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CEREBRO-SPINAL MENINGITIS.

BY D. LESLIE PHILIP, M.D., BRANTFORD, ONTARIO,

(Read before the Brant Medical Association, June 3rd.)

This so-called *new disease*, which, however, is no new disease, but has existed from time immemorial from the description of it given by early authors, though not recognized as a distinct affection until the beginning of the present century, made its appearance in this town and neighborhood, for the first time, last winter, and having seen a number of cases, a short description of the disease, as it manifested itself here, may possibly be of some interest to those who have not as yet witnessed its peculiar manifestations.

The first case, I believe, which occurred in the town, which is typical in most respects of the disease, as it prevailed here, was a patient of a medical friend, a young boy, 8 years of age, healthy, robust, and of good family history. He had been out playing upon the ice in the afternoon, in the month of January; on the evening of the same day he had a very severe rigor, which in a short time was followed by intense pain in the back of the head and for some distance down the spine in spots—nausea and vomiting were prominent

symptoms from the first, and persistent for several days. The conjunctivæ were injected, presenting a peculiar reddish appearance.

The skin, during the first week, was dry and harsh, afterward occasional perspirations of a very profuse character occurred. The tongue was comparatively clean and moist, pulse 112, full but weak, respirations 16. I saw him upon the 5th day of the attack in consultation and several times subsequently. I found him lying upon his abdomen with his head drawn back upon the neck with rigidity of the muscles of the trunk. He lay constantly in this position, the least attempt at alteration not only being uncomfortable, but appearing to give him positive pain. This position was singular and was persistent throughout nearly the whole of his illness. It is not the position in which patients are prone to lie in this disorder, being generally upon the back, or frequently the right side. It is so exceptional that Dr. Gordon, who witnessed a very large number of cases which occurred in the Irish Epidemic a few years ago, noticed it in one case only. He says, "the patient, a girl, lay on her abdomen and refused to allow herself to be moved on her back or on either side. Her spine presented a most wonderful uniform curve concave backwards, her head was also curved backwards on the spine of her neck."

The boy's pulse was 120 per minute, weak and thready, and respirations 17. There was no delirium and no coma, but he lay in a sort of semi-torpid condition with a hesitation in answering questions and a manifest wish to be let alone. The tongue presented no marked abnormal appearance at any time, and in the cases which I have seen, it forms no guide whatever in forming either a diagnosis or prognosis, being generally tolerably clean and moist until the approach of death. Urine normal in appearance and kidneys acting well, bowels have a tendency to constipation. The tetanoid phenomena were well marked and persistent in this case from the first, tonic contraction of the muscles of the neck and back, retracting the head firmly backwards, as in opisthotonos. The pulse varied at different periods of the day without any alteration in position from ten to twenty or even thirty beats. The temperature in this case was not noted, but as the disease progressed it showed a well marked remittent type, there being exacerbations of fever and increased pain observable generally in the afternoon, and in the course of a fortnight sometimes a remission in the symptoms of two or three days dur-

tion, when he would appear considerably better, able to talk; free from pain, appetite somewhat improved; (muscular rigidity and the peculiar position in which he lay being always persistent.) When his friends would fondly imagine that the worst was past, all the symptoms would again increase in a well-marked ratio, again to partially subside at the end of three or four days. He continued in this state for about ten weeks, having been reduced almost to a skeleton, when he was seized with a convulsion from which he rallied followed on the next day by another, and subsequently by a third which terminated in death. No petechial spots appeared at any time in this case.

As showing the difference in the intensity of the morbid cause, the following case, a mild type of the disease, though with well marked characteristics may be noticed in contrast with the last. On the 9th April, I was sent for to see a little girl six years of age, whose mother had lately moved into town from the County of Oxford. The child had been ill for a few days previous to removal, with symptoms apparently of remittent fever, and for which she had been treated by the physician in her neighborhood, and it certainly presented a good many of the characteristics of that disease. When I saw her, she was lying upon her right side, in a semi-torpid condition, though extremely irritable when disturbed; and well marked cutaneous hyperaesthesia. She complained of a pain, well marked, persistent, but not at all severe, in the back part of the head and down the spine, there was no rigidity of the muscles of the neck or trunk, but she complained of what might be called a muscular stiffness and pain in the umbilical and epigastric regions. Her tongue remained in almost a normal condition throughout the attack; pulse was rapid with a tendency to variation, and respirations diminished and out of all proportion to the pulse. The symptoms were remittent, being more prominent in the afternoon and evening, increasing in intensity for three or four days and then diminishing in a like ratio, to pass again through the same process. She had been treated pretty freely at the commencement with quinine and small doses of mercury which, however, appeared to exercise no curative effect. She continued in this condition for about four weeks, when the symptoms gradually disappeared, and she regained her health without leaving any injurious sequelæ whatever. The persistence of the symptoms, the well marked pain in the head and spine, with exac-

erbatious at intervals, the muscular stiffness with increased cutaneous sensibility, &c., left no doubt in my mind that the case was one of mild cerebro-spinal meningitis.

The third and last case I shall notice is one illustrating the suddenness of the onset and alarming nature of the symptoms within a short period of the attack. On the 16th April last, I was sent for by telegraph to Ratho, a village on the B. & L. H. R., about 25 miles distant, in consultation with Dr. Oakley. The case was one of the earliest in that neighborhood. The patient a young woman, 17 years of age, while going about her usual occupation, three days previous to my visit, had a very severe rigor which was soon followed by intense headache and pain in the back, with high fever, nausea, and vomiting. She was delirious within twelve hours of the attack, alternating with consciousness. When I saw her the vomiting was still persistent; she had one or two watery stools at the commencement followed by constipation. Her pulse was 120, feeble, thready, and variable, and respirations 14, and sighing. She was quite delirious at intervals, the delirium partaking of a hilarious character. The conjunctivæ were injected, intense hyperæsthesia of the skin, and complaints of a good deal of pain about the umbilicus. Tongue moist, covered with a slight mucous secretion. She was drenched with perspiration, and her extremities were cold to the touch, pupils were dilated but sensible, no squinting. There was a want of perception of the gravity of the situation, and an apparent unconcern about its issue. There was no marked muscular rigidity, but a good deal of muscular pain in the shoulders and between the scapulæ. Thirst was a prominent symptom, craving for acidulated drinks. She was in a state of collapse. She was ordered stimulants cautiously with the hope that reaction would set in, I did not hear the result of the case as yet, but it looked very unpromising.

