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## Original Communications.

*The Therapeutic Value of Alcohol.*—By W. E. BESSEY, M.D.

The precise value of *Alcohol* as a therapeutic agent, and the particular circumstances under which it is indicated, or contra-indicated, in the treatment of disease, are questions of the utmost moment, not only to the conscientious medical practitioner but also, and more especially, to the public, who are to derive the benefit of a correct solution of this medical problem, or suffer the consequences which must inevitably flow from an adherence to erroneous opinions upon the subject.

The profession seems to be particularly liable to a periodicity of change in opinion upon important matters relating to the treatment of disease; and these changes seem to be of a contagious nature, and to become epidemic. Thus has it been in the past, and we have witnessed an epidemic of blood-letting in which each aspirant for medical fame seemed to be metamorphosed into a veritable Sandrigo. So, from Cullen, a crop of leeches followed, who were only startled from their delusion when Count Cavour paid the penalty of a fanatical adherence to *routine*, by the sacrifice of his life to professional prejudice.

The age or epidemic of *Mercurialization* followed that of blood-letting, and is only being abandoned by degrees, and, as by necessity, before the pressure of a more thoughtful and considerate phase of medical opinion.

The age or epidemic of *Alcoholization*, or Alcoholic Medication, is still active here as in many other portions of the world; while in many of its former strongholds it is paling before the moral force of an enlightened public observation and opinion, and, having reached its acme, it is rapidly on the wane.

During the last ten years this delusion of the medical profession, and fraud upon true medical science, has received many a telling thrust, and it is quite probable that its deathblow may follow ere long; for, as the common proverb has it, "all evils cure themselves," which this promises, through its own inconsistencies and deceptions, speedily to do. But there are many in the profession who, while anxious to confine this drug, like its sister opium, to its legitimate limits, yet consider it to be possessed of some value as a therapeutic agent, and indispensable in the treatment of certain diseases and under peculiar circumstances. This view is that expressed in a recent manifesto published in London, England, and signed by two

hundred and sixty of the leading members of the profession in England.

For some years past, at one time and another, eminent members of the profession in various countries have raised their voices against the merits of this article.

Among these may be instanced Professors Lehman, Lallemand, Perrin, and Duroy, of Paris; Dr. Edward Smith, F.R.S., Dr. Markham, Dr. King Chambers, Dr. W. Carpenter, Dr. Sidney Ringer, Dr. Wilks, Sir A. Carlisle, and others, of England; Professor Gardner, Dr. Russell, and Dr. Lyon Playfair, Dr. Balfour and others, of Scotland; and many more, to whom I shall have occasion to refer in the course of this paper.

The remarkable document published in London in December last, has attached to it the names of sixteen Physicians in Ordinary to the Royal Houses, the President of the Royal College of Physicians, that of the President of the Royal College of Surgeons, the President of the General Council of Medical Education; and an array of names which are household words in the profession as authorities in medical science, in fact the flower of the profession in England. And if these men deem it necessary to promulgate such a document and to give it as their opinion that "while unable to abandon the use of alcohol in certain cases of disease, they are yet of opinion that no medical practitioner should prescribe it without a sense of grave responsibility;" and, further, "they believe that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess or necessarily for the continuance of its use when the occasion is past. That they are also of opinion that many people *immensely exaggerate the value of alcohol as an article of diet*, and since no class of men see so much of its *ill effects*, and possess such power to restrain its abuse as members of their own profession, they hold that every medical practitioner is bound to exert his utmost influence to inculcate habits of *great moderation* in the use of alcoholic liquids."

When such men as Burrows, Busk, Watson, Paget, Holland, Ferguson, Quain, Cooper, Sieveking, Pollock, Chambers, Ackland, Farre, Spencer Wells, Balfour, Maclean, Parkes, Aitken, Bird, Druett, Sir Duncan Gibb, Tilbury Fox, Bence Jones, Marshall, Playfair, Rees, Radcliffe, Reynolds, Richardson, Wilks and Budd, make such statements, I think I need have little hesitation in broaching this most delicate of all other delicate subjects to the pro

profession at present, and to inquire what are the circumstances under which alcohol should be used, and what the disease or particular forms of disease in which it is held to be indispensable.

In order that the line of argument which I intend to adopt may appear the more plain and simple, I will first direct attention to the effects of alcohol upon the system in a state of health; after which, knowing the abnormal changes which occur in the healthy tissues under the action of various forms of disease, it will be easy to infer whether or not alcohol is an agent calculated to increase or diminish the diseased action in the part, and at once to establish with the greatest facility whether alcohol is contra-indicated or indicated under any given circumstances.

Its action upon the healthy organism.

*Alcohol*, in whatever form, either as brandy, gin, whiskey, rum, &c., or largely diluted as in beer, wine, &c., when taken into the human system by imbibition, acts primarily upon the mucous membrane of the mouth, fauces, stomach and alimentary canal, producing a state of irritation equal in degree to the quantity of alcohol taken, or strength of the liquor imbibed, producing congestion of the mucous membrane, followed by feverishness, thirst, drouth, indigestion, and frequently diarrhœa.

Dr. Aitken says, in his *Practice of Medicine* (5th ed.) "when spiritous liquors are taken into the stomach they tend to coagulate, in the first instance, all albuminous articles of food or fluid with which they come in contact; as an *irritant*, they stimulate the glandular secretions of the mucous membrane, and ultimately lead to permanent congestion of the vessels and to thickening of the gastric tissues. In these effects it is impossible not to recognise the operation of an agent most pernicious in its ultimate results. The coagulation is very different from that effected by the gastric fluid, and tends to render the article more difficult of solution by the gastric juice."<sup>1</sup>

It should be noted that irritation is followed by congestion, as that is also followed by either thickening or softening, and frequently the formation of gastric ulcers. That the albuminous articles of diet and all albuminous fluids are conglutated, hence the gastric juice, being one by virtue of the pepsine present, is rendered unfit to promote digestion; the substances to be digested become less easy of digestion and the gastric juice less capable to digest it, and so indigestion or dyspepsia is brought about.

Dr. W. B. Carpenter and Dr. Beaumont have given us their opinions upon this point, and they are worthy of notice.

According to Dr. Carpenter, "the very vascular mucous membrane of the stomach becomes irritated by the direct contact of alcoholic liquors, and this varies with the *amount, concentration and duration* of the application of the irritant. The lining of the stomach is first congested or reddened, it then becomes thickened or swollen, and sometimes softened and ulcerated, while in other cases it is pale, corrugated or wrinkled and indurated. In either case its fitness to perform its allotted duty in the animal economy is very sensibly impaired."

Fortunately we have direct and positive evidence of the effect of alcoholics upon this most important organ secured by the experiments of Dr. Beaumont upon the man St. Martin.

Dr. Beaumont found, the stomach, on examination after he had been drinking freely, in a decidedly unhealthy condition. There was present, in some points, patches of erythema, or redness; in others aphthous or ulcerating patches were discovered. Two days later the secretions were vitiated also; the inner coats of the stomach unusually morbid; the erythematous appearance more extensive, and spots more hard than usual, from the surface of which exuded small drops of grumous blood; the aphthous patches larger and more numerous; the mucous covering thicker than common, and the secretions much more vitiated. The gastric fluids extracted on this occasion were mixed with a large proportion of thick ropy mucous, and considerable muco-purulent matter, slightly tinged with blood, resembling the discharge from the bowels in some cases of chronic dysentery." This disorder was not indicated by any outward symptom. For, Dr. Beaumont remarks, "St. Martin complains of no symptom indicating any general derangement of the system, except an uneasy sensation and a tenderness at pit of stomach, and some vertigo, with dimness and yellowness of vision on stooping down and rising again; has a thin, yellowish brown coat on his tongue and his countenance rather sallow; pulse uniform and regular; appetite good; rests quietly, and sleeps as well as usual." (By the 6th August the inner surface of the stomach had recovered its healthy appearance—the patient having in the meantime entirely abstained from all alcoholic liquors and having been confined to low diet.) Dr. Beaumont further states that, "diseased appearances similar to those mentioned above have frequently presented themselves in the course of my experience and observations." The free use of ardent spirits, wine, beer, or any intoxicating liquors, when continued for some days has invariably produced these morbid changes; and, as might have been anticipated, habitual excess converts this state of transient

disorder, (removable by abstinence alone.) into a more serious and permanent disorder termed *inflammatory gastric dyspepsia* by some authors; the late Dr. Todd of London thus describes it:—

“Painful digestion, sense of heat, tenderness, or pain at the epigastrium, increased upon taking food or on pressure; thirst; tongue more or less of a bright red colour, sometimes brownish red, sometimes dry, glossy, and adhesive; taste saltish or alkaline, occasionally like that of blood; bowels generally confined, urine high-coloured; skin dry, with occasionally profuse partial sweats, chiefly in the direction of the extensor muscles; temperature of the trunk increased, of the extremities diminished except occasionally in the palms of the hands and soles of the feet, which, especially at night, are frequently hot, dry, and burning; aggravation of the symptoms under the use of stimulants or of irritating ingesta.”

Other observers also corroborate the observations of Drs. Carpenter and Beaumont.

Dr. Sewell, of Columbia College, has examined the stomachs of 300 drunkards after death, and found “in every case the lining membrane *highly inflamed, the blood vessels engorged, the internal coatings frequently thickened and indurated, and often with corroding ulcers, cancers or scirrhus-extensively developed.*”

The fact is that physicians, instead of promoting or assisting the digestion of the patient, for whom they order the “glass of ale for dinner,” seriously impair it. For it is now proven (not upon the ipse dixit of one man, but) on the testimony of our most eminent authorities, that *it neutralises the action of the salivary, gastric, and pancreatic fluids, and produces chronic indigestion and disease.* It may prolong digestion from two to forty-eight hours, according to Dr. Munroe, of Hull. Dr. Ogston’s observations from post-mortem inspections were as follows: (1) the *nervous centres* present the greatest amount of morbid change, the morbid appearances being present in over 92 per cent. (this supports the observations of Leoveille, Craigie, Carpenter and Aitken). The changes in respiratory organs succeed in frequency those of the nervous centres, yielding a per cent. of 63.24 of those examined. *Morbid changes in the liver* are next in order of frequency, and are due to *engorgement, granular degeneration, the nutmeg-like congestion, and lastly the fatty state*: next are those of the *kidneys*, and, lastly, morbid changes of the *alimentary canal.*”

On this subject of the pathology of drunkenness, Dr. Sewell of Columbia College, U. S., says:

“*Dyspepsia, Jaundice, Emaciation, Corpulence,*

*Dropsy, Ulcers, Rheumatism, Gout, Tremors, Palpitation, Hysteria, Epilepsy, Palsy, Lethargy, Apoplexy, Melancholy, Madness, Delirium-Tremens, and premature old age,* compose but a small part of the catalogue of diseases produced by ardent spirits. Indeed, there is scarcely a morbid affection to which the human body is liable, that has not, in one way or another, been produced by it; there is not a disease but it has aggravated; nor a predisposition to disease which it has not called into action.”

Dr. Aitken thus refers to its action on the brain, blood and kidneys:—

“The prolonged action of the alcoholic poison upon the cranial contents is to produce *induration* of the cerebral and cerebellar substances, in by far the largest number of cases, coincident with an increased amount of subarachnoid serum; while the steatomatous degeneration of the small arteries leads to *atrophy* of the convolutions and *œdema* of the brain.” Its primary action is to produce congestion of the meningeal coverings of the nerve centres. Further, (Dr. Aitken observes,) “by the veins and absorbents of the stomach, the alcohol mixes with the blood, and immediately acts as a stimulant to all the viscera with which it comes in contact.”..... Alcohol being absorbed, a double series of morbid results ensue. On the one hand, a train of phenomena are induced, partly of a chemical nature and partly physiological or vital. *The general nutrition of the body suffers,* and a bad state of health is at last induced, of a peculiar kind, known as the *drunkard’s dyscrasia.* This state of the system is characterized by *positive irritation,* which very soon succeeds to the intemperate use of alcohol, and which is manifested in a variety of ways, sometimes by an unnaturally voracious appetite, but over indulgence is followed by a total disrelish for food—they become unable to eat, and dyspeptic symptoms of various kinds betray the irritable state of the alimentary canal, as stomach-ache, generation of gases, water-brash, heartburn, squeamishness, vomiting, and palpitations of the heart, intestines constipated with deficient expulsive power, sometimes ascribed to deficient secretion of bile, which is deficient in quantity and of deteriorated quality.”

“In the vascular and pulmonary circulations, the presence of alcohol *retards* the motion of the blood, while it produces a temporary increase in the action of the heart and a *congestion of the whole system of the pulmonary capillary vessels*; respiration is quickened, and various symptoms of accumulation of blood within the chest and pulmonary congestion, especially, are apt to occur.”—Dr. Craigie remarks

that "all the spirit drinkers whom he has ever seen or known have been either subject to chronic cough or dyspnea, or have labored under chronic dry bronchial disorder, with asthma." It has been shown by Rodier and Becquerel that fat increases in the blood in most acute diseases, when the biliary secretion is retarded, and when a scanty amount of food is taken. Now we have these very conditions present under the influence of alcohol. Under their use (says Dr. Aitken) "we have a morbid condition induced which is highly favorable to the accumulation of fat in the blood, and such an accumulation has been proved to take place."

