at beginning of thoracic portion $2\frac{1}{2}$ inches. All this portion of the aorta was atheromatous. By microscopic examination the muscle of the heart was found to be fatty.

A short discussion followed, particularly as to the treatment of such cases by digitalis and the use of acupuncture to relieve the anasarca.

Dr. F. W. Campbell remarked that a writer in the *Dublin Medical Press and Circular* had been lately recommending the use of the tincture of digitalis in doses of say xxx. to xl., every four hours as very serviceable, particularly where much hypertrophy existed.

Dr. Hingston spoke highly of the relief afforded by acupuncture, and upon its freedom from danger of producing sloughing or erysipelas if an ordinary round sewing needle were used and not three-cornered needles or cutting instruments.

A vote of thanks to Drs. Reddy and Osler was moved by Dr. H. Howard, seconded by Dr. Hingston.

Dr. H. Howard related a case of violent mania in a subject in whom there was a hereditary syphilitic taint. He had treated the case by iodide of potassium in x. gr. doses three times a day, with a night draught of bromide of potassium ʒ iij. and tincture of digitalis ♏ x. The patient had recovered from his insanity entirely, but had a large tumor in neighborhood of the parotid gland which he was thinking of treating by injections of tincture of iodine.

Dr. Trenholme thought that it would produce sloughing, and suggested electrolysis.

MEDICO-CHIRURGICAL SOCIETY.

June 22nd, 1877.

The president, Dr. Fenwick, occupied the chair.

Dr. Osler exhibited a heart from a patient who had died in the Montreal General Hospital, under the care of Dr. Reddy. It was a beautiful specimen of the "button-hole contraction" of the mitral orifice, first described by Corrigan. There were vegetations along the edges of the orifice, and also along the edges of the aortic valves, which were thickened. The case had been one of acute rheumatism with peculiar

brain symptoms, for the explanation of which the occurrence of capillary emboli had been suggested.

Dr. Cline read a paper on Phlegmasta "Alba Dolens." He reported briefly several cases, one occurring in typhoid fever, two in advanced states of cacchenia, tuberculous and cancerous, one in a state of considerable prostration after obstruction of the bowels, one in a case of large ovarian tumor, one in pyæmia, and one puerperal case, which latter occurred thirty-seven days after the birth of the child. He drew attention to the existence of a blood dyscrasia, as predisposing to the formation of a thrombus, and to retardation of the venous current from the low vitality and feeble hearts in some of the cases, as determining the thrombosis, and, in the case of the ovarian tumor, to the fact of blood stasis, without any cacchenia causing it. He alluded to the presence of an inflammation of the wall of the veins in all the cases, consequent on the thrombosis, and to the absence of any difference in essential characters between the puerperal case and the other cases, and, while referring to the generally held theory as to the pathology of the affection, that obstruction of the lymphatics was an essential element in a case of phlegmasia dolens, and necessary to explain the white elastic swelling of some cases, stated his impression that an extensive phlebitis alone would account for it.

Dr. Ross spoke of a case which had been recently reported in the *Lancet*, which perhaps threw some light on this subject. It was one of thrombosis of the veins of the penis, accompanied by a tense white elastic swelling, having the cellular tissue distended with a white semi-transparent œdema different from the ordinary red inflammatory œdema. The reporter of the case was convinced that there was obstruction of the lymphatics. It was the same thing probably which caused the peculiar character of the swelling in milk leg. There was certainly something in those cases having the white elastic swelling very different from mere thrombosis.

Dr. Trenholme remarked that there was yet much to be learnt of the pathology of this affection.

There were difficulties to the acceptance of the conclusions come to by Dr. Cline in his paper. One was, that the affection sometimes began in the popliteal (referring to Dr. Cline's statement that milk leg was due to thrombosis of the femoral, extending from the uterine veins through the hypogastric). The left leg was more frequently affected than the right, accounted for by some by the fact that the position of the head of the fœtus was more frequent with the occiput to the left. He agreed with Dr. Ross as to the probability that the lymphatics were involved.

Dr. Shepherd suggested that the fact of the rectum lying to the left of the pelvis might explain the greater frequency of phlegmasia in the left leg. He had seen a case in pneumonia.

Dr. Fuller suggested that if the affection began in the pelvis and extended downwards it would involve the lymphatics, which were so numerous here, and therefore the affection of the lymphatics occurred more frequently in puerperal cases of thrombosis. Doubted if it, the affection did really ever begin below, extending upwards. The obstruction in the pelvis would predispose to obstruction in the veins below.

Dr. Osler remarked that the generally received theory of the pathology of phlegmasia alba dolens was that the lymphatics had something to do with it. In fevers too, the weakened action of the heart and of the muscular movements was attributed to the formation of thrombi in the veins.

Dr. Fenwick thought that, without doubt, simple venous thrombosis and phlegmasia alba dolens were distinct affections. The character of the elastic swelling, with absence of pitting on pressure, was peculiar.

A vote of thanks to Dr. Cline was moved by Dr. Trenholme, and seconded by Dr. Ross.

Dr. Cline narrated two cases of swelled testicle, in which he used the treatment of puncture advocated by Henry Smith, of London. It gave immediate relief to pain in both cases, and they required no other treatment.

Dr. Reddy presented the Report on the Seal and Diploma of the Society.

It was moved by Dr. Kennedy, and seconded by Dr. Ross:—"That the arrangements as to the matter be left in the hands of the Committee." Carried.

The Meeting adjourned.

J. D. CLINE, B.A., M.D., *Secretary*.

DIED.

In Belleville, on the 3rd July, after two days illness, Edward G. Henderson, M.D., (McGill, 1874), M.R.C.S., Eng., aged 24 years.