These three cases illustrate the *grades* of the disease as it manifested itself in this neighborhood. There were a few cases in which the first symptoms of the disease were the first symptoms of death, and in which it occurred twelve hours after the attack, and others of so mild a character as to lead to doubt as to the real nature of the disease. Three cases known to me lasted more than ten weeks, two of which died in the end from convulsions; the third is still alive and slowly recovering; (now going on the third month) the organs of the special senses which had been for so long in abeyance, beginning gradually to resume their functions.

There can be no doubt that an inflammatory condition of the cerebro-spinal meninges exists in these cases, and this condition is so constant as to distinguish epidemic meningitis from all other diseases, there being a tendency in all cases of the *materies morbi* to act upon the nervous centres, leading to purulent and plastic exudation. Stillé who has written a very able monograph upon the subject and has collected a vast amount of information from many sources, says, "that according to its type and its duration, there never fails to be found some of those changes in the membranes or in the substance of the great nervous centres which denote the existence of inflammation, congestion of the vessels, and exudation of serum, fibrin or pus beneath the meninges; and different degrees of alteration in the nervous pulp, attest the nature of the process, and since all or any of these may be found, it follows that however essential the lesions may be to the disease they do not constitute its exclusive manifestation, as death is compatible with the early and forming stage of the inflammatory process, as well as with its complete evolution and as the former is not always sufficient to account for the fatal issue, it is clear on this ground alone, that as in other affections there is a constitutional element, a morbid condition of the blood which underlies all of the phenomena of the disease, and modifies more or less its "physiognomy." There can be no reasonable doubt therefore, that we are entitled to regard it as a compound disease derived on the one hand from its specific cause, and on the other from its local lesions, and showing it to be at once a blood disease, and a meningial inflammation. This may fairly be assumed as the result of accumulated evidence, and in opposition to the few who still look upon it as a local meningial inflammation merely, or those others who look upon it as a fever, analogous to typhus or typhoid, ignoring its local lesions altogether. This arises from the fact of either element, being the more prominent in any epidemic, or in any individual case, the septic element overshadowing the local lesions and *vice versa*.

Tourdes strikes the key-note, when he says, "although pathological anatomy demonstrates an inflammatory element in the disease, it is certain there is something besides; it is a specific inflammation, a poisoning, a cerebral typhus, produced by a specific miasm, which has an elective affinity for the membranes of the nervous centres." It is, says Stokes, a disease *sui generis*, and is not to be regarded

merely as the expression and representative of internal local lesions, the symptoms are not in exact proportion to the lesions, nor are they all explicable by them; hence it is necessary to admit a constitutional as well as a local element of the disease, which often becomes the predominant one, just as in eruptive and typhoid fevers, the most fatal cases are those in which death occurs at so early a stage, through the violence of the constitutional element, that the local lesion remains incomplete, or is entirely undeveloped. It is therefore highly probable that the *materies morbi* exerts its primary action upon the blood affecting the cerebro-spinal meninges, and for which it seems to have a special affinity.

In the more severe form of the disorder as it prevailed here a large number of the cases proved fatal, death generally resulting within the first week, and in a few cases within a few hours of the attack. In some of those who recovered, convalescence was tedious and protracted, and occasional relapses took place. In the epidemic witnessed by Tourdes, 60 per cent. proved fatal and the same proportion is given in the epidemic which prevailed in Alabama in 1848. In the more recent epidemics this percentage has considerably diminished it is said, and it may be that the disease is becoming somewhat modified and presenting a less malignant type than formerly. The treatment adopted was of course based upon general principles, different therapeutical measures being employed with reference to the indications in individual cases. Depletion to any extent was not employed, not even purgatives, for which latter, according to accumulated evidence, there is no room in this disease. Quinine, with small doses of calomel, has acted beneficially as a palliative without apparently exercising any curative effect. Bromide of Potassium was largely used and in many cases was of undoubted benefit. Cold persistently applied to the head and spine in the early or forming stage is undoubtedly of great benefit and generally grateful to the patient; counter-irritation by means of a blister or the croton oil liniment, with revulsive applications to the extremities, by means of sinapisms, formed the basis of the treatment adopted; stimulants were freely used when called for, as in all diseases tending to death by asthenia.

## PARACENTESIS THORACIS.

BY WALTER LAMBERT, M.D., AMHERSTBURGH, ONT.

CASE I.—In the latter part of December, 1868, I was called to Windsor to see a female, aged 38, married, no children, in consultation with two physicians there. Her heart was beating on the right side of the sternum, just underneath the right breast. Her disease had been diagnosed hydro-pericardium; but after a careful examination, I came to the conclusion that it was hydrothorax of the left pleura, to which the other physicians assented. She had been a very stout and healthy woman until within the last three or four years. Since that period she had been on the decline, gradually becoming more and more emaciated with an occasional cough; no expectoration, and no particular localized pain, but laboured respiration, particularly at night, which was thought by her then medical attendant to be asthma, and was treated accordingly. She belonged to a family with good lungs; but both of her parents, I think, have since died from valvular disease of the heart. During her illness she had been treated by an eclectic, a homœopathist, and lastly by a “regular physician.” Her most prominent symptom when I first saw her, was impending suffocation; and this, coupled with displacement of the heart and other physical signs, at once induced me to diagnose an immense collection of fluid in the left pleura, recently very much augmented no doubt, but had been collecting from a chronic pleuritis for several years. I immediately suggested paracentesis thoracis to relieve the oppression. The other doctors agreed, and I introduced the trocar into that part of the chest where the heart should have been, and drew off a great quantity of serum, with much relief to the patient. It continued to drain for about twenty-four hours after the canula was removed; but after it had ceased to dribble away, the fluid re-accumulated and the oppression returned. It was not considered advisable to repeat the tapping, as her constitution was too far spent. She died about one week afterwards. This patient might perhaps have been saved if she had been tapped in time and the operation repeated once or twice.