The presence of fat globules in the blood is a physiological condition met with during digestion, and after eating substances rich in fat, but the extreme degrees of this is met with especially in drunkards (Vogel, Buchanan, Frank) this latter authority is quoted by Vogel himself to show that the white and fatty blood has its origin in the abuse of alcoholic drinks. Dr. Adams of Calcutta, Dr. Serule of Strasbourg, and Dr. Rayer mention cases in which globules of oil was found floating in the serum of the blood, and in the urine after death.

Dr. Aitkin remarks truly: "it is shown by abundant testimony that the blood becomes surcharged with unchanged and unused material, and contains at least 30 per cent. more of carbon than in the normal state."

Dr. Parkes gives the order of events by which this state of things is brought about, as follows:—"Alcohol is directly absorbed by the blood vessels, without undergoing any change or decomposition, Part of it is eliminated very slowly, *as alcohol*, by the lungs, by the liver, and by the kidneys; but it appears to tarry in largest amount in the liver and in the brain."

Drs. Becker and Hammond are quoted by Dr. Parkes to show that another portion is decomposed: "its hydrogen enters into combination with oxygen to form water, which, with acetic acid produced, is further changed into carbonic acid and water. *Oxygen is thus diverted from its proper function*, the exhalation of carbonic acid in the lungs is diminished, both absolutely and relatively and less urea is excreted by the kidneys than consistent with health."

"The pulmonary aqueous vapour is not lessened but the water of the urine is diminished, the chlorine greatly lessened, as also the acids and bases."

Dr. Aitkin continues: "All the evidence points to the effect of alcohol, as causing the retention of substances which ought to be eliminated; and this

retention of effete matter is still more intensified by the stimulant action of alcohol increasing for a limited time the frequency of functional acts, followed as it is by a corresponding depression. In this way impaired health is soon brought about, tending to wasting of the tissue generally; and, so long as any alcohol remains in the blood, *as alcohol*, a certain toxic or poisonous effect continues to be produced upon the nervous system through which the poisoned blood circulates."

"If a constant supply of the alcohol is kept up, the phenomena of *alcoholism* becomes chronic or persistent, and acute paroxysms supervene."

"In other instances the degeneration of several vital organs generally, may become so excessive that death follows by asthenia, or with typhoid phenomena, ending in coma."

Another writer says:

"The circulatory system is seriously affected; the arteries being often abnormally contracted, and the veins greatly and irregularly enlarged. Organic disease of the heart, especially ossification and fatty degeneration, is frequently induced. The blood is much darker, less coagulable, and more venous in character than in temperate persons. Consequently, digestion, assimilation, absorption, excretion, and indeed all the bodily functions, depending as they do on a healthy circulation, are imperfectly performed.

The respiration gives signal indications of this loathsome habit. The breath is generally impregnated with alcohol, and is frequently attended with a disgusting fetor. Well authenticated cases are on record of spontaneous combustion, resulting from the ignition of this alcoholic gas. The lung substance itself frequently becomes tuberculous, and consumption is induced."

Dr. Ainstie considers it to be "a true narcotic poison," and classes it with the so called anæsthetics, chloroform and sulphuric ether. As such, he accounts for its action in producing paralysis both sensory and motor, by its efficacy in producing a "suspension of nervous activity," and rendering the nerves "incapable of transmitting impressions," and this "increased by other sources of deficient vital power, he considers a sufficient explanation of the nervous debility, which brings about the delirious crisis," as evidenced in maniacal excitement, terrifying hallucinations, and delirium tremens. He also attributes to it the power to produce a series of morbid phenomena which he treats of under the general name *alcoholism* (so called from the cause by which they are induced,) which he considers are "due to the direct action upon the nervous system of a

blood supply, charged with a high percentage of alcohol," (and deficient in oxygen) rendering the nerve substance unsuitable to the due performance of its functions. The insufficient supply of oxygen being "consequent upon a morbid condition of the blood corpuscles owing to the deleterious action of alcohol." He also agrees with Dr. Ware of Boston, that *delirium tremens* is not due to the removal of the accustomed stimulus, as some assert, but rather to its continued excess. The following are among the diseased conditions which he ascribes to this cause, viz: foul breath; dyspepsia; irritability and painful conditions of stomach and alimentary canal; impaired nutrition. Omitting diarrhoea and dysentery he mentions profuse hemorrhage from the bowels; cirrhosis of liver; (excessive production of sugar, favouring diabetes) granular and fatty degeneration; gout; rheumatism; neuralgia; sensory paralysis; numbness in lower extremities; (a symptom of grave import as indicative of the early succession of series lesion of the brain,) muscular tremors; paralysis agitans; general intellectual enfeeblement; and moral degradation, (marked by cowardice and untruthfulness); dementia; mental delusion; hypochondriasis; insanity, (with suicidal tendency); apoplexy; epilepsy; *acne* on skin of face; nervous debility with feverishness, exalted pulse, 100 to 140,—resembling pulse typhoid state, also a general want of tone in the muscular system.

For pathology of drunkenness see p. 84, 85, article on Alcoholism, Reynold's System of Med. 1868.

As regards its *strengthening* properties Dr. Brinton of London (1861) settles this point in the following terms:—"Careful observation leaves little doubt that a moderate dose of beer or wine, would, in most cases, at once diminish the maximum weight which a healthy person could lift; mental acuteness, accuracy of perception, and delicacy of the senses are all so far opposed by alcohol, as that the maximum efforts of each are incompatible with the ingestion of any moderate quantity of fermented liquid. A single glass will often suffice to take the edge off both mind and body and to reduce their capacity to something below their perfection of work."

The authorities above quoted are quite sufficient to set forth the deleterious action of this drug upon the healthy organism, although others might still be referred to.

*To Recapitulate.*—Its effects are to irritate and inflame the stomach, to vitiate the secretions of the alimentary canal and thereby produce dyspepsia,

diarrhoea and dysentery. Its action on the blood is to impoverish that fluid and to cause a retention of fatty matters therein. Its action upon the brain is first congestion of its meningeal coverings. Congestion of the brain substance follows, producing disordered action and finally inducing abnormal changes of structure; impairing, weakening or destroying the harmony of the intellectual operations. It induces a semi-apoplectic condition of the lungs when taken in large quantities, and always favours a determination of blood to this organ which eventually produces diseased structure. It congests the liver (especially when taken in the form of brandy or spirituous liquors) and by its oft repeated action on that organ weakens its structure, impairs its function, and eventually produces a diseased condition of the organ. Upon the kidneys its action is no less detrimental; by its repeated congestions favoring granular degeneration, or Bright's disease; and greatly aggravating Diabetes, if not directly causing it, by its property of exalting the function of the liver to produce sugar and by exaggerating the glycogenesis of health causing an excessive excretion (of sugar) by the kidneys. It may also aggravate Diabetes by its action upon the nervous system producing that altered condition which is favourable to the collection and discharge of sugar from the body.

It is now well known that injury to the sympathetic nerve rapidly induces a strongly diabetic state, as also does the inhalation of anaesthetics as chloroform and ether, so that alcohol, being an anaesthetic to the nervous system, may act in that way to aggravate diabetic symptoms.

Having premised thus much as to its *physiological* action, I now turn to a consideration of its *indications* or *contra-indications*, in other words, the therapeutic value of alcohol in various forms of disease.

(Continued in next issue.)

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### Correspondence.

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(To the Editor of the *Canada Medical Record*.)

London, August 14th, 1872.

SIR,—Permit me at the outset to wish all success and prosperity to your new journal. May you be more than satisfied with encouragement from the general profession, and may they find the *Record* entirely devoted to the progress of medicine and free from personal strife and party interests. Your long connection with the Medical Journals of Canada has shewn your confrères that you are honorable, re-

liable and generous, and withall able to fill the place you now occupy.

I have thought that a few remarks on the practice of our profession here might somewhat interest your readers, and so hastily pen the following lines.

The enormous Hospital accommodation of this city cannot but be forcibly impressed upon the mind, and when we consider that by far the greater proportion of these are almost entirely supported by voluntary contributions, one cannot but be more surprised still that they are in successful operation. Medical men connected with these institutions tell me that there is scarcely a family in London but contributes largely each year, and that they consider the Hospital subscription a debt of honor.

The number of the Medical Schools connected with these hospitals are (13) thirteen; but the chief Medical Schools are in connection with the University Hospital, Guy's Hospital, St. Thomas' Hospital, King's College Hospital, and St. Bartholomew's. These Hospitals have the chief men of the profession in their service. In passing from one Hospital to another, one remarks at once the decided difference there is in practice. Each Hospital has a course of its own which it quietly pursues entirely regardless of what may be thought or done elsewhere. In fact one cannot but see that each attending Physician or Surgeon is resolved to go in a path of his own making, and deciding with confident reliance upon his own judgment as to the course he will pursue with reference to any particular case. Not only is this spirit of individuality noticed between the various Hospitals, but also often among the staff of the same Hospital. One would almost fancy that this state of things would lead to much professional jealousy and discord, but such seems not to be the case. They do not think it derogatory to their individual fame, to freely and frankly accord honor to whom honor is due. In this respect they are worthy of imitation by those who fear to acknowledge merit in another, lest they themselves should seem to shine with diminished lustre. Ability does not fear to deal justly, weakness alone shrinks from competition. As to the practice of the Hospitals, I may say *en passant* that carbolic acid is almost entirely discarded in all the Hospitals. St. Thomas' clings (but very gently) to it still, and I suppose this is in part because Prof. Lister was one of her pupils, and his bust adorns her halls. I have no doubt but that in another year or so it will be quite numbered with the things that are past. It is strange that it ever should have attracted attention, when Dr. Richard-

son declares that of some forty disinfectants it stands lowest.

As to the general practice, there does not seem to be much worthy of special notice; but in those hospitals devoted to specialties one sees more unusual things. With regard to the eye there is much to be learned that is new at Moorfields, and the eye departments of Guy's and St. Thomas' Hospitals. The refinements of diagnosis and the beautiful way in which diseases of the eye are treated, are worthy of all praise. At St. Mark's Hospital for the treatment of fistula, I was much struck with the extent to which the knife is used. It is not uncommon to see five or six sinuses laid open at once, sometimes even to the depth of two or more inches. Not only do they lay bare the track of the fistula, but freely clip away portions of the skin, &c., between the incisions.

With regard to lithotomy, I observed the other day while at Guy's Hospital, that Mr. Bryant, who was then operating for stone, said that they had had seventy consecutive successful cases in children under 10 years of age; and that in that hospital they used the straight staff *always*; and he was of opinion that their practice in this respect had something to do with their success.

With regard to diseases of women, I found much to admire at St. Bartholomew's, whose outpatient department is under Dr. Greenhalg. Dr. G.'s treatment, especially so far as relates to mechanical means for the relief of some forms of these diseases, is most excellent and in his hands has been largely attended with success. I allude more particularly to his modification of Hodge's pessary, and to his gutta percha uterine stem.

There are many things worthy of notice, which I may hereafter say something about, and will now close with a remark or two upon the attending staff of some of the Hospitals. In Guy's Hospital, there are some 18 or 19 medical attendants connected with it. There are consulting Physicians and Surgeons, attending Physicians and Surgeons, Surgeons to ear, eye and obstetric department, assistant Surgeons and Physicians, and House Surgeons and Physicians, and assistant House Physicians and Surgeons. It is worthy of remark that the law of the Hospital provides that the posts of assistant House Physicians and Surgeons, also House Physicians and Surgeons shall be tenable for three months only, and are obtainable by competition from among the last year students. Also it is worthy of note that the staff of assistant Physicians and Surgeons do all the outdoor work, the attending staff confining themselves

to the in-door patients. And not only this, but the attending Physicians and Surgeons, from pure courtesy and good will, as a rule, give two or three beds to the assistant Medical officers. One sees in this the generosity of the older Medical men, and their desire to help on their struggling younger brethren. They thus act as becomes members of a very noble profession.

I would like to draw the attention of the people, as well as the profession in Montreal, not only to what I have said about the attending staff, but particularly to the rules governing the period of tenure of House officer, viz. : to three months.

The supporters of Hospitals here seem to take a more extended view of the subject than elsewhere. The entire and only object of such institutions with them, does not seem to be the *present* relief of the inmates, but with a wise forecast, to prepare as best they may, a *large* number of Medical men who after practical acquaintance with disease in the Hospital, shall go out prepared for their life work.

Again wishing you all success,

I am,

dear Sir,

yours truly,

E. H. TRENHOLME, M.D.

## Progress of Medical Science.

### SPASMODIC ASTHMA.

BY CHARLES J. B. WILLIAMS, M.D., F.R.S.

I beg to call your attention to a group of affections which go under the title of *asthma*. This word is commonly used as synonymous with dyspnoea, or difficult breathing; but it is more convenient and practical, as well as correct, to restrict it to those kinds of difficult breathing which are accompanied by audible *wheezing*. Here is at once a great practical distinction from the dyspnoea of pleurisy, of pneumonia, of disease of the heart, and of diseases of the blood (anæmia and toxæmia)—these are all *panting*, or *gaspings*, with short breath and frequent, but with little or no wheeze. The dyspnoea of *asthma* on the other hand, is essentially *wheezing* and *prolonged*, affecting the inspiration, or the expiration, or both. This is most distinctly witnessed in spasmodic asthma and pulmonary emphysema; but it applies more or less to severe bronchitis, and bronchial catarrh, which carry with them more or less of the asthmatic wheeze.