CASE II.—My second patient was a French Canadian girl, aged twenty. She, also, had been on the decline for a few years. Her



menstruation had been very irregular for a long time, and her endurance for work had become remarkably slight. However, she had continued to busy herself with household affairs without any regular or seated pain, but had not the vim nor alacrity for work that she formerly enjoyed, without really knowing why. About March, 1870, she suddenly became worse, and I was summoned to see her. She had then somewhat hurried respiration, but not laborious. Circulation increased, with a pulse more irritable than quick, pain in the left clavicular region. No cough at first, but afterwards one frequently recurring with a slight bronchitic expectoration. On percussion, the resonance of the left side appeared somewhat dull, but not strongly marked. On auscultation, the vesicular murmur was indistinct and distant,—in fact, more tubular than vesicular. Right side natural. In a few days the vesicular murmur completely disappeared on the left side, and we could hear only slight respiration, or rather tubular breathing, at the root of the lung posteriorly, and the whole left side of the chest had become flat on percussion. I first prescribed R. Liqueur Ammon. Acetatis ꝑviii., Ant. Tart. Pot. grs. ij., Ft. Sol. Sig. A tablespoonful every two hours. This was followed by R. Pot. Bicarb. ꝑss. Tinct. Digitalis, ꝑiii. Spirit. Etheris Nit. ꝑss. Mucilage Acacire ad ꝑviii Ft. Sol. Sig. A tablespoonful every three hours. Afterwards I administered Pot. Iodidi. and then the Subiodide of Mercury. I then used Counter-irritation, first by turpentine stupes, then with cantharides, and lastly with Tinct. Iodine, but nothing was of any service; and one morning when I went to see her I found her propped up in bed; and laboring for breath. I then instituted a closer examination of the naked chest, and found the intercostal spaces of the left side more prominent and bulging than those of the right side; the measurement, also, of the left greater than that of the right. I had suspected this before leaving home, and had brought with me a trocar and canula, and likewise some Carbolic Acid. I introduced the trocar under the antiseptic veil, *a la mode de Lister*, between the sixth and seventh ribs, two or three inches from the nipple, downwards and backwards at the most prominent point. A good stream of laudable pus flowed for some time,—I forget exactly how much. It continued to dribble away after the canula was removed. I dressed the opening with the antiseptic paste, and ordered Cod-liver Oil. The wound closed up in a few days, and the dyspnoea returned. I tapped again: this time below the scapula; and then re-opened with

the lancet at the first cicatrix, which was bulging. I repeated this a second time, and changed the simple Cod-liver Oil to that of the Iodinated, which, *en passant*, I have found immensely superior to the simple when we are treating large-abscesses or patients with extensive suppuration. I have fully tested it in a number of cases. The suppuration ceased, the wound healed, and the patient got well. As might be expected, the walls of the left side of the chest fell in to adapt themselves to the carnified lung. She shed her hair and her nails after her illness. I examined her about two years afterwards and found very fair respiration on the left side, with perfect action on the right.

CASES III. & IV.—Since that time, I have operated on two others. The one, a woman, aged thirty-nine, married, and mother of thirteen children. During the early part of November, 1871, she took cold a week or so after confinement, which produced subacute pleuritis of the left side, with effusion. I tried all legitimate therapeutical remedies to promote absorption, but none succeeded; and as the patient suffered from an intolerable pain in the subclavicular region, and suffocation was impending, I tapped and drew off a large amount of serum. I repeated the operation below the scapula in about one week, and again in the antero-lateral region. The patient recovered and has enjoyed tolerable health for the last eighteen months. The fact that the patient belonged to a tuberculous family militated somewhat against a rapid recovery, and she doubtless would have succumbed to her malady if the operation of paracentesis thoracis had not been performed.

The other was a boy aged six years, with empyema following typhoid fever. I tapped twice and drew off fully one-half-gallon of pus. He recovered from this disease, but died a few months afterwards from hydatids of the liver.

Two things I have remarked in the majority of those upon whom I have operated. First, there is a pretty constant pain in the clavicular region of the affected side. This is relieved immediately by the operation, and returns as the sac re-fills. Secondly, the best point for introducing the trocar is the antero-lateral region, somewhat below and behind the breast of the affected side. Possibly it may appear more bulging below the scapula, but you will not succeed so well in emptying the sac, should you introduce the trocar there, as you will by operating in the first named place.

## REMOVAL OF A FIBROUS TUMOR FROM THE UTERUS.

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

Mrs. A., aged fifty-one, for the last eight or nine years has been much troubled with uterine hemorrhages, sometimes severe and exhausting, latterly attended with bearing-down pains and general pelvic uneasiness. Her appearance is quite anæmic, almost exsanguinous, skin of a greenish-white and icterode hue, pulse quick and feeble, appetite bad, and much prostrated by her long affliction.

Several months ago a fibrous tumor of the uterus was diagnosed by her then medical attendant, who put her under palliative treatment, considering operative interference too hazardous. On examination I found the os dilated to the size of a twenty-cent piece, and the lower part of the tumor pressing against it. In passing the finger up between the mass and the posterior wall of the uterus, it encountered a number of thread-like adhesions, which were readily broken down. I then passed the uterine sound easily, to the extent of six inches, up to the fundus, and readily discovered the tumor to be firmly attached by its base, which was rather more than three inches in diameter, to the anterior wall and adjacent portion of the fundus.