The simplest, as well as the most characteristic variety of these, is the purely spasmodic asthma. A person subject to this may be attacked suddenly on entering a close or dusty room, on inhaling the fumes from a stable, the odor of impeacuanha, or other smells in peculiar cases; or more commonly, he awakes in the middle of the night with a feeling of oppression approaching to suffocation—referred by some to the

throat, by others to the sternum, by others to the epigastrium—obliging the patient to sit up in bed or in a chair, with the elbows rested on the knees, the shoulders elevated, and the head bowed forward, but all laboring to the utmost in strong prolonged efforts of inspiration and expiration. This painful struggle for breath may last from a few minutes to several days, according to the severity of the paroxysm; and frightful as it seems to witness, and distressing to the patient, yet it is not dangerous; sooner or later the tight breath is relaxed, cough and expectoration sometimes accompanying its relaxation.

Seeing how violently all the muscles of inspiration and expiration partake in the struggle of a severe paroxysm of spasmodic asthma, we cannot much wonder at the notions of older writers on the subject (Bree and others), that the disease depended on an excessive and convulsive action of all these muscles. Laennec first pointed out the true pathology of asthma in tracing it to a spasmodic contraction of the bronchial tubes, which so much impedes the ingress and egress of air in respiration as to call for excessive and violent action of the respiratory forces to affect it. In this temporary constriction of the bronchial tubes we see the immediate cause of the difficult breathing; and this, too, is the cause of its most characteristic sign—the loud wheezing, whistling, piping, and cooing sounds which attend the paroxysm.

The correctness of Laennec's view of spasmodic asthma had, however, been called in question by several writers, who opposed to it the very daring assertion that the bronchial tubes do not really possess muscularity. The supposed muscular fibres, which had been demonstrated by Reisseisen, were declared not to be muscular at all, but merely elastic, and therefore could not be the seat of spasmodic contraction. To settle this question, about twenty years ago I made a series of experiments on animals, and they proved beyond doubt not only the muscularity of the bronchial fibres, but also the kind and degree of irritability which they possess. Under the influence of a galvanic, mechanical, or chemical stimulus the circular fibres of the bronchi contract readily but slowly, and gradually relax when the stimulus is withdrawn. The contraction is more tardy than that of the œsophagus, but more prompt than that of the arteries, and relaxation does not follow for some minutes after. Like other muscular contractility, it becomes exhausted after continued stimulation, and it is recovered by a period of rest.

Although it has been generally admitted that my experiments have clearly proved the muscular contractility of the bronchial tubes, yet from the remarks of recent writers on the subject it appears to me that the physiological offices of this property have not been generally understood. Thus it has been supposed that the bronchial muscles contribute to the rhythmical process of expiration; but if they do so at all it can only be to a slight extent, as their movements are much slower than that of ordinary respiration, besides which it appears to be limited to the larger or middle-sized tubes, and does not extend to those of smallest size. A galvanic current caused little or no contraction when passed through a lobe



within an inch or two of its margin; but the contraction was marked when the current was passed along any of the tubes of the size of a small crowquill upwards. I cannot, therefore, concur in the notion propounded by Dr. Gairdner in one of his able papers, that the finest Bronchi have a peristaltic or vermicular motion like that of the intestines, and that this is the chief means by which fluids are expelled from these tubes. It is probable that ciliary motion contributes to this end, but the expulsion of mucus and other fluids from the bronchial tree is mainly effected in the manner which I pointed out more than twenty years ago—by the rapidly increasing velocity with which the air in expiration passes from the pulmonary cells to the narrowing converging bronchi, and carries with it any loose liquid in its way. The air in entering the lungs passes with decreasing velocity and force as it spreads into the minute tubes and cells, the combined area of which vastly exceeds that of the large branches and trunk of the bronchial tree. On its return in expiration this is reversed; the motion is more rapid and forcible as it converges towards the trachea and glottis, where the process is brought to its consummation in special efforts of expectoration and coughing. This draining operation of the expiratory act is promoted on the one hand by increasing the force of the act by muscular effort; and, on the other, by a moderate contraction of the tubes, which augments the velocity and sweeping power of the air in passing through them. This contraction is effected by the bronchial muscles, which thus assist in the process of clearing the tubes. But if these muscles act in excess, they render the passage too narrow both for free expiration and for expectoration; and this is just what occurs in the asthmatic spasm, which renders these processes slow and difficult. This is the view of the function of the bronchial muscles which my experiments led me to entertain, and which I published and taught in my lectures more than twenty years since. Dr. Hyde Salter, in his late able and elaborate work on asthma, (a) proposes a like opinion, and suggests that the bronchial muscles may also be useful in impeding the entrance of irritating matters into the lungs.

But the most interesting fact discovered by my experiments, with regard to this bronchial contractility, was, that it is influenced differently from that of other muscles by various poisonous or medicinal agents (b). Thus, hydrocyanic acid did not impart it at all, opium and morphia very little, conium and aconite a little more, but belladonna and stramonium almost destroyed it; so that in animals poisoned by these drugs the bronchi showed scarcely any sign of contractility when stimulated. In animals poisoned with strychnia the bronchi seemed permanently contracted, so that a stimulus had no further effect. This is another proof of the antagonistic action of strychnia and belladonna. Now, it is well worthy of remark that the action of these several drugs on the bronchial tubes is quite different from what it is on the œsophagus and intestinal canal. Thus in animals

poisoned with belladonna the œsophagus was as irritable as ever; in those poisoned with opium, on the other hand, the contractility of the alimentary canal is much impaired. This fact has led me to give belladonna in preference to opium in cases of intestinal colic with constipation, and with a far more satisfactory result. I think this mode of investigation worthy of attention, as a means of extending pathological and therapeutical knowledge. We want a more elementary study of the operation of medicines, an examination of the effect of simple drugs on the functions of elementary tissues, and on the constituents of the blood; for without this we cannot hope to understand the operation of complex medicines on the whole frame.

To return to the pathology of spasmodic asthma; there is then no reason to doubt that a continued contraction or tonic spasm of the muscular fibres of the bronchi—constriction of these tubes—is the essential characteristic of this disease. No doubt the contraction of the bronchial, as of other muscles, is controlled by nervous influence; and many of the phenomena of spasmodic asthma exemplify the reflex action of the nervous system in exciting the spasm—for example, mental agitation or irritation of the stomach by indigestible matter will often bring on a fit of asthma—but the nervous element is often not obvious in the clinical observation of the disease. Thus spasmodic asthma often affects persons, not otherwise nervous, when they inhale peculiar smells or when they catch cold; and in my experiments I found that irritating the eighth nerves, had little effect on the contraction of the bronchial muscles, which on the contrary, readily answered to direct irritation. But it is open to further inquiry whether, like the heart and arteries, those contractile fibres are not more influenced through the sympathetic than through the spinal nerves.

However induced, this constriction of the tubes renders the ingress and egress of air to and from the lungs difficult and noisy, so that the process of breathing becomes very laborious and prolonged; all the muscles of inspiration, ordinary and supplementary, are called into violent action, and so the struggle goes on until the spasm is relaxed. If this takes place soon the attack ceases, and there is no remaining disorder; but if the spasm lasts long other disorder ensues in the bronchial membrane and other parts concerned. They become congested from the imperfect and laborious breathing, and this congestion causes increased and disordered secretion; hence cough and expectoration of a catarrhal character commonly accompany or follow a prolonged fit of asthma. So, likewise, if these asthmatic attacks recur frequently, they tend to produce more permanent congestion and thickening of the air passages, which continue in the intervals between the attacks, and thus the disease passes from the paroxysmal or intermittent asthma into a more habitual or constant asthma, with which is associated more or less of the general dilatation of the air cells, called by Laennec emphysema of the lungs. I will allude to this again afterwards.

Spasmodic asthma, or bronchial spasm, may

(a) Dr. Hyde Salter on "Asthma," 1860, p. 55.

(b) *Transactions of the British Association for the Advancement of Science*, 1840. Read at the meeting at Glasgow.

originate like a common cold or bronchial catarrh, or from the exposure to the effluvia of a hayfield, of a stable, of a close room, of ipecacuanha, or of other dust; or it may arise from some unknown impurity or peculiarity of the air in certain places; or it may be induced by indigestion, by gouty or other irritating matters in the blood, or by mental emotion. The kind known under the term of "hay-asthma" is very common, and I have no doubt is excited by pollen-germs, or some effluvia from flowering grass and other vegetables. It is more distinctly catarrhal in nature, being often preceded or accompanied by sneezing, coryæ, and other symptoms of membranous irritation. But in whatever way asthma may have its origin, when it has once occurred it is very apt to return again, and may be re-excited by any of the causes just mentioned; and generally speaking, the more frequently it recurs, the longer and more severe are the attacks, and the more likely to leave the breathing embarrassed in the intervals.

But you may well ask, further, "What is the peculiarity that makes persons asthmatic?"—that is to say, that makes the causes above mentioned excite in them contraction of the bronchial muscles, instead of causing the more common effects resulting from the operation of these causes on persons in general. We may reply, "A peculiar irritability of these muscles or of the nerves exciting them." But this is only an expression of the fact, and does not explain why these muscles should be more irritable in asthmatic persons than in others. This subject requires more investigation. I do not feel that I can answer it fully, so as to include all instances; but I think that I have traced in several cases signs of a slight structural peculiarity which may give to the bronchial muscles an unusual liability to spasm. This may be designated under the general term of a *slight induration or thickening at or near the root of the lungs*.

In a considerable number of those subject to attacks of asthma, even at an early period, when they are few and far between, I have found, in the absence of the paroxysms, more or less of whiffling or tubular sound in one or both interscapular spaces, generally most in expiration. This may be from enlarged bronchial glands, which are of common occurrence in children, often accompanying enlarged tonsils; or it may be from interstitial deposit under the mucous membrane at or below the bifurcation of the trachea; or it may be from slight partial induration of the pulmonary texture, such as that resulting from an old tuberculous lesion, whether in the form of dwindled and contracted tubercle or calcified induration, but of very limited extent. (c) Either of these lesions, trifling as they may be in extent may increase the irritability of the bronchial tubes, not only by mechanical irritation, but by partially obstructing the circulation underneath the tubes, and thus throwing more blood to the muscular fibres and mucous membrane. It is in favour of this view of the pathological cause of the asthmatic spasm that such changes to an increased extent certainly do occur after often repeated and severe attacks, and operate as the causes of their continu-

ance and aggravation. In cases of confirmed and habitual asthma we have abundant evidence, both during life and after death, of the increased vascularity and thickening of the mucous membrane and subjacent tissues, which changes we shall afterwards find to be concerned in producing the general emphysema of the lungs which usually supervenes.

Spasmodic asthma is of common occurrence in childhood, and is then frequently complicated with eczematous and other eruptions on the skin. So likewise, in adult life it often occurs in connection with morbid and with psoriasis, all being dependant on a gout material in the blood; and this point should be kept in view in the treatment.

Few complaints vary in their tractability more than asthma. Some (severe cases) yield to treatment so promptly and permanently that their cures may be ranked among the great successes of Medicine. I could cite from my notes scores of such in which the disease has been either entirely cured, or the attacks have been rendered so few and so tractable as very little to interfere with the health of the subject. In most of these cases the disease had been comparatively recent, the attacks dating back only a few weeks or months, with clear intervals between them; but in a few instances asthmatics of several years' duration have been cured. But most of the inveterate cases admit only of alleviation and mitigation to an extent also very variable—sometimes considerable and enduring; at others imperfect and impaired by frequent relapses. The causes of these great differences in the tractability of asthma are to be found in the structural changes which may precede, accompany, or follow the spasm. Bronchial spasm itself is a simple pathological element, and may be readily relieved by appropriate remedies; but if it is excited by a constant cause of irritation in the bronchial gland, at the root of the lungs or elsewhere, it is liable to recur again so soon as the influence of the remedy is withdrawn. Or, if the spasm have existed long enough to greatly derange the circulation in the lungs and bronchial tubes, and to cause congestion and swelling of the mucous membrane, with excessive and disordered secretion, then the relaxation of the spasm alone will not be enough to effect a cure. Further, the treatment still becomes more complicated and difficult, when from repeated recurrence of the attacks the nutrition of the affected parts has partaken of the disorder, and the narrowing and thickening of the bronchial tubes, and the mechanical distension of the air-cell, become more permanent and convert the case from *spasmodic* or *paroxysmal* into one of *habitual* asthma.

I have before stated that frightful as the difficulty of breathing is in a severe fit of asthma, appearing to threaten suffocation, yet it is very rarely fatal unless when complicated with the disease of the heart, kidney, or other important organ. The mere spasm of the bronchi, although it seems to bring a patient to the verge of asphyxia, is not sufficient to destroy life. Why is this, when it encroaches on the vital functions of respiration more than even some fatal disorders? I think that the solution of this question lies in the fact that a certain degree of deterioration in

the air of the blood in the lungs tends to relax the spasm. In other words when the air and blood becomes loaded with accumulating carbonic acid to a certain extent, this diminishes the muscular contractility, and the spasm is so far relaxed as to ease the breathing and prevent suffocation. In corroboration of this notion I shall adduce two facts. One is that observed by Laennec, that during the asthmatic attack very little natural breath-sound can be heard in the lungs, but that if the patient be desired to hold his breath for a few seconds, or to count numbers aloud as long as he can without taking breath, then the next breath is much more full and deep, as if the spasm had yielded for the moment. Laennec used to say "that the spasm was thus overcome by surprise;" but the more rational explanation is that the holding of the breath accelerated the deterioration of the air to the degree in which it acts as a sedative on the bronchial fibres, which being thereby relaxed, the next breath is taken with more freedom.