I hesitated to operate on one so much enfeebled, fearing the shock would prove too much for her, but rather considered it desirable first, if possible, to improve her strength and condition. For this purpose I prescribed tonics, nourishing diet, and stringent applications to the interior of the uterus, for a period of three weeks. No benefit, however, was derived from this course, the poor patient rather losing than gaining in strength. It now became evident that immediate and complete removal of the offending mass held out the only chance of saving the life of the patient. Therefore, with the concurrence and efficient assistance of Dr Moore, of this city, on Monday, April 14th, I proceeded to extirpate the tumor. During the week previous to the operation the patient took, daily, three twelve drop doses of the fluid extract of ergot, which had the effect of protruding the lower end of the cordiform mass, about an inch through the os uteri, and rendering the neck sufficiently dilatable. The patient being placed on her left side, I passed a loop of steel-wire up between the posterior wall of the uterus and the tumor, as high as the fundus, then pressing it forward, with a finger applied to each side of the loop, I succeeded in encircling its broad base. The

free ends of the wire were now fastened to the ecraseur and gradually tightened, being still pressed by the fingers, until a groove had formed sufficiently deep to retain it in situ. The instrument was then worked very slowly, occupying a period of nearly half an hour, before detaching the mass from its bed.

Chloroform was not administered, but the patient had two or three doses of brandy instead. Not over a tablespoonful of blood was lost during the operation. This heart-shaped mass measured somewhat over three inches at its base, and from the base to the apex or lower end five inches. Its weight was thirteen ounces. The pærietes were composed of dense fibro-cellular structure, in some parts nearly an inch and a-half in thickness. A cavity existed in its centre large enough to admit a body twice the size of the middle finger. It evidently grew from the muscular tissue of the uterus, and the covering of its free surface resembled the uterine mucous membrane. Its lower end exhibited signs of decay prior to its removal, probably caused by being tightly embraced by the os. The principal difficulty that presented itself in the extirpation of this tumor was its great breadth of base and firmness of attachment to the uterine wall, and the consequent uncertainty of being able to detach it otherwise than by piece-meal process, which probably would have been followed by tedious sloughing, and possibly pyæmia. This risk was happily lessened by our good fortune in having overcome the difficulty of ensnaring the outgrowth and detaching the whole of it in one operation. The extirpating process caused no great amount of suffering, the brandy afforded great support, and a full dose of opium immediately after the operation rendered the patient tolerably comfortable, and so she continued for about forty hours, when symptoms of metritis set in, which, however, by the ordinary treatment, consisting of opium, hot fomentations, &c., and good nursing, yielded in a few days, leaving the patient extremely prostrated, so that for some twelve or fourteen days her life seemed to waver in the balance. However from that time improvement, although slow, has been steady, and during the last fortnight she has been able to take a little walking exercise.

The beneficial results that mostly follow disencumbering the womb of its unnatural burden, in similar cases to the above, may, I think, be sufficiently suggestive to the young physician, that even in instances where extreme prostration exists, operative procedures are not only justifiable, but positively necessary, as holding out the best, if not the only chance of alleviation or cure.

## CASES OF EXCISION.

BY J. LIZARS LIZARS, SURGEON, TORONTO.

No. 1.—*Excision of the Metacarpo-Phalangeal Joint of the Right Thumb.*

In reading the 1st edition of Frank Hamilton on fractures and dislocations, I was struck with his sound sense when writing on the subject of fractures of the distal-phalanges. (Vide 1st Ed.) I had put his views into practice ere I read the work, and reported to him a case in point. (Vide *op. cit.* 4th Ed. p. 333.) He deemed the trifle worth insertion in the 2nd edition, and I daresay more than one young surgeon has acted on that case and saved a phalanx our predecessors would have lopped off, and every intelligent person has only to reflect for a few minutes to understand the great value one of those same small-phalanges may be to its possessor. What, for instance, would have been the fate of Paganini had he lost the last joint of his forefinger?

Stimulated by Professor Hamilton's appreciation of the above case, I have frequently striven to save fingers that would generally be condemned to amputation, and although I can point to two cases where amputation would have been better, nevertheless, I can safely say I have saved, for useful purposes, 5 that would have been taken off 50 years ago for every one I should have removed within the last ten years.

Considering, therefore, the smallest part worth saving when there is any hope of its being of some use, no matter how little, I was recently in a position to apply my theory to practice, as the following case, which, so far as I can discover, appears to be unique, will show:—

R. S., Canadian, 18 years of age, whilst feeding a small circular saw, (the first day of his apprenticeship to the business), had his right hand cut by it down the radial side of the 1st phalanx of the forefinger of the right hand, and thence across the metacarpo-phalangeal articulation of the thumb, whereby the skin over and tendons of the extensors pollicis (primi and sec. internod.) were destroyed for over half an inch in length and the articulation laid bare.

Objecting to submit to amputation, as was advised by the medical men first consulted, I was called upon in consultation, and on

examination of the finger, finding the arterial and nervous supply still good and the sheath of the long finger untouched, I suggested the propriety of attempting to save the organ by resection of the two bones forming the joint. My main reason for this proceeding was that the thumb, acting like a second hand by its power of opposing itself to the fingers, is necessarily of more value than any of the fingers. Had we, on the other hand, attempted to save it by simply dressing the parts and keeping it quiet, a long time must have elapsed ere the cartilages would be removed, and ankylosis, perhaps, take place, and during this time the periosteum of one or both bones might be implicated, necrosis take place, finally requiring amputation.

My views being acquiesced in by Drs. W. W. Ogden and Moorehouse, on the 2nd of May, assisted by the above named gentlemen, I stripped upwards and downwards the soft parts to a very slight extent, and with the bone pliers removed the cartilaginous extremities of the phalanx and metacarpal bone, applied torsion to one small vessel and brought the skin as nearly together as possible by suture, fitted a splint to the palmar surface of the thumb and thenar eminence, and placed a bandage over all.

The parts were re-dressed from time to time as required, and I finally applied a plaster of Paris bandage, which fitted like the thumb of a glove, and was retained with a few turns round the wrist. On the 20th I removed all dressings, by which time the wound had cicatrized and the two bones were firmly united.

When last I examined the patient, a week or so later, he had free action of the short muscles of the thumb and slight power of the long flexor over the last joint. I say slight action as the proximal end of the distal part of the extensor having become incorporated with the dorsal cicatrix prevented the flexor from pulling the last phalanx downwards to a right angle and dragged it back to a straight line when the flexor was relaxed, much as a band of India-rubber might do.

As I have never seen, heard, or read of this excision having been practised before; and as it has saved to the boy a very useful thumb, I think it may justify you in giving it a place in the columns of the CANADA LANCET.

No. 2.—*Excision of the Elbow Joint.*

Mrs. J., æt. 21, consulted me in May '71 for disease of the

elbow joint (right). She stated that her parents had been healthy, that her father died from cholera when she was a child; but that her mother was living and strong. She herself is of the dark-strumous type, some of her sisters of the light variety of the same constitutional dyscrasia. She affirmed that she had received no injury to the joint, but that several months prior to consulting me she awoke one night suffering greatly from pain in the part, that this had gone on, and she had consulted medical men, &c. The minutiae of the history of her case it is unnecessary to give, suffice it to say that, when I first saw her, an operation had been proposed, but she objected, and after seeing several doctors she came under my care.

The patient being at the time "enciente," and having various affairs to attend to, could, or would not, submit to an operation until the 22nd February, 1872, at which time the joint was swollen, some sinuses led into it, the arm and forearm were wasted and (as seen in a cast in my possession) fixed at a right angle. Her pain was constant and the limb deprived, to a great extent, of its usefulness.

On the 22nd February, 72, having satisfied Drs. Canniff, Crawford, Cassidy and others, of the existence of articular disease, we operated in one of the ordinary ways, viz: a straight incision down the outer and posterior aspect of the joint, with a transverse one from the middle of the former, and, as no difficulty was experienced, the operation was easily completed and the limb placed in one of the ordinary positions.

As the operation was performed for the relief of a local manifestation of a constitutional disease, it could not be expected that her recovery should be very rapid. It is, however, very gratifying to me to be able to report that since the operation she had one child and is again "enciente," and is able now to make free use of her hand so as to lace her corsets or button her dress at the back, sweep, scrub, wash and attend to the various duties of a young wife or mother.

The particulars of her case, from month to month, would only annoy your readers, but the cast taken a few days ago, shows that the forearm and hand have been saved, and the joint can now be extended far beyond its former limits and flexed to some extent less than a right angle. She is still improving.

No. 3.—*Re-section of the Shoulder Joint.*

Notwithstanding the fact that the above mentioned operation

has, during the present century, been frequently and successfully performed, both in civil and military practice, for chronic disease and transmitted injuries it seems, like other excisions, to have found but little favor in Ontario. I have therefore much pleasure in sending the following case for publication, hoping that the good result obtained, the simplicity of the operation and after treatment; may lead other surgeons to test its utility.

Before detailing this case I must first endeavour to impress on the younger or less experienced members of the profession, certain views which I have held and taught as a lecturer on surgical anatomy for many years, and which are sufficiently established by this and the case of J. N. (see *Canada Lancet*, Oct. 1872, p. 57 et seq: viz 1st That when we have to interfere with a muscle whose function we desire to preserve, it is of paramount importance that we should avoid, as much as possible, division of the nerve supplying it. 2nd That although various authors have recommended that where fistulæ or wounds lead to the diseased parts, the line of incision should pass through them, I strongly advise that should such incision implicate the trunk nerve leading to important muscles, a new line should be chosen, as we know by experience that, once the diseased bone is removed the soft parts are pretty sure to become healthy and old fistulæ and sinuses to close.

J. G., a well built, highly intelligent and very healthy boy of 12 years, was sent to me by my friend Dr. Spragge of this city, suffering from immobility of the left shoulder joint, swelling, tenderness on pressure or attempted motion; loss of rest, nocturnal pains and fistulæ.

The only history to be obtained was very deficient, owing to the absence of his mother and death of his father, but from all we could learn, he had over a year ago sprained the joint structure, producing a low chronic state of inflammatory action, ending in abscess, and when placed under the influence of chloroform, the probe passed into the joint, readily detected dead and carious bone. There was little or no motion of the joint. Under these circumstances, as the best nature, without operative interference, could do for our patient would be to throw off the dead and diseased bone and establish permanent ankylosis, we placed before his relatives the chances of a useful limb after resection and, as they readily acquiesced, the operation was determined upon.



On the 11th day of March, 1872, (the *prima viæ* having been previously attended to) the patient under the influence of chloroform, I made an incision along the inner fibres of the deltoid (which from want of use was considerably atrophied) from the outer side of the coracoid process downward and backwards (merely enough backward so as to follow the direction of the muscular fibres, and keep external to the cephalic vein) to near the insertion of the muscle. This incision being made by the firm plunge and downward cut of a small catline at once opened the capsule of the joint and enabled my assistant, by forcible retraction of the elbow and abduction of the forearm from the mesial plane, to bring the head of the humerus out through the wound. I may here remark, that my line of incision was determined, not by the position of the fistulæ, but solely upon the anatomical ground that by so doing I would divide only a few terminal filaments of the circumflex nerve going to supply the small fasciculi of the deltoid lying anterior to it and thus preserve the full nervous and arterial supply of nearly the whole of its substance. Again, had we failed to throw the head out of the straight incision, it was my intention to make a horizontal one from the upper end of the first, backwards about half an inch from the outer end of the clavicle and acromion, as far as necessary, as by so doing, I would still spare the nervous supply.

Having separated the capsule from the anatomical neck and protected the soft parts by a fold of linen, I sawed off the head, but finding some parts of the cut surface diseased, or at least doubtful, it was deemed prudent to sever the attachments of the muscles to the tuberosities and remove a second section of the humerus. This being done there still remained a small portion of the surgical neck on which the periosteum seemed loose. We therefore left it to exfoliate. Some parts of the margin of the glenoid fossa being removed with forceps, and unhealthy soft structures with the knife, the wound sponged out with solution of carbolic acid, and all bleeding arrested, the parts were accurately brought together, united by suture and dressed with lint soaked in carbolic solution, pads and bandage, and the patient placed in bed with the arm over his chest.