The second fact bearing on the same point is that ascertained by my friend Professor Simpson of Edinburgh, that the spasm of asthma may sometimes be relieved by breathing air containing an increased quantity of carbonic acid gas. I have tried this agent, and am convinced that it has some power, but as a remedy it is far less effectual than others to be mentioned presently. But this power of carbonic acid to relax the spasm affords a probable explanation of the limitation to the suffocative influence of asthma.

From what has been said, it may be inferred that the treatment of asthma must vary much in its simplicity and success according to the unity or complication of the disease. Against the bronchial spasm we have remedies which are pretty effectual in most cases. Belladonna and stramonium rarely fail to relieve the bronchial spasm; and in transient cases, where this is the only element, they may suffice to cure the disease. The extracts are the most reliable preparations, and may be given in doses of from a quarter of a grain to half a grain every three, four, or six hours whilst the tendency to spasm lasts. The dryness of the throat which both these drugs often cause may be counteracted by frequently sipping linseed tea or barley water. Sometimes, however this dryness is useful in moderating the catarrhal flux which may follow the spasm.

But in most cases there exists something more than the mere spasm; and therefore we commonly have to give these antispasmodics in combination with other remedies. Thus, often there is inflammatory cold, calling for the addition of salines and counter irritation; and this may amount to bronchitis, requiring the aid of small doses of tartarized antimony. In chronic cases, when the attacks have recurred frequently or lasted long, there is no combination more beneficial than that of iodide of potassium, in two or three grain doses, and ten or fifteen grains of bicarbonate of potass, with the stramonium or belladonna. I believe that I speak within bounds when I say that, with a combination of this kind, I have cured or greatly relieved hundreds of cases of asthma. The efficacy of the

alkaline iodide probably depends on its eliminative and deobstruent action, increasing the secretion of the kidneys and of the bronchial membrane, and promoting the absorption or dispersion of the thickenings and deposits in the tubes, bronchial glands, and at the root of the lungs, which I have mentioned as being often concerned in exciting or perpetuating the attacks of asthma. The diuretic or eliminative action of these medicines may be advantageously increased in some cases by the addition of squill, colchicum, or tincture of cantharides, particularly where there are indications of gout or of disease of the skin. On a similar principle, in chronic cases certain mineral waters are sometimes useful, particularly those of Eauxbonnes and Cauterets in the Pyrenees, Vichy and Ems.

There are several other remedies for asthma in common use—generally much inferior in efficacy to the preceding, but occasionally useful as subsidiary aids, and sometimes they are our chief resources where those disagree. Such is the ethereal tincture of lobelia, which, in doses of from twenty to sixty drops I have known in a few instances quite successful; more frequently it has failed, and sometimes caused much nausea and discomfort. Indian hemp, in doses of a grain of the extract, gave signal relief in two instances, where the usual remedies had disagreed; but in other cases it has quite failed, and has some times caused distressing disturbance of the brain and heart, smoking cigarets of stramonium, or of the *datura tatula*, inhaling chloroform (which for safety should be mixed with sulphuric ether and alcohol), and breathing the fumes of burning nitre paper, are expedients which often give relief in individual cases and although this relief is less complete and permanent than that following the use of the remedies first recommended, yet they may be useful where these fail, and, being prompt in operation, may be employed to ward off slight attacks where stronger agents are not required, or before the latter can be brought into effective operation.

Rarely we meet with cases of asthma so severe and obstinate as to resist all medicinal remedies; or it may be that the patient becomes tired of taking medicines, and renounces them in disgust—nay, sometimes I have known the symptoms aggravated by those which are commonly the most successful. In some of these change of air has succeeded wonderfully, and this not always when the change has been of the most salubrious character. In fact, the caprices of asthma with regard to air are very curious and can hardly be accounted for. In most instances, however, a dry atmosphere agrees better than a damp one, and the air of a large town better than that of the country, especially if this be low and damp. Of places in which I have known asthmatics most free from attacks I would mention London (several parts of the West end, Tunbridge Wells, Clifton, Brighton, and Margate (in summer) abroad, Paris, Pau, and Hyères. But asthmatic subjects should try for themselves, and remain as much as possible in the locality that they find by experience to best suit them. In the case of hay asthma, the avoidance of the country during the

hay-making season is necessary with many individuals, and the change found commonly to answer best is either to London or the seaside.—*Medical Times and Gazette.*

#### ON THE TREATMENT OF DROPSY.

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THOUGH only the result of some diseased condition, either general or local, and not in itself a disease, dropsy becomes in many cases so prominent a symptom as to be the chief source of the discomfort or sufferings of a patient. Hence our treatment is often mainly directed to the removal of the effused fluid; and if this can be effected, not only will temporary relief follow, but, in not a few instances, a practical cure may be brought about, in so far that the ordinary occupation of the patient may be resumed for a longer or shorter period. The principles of treatment are so well known that it seems scarcely necessary to allude to them; but my object at present is to urge the carrying out of some of these principles more systematically and to a greater extent than is usually done, and to advocate the earlier and, if necessary, repeated recourse to certain measures which are generally looked upon as only to be adopted as "last resources."

Medicines may often do much in the way of getting rid of dropsical accumulations, but very frequently they are quite ineffectual for this purpose; in the former case their action will be materially assisted by attention to some of the points hereafter to be considered, while in the latter it seems worse than useless to continue their employment, if it can be shown that there are other means more likely to be successful which fairly claim a trial.

The measures to which I desire to call attention are—1. The maintenance of *rest* and of an *appropriate position*. 2. The use of baths, both *general* and *local*. 3. The employment of regular and systematic *pressure*. 4. Removal of the fluid by *operation*. One or other of these may be employed with advantage in different cases, and in many two or more can be combined.

1. *Rest and position*.—The object of this is, of course, to place the parts affected in a posture unfavourable to the action of gravity, so that the veins may not be over-distended, or the fluid tend to accumulate in dependent parts, and thus, with the aid of rest, to promote the absorption of what has already collected. It is in the case of anasarca of the legs, and œdema of the scrotum, that attention to this point proves most serviceable. When the former exists, the legs should be kept *uninterruptedly* in the horizontal position, or even somewhat raised above the level of the body; if the scrotum is affected, it should be elevated by means of a soft pillow underneath it, or by some form of suspensory apparatus. It is important to *persevere* in this for some time, and also not to neglect it in the early stages, before the fluid has accumulated to any great extent, for it is then that its effects are most marked. It is not necessary that the patient should be confined to bed unless

other circumstances require it, and it is often advisable that he should get up, the affected parts, however, being kept in an elevated position. I have found the carrying out of this principle of "rest and position" most advantageous in many instances; thus, where the dropsy is due to an anæmic condition of the blood and a relaxed state of the tissues, including the vessels, it is generally sufficient to remove this altogether, along with attention to diet and the use of medicines, to improve the general condition. In local dropsies, also, as for instance that which occurs in connection with obstruction in a vein, or pressure, a great deal depends on the due observation of posture; while it gives material aid in the relief of those which are the result of cardiac or renal disease, especially the former. It may appear unnecessary to say so much with regard to this apparently simple and obvious principle, but I do so under the conviction, the result of observation, that it is not followed out, as it ought to be, systematically and continuously; often it is not observed at all, and, still more frequently, only partially and interruptedly, so that any good effects produced are of only temporary duration.

2. *The use of baths*.—The promotion of a free action of the skin has always been looked upon as an important means towards the removal of dropsy; but in actual practice this end is often very inadequately carried out, and thus the good effects which we have every reason to expect from it are only partially obtained. Diaphoretic medicines are of very little value in these cases, and we must have recourse to the *regular* employment of some effectual bath, if we desire to excite the excretory functions of the skin sufficiently to produce any marked benefit. If it can be used, a general bath of course acts best, and either the hot-air or vapour bath is to be preferred; it is especially in the general dropsy of Bright's disease that these are valuable. In many cases, however, especially in cardiac affections, the patient cannot bear a repetition of either of these, and under these circumstances I have found marked benefit from the application of local heat and moisture in the following simple manner, by which the parts are kept in a perpetual local bath. Each leg is wrapped up, from the hip down, in a large flannel, wrung as dry as possible after having been dipped in very hot water, and this is enveloped in a piece of mackintosh of sufficient size, which prevents evaporation and cooling; the flannels are changed about every hour, care being taken to avoid chilling the patient, and the legs are well dried before a fresh application is made. I have often been surprised at the very satisfactory results of this plan, both in hospital and private practice, if persevered in for two or three days, and there is no difficulty, as a rule, in following it out.

The same method of treatment is also called for when the dropsy is purely local, the result of some obstruction in the veins of the leg, and especially when due to a thrombus. Some patients who suffer from cardiac dropsy will not endure the little discomfort that attends the changing of the flannels, and in such cases it is advisable to wash the legs well every

day with hot water, and to keep them wrapped up in cotton-wool and dry flannel.

Though not exactly a form of dropsy, still it may not be out of place to allude to the use of baths in the treatment of "pleuritic effusion," as the same object is sought to be attained here, viz., the absorption of fluid. I believe I have met with cases in which unmistakable proof has been given of the value of the hot-air or vapour bath in aiding the removal of such effusion; and my conviction is, that we do not employ this remedy to anything like the extent we ought in the treatment of this condition.

3. *Pressure*.—In certain cases I have found considerable advantage from the employment of steady and continuous pressure, applied by means of bandages, or some elastic apparatus, care being taken that it is made properly and uniformly, varying its amount according to the nature of the case. Not only is it useful in itself, but it materially helps another mode of treatment, hereafter to be considered.

In local dropsies, the result of venous obstruction, this does more good than anything else; and in some instances I have met with œdema of the legs, which was apparently due to weak action of the heart, and hence feeble circulation, along with a relaxed state of the tissues, great benefit was derived from the application of a bandage. Again, in some cases of chronic ascites, marked improvement has followed the application of a roller very tightly round the abdomen, of which the following instance is a good illustration:—

G. F., aged 20, clerk, was admitted into University Hospital on June 12th, 1871. He had previously been an in-patient, in February, 1868, suffering from an attack of pleurisy, and at that time his abdomen began to swell, being at first painful. He was discharged, however, and returned to his work; but in the early part of 1870 he became much larger, and went to another hospital, where he was tapped but filled again very rapidly; he was subsequently tapped five times, at intervals of about two months, the last occasion being on October 21st, 1870. He filled slowly for some time, but gradually became smaller, and was discharged. A fortnight before his admission he felt some shortness of breath, and his legs began to swell, at the same time the abdomen enlarging, and being somewhat tender. On examination, the skin of the abdomen presented evidences of former stretching, the umbilicus was everted, veins not enlarged. There was considerable distension, and this was plainly due to an irregular accumulation of fluid, principally towards the left side, limited by old adhesions. The liver could be felt at first, but afterwards became obscured; some tenderness was experienced on pressing it firmly. The general health was good, and the patient only complained of the discomfort of a distended abdomen and some dyspeptic symptoms. There was no jaundice. All attempts to get rid of the fluid by medicinal agents proved unavailing, and on July 12th the abdomen gave the following circular measurements:—

	Inches.
Opposite the ensiform cartilage.....	36½
Opposite the umbilicus.....	35½
Midway between these two points.....	37
Midway between the umbilicus and pubes.....	31½

About this time I commenced the application of firm pressure by means of a roller, placing poultices of digitalis leaves underneath it, which, however, I do not think had anything to do with the result. From this period an evident improvement took place, as shown by the form of the abdomen, the alteration in the extent and shape of the dulness, and the results of measurement; at the same time the patient expressed himself as greatly relieved. With regard to the ultimate result suffice it to say that the patient left the hospital on August 31st, with the following measurements, and returned to his ordinary occupation, feeling quite comfortable, but still wearing the bandage:—

	Inches.
Opposite the ensiform cartilage.....	34½
Between the ensiform cartilage and umbilicus.....	31
Between the umbilicus and pubes.....	30

4. *Removal of the fluid by operation*.—I now come to the most important part of this paper, which is, to advocate the early and, if necessary, repeated performance of *paracentesis abdominis*, in appropriate cases of ascites. There cannot be a doubt that this operation is generally looked upon with much dread, and that it is only performed with the view of giving temporary relief, whereas it may be safely employed as a means of permanent cure, so far as the ascites is concerned, and if this can only be removed the patient is often practically restored to health. The danger of wounding serous membranes and admitting air has been much exaggerated, and that fluid may be withdrawn from a serous cavity with most satisfactory results has been well proved in the case of pleuritic effusion. Now, with regard to the cases in which this operation is justifiable as a method of treatment, they are just those with which we are most likely to meet in ordinary practice, viz., where the ascites is the result of cirrhosis of the liver. In such a condition this becomes the *chief symptom* after a time, and the main object of our treatment is to take away the fluid, and thus give relief to the misery and discomfort which it produces. Experience proves the utter uselessness of medicinal agents in effecting this object, and on this account we are the more justified in proceeding to carry it out directly by operation, if it can be shown that this gives any fair chance of success. When the ascites is but a part of the general dropsy of cardiac or renal disease, of course paracentesis can do no permanent good, and therefore should only be performed if absolutely required, which, judging from my own experience, does not often happen; at the same time I may add that the presence of renal disease need not deter us from the operation, should this exist associated with cirrhosis, though it will necessarily render the case less favourable. Again, if ascites is the result of some cancerous tumour pressing on the portal vein, or of a definite cancer or tubercle in the

peritoneum, the operation can only afford temporary relief.