To detail the daily progress of the case would be a work of supererogation. Suffice it to say that nothing was left undone by Dr. Spragge, and the boy's friends, that ought to have been done; that his recovery had very few drawbacks; the incision healed

kindly and steadily. Soon small exfoliations came away as expected. Passive motion was early practised and insisted upon, but required some manœuvring to accomplish, as our intelligent youngster found that by allowing the scapula to move freely he saved a little inconvenience from pain. By impressing on him the necessity of motion we soon got him to use the arm more and more. At the end of less than three months he returned to Mr. Magill's school, Toronto, and after that he was taken to Boston, U. S., and placed at school. The last account I had of him was that he was enjoying base ball on Boston Common, the use of the deltoid being as perfect as could be expected, considering the shortening of the bone, and the time allowed for its accommodating itself to circumstances.

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### Correspondence.

(To the Editor of the LANCET.)

SIR,—Having been called to see and prescribe for a little girl at the Mansion House, I send you the following notes of a curiosity:

Josephine Corbin, born on the 12th May, 1868, in Lincoln County, Tenn., U. S., shows, on examination, the following peculiarities—Her body is well formed as far as the umbilicus, but about three inches below it there exists a second depression resembling the ordinary scar. Her father, William Henry Corbin, informs me that at her birth there was but one cord, and that it was attached to the upper mark. Her haunches are a good deal wider than usual, and have attached to them four distinct and almost perfect legs—two long ones and two short.

If the reader will look at the back of his left hand, and keep the thumb out of sight, I may more easily make my description understood. The four fingers represent the four legs. The middle and ring fingers, or short legs, come together in the mesial plane of the body as do these fingers, there being no organs between them as might have been expected. Both of these legs possess the various segments and joints of normal ones, but the hip joints seem slightly peculiar, as if the necks of the thigh bones were irregular in shape,—the hamstrings are somewhat contracted, as are also the sural muscles, and both feet are extended and turned inwards. This has resulted

from the child only using these limbs to kneel on. When sitting or lying she frequently crosses these limbs over the knees of their fellows, when the soles are directed upwards.

These short limbs are respectively left and right, as are also the large ones, thus. The middle finger is the left leg of body *A*, of which the fore finger is the long leg; and between this pair of legs are the female organs of generation and anus. The long right leg of this body is club-footed—*Equino-varus*. Again, the ring finger is the right leg of body *B*, and between it and the little finger, or long left leg, is another set of female organs.

The fore and little finger legs—that is, the right leg of body *A* and left leg of body *B*.—are those on which the child walks, which she does "mighty well," considering all things.

Her father informs me she urinates usually through both urethras and defecates, sometimes on one side, sometimes on the other.

I am sorry the child was too ill to enable me to make a more careful examination of the rectal, vaginal and urethral passages. This may yet be done by some other observer; and I hope I may again see an account of her case, as it is interesting to speculate upon the point where the two bodies join, and the ultimate development of the child into two wo. en.

Y<sup>rs</sup> &c.,

J. LIZARS LIZARS,

L. R. C. S., Edin., and M. R. C. S., Eng.

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(To the Editor of the LANCET.)

SIR,—The vigorous manner in which your journal places its foot on all species of quackery, is very gratifying to lovers of honorable practice. It was high time such charlatany as you have recently been exposing should have been held up to contempt, and its perpetrators singled out from the body of an honorable profession. But there are yet a few cases to be dealt with, whose rhinoceros skins render them insensible to anything short of open and pointed exposure.

Some practitioners endeavour to make a little capital out of every epidemic that visits their localities, regardless of the degradation they thereby bring upon the profession. It is perhaps needless to add, that men capable of such conduct are those who most re

quire whatever propping is to be derived from this and similar practices. The statements made in such cases are usually substantially untrue. In the present epidemic, for instance, of cerebro-spinal meningitis, men of the class under consideration are in the habit of representing that the number of cases they have under treatment is something prodigious, that they have carried all but a few safely through; and these latter are on a fair way to recovery. Such men, of course, never have any deaths from the epidemic in their practice; or, if perchance any case should prove obstinate enough to terminate unfavorably, in which the dread diagnosis of "Spinal Disease" has been pronounced, (and they so pronounce in all their cases, parturient women and a few cases of minor surgery excepted,) then the unfortunate issue is, with all gravity, ascribed to some unheard-of complication, which is perfectly intelligible to the most ignorant, (and to them alone,) and which they can easily perceive, precludes the possibility of recovery. Of this class of quacks, there are at least two in western Ontario. Since the commencement of the epidemic I have named, they have published in the general newspapers weekly bulletins of their practice, in which their cases are numbered by scores, and are nearly all "rapidly recovering," when, in reality, of the cases of genuine cerebro-spinal meningitis they have had but few; and, having lost a large proportion of them, attempt to retrieve their credit by curing all sorts of trivial ailments under the name of "spinal disease."

Conduct of this sort is so reprehensible, and so repugnant to the sensibilities of all worthy practitioners, that I trust I am rendering the profession good service by exposing it.

M.

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To the Editor of the LANCET.

SIR,—I beg leave to call attention to the slanderous remarks accompanying the publication of my card, which appeared in the LANCET for June, \* \* \* \* and to make a few explanations in reference to that offensive circular.

Shortly after opening my office here, I became convinced of a disposition, on the part of the local practitioners, to hedge up my way by refusing consultation with me. Whether this arose from misunderstandings of my conduct, which I claim, in every instance, to have been professional and justifiable, or from some less excusable pretext, I will not assume the right to determine.

Having been thus thrown upon my own resources, in self defence I published that card, in which, without making, by way of explanation, any unpleasant allusion to any medical man, I simply wished to inform the people of Petrolia that I was not helpless of professional aid, when required; and that this state of things, though inconvenient to me, should be no disadvantage to those who gave me their patronage.

During many years of practice in Napanee, I met with all my medical brethren of that place, and nearly all within a range of twenty miles of that town. I have, moreover, been favored with the counsel of many who stand among the first in the profession in the cities of Kingston, Belleville, and Toronto; and since commencing practice in Petrolia, I have met in consultation, at the sick bed, with several respectable "regular physician" of Wyoming, Strathroy, and London, who were fully cognizant of my "unprofessional" proclivities.

I have ever lived in amity with my medical brethren, and have striven to be above such petty jealousy and low suspicion, as those who know the circumstances will at once detect in the letter of one calling himself "Medicus."

The intelligent public of Petrolia has already recorded its verdict in this matter, entirely to my satisfaction. Of this fact, "Medicus" is fully aware, and I feel no hesitation in submitting to the judgment of my medical acquaintances whether I am "one of those practitioners who systematically violate and disregard all the courtesies and ethics which are recognized among honorable medical men."

In conclusion, Mr. Editor, let me assure you that I should never have noticed the aspersions of an anonymous correspondent, were I not brought in contact with the medical men of Ontario, whose good opinion I esteem, and lest, by my silence, I should be thought by them to be "unprofessional."

Yours, &c.,

Petrolia, June 19th, 1873.

JAS. GRANGE.

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### Selected Articles.

#### THERAPEUTIC USES OF ELECTRICITY

BY SAMUEL WILKES, M.D., F.R.C.P., F.R.S., GUY'S HOSPITAL.

\* \* \* Franklinism, or frictional electricity, after having done good service for many years, was thrown into the shade by the brilliant discoveries in electro dynamics, for it was found that, besides its other properties, the induced current possessed a most powerful effect in exciting contraction of the muscles. The two forms of machine came into use—the magneto-electric and the volta-electric apparatus—according as a permanent magnet or a temporary

magnet was employed. It has not yet been decided to which we must give the advantage. In hospital practice, we use a machine where the secondary current is induced in a coil of wire by one or two small galvanic cells; and this is the instrument preferred by Duchenne. It has the advantage of being self-working, and therefore requiring the use of one pair of hands only, besides developing a current which is less painful to the patient. The other, or magneto-electric machine, is in more favor with the public, since it is far easier to find in a dwelling-house a person competent to turn a handle than to understand the mysteries of a galvanic cell.

We are indebted almost entirely to Duchenne of Boulogne for introducing faradisation (as the induced current is now called) to professional notice, and proving its great utility in various forms of paralysis. His services, too, were equally great in demonstrating by its use the normal action of the muscles. By applying wet sponges, to which were attached the poles of his battery, he caused each particular muscle to contract and display its physiological use. He thus gave us a fresh insight into their actions, and showed also how in various forms of paralysis, as in that arising from lead or progressive atrophy, particular muscles were primarily affected in these diseases. Duchenne's mode is to press his wet sponges firmly down on the ends of the muscle, and by this means he believes that he directly causes their contraction. This is doubted by some, who consider that the electric current is carried by the motor nerve to the muscle; and by others, who, doubting the existence of so direct an influence, believe that the effect is transmitted indirectly through numberless cutaneous nerves. It does seem true that there are points of selection where the current acts more efficiently, as witnessed in the more vigorous contractions of the trapezius muscle, when the current is applied near the entrance of the spinal accessory nerve. After the introduction, then, of the induced current or faradisation into practice, it began to be very generally employed, and for many years it was the only form of electricity used. The success attending its use was of the most varied character; and, as I before said, judging from my own experience, it failed to do what franklinism had done in paraplegia by the method of withdrawing electric sparks from the spine: in fact, it failed in those cases where we have had of late such marked results from the simple continuous battery current. We found, indeed, that in some cases it was a very useful remedy, whilst in others it was valueless. It must be said, however, that even in a class of cases where faradisation has been successfully superseded, and in which no immediate effect was produced on its application to the muscles, yet by its constant use, in the absence of all other suggested means of treatment, a cure was finally effected. In these it has been surmised that the electricity acted beneficially by stimulating the blood-vessels to increased action, and so improved the nutritive processes, we, therefore, made use of it in all classes of

cases, and met with varied success. It was found beneficial in some forms of paralysis with atrophy, highly useful in hysterical paralysis, and in some old cases of hemiplegia by stimulating muscles which had become inert from disuse. I cannot say that I have ever seen any advantage accrue from the adoption of the methods recommended to the public, as are pictured on the lids of the electro magnetic machines—as, for example, by allowing the current to pass through the body by grasping the poles of the battery, or by holding one electrode in the hand whilst the other is placed in a basin of water, in which the foot is immersed. I constantly meet with people who buy these machines and go through the performances above named, but apparently with little good. In fine, whilst we possessed only these instruments, and could make use only of the faradic current, we employed it in all forms of paralysis, at the same time feeling quite uncertain as to its success in very many of them.

A fresh impulse was then given to the subject of galvanism by Remak, who demonstrated the great advantage of the simple continuous battery current over the induced or secondary current, known as faradisation. Remak asserted that in experiments on animals the effects of the two forms of galvanism were very different, and his statements as regards paralysed muscles were soon verified. We therefore at once procured for our electrifying room a galvanic battery of a hundred cells, which was capable of being used of any strength. Our assistant, Mr. Sandy, made also a portable machine, which could be carried through the wards. It was very soon apparent that we had made a very important addition to the therapeutic value of galvanism, for we found that the current passed down the spine would influence the condition of the lower limbs where faradisation had altogether failed, and we found, also, that in various forms of paralysis an effect was not only produced where faradisation was inert, but that in some cases the muscles were more susceptible to its influence than in health. In the first case in which it was employed the effects were most striking, it was that of a man who had a paralysed arm, with a gradually progressing wasting of the muscles. It was quite unaffected by faradisation, but, immediately the continuous battery current was used, contraction of the muscles took place, and from this time a gradual cure was effected. It was exactly the same with a case of lead-paralysis. Here no effect was discernible on the application of faradisation, but, on the other hand, there was an extreme susceptibility to the influence of the primary current.