In the cases, then, that I have indicated, viz., those of *ascites due to cirrhosis of the liver*, it seems to me to be a mere waste of time and of the patient's powers to continue a long course of purgatives, diuretics and diaphoretics, especially as these cannot be absorbed at all when there is such a condition of things within the abdomen, and they are much more readily taken up after the removal of the fluid; but I do not think much reliance is to be placed on them, and would rather urge the performance of paracentesis as soon as the abdomen has become tolerably full, the operation being repeated again and again, should the fluid re-accumulate.

In the instances I shall bring forward I have not seen any ill effects from the operation itself, when proper care was exercised, nor did its repetition at all weaken the patient. It is not advisable to take the whole of the fluid away, and if it collects again it is best not to wait until the abdomen has become much distended before proceeding to its removal. Of course it is necessary to maintain the patient's general health by means of a nutritious diet, and, if necessary, stimulants may be given, as well as tonic medicines.

The explanation of the good effects of this treatment is evident enough. Communications normally exist between the portal system of veins and the general venous circulation, while new channels are formed in the adhesions which arise; thus the blood, instead of passing through the liver, is enabled to return through these normal and abnormal communications, which enlarge considerably, provided we can keep the patient alive for a sufficient length of time and relieve the great tension of the vessels, and consequently after a time no further diopsy occurs.

It appears highly probable that the employment of pressure, in the manner already indicated, might be advantageous in conjunction with tapping; that is, as soon as the wound is sufficiently healed, the abdomen might be tightly bound, and thus be prevented from re-filling. I have tried this in two cases, in which it proved successful.

I shall now proceed to give some brief notes of cases, on which I have founded the opinions expressed in the preceding remarks.

CASE I.—An account of this case has already been published in the *Lancet* of October 29th, 1864, the patient having been under the care of Dr. Waters, at the Liverpool Northern Hospital, who kindly permitted me to treat him. It is especially interesting to myself, on account of its exceedingly satisfactory termination, and also because it first suggested to me the adoption of "paracentesis abdominis" as a settled plan of treatment. J. G., aged 32, a sailor, much addicted to drink, was admitted into the hospital on December 29, 1863. He had had hepatic symptoms for three years, and ascites began in the previous July. He presented a most miserable, sallow, and cachectic aspect, and his abdomen was greatly distended, but no dropsy existed in any other part. He became so distressed that it was thought advisable to tap him, *merely to afford relief*; and on

January 14th, 1864, 21 pints of fluid were withdrawn. The liver was then distinctly felt, having all the characters of cirrhosis well marked. The abdomen filled again, and, on February 28th, 30 pints were drawn off, which was rather too much, as the patient had some rather unpleasant symptoms on this occasion. It was found necessary to repeat the operation on March 19th and April 9th, 14½ and 25 pints being respectively removed on these dates. The patient improved greatly in appearance, and in his general health, did not suffer in the least from the operation; and as he gave no evidence of the return of the effusion, he was soon discharged. Subsequently he was under my observation for some months as an out-patient, but I then lost sight of him. More than three years afterward, however, he reappeared, having been to sea, and there had been no return whatever of the ascites, while his general health was excellent. The liver could still be felt, hard, contracted, and granular.

CASE II.—G. F., aged 42, admitted into University Hospital, July 26th, 1871. No cause could be ascertained in the previous history, the patient having lived regularly and steadily. The abdomen began to enlarge in March, and had gradually increased, at the same time being somewhat painful. On admission, he appeared emaciated and anæmic, complained of dyspeptic symptoms, with dyspnoea and cough, due to some emphysema and bronchitis. The abdomen was very large, the skin being glazed and shining, and the umbilicus protruded; there was almost universal dulness, and fluctuation could be readily felt. No swelling of the legs existed. The urine was free from albumen at first, but this afterwards appeared, and gradually increased until it became about one-fourth. The heart was weak, but free from valvular disease. On August 9th the abdomen became very tense, measuring 43¼ inches in circumference a little above the umbilicus, the skin looking inflamed, and the patient being much distressed, paracentesis was performed to the extent of nearly 18 pints, which afforded great relief and caused no ill effects. For some days it appeared as if the effusion was again collecting, then it began to fluctuate, and finally to diminish steadily, during which time the abdomen was tightly bandaged. He was discharged, and sent to Eastbourne, the circular measurement above the umbilicus being only 32 inches. Some months after I heard that there had been no subsequent enlargement.

CASE III.—M. A. C., a woman, aged 50, admitted into University Hospital, August 16th, 1871. She had been addicted to habits of intemperance, and had been ailing for about fifteen months. She first noticed a swelling in the legs, which extended up to the thighs and abdomen, and occasionally appeared in the arms and face. When admitted, she presented the signs of very abundant ascites, with much œdema of the legs, loins, and abdominal walls. The circular measurement opposite the umbilicus was 47¼ inches, and there was scarcely any tympanic sound on percussion, even in the highest part. The heart was healthy, but the urine contained albumen,

the amount varying from one-fourth to two-thirds, and sometimes casts were present.

On August 26th the patient was tapped to the extent of 16½ pints, the operation being followed for a few days by slight local pain, and on account of the state of the kidneys peritonitis was feared. However, the pain soon ceased, and the patient felt much better. The swelling in the legs subsided considerably. On October 7th it was found necessary to repeat the operation, and 13 pints were taken away. No ill effects were experienced. As soon as the wound healed, pressure was employed, along with poultices of digitalis leaves, and from that time, no fresh accumulation occurred. The patient was discharged, but came to the out-patient room from time to time, where I have seen her recently, and there had then been no return of the fluid.

In addition to these cases, the only already alluded to as showing the satisfactory results of pressure, is also an instance of the value of repeated paracentesis, seeing that this was performed several times with ultimate success, though it is not clear what the cause of the ascites was in that case.

I venture to submit that the evidence brought forward in this communication is sufficient to give strong support to the course of treatment which I have advocated, especially when we take into consideration the improbability of any satisfactory results being produced by the administration of medicines. Of course every precaution should be taken, both in the performance of the operation and in the subsequent treatment, and it would be well to explain to the patient and friends the possible dangers which might arise.

In conclusion, I desire to add a few words with regard to another operation, viz., puncturing the legs and scrotum, when considerable oedema exists in these parts. I am satisfied that the simple measure is also often too long delayed, and thus does not give the relief which it is capable of affording. This is particularly true in cases of cardiac dropsy, where a few punctures, repeated for some days, may give material help in removing the fluid altogether, at all events for a time, by relieving the over-distended vessels, and thus enabling them to absorb. Of course permanent benefit is not to be expected in these cases, but it is a great thing to relieve the very unpleasant feelings associated with this form of dropsy. In the case of the legs, it is below the knee that the punctures should be made, as, if they are made above this point, urine may come into contact with them, and lead to erysipelas. It is unnecessary to make large incisions, the punctures produced by ordinary hare-lip pins answer very well. Several may be made at intervals in dependent parts, also on the dorsum of the foot, if required; and they may be repeated, if necessary, so long as there is no sign of irritation. It is advisable to wrap up the limbs in cotton-wool and flannel, which should be frequently changed. As regards the scrotum, this may be punctured in several points on both sides, and then well fomented. Great care must be taken to keep this part clean. In some cases the operation causes it to become indurated, and this condition

resists the further accumulation of fluid.—*London Practitioner.*

#### HEMORRHOIDS IN PREGNANT AND PUERPERAL WOMEN.

Dr. FORDYCE BARKER gives the following direction on this subject in the *American Practitioner* :

When hemorrhoids are developed during the later periods of pregnancy, the indications are obviously to counteract the constipation or the diarrhoea, and to stimulate and to restore the tonicity of the hemorrhoidal veins. The inquiry will then naturally suggest itself, have we any agent or combination of agents in the materia medica capable of effecting these results? I know of no article which so clearly and positively produces these two results as aloes, and on this I have mainly relied. I am well aware that the general voice of the profession is against the use of aloes where there is any tendency to hemorrhoids.

The special property of aloes is "to excite the muscular contractility of the colon and rectum," and "to stimulate the venous system of the abdomen, and especially of the pelvis." That these are the effects of this agent, I have not only the authority of special writers on therapeutics, as Pereria, Wood and Bache, and others, but I believe the general experience of the profession also will confirm the assertion. It would seem therefore that the use of aloes for the cure of hemorrhoids in pregnant women would have suggested itself from *a priori* reasoning, but I am not aware, from anything that I have read, that it ever has. I suppose that the general impression that aloes is contraindicated where there is any tendency to hemorrhoids, and that it possesses emmenagogue properties, has had great influence in preventing this. In my own case, the use of this article for this purpose was the result of gradually accumulating observation, rather than from any reasoning on the subject.

In the early days of my professional life I was engaged to attend a woman in her confinement, who suffered from obstinate constipation. I prescribed for her Dewees' pills. At the time of her confinement she mentioned that in her former pregnancies she had suffered very much from piles, but that my pills had cured them. If I had known of her hemorrhoidal tendency I should not have given these pills, and I was, therefore, quite surprised by her statement, as the result seemed so contrary to all that I had been taught. From this time I began to experiment as to the effect of aloes in the treatment of hemorrhoids, associated with constipation, in the pregnant; and for many years past I have constantly made use of aloes for their cure, whether the hemorrhoids were the result of constipation or of diarrhoea. I give it combined with other agents, according to the special indications of each case, and in such doses as I learn by experience of the peculiar idiosyncrasy of the individual is necessary to secure one easy, free, daily evacuation of the rectum. Some require a grain morning and evening, while in others a half grain is sufficient. In anemic patients I combine the aloes with the sulphate of iron. In the two last weeks

of gestation I always combine it with the extract of belladonna. The following is a frequent prescription with me :

℞. Pulv. aloes soc.,  
Sapo. cast., aa ʒj.  
Ext. hyoscyami, ʒ ss.  
Pulv. ipecacuan, gr. v. M.  
Ft. pil. (argent.) No. xx.  
S.—One morning and evening.

When the patient is anemic, I add to the above one scruple ferri sulphat. Some ten days or two weeks before the supposed time of labor I substitute the extract of belladonna, ten grains to one scruple, for the extract of hyoscyamus. When the hemorrhoids are associated with an irritable rectum, and frequent, small, teasing, thin evacuation, I substitute for the hyoscyamus a small quantity of opium, giving a smaller quantity of the aloes, as in the following formula :

℞. Pulv. aloes soc.,  
Ext. opii aq.,  
Sapo. cast., aa. gr x. M.  
Ft.—Pill No. xx.  
S.—One morning and evening.

It is unnecessary for me to multiply formulæ, as the general principles by which I am guided will be sufficiently evident from the above.

In some cases I have not been consulted, and have not known of the hemorrhoidal tendency of the patient, until my attendance during labor. I have seen the hemorrhoidal tumors sometimes become very large during the labor. Dewees says : " Much may be done during labor to prevent a severe spell of piles by the accoucheur making a firm pressure upon the verge of the anus with the palm of his hand, guarded by a diaper, during the progress of the head through the external parts, and by carefully returning them after the expulsion of the placenta, as the sphincter is now fatigued, and will not oppose their descent." I have frequently tried this expedient, but I cannot say that it has been very successful, as the tumors soon come down again, and under these circumstances they are very apt to become strangulated, inflamed, and cause a great deal of suffering. When I find this condition of things, I have within a few years past adopted the plan of forcible dilatation, recommended by my friend and colleague, Prof. Van Buren. My method is this : the patient being fully under the influence of chloroform, I select the moment of the delivery of the child and before the placenta is brought away. I push back the tumors with the sphincter, if I can readily; if not, I leave them alone, and introduce both thumbs, back to back, well in the sphincter, and opening them as wide as possible I draw them through the sphincter. During this time I have firm pressure made on the uterus by an assistant, and in several instances the operation was followed by the sudden expulsion of the placenta from the vagina. I direct the following ointment to be applied twice daily to the tumors, and well up in the rectum :

℞. Ung. gallæ co., ʒj.  
Ext. opii aq., ʒj.  
Sol. ferri persulph., ʒj.  
Ft. ung. M.

The result has been in every instance that the tumors have gradually disappeared, and the patients have had very little suffering from the operation.

Where hemorrhoids come on after labor, the suffering is generally much greater than when it occurs during pregnancy. They are very often induced by the action of the purgative given two or three days after confinement.

It is now many years since I have been convinced that castor-oil was one of the worst agents that could be used as a laxative when there is a tendency to piles, as in many instances I have seen its action develop them. For many years I have annually spoken of this to the medical class before whom I have lectured, and I have received many letters from former students corroborating my statement by their own observation. But I have never seen this alluded to, except in one work—viz, Hardy and McClintock on Midwifery and Puerperal Diseases—who incidentally make the following remark : " We may first observe that castor oil is ill-suited for patients who have hemorrhoids, being very apt to produce in them tenesmus and considerable irritation of the rectum." I may add the following from Quain : " Common opinion has assigned to castor oil a character for blandness (probably because of its being an oil) to which it is not entitled. It is an efficient purgative, but, except when given in minute quantities, it usually irritates the rectum."

In Wood and Bache's Dispensatory (article, Castor oil) we find the following : " Some apothecaries are said to use a substitute for olive oil in unguents and cerates; but the slightly irritating properties of even the mildest castor oil render it unfit for those preparations which are intended to allay irritation." It is curious that its irritating action on the mucous membrane of the rectum has not attracted more attention.

In those who have, or are disposed to have, hemorrhoids I give the following on the second day after confinement :

℞. Magnesiae sulph.,  
Magnes. carb.,  
Potas. sup. tart.,  
Sulphur, sublim., aa ʒ ss. M.  
Mix thoroughly.

Sig.—One, two, or three teaspoonfuls of the powder before eating in the morning.

This powder produces a soft evacuation, without pain, even when the hemorrhoids are inflamed. By procuring a daily evacuation with the powder, and the use of the ointment as before mentioned, I have found the hemorrhoids in puerperal women soon cease to give trouble.

#### RUPTURE OF THE UTERUS, WITH ABDOMINAL SECTION.

DR. EDWARD WHINERY, reports the following remarkable case in the *Transactions of the Iowa State Medical Society* :

On the 28th of March, 1865, at 8 o'clock A. M., I visited Mrs. S., of Niota, Illinois, a healthy Irish woman about 37 years of age, who, I was told, was



taken in labor about ten o'clock, A. M., of the 27th. The first indication she had of approaching labor was the escape of the waters, soon after which regular labor pains supervened, and an ignorant midwife was summoned to attend her. Labor progressed regularly until about 7 o'clock in the evening when it was expected the child would be born in a few minutes. She was seized at that time with severe burning, lancinating pains, or stitches, as she called them, throughout the abdomen, and the expulsive pains ceased. I found her sitting in a chair, leaning forward at an inclination of about forty degrees, and very unwilling to change her attitude. Her pulse was a hundred and ten, irregular and fluttering; the countenance very anxious and pale; the skin cool and clammy. It was with difficulty I could induce her to assume a position convenient for me to make an examination per vaginam.

I caused her, however, to be held at an inclination of about forty-five degrees, and passing the digital finger of right hand into the vagina and the left hand over the abdomen. I found the head of the fœtus resting well down on the perineum, but by pressing firmly with my finger against the head, it ascended above the superior strait, and the whole body could be distinctly felt through the walls of the abdomen she being of spare habit. The motion thus given to the fœtus very much increased the lancinating pains, and she cried out, "These stitches will kill me." My diagnosis was rupture of the uterus, and I informed her and her friends that her condition was very precarious. We tried to give her "Mutterkorn Thee" (ergot) but the stomach would not take it. The night was very dark, and the husband and his friends were afraid to attempt to cross the Mississippi river in a row boat, as it was very high with much drift-wood floating; she therefore spent the night in applying new corn whisky to the abdomen.

I allowed the patient to assume the attitude first mentioned; returned home for my instruments and an assistant; Dr. J. C. Blackburn accompanied me. At 10 o'clock A. M., when we arrived, no change had taken place in the patient. My friend, Dr. Blackburn, thought, from the visible and physical appearances, and my representations of the case, that my diagnosis was correct, and we soon agreed upon the propriety of making the abdominal section. Dr. Blackburn administered the chloroform while I was preparing other matters. We placed the patient on her back on a table, and I made the incision on the right of the umbilicus, about six inches in length through which I removed a large male child (dead of course) and the placenta, both being entirely above the uterus, which was well contracted down into the pelvis. There was very little appearance of hemorrhage. The rupture was in the fundus from the anterior to the posterior wall. The edges of the wound were now brought together by sutures of silk, taking care to include all the structures except the peritoneum; then finishing the dressing with straps, a compress and a wide bandage. The operation and the dressing were performed in less than five minutes, and the patient placed in bed, still under the influence of chloroform. When she recovered from its effects,

she expressed herself, as feeling quite comfortable and grateful for her delivery from her intense suffering for so many hours. We expected peritoneal inflammation to supervene, but in this we were happily disappointed.

I visited her on the 29th, and found her comfortable; the pulse had gone down to eighty, and every symptom was favorable, the lochia was moderate in quantity; she had been nearly free from pain and slept well during the night, though she had not taken any morphia and quina powders left for her, in case irritation and debility set in.

March 30th and 31st—continues without an unfavorable symptom.

On the 3d of April she sat up three or four hours in bed. The wound had healed by first intention.

On the 5th I took out the sutures and continued the adhesive straps, the compress and bandage; she was then dressed and sitting up.

On the 8th the lochia ceased and she went about her ordinary house work.

On the first of June she menstruated, and again on the first of July; then she became pregnant, and on the first day of this April she gave birth to a healthy female child. I was in attendance and found the "waters" had passed off two days before, but there had been no pain till within three hours after the time of my arrival. The os uteri was well dilated and the head of the fœtus was entering the superior strait; fearing that the former rupture might have impaired the integrity of the uterus, and that we might have the accident repeated, I applied the forceps and assisted the expulsive efforts so that in an hour and a quarter after entering the room I had the satisfaction of finishing her delivery. She and her friends were very much relieved for she had heard that it was the opinion of some medical men that she could not go through the parturition safely after such an accident. There was nothing unusual attending gestation. She says this is her tenth pregnancy, and the easiest delivery she ever had; she generally had had difficult deliveries. Two of her children had been still-born in consequence of protracted and difficult labor.

Within the last fifteen years I have not hesitated to use the forceps at the proper time in preference to giving ergot; it is much more humane and altogether more safe. When the forceps are applied, the danger from rupture of the uterus is passed, and by skillful traction and manipulation during each pain, the suffering of the woman is very much lessened, but the effect of ergot in increasing the uterine contractions is sometimes too horrid to contemplate, and I shall never use it again for such a purpose. I have practiced obstetrics in general practice for more than a quarter of a century, and attended about fifteen hundred cases of parturition, but never met with a case of rupture of the uterus before, and I think this accident would not have occurred in the present case in the hands of a scientific practitioner.

A very large proportion of the cases I find reported in the journals and works on midwifery have proved fatal. Very few who have reported cases have resorted to the abdominal section.

## THE TREATMENT OF SPINAL CURVATURE.

Mr. Richard Davy, F.R.C.S., says in the *Practitioner* for March:

The treatment of spinal curvature may be essentially subdivided into—firstly general, and secondly mechanical, treatment.

Under the first count are included rest, sea-side air, strengthening food, oleum morrhuae, careful nursing, and such like; and the late Sir Benjamin Brodie concentrates the essence of such treatment in advising a couch pleasantly situate near the sea-beach; indeed, it is useless to undertake the treatment of this deformity without paying marked deference to the general means of cure; but especial prominence has been given in this short paper to the local and mechanical means of surgical assistance.

Under the second count are included local and mechanical means.

The utmost importance must be conceded to the recumbent posture at an early stage of the deformity. This necessity for early rest is in many instances entirely overlooked by the parents; many a child is unnecessarily tormented by an anxious mother, who runs from one orthopædic institution to another, in the mistaken delusion of thus obtaining the best treatment. The poor child protests, and shows its sufferings by its peevishness and groans; the mother contents herself with the empty self-congratulation of having exhibited her offspring to goodness knows how many doctors. Nothing can so effectually give rest and ease to the diseased vertebral column as this apparently simple recommendation of the recumbent posture; but in reality, amongst the rich this treatment represents a couple of extra servants, amongst the poor it involves an impossibility.

Children, again, not being aware of the importance of rest, are with difficulty kept lying down; probably the easiest means of insisting on this principle of rest is to net over their cribs; whilst amongst the hunchbacks at or about the time of puberty there exists such a refractory impatience of restraint and such precocity as to baffle the good intentions of any surgeon. Before leaving the subject of the recumbent posture, let special stress be laid upon its importance in cases of cervical curvature; so as to avert any secondary implication of either the medulla oblongata, or roots of the phrenic nerves.

The difficulty then, of restraining these cases of spinal curvature led to the employment of spinal instruments, on the principle of relieving the vertebral column of superincumbent weight, while freedom was allowed for taking sufficient exercise to maintain a certain degree of vigor.

What can the surgeon fairly expect from the use of a spinal instrument? Simply support, and a correction of the tendency to increased deformity. As a gardener supports the delicate stem of a plant by a firm stake, or as in young fir plantations side support and an upward direction and shelter are ensured by adjoining stems, so the surgeon uses a spinal instrument to shelter, support, and as it were coax the feeble spine into its healthy, natural position.

Let me now express my strong dissent to the too

universal application of spinal instruments. Surgeons weekly receive applications for spinal instruments where no spinal disease exists, and where the appliance (if granted) would but tend to increase the deformity.

Let me further object to and expose a rather numerous class of individuals, who foolishly believe that their duty to their deformed charge has been performed as soon as the victim has been encased in a spinal instrument, and thus seek to shift the onus of treatment from their own to the surgeon's shoulders.

Still further objection must be taken to the intrusive desire of any instrument-maker to complicate the essential simplicity of a spinal instrument; as a rule, the more movements, the more pay for the instrument-maker; but the more movements, the less relief for the patient.

Complicated movements, if kept in action, must guarantee much interference; if unused, such movements are quite unnecessary.

Side plates are certainly advantageous, if manual support to the projecting ribs and transverse processes gives relief to the patient; and of all elevating principles that have been applied to the crutch of spinal instruments there is none so easy and so practically useful as the principle used by Sayre for extension in cases of morbus coxae. It allows elevation or depression to be performed easily, safely and advantageously, either by the surgeon or patient; many a sore axilla will be saved, and much more support (consecutive on the growth or improved condition of the vertebral column) will be gained by the further use of his elegant mechanism. Many of the spinal instruments for the Surgical Aid Society of London are now being manufactured by Mr. Lindsay after his plan.

The natural cure of these deformities consists in bony ankylosis of the bodies of the vertebrae; and the frequency of bony nodules being found on bodies of the vertebrae demonstrates how ready nature is to throw out support for a feeble spine; yet even in old permanent fixtures of angular curvature of the spine you may still see movements on the instrument worn, i. e., the officious surgeon endeavouring to undo what nature has wisely done. Let me once more insist, therefore, on the strict simplicity of a spinal instrument, as an agent of support as opposed to coercion.

To summarize this sketch: Grant attention to the sterling value of an early correct diagnosis; good general treatment; the importance of rest; the recumbent posture; and mechanism only as supportive agents.

1. For recent cases with advancing deformity, general treatment, rest, recumbent posture: as nature regains strength, and the bony deposit is being organized, mechanical support, and the sparing adjustments of spinal movements.

2. In chronic cases with stationary deformity, general treatment and mechanical support.

3. In hysterical cases, chloroform must be administered; moral control and physical exercise

employed; and a full exposure given to any smack of deception.

4. In weakly constitutions with slight deformity, tonic treatment, sea side baths, and correction of faulty tendencies.

#### CONCEALED PRÆ PARTUM HEMORRHAGE.

Mr. Joshua Parsons, of Frome, writes to the *British Medical Journal* :—

The three cases which I am about to detail have occurred to me at long intervals in a tolerably extensive midwifery practice of many years' duration; and, although they belong to a class well recognized and often described by writers on the subject, yet I have found in conversation that many brother practitioners of intelligence and experience, not having had their attention specially directed to such cases, possess but vague ideas of their nature and treatment. There are, however, few accidents interfering with the even tenor of natural parturition more distressing to witness, or calling for more clearness of diagnosis and decision of treatment on the part of the medical attendant, than those of which I am about to speak. It has, therefore, struck me that a record of these three instances, though not otherwise very interesting, may form a footprint for whose guidance some perplexed and anxious brother may be thankful.

Case I occurred in 1840. The patient was the wife of a weaver, a strong and healthy primipara, arrived at the seventh month of gestation. On February 8th she was seized with faintness and a feeling of painful distension of the abdomen; but, as no labor-pains occurred, no treatment was adopted by the midwife beyond keeping the patient in bed. As, however, the pallor and distension increased, I was summoned on the 12th, and found the woman exhausted and exsanguine to a remarkable degree. Upon examination, although there had been no pains or discharge, the os uteri was flaccid and dilatable, the membranes unruptured, and the face presenting. I had at the time no idea of the nature of the case with which I had to deal; but possessed with the dread, instinctive in an accoucheur, of seeing my patient die undelivered, and miles away from instruments or professional assistance, I introduced my hand into the unresisting uterus, and immediately delivered the small dead fetus by the feet. Finding the abdomen but little diminished in size, I thought there was another child to be born, and plied the woman freely with brandy and ergot; and after a while had the satisfaction of finding the placenta thrown off. The cause of danger and perplexity then became evident; for I removed from five to seven pounds of old black coagula. The uterine surface of the placenta showed that it had been detached over its larger part. The woman slowly recovered to a great extent, but was ever afterwards an invalid and remarkable for her extreme pallor.

Case II occurred on December 4th, 1860, to one of those unhappy individuals whose hairtiness (to use a Scottishism) was a catalogue of disasters. She had arrived at the eighth month of her eleventh pregnancy, when she was, at 4 o'clock on the morning

mentioned, while lying quietly in bed, seized with sudden deadly syncope. As she lived close to my house, I saw her in a few minutes; and, recognizing the nature of the case, I examined and found the head presenting and the funis prolapsed. Being thus enabled to assure myself that the child was dead, and knowing from former experience that to deliver the patient with forceps was a work of time and difficulty, I did not hesitate to resort immediately to craniotomy, and, after giving ergot, to remove the placenta and a large mass of coagulum which appeared to be of recent formation. The patient recovered and had children subsequently.

Case III.—This patient is the wife of an innkeeper living four miles from my house, and was expecting her seventh confinement in November last. For four days she had been observed to lose her color, and complained of hardness and tension of the abdomen, but had continued to move about and attend to her household duties. On the afternoon of the 19th she fell suddenly in her kitchen, and was for a long time unconscious. When she was carried to bed, a slight discharge of blood was observed, and I was sent for, being told to come directly, as she had a fit. When I arrived she had become conscious, but was tossing about faint and pulseless, with no labor-pains, but a slight sanguineous discharge from the vagina. On examination, I found the os about the size of a shilling, occupied by distended membranes, but very hard and resisting. I immediately sent to my son, Dr. Parsons, asking him to bring various instruments, and intending, as the urgency of the case seemed increasing every moment, to deliver as soon as he arrived. As, however, by reason of distance, a considerable time must necessarily elapse, I determined to do something; and so I ruptured the membranes, and gave at once two drachms of the liquid extract of ergot, repeating the dose in half an hour. Fortunately these means were successful in controlling the hemorrhage; and on my son's arrival the aspect of affairs had so much improved, that we considered it right to wait awhile and watch for the issue. About mid-night labor-pains came on, and the woman was delivered naturally about 2 A. M. The child had been evidently dead for some days, and the placenta was followed by a great gush of fluid blood and many pounds of old clot. The woman is still suffering from exhaustion and bloodlessness, but will, I trust, ultimately recover.

The cause of the accident of which I have been speaking is, to me, obscure. In neither of these cases had there been any over-exertion, nor had either of the patients been exposed to any of those shocks of body or mind which we are accustomed to see followed by hemorrhage and premature birth. In the first and third cases, the pallor and painful distension showed that a moderate discharge of blood had been taking place between the placenta and uterine walls for some days before a sudden and unaccountable increase occurred and produced the alarming symptoms already described. Although the issue was fortunate in these instances, yet I need not tell you it is by no means always so, two or three fatal cases

having occurred within my own knowledge. In the last case, my distance from home led me to adopt measures which fortunately proved successful; but, looking at the tendency to sudden increase of symptoms, I would not voluntarily run the risk of delay, but should make it a rule, where I had reason to believe that subplacental hemorrhage was going on, to induce labor and complete the delivery of the patient by the speediest method suitable to each particular case.

I do not know any condition likely to cause difficulty in the recognition of this accident. In the second case, the sudden and complete collapse and violent pain might at first have led to a supposition of ruptured uterus or abdominal pregnancy; but the round, well-defined uterus, hard as a cricket-ball, and perhaps the absence of tenderness, would at once clear up the difficulty. In neither case did I observe any diseased condition of the placenta likely to account for its separation from the uterus, though the appearances plainly indicated that such separation had taken place to a very large extent.

#### TREATMENT OF SMALL-POX BY BATHS.

At a recent meeting of the Dublin College of Physicians, Dr. H. BENSON called attention to a form of treatment so prominently brought before the Society on a late occasion by Dr. Stokes. He referred to the treatment by the bath. He was so struck by the result in Dr. Stokes' cases that he determined to adopt the treatment in the next suitable case he met. In a very few days such a case presented itself. The patient was a gentleman residing in one of the suburbs of Dublin. He suffered from an extremely bad form of confluent small-pox. It was remarkably confluent, not only on the face, but also on every part of the body. The pustules were not well filled, but were flat, and the face presented the appearance as if a wax candle had been dropped over every part of it. During the secondary form the delirium became exceedingly troublesome, and the patient quite uncontrollable. For the previous twenty-four hours he had not been in bed for five minutes, and he had had no sleep for over thirty-six hours. Hypnotic remedies had no effect, and it was not possible to apply leeches or other applications to the head. With some difficulty he was placed in a slipper-bath, of the temperature of 98°, and he immediately exclaimed "it's glorious, it's delicious, it's delightful." He became at once calm, collected and obedient, and within fifteen minutes he ceased to have any delirium. After half an hour he slept in the bath for two hours, occasionally waking for a minute or two while fresh water was being added. He (Dr. Hawtrey Benson) kept the patient in the bath for five hours and a half, removing him after that on account of headache which supervened. He was then put to bed, perfectly free from delirium, and with the help of fifteen grains of chloral (of which four times that dose had no effect previously) he slept uninterruptedly for eight hours. The case progressed from that out without the slightest check. Dr. Hawtrey Benson thought that

this treatment did not receive its due measure of attention at the hands of the profession.

Dr. Grimshaw asked what was the temperature of the man's body when he went into the bath.

Dr. H. Benson replied that the temperature could not have been lower than 104°, and the bath was at least six degrees lower.

#### GUARANA—A REMEDY FOR SICK-HEADACHE.

Dr. Samuel Wilks, F.R.C.P., Physician to Guy's Hospital, says in the *British Journal*:

I wish to draw the attention of the profession to *guarana* as a remedy for sick-headache and at the same time to ask for the experience of those who may already have some acquaintance with the drug. My own knowledge of it dates about two years back, when, after the appearance of a lecture of mine upon sick-headache, I received a letter from Mr. Helmcken, of British Columbia, inclosing two powders which he recommended to me with much confidence as able to cure the complaint. He said that, having heard much of the remedy, "I resolved to try the medicine upon one of my patients who was always coming to me with sick-headache; and sure enough it acted like a charm; and in place of suffering for twenty hours or so, the headache had disappeared in a couple. This accords with what others have told me. Upon my first headache after the receipt of Mr. Helmcken's letter, I took the powder, but with only doubtful effect. I therefore did no more than casually mention the medicine to my friends, but did not recommend it. A few weeks ago, after the appearance of a second communication of mine in the *Journal* upon the same complaint, I received a letter from Mr. Wood, of Montreal, in which he also recommended "guarana" as a remedy for headache, and gave a history of his own personal sufferings and the relief which he had obtained. He says: "By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind), I have carried off the attack; and with the first box, absolutely put it off for two months—something which had never occurred in my life before. Upon so good an authority, I determined to try the remedy in a more systematic manner, and requested my neighbour, Mr. Hooper, the chemist, to procure me a packet of the powders. These I have recommended to several patients and friends; and the result is so encouraging, that I have hastened to suggest their trial to my professional brethren. One lady speaks most enthusiastically of their power, as she has now, on two separate occasions, had her headache arrested by their use. The drug has long been known, for mention is made of it in English and French pharmacologies, but appears never to have come into general use. It consists of the seeds of a tree growing in Brazil called *Paullinia sorbilis*; and these, according to Johnstone, in his *Chemistry of Common Life*, are used as we do cocoa. The seeds are ground into powder, and contain an alkaloid which is said to be identical with

that found in tea and coffee. The medicine is manufactured by Grimault & Co., No. 7 Rue de la Feuillade, Paris.

ON THE USE OF NITRATE OF SILVER IN CERTAIN LOCAL INFLAMMATIONS (TESTITIS AND CARBUNCLE).

BY GEORGE COWELL, F.R.C.S. *Senior Assistant Surgeon to the Hospital.*

In offering in the pages of the *Practitioner* the following remarks, advocating the use, as a topical stimulant, of nitrate of silver in certain local inflammations, I would at once say that I advance nothing new, nothing but what has been suggested and written about over and over again. A few years ago Mr. John Higginbottom published a book to advocate its use in cases of erysipelatous inflammation. In it and also in the pages of this journal he recommended its application in one of two forms—the ordinary brittle stick, or the concentrated solution of 80 grains of nitrate of silver to the four drachms of distilled water. The favorable results of the use of this solution in cases of erysipelatous and erythematous inflammations are well known; but the uniform success in my hands, during the last five years, of the use of the solid nitrate mentioned above, in cases of testitis and anthrax, has led me to recommend the more general adoption of this mode of treatment in these cases as I am sure it requires only that its eminently satisfactory results should be known.

And first as to testitis. The ordinary commencement of the treatment of swelled testicle in the acute form is still too frequently the application of leeches. Of late years the plan of puncturing, with a thin, sharp knife, the tunica albuginea of the hard and painful testical, as recommended by Mr. Henry Smith, has been tried by many surgeons, and with, certainly; generally favorable results. The former mode of treatment I have long given up; the latter I have been willing and anxious to try; but so favorable and prompt has been the effect of the application of nitrate of silver, that I have not once had an opportunity of doing so.

The plan I adopt is the following:—The scrotum is held in such a way that the portion of it which surrounds the swollen testicle is rendered—if not already so—sufficiently tense to present a tolerably smooth surface of skin. This is first wetted by means of a sponge, or, better, by a piece of lint, previously dipped in water, and the solid nitrate of silver is then carefully and equally applied over the whole testicle. A suspensory bandage and rest are, of course, prescribed, and such general treatment as may be required. Pain disappears in from two to six hours, and this is accompanied and followed by a gradual diminution of the swelling, the reduction being generally about one-third during the first three days. Considerable smarting occurs for a short time after the application, and sometimes there is some vesication. The further treatment of the case becomes exceedingly simple.

During the last five years I have treated in this

way a large number of cases, and only twice has the application failed to reduce both pain and swelling: in both of these the appearance of the skin of the scrotum showed that the remedy had been but partially applied, and in both the symptoms were rapidly removed by a second and more careful application of the caustic. The rapid effect of this treatment is still more marked in cases of double testitis; the whole skin and dartos of the scrotum contracts firmly around the testes, speedily relieving the engorgement of the capillaries and seeming to produce a gentle uniform pressure on the swollen organs. I have never known abscess to occur in any case treated with nitrate of silver.

In both the forms of anthrax, carbuncle and boil, the application of the solid nitrate of silver affords the most speedy means of cure. One looks back, with feelings almost akin to horror, at the heroic plan of treating carbuncles, sometimes enormous in their size, by crucial incisions; cases, too, occur to one's memory in which, in spite of this operative procedure, the carbuncle still went on increasing in size; where, in fact, the incisions not only did no good, but positively did harm; by the shock to the patient, and the increased risk of pyæmia. A lecture upon this subject by Sir James Paget appeared in the *Lancet*, Jan. 18, 1869, in which he strongly condemned this mode of treatment.

The treatment he recommends is at first a piece of emplastrum plumbi with a hole in the centre; then resin cerate on lint, covered over with a large poultice (half linseed and half bread); and then, later, the careful application of carbolic acid lotion, or some deodorising fluid. With these measures, must of course, be combined cleanliness, fresh air, and a careful regulation of diet.

I have found, however, that the duration of carbuncle is very materially diminished and its extension cut short, by preceding this treatment by the application of nitrate of silver freely over its surface, repeated, if necessary, once or twice after intervals of two days. Immediately after the application a small soft pad of dry lint is applied and retained by means of a piece of strapping and a bandage. The after treatment is the same as Sir James Paget recommends, except that the poultice will be unnecessary, and the internal administration of iron or other tonic will generally be found useful.

Boils are treated in the same way, and will seldom require a second application of the caustic.

The *modus operandi* of the application of nitrate of silver in these cases seems to be the energetic stimulation, and consequent contraction, of the capillaries and small arteries of the part, whereby engorgement is diminished, the vessels are placed in a condition for returning to a healthy function, and morbid exudation is diminished, arrested, and removed.

One case I may mention here. A woman attended at the out patient room at the Westminster Hospital, with a large, hard, and painful carbunculous boil occupying the whole of the lower lip. The lip projected from the teeth to the extent of upwards of two inches, and the increased saliva secretion ran

from the mouth, as of course the lip was useless to retain it. There was a small point of ulceration almost in the centre of the inner side of the lip, that side now facing upwards. The solution of nitrate of silver was freely applied, and repeated once three days later, both times followed by rapid diminution in the size of the swelling, and the case made an uninterrupted recovery.

#### CYANOSIS FROM NITRATE OF SILVER REMOVED BY IODIDE OF POTASSIUM.

Dr. L. P. Yandell, jr., Professor of Materia Medica and of Clinical Medicine in the University of Louisville, says, in the *American Practitioner* :—

Most practitioners have met with cases of cyanosis produced by nitrate of silver, and such cases were more frequent many years ago, when nitrate of silver was more frequently employed for epilepsy than it is at the present time. According to most authorities the stain is permanent, and not amenable to treatment. Many remedies have been suggested, iodine, nitric acid, and acid nitrate of potash being the favorites; but I have found no cure recorded. As much as fifteen grains of nitrate of silver have been given thrice daily, in pillular form, without injury; but five grains in solution seems to be the largest dose capable of safe administration. It is the generally accepted opinion that the blue skin never supervenes when the remedy is given for a less period than three months. The discoloration first begins about the gums and fauces. It has been found in the coats of the intestines and eyes. It may appear several months after cessation of the use of the medicine, and exposure to the sun seems to predispose to its development.

The stain has been variously described as blackish, bluish, grayish, slate color, and bronze. The mineral is deposited in the deeper parts of the skin, and is most abundant where the skin is most vascular. A blister upon the skin produces a white visicle, as in the normal cuticle.

The two cases which have suggested this report are similar in many respects. Both were young merchants, and both had been treated unsuccessfully for epilepsy by nitrate of silver in their youth. Both contracted syphilis, and for tertiary symptoms got iodide of potassium. This drug was given in from ten to sixty grain doses, thrice daily, for a number of months, in connection with ferruginous or bitter tonics. One of the patients was forced to discontinue the iodide because of its disagreeable effect upon the system. The other took it until all traces of syphilis had passed away, and he increased in flesh under its use. In both cases the fading of the stains was gradual. In the first case there is a faint trace of discoloration remaining, though it is scarcely perceptible. In the second, which was much the darker of the two, there is not a shadow of the disfigurement. The iodide of potassium was not given in either case with reference to the cyanosis, and its beneficial effects were observed by me accidentally more than a year after their occurrence. It may be well to state that both patients were treated by the moist

mercurial vapor bath during much of the time that they were using the iodide of potassium, and the abundant diaphoresis may have assisted the action of the iodide. I would suggest, therefore, for the treatment of nitrate of silver cyanopathy the use of the vapor bath in connection with the iodide of potassium.

## THE CANADA MEDICAL RECORD

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EDITOR:

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

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#### TO OUR EXCHANGES:

We will be under obligation if our Exchanges will address—care of Drawer 56, P. O., Montreal.

#### OPENING OF THE MEDICAL SCHOOLS IN MONTREAL.

The lectures in the McGill Faculty open on Tuesday, the 1st of October; in Bishop's College Medical Faculty, on Wednesday, the 2nd of October, and in the Montreal School of Medicine, on Tuesday, the 1st of October. We wish each school a good complement of students.

#### MEDICAL CASES IN COURTS OF LAW.

There are but few members of our profession who have not at some period of their lives experienced the "glorious uncertainty of the law," and felt that those whose duty it was to fairly estimate the value of services rendered, signally failed in affording that protection which the members of one profession should extend to another. In certain portions of the Province of Quebec so well is this now understood that few Medical men care to waste time in attempting to obtain, by course of law, debts to which they are justly entitled—preferring to loose the amount rather than subject their bills to the pruning-knife and other irritating tactics of judges learned in the law, but certainly anything but learned in matters pertaining to the Medical profession. One of the most glaring instances of the absurd ruling of judges in Medical matters has recently come to our knowledge, and we place it upon record, as an illustration of the peculiar judgments, which are now and then given in matters Medical. In the City of Montreal, very recently, a Medical practitioner sued a person for a bill of small amount. The circumstances which lead to the suit being taken out were

of a peculiarly aggravating character, or the action would not have been entered upon. The case went by default, and the plaintiff was placed in the witness box to swear to the correctness of the account. He had scarcely done so when the judge said it would be necessary for him to prove the visits before he could give judgment. To this the plaintiff demurred stating that, beyond his individual oath as to the visits having been made, it was impossible to produce other testimony. The judge then said if one visit was proved he would take the oath of the Medical man with regard to the rest. To this the plaintiff gave the same reply as before, stating that if able to prove one visit, he would, in all probability, have been able to prove all. Under the circumstances the Judge (Beaudry) refused judgment, and the case was put aside. At the following term, before another judge, judgment was obtained, without the slightest trouble. We have been induced to bring this case thus prominently forward because it is not by any means the first time that judgments similar to that given by Judge Beaudry, have been rendered. Indeed we are much mistaken if several judgments have not been rendered, demanding proof, additional to that of the Medical man, of the visits having been made, if the account was over a year and a day old. We need hardly express our opinion as to the positive unfairness of any such judgments, for every Medical man will at a glance perceive that, if persisted in and become a rule, it will be utterly useless for any member of our profession to attempt collection in Courts of law; we do not say "Courts of justice" for such they are not always to us. It seldom happens, owing to the unfortunate practice we have of sending in accounts only yearly, that a suit is ever taken out before the account is more than a year and a day old. To demand proof of visits, in addition to the oath of the plaintiff, is, in the vast majority of cases, to give the case to the defendant, for such proof is nearly always a simple impossibility. The more we think of the matter, the more are we amazed that any such demand should be made by those who should know well how very unlikely it is that any such proof can be forthcoming. It requires no argument to prove this; the circumstances attending the call of the Physician to the house of sickness are so well known by the general public that all must at once admit that, to continue to render judgments such as we have detailed, is practically to shut out from the use of the Courts a body of men, than whom none earn their money harder, than whom none are more fully entitled to ample justice at the hands of

those appointed by the Crown to mete it out with reason and honesty.

#### THE RECENT ELECTION AT THE MONTREAL GENERAL HOSPITAL.

The lamented death of Dr. Fraser, created a vacancy in the attending staff of the Montreal General Hospital, and at the quaterly meeting of the Governors, held on the 14th of August, applications for the appointment were read from Drs. Godfrey, Thompson, Sewell, Ross, Bell and Bessey. The contest, however, was between Drs. Godfrey, and Ross, the latter receiving twenty-six votes to Dr. Godfrey's twenty-one, not a single vote being recorded for any of the other candidates. The election terminated differently to what we had hoped it would, for we felt that, as a prominent member of the profession, and upon the ground of having upon a very recent election tied a candidate, who won by the casting vote of the chairman, Dr. Godfrey had claims upon the Hospital Governors far superior to any of the other candidates. There is, however one point in the election, which as representing as we believe we do, the interests of the general profession, we cannot allow to pass unnoticed. We allude to the fact that the successful candidate was represented to the Governors, and if our information is correct, justly represented as being the unanimous nominee of the Medical Board of the Hospital. If such was the case, we unhesitatingly assert that the members of that Board have placed themselves in a position towards their fellow practitioners in this city, which cannot in our opinion be justified. In fact so long as the Medical Board of the Hospital is permitted to select one from among the candidates and place him before the Governors as their choice, just so long do the Governors of the Hospital, really delegate to them the election, which by the profession is believed to be in their hands. A moment's consideration will show very clearly the enormous odds against all the other candidates, who are thus, as it were thrust aside and compelled to contest, not the individual influence of each candidate, but the united power of the Hospital Medical Board, whose influence will be better understood when we state that for over forty years, the practice we are now condemning has been to a greater or less extent followed. In the past, perhaps, there may have been circumstances which although they did not justify, to a certain extent may have palliated this course. At the present time, there is nothing which can justify it, and in any future election we hope the good sense and delicacy of the Hospital

Medical Board will cause them to stand aloof, taking no part, but willing to receive as one of their number, any member of the regular profession whom the Governors of the Hospital may deem worthy of filling the position. Unless this is done the Hospital authorities, will find that among that class which it is their interest to secure as friends, viz.: the young and rising members of the profession, they are fostering an opposition which before very long will become powerful, and that which by fair and judicious dealing might have been used as a powerful auxiliary to further the General Hospital cause, will be exerted in a directly opposite direction. All of course cannot receive Hospital appointments, but all are entitled to a fair field when competing for them.

#### MEDICAL ETHICS.

In the formation of Medical Associations, about the first act is the establishment of a Code of Ethics to regulate, among other things, the conduct of physicians towards each other. The necessity which exists for such a code is well appreciated, and they may be summed up in the golden rule of "*Doing unto others as we would be done by.*"

In this city, fortunately for the honor of our profession, physicians are careful of how they interfere with each other, and too much praise cannot be given them as a body for doing so, tending, as it certainly does, to elevate and maintain the dignity of our calling, while at the same time it encourages the confidence of the public.

In many places throughout the country, the reverse unfortunately often occurs, and the amount of confidence which the people of any one section place in their medical advisers may, with but few exceptions, be taken as a standard by which to judge the conduct of physicians towards each other. It is by no means unusual for country practitioners, being actuated by local jealousies, to allow themselves to act unfairly towards a confrere. All honorable men regret that this should be so, because from the want of confidence thus engendered they see their profession undervalued, and themselves placed on a level with quacks, and the latter often preferred because his fees are so much less. It often occurs that, while attending a patient, the practitioner finds that some meddling friend of the family has been belittling his services, and recommending them to send for Dr. So and So; the patient, without consulting his own attendant; does so, and Dr. So and So instead of refusing to take charge till the other is

dismissed, seems only too glad of the chance to injure a confrere, undertakes the case, states that the treatment was wrong and that it was well he was sent for. If called in consultation, instead of being careful not to utter remarks which might cause a want of confidence, takes advantage of the opportunity to display himself, suggests some non-important change, or finds fault with the treatment, thus making an impression adverse to the attendant, and paving the way for his dismissal. Owing to this, many country physicians will not meet their local brethren; they become isolated and cut off from mutual consultation, and as a result an unhealthy competition arises. Dr. A, to prevent Dr. B from getting a case, will charge a less fee, so that in the end the fees become lowered beyond a just figure, resulting in a resort to some other way to make that money, which should have been obtained by the legitimate practice of their profession. Science thus loses her votaries; the mind which should have been occupied with professional matters is exercised in other channels; practice becomes a mere routine amounting often to calomel and opium or hydrargyrum cum creta and Dover's powder.

The time will come, we hope, when practitioners who act thus will see the necessity of subverting all local jealousies and acting together for their mutual advantage, for unless each, while upholding his own dignity, will maintain that of his professional brethren, that confidence on the part of patients cannot be expected which it is desirable there should be. On the contrary there will be a distrust of all because those who should assist confidence, by undermining the reputation of their confreres, create a spirit of retaliation. The public not knowing whom to believe, thus look upon the practice of medicine as uncertain. Our licensing bodies, losing the support of public opinion, are unable to prevent quacks from practicing, or lessen the amount of magic and patent curealls. These lines are written with the hope that some good may arise therefrom; to induce reflection that all members of our profession may see that it is to their advantage to act honorably towards each other, for by no other way will any lasting benefit arise to the individual. Not only will the physician be more respected and his services valued, but he will find himself better off in a pecuniary sense, for it is better to have a fee at a just figure from one patient, than to take the same amount off two patients merely to run out a neighbor. We lose nothing by living honorably and letting others live.—*Com.*



## PERSONAL.

Dr. William Sutherland, of Montreal, and his son, Dr. William Sutherland, jr., have returned to Montreal, from their continental tour. We are sure their numerous friends will rejoice to learn that their health has been much benefited.

Dr. T. G. Roddick, House Surgeon of the Montreal General Hospital, has obtained leave of absence for a brief period, and sailed by the *Nestorian* for England on a brief visit.

Dr. Robert Howard has returned from Cacouna, where he was located during the season just closed. Dr. Patton, (of Quebec), was also located at this fashionable watering-place during the past summer, so that, in the matter of Medical attendance, Cacouna was well provided.

Dr. Arthur Brown was at Tadousac during the past season.

Dr. E. H. Trenholme has returned from his European trip. He visited London, Edinburgh and Paris.

Dr. W. H. Mondelet came from London as Surgeon to the S.S. *Emperor*, about the first week in August. He proposes settling in Montreal.

Dr. Thomas J. Alloway, a graduate of McGill College, 1869, has arrived in Montreal, after an absence of about three years, and proposes, we understand, to make this city his future home. On leaving Montreal in 1869, he proceeded to Edinburgh, where he took out the L.R.C.S.E., and the L.R.C.P.E. He immediately after was appointed House Surgeon of the Wadsworth Infirmary, London, which position he held for a year and a half. He then entered the Royal Navy, and was appointed to the Hoslor Hospital. He subsequently went afloat in H. M. S. *Hercules*, and, with the exception of being put in charge for a few months of the Lisbon Royal Hospital, remained in her till he received his discharge in the spring of the present year.

The Medical profession will be represented in the next House of Commons of the Dominion by not less than sixteen members, viz., Drs. Bergin, Brouse and Grant, of Ontario; Drs. Paquet, Robitaille, Fortin, St. George, Fiset and Lacerte, of Quebec; Drs. Tupper, Forbes and Almon, of Nova Scotia; Drs. Schulz and Lynch, from Manitoba.

Dr. R. H. Russell, of Quebec, is in Scotland. We sincerely regret to learn that the serious illness of his son, who was studying medicine at Edinburgh, was the cause of his sudden departure.

Dr. G. A. Baynes, of Richmond, Quebec, has commenced practice in Montreal.

Dr. Wm. Duckett, graduate of McGill College, 1859, after thirteen years most successful practice in St. Polycarpe, has this summer settled in Montreal. He has located himself at the west end of St. Joseph street.

Dr. George Ross has been elected attending Physician to the Montreal General Hospital, in place of the late Dr. Fraser.

Dr. Drake, late Professor of Clinical Medicine McGill College, has been appointed Professor of Institutes of Medicine in the same school—the chair rendered vacant by Dr. Fraser's death. It is reported that the vacant Professorship of Clinical Medicine will be conferred upon Dr. Ross.

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### Medical Items and News.

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#### SORE NIPPLES.

Glycerine *one* part; sulphurous acid (fresh) *seven* parts, mix, apply several times a day.

*Gonorrhœa*.—The following injection is recommended by Mr. G. Ashmead, in a recent number of the *Lancet*. Corbolic acid, eight grains; tannic acid, eight grains; glycerine half an ounce; water to an ounce. It is also useful in gleet.

*Whooping Cough*.—To a child five years old give the thirty second part of a grain of morphia, with three grains of the Bromide of potassium in solution every two hours. Let the mother be instructed to suspend the medicine for four hours, at any time if unusual drowsiness comes on.—*Braithwaite's Report*.

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#### MARRIED.

On the 5th September, at the residence of the bride's father, Beaver Hall Terrace, Montreal, by the Rev. R. F. Burns, D.D., Mr. J. W. Johnson, of London, Ontario, to Sarah L., youngest daughter of Dr. W. P. Smith.

On the 28th August, at the residence of the bride's father, by the Rev. R. H. Adams, William McPhee, Esq., L.D.S., of the city of Ottawa, to Cornelia, second daughter of Thomas McKee Ferguson, Esq., M.D., of Buckingham.

In Toronto on the 5th September, by the Rev. Alex. W. Williams, Walter J. McGill McInnes, M.D., C.M., of Aberfoyle, Victoria, to Clara-Georgina, daughter of R. B. Miller, Esq., Toronto.

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#### DIED.

At Barbadoes, West Indies, on the 6th August, Julia, wife of Clement King, Esq., and eldest daughter of James Bovell M.D., formerly of Toronto, ages 32 years.