You must understand that the simple transmission of the current along the spine or limbs produces apparently no result—or at least it has to be yet discovered that a current continuously flowing through any part of the body has any effect either on the muscular or the nervous system. It is only when the circuit is broken or closed that an effect is seen. Thus, in the case of the man mentioned just now

with the paralysed arm, one pole was placed on the shoulder and the other was stroked down the deltoid, when, on lifting it from the surface, an immediate contraction of the muscles and elevation of the shoulder took place; and the same occurred again on replacing the electrode. In the case of lead-paralysis, in like manner, one pole was placed on the back of the fore-arm over the upper part of the extensors, and the other pole lower down; when contact was made or broken, contraction of the muscle immediately took place. In this case, as in similar ones, a smaller amount of galvanism roused the irritability of the muscle than would have been required for a healthy arm. If the hand, also, be placed in a basin of water, and one pole of the battery continually dipped in and taken out, whilst the other pole is fixed on the back of the arm, contractions likewise take place. By using the continuous current in these ways, we are now curing very rapidly our cases of lead paralysis. As severe an example of this disease as you could well see was that of the woman who lately left our wards, and whose muscles were so wasted that she was obliged to keep her bed, and was unable to lift her arms to feed herself; yet by persevering in this form of galvanism for three weeks she completely recovered. It is the continuous current which is probably most useful in infantile paralysis.

As regards its application in cases of paraplegia, we place one pole on the upper part of the spine towards one side of the neck, and the other pole on the lower dorsal region, and as often as the circuit is opened or closed a sensation is experienced. At first the effect is stimulating, and afterwards it is soothing. A sensation of warmth is experienced through the whole body, followed sometimes by sweating; and if the current be powerful, it may excite headache and stimulate all the nerves of special sense, causing noises in the ears, sparks in the eyes, metallic taste in the mouth, and at the same time often producing an urticarious rash on the back. In a short time the patient feels soothed; if he has had pains in his limbs they are relieved, and he is inclined to sleep. The simple battery current appears to rouse the dormant power of the cord, and is thus curative in various forms of paraplegia where no organic disease is present. Thus it has been found to be most valuable in some cases of paralysis of motion or akinesia; but it is more especially in cases of want of control or ataxia that its effects have been most marked. In some very severe and chronic cases, where there was reason to believe, from the duration and intensity of the symptoms, that some degeneration of the posterior column of the cord must have existed, a complete cure has been effected. In one case where progressive muscular atrophy had commenced, the disease was arrested by the same means; and in one case of paralysis agitans, where galvanism has hitherto failed to produce any benefit, it seemed as if the patient were deriving good from its use.

The soothing effect of the battery current is most striking.



Thus, in the cases of ataxia of which I speak, pains in the limbs exist as a common symptom, and these are much relieved by its use. In other cases where the paralysis is irremediable, the sedative effect of galvanism has been sufficient to determine its continued use. Thus, in a man now in the hospital with a permanent contraction of the legs from chronic meningitis, from which it is not likely that he will ever recover, so much relief is obtained by the application of the galvanic current to the legs, that the man asks for it in order that he may procure sleep. I can recall several cases of various forms of paralysis where galvanism was most useful in relieving pain and restoring sleep. In simple and pure neuralgia, I can quite corroborate what others have said as to the value of galvanism, and more especially of the primary battery current. I have known faradisation to cure lumbago, but it is the other form of galvanism which has been attended by the most marked success. The relief obtained is generally immediate, and in some cases of frontal neuralgia one application has been sufficient. In longer standing cases, as in that of a woman who was in the clinical ward, a neuralgia of the face, of months' duration, was cured in a fortnight. Since this, we have had two somewhat similar cases.

The greatest disappointment which I have experienced hitherto has been in spasmodic affections of the muscles. In old cases of contraction of the limbs, due to organic change in the centres or nerves, no cure could be expected, but in the temporary and functional forms it might have been hoped that in galvanism we had a speedy means of relief. This has not been so, however, in my experience. I have had the case of a contracted arm in a girl which, for want of a better name, we called hysterical, and in her we used galvanism most perseveringly; we tried both forms, and in various modes, reversing the currents and operating on both the affected and unaffected muscles, but with no success. It was just the same with the case of wry-neck lately in the hospital. The man had galvanism most unrenittingly applied to the contracted muscle as well as to the healthy ones. It was used in various modes by Mr. Sandy, but only with temporary benefit. If he appeared better for a day or two, he again relapsed into his former state. \* \* \*

As regards the different effects of the primary and secondary currents, it has been suggested that these are due simply to the fact that the one is continuous and the other interrupted, therefore, that if the battery-current were broken, it would be found that a muscle or nerve could take cognisance and be affected by it (supposing the susceptibility to faradisation had been shown), whereas if it flowed simply through these structures it would pass unfelt. We have tried the experiment, but hitherto without the result expected, and therefore for the present we have been obliged to regard the two forms of galvanism as practically different. Then, again, it is said that the battery-current acts directly on the nerves, whilst the

faradic current acts immediately on the muscle, but a discussion of this matter involves the larger enquiry as to the dependence of the muscle upon the nerve for its contractility. The question has not yet been settled. On the one hand, we observe the contraction of muscle on the application of a stimulus when it is entirely severed from the nerves of the body; and, on the other hand, we know that the muscle gains some kind of stimulation through the nerve, since we observe the dropped face in paralysis of the portio dura, and the falling of the head if sleep overtake us in our chairs. Dr. Marshall Hall believed that whilst a muscle retained its connection through a nerve with the spinal cord its contractility remained, but if the connection were severed this quality was lost. He thus by means of galvanism endeavored to show the nature of the paralysis. In all probability some of his observations were correct, and no more important question in relation to galvanism can be studied than this, for by making experiments on muscles and discovering the connection between their condition under the influence of electricity, and the integrity of the nerve-centres, we shall be able to use the therapeutic agent as a test. By observing the behaviour of muscles under the influence of galvanism, we may form an opinion as to the state not only of the muscle itself, but of the nerve-centre from which some of its qualities are derived. Of course, when Marshall Hall used the expressions "cerebral and spinal paralysis," he meant in the one case, where a limb was paralysed because cut off from its connection with the brain; and, in the other case, where it occurred from disease of the cord itself. There is no such thing as cerebral paralysis in the sense in which he used it. As a matter of fact, we find, as he asserted, these different effects. Thus there are now in the wards two cases of paraplegia in which the continuous current, whilst exciting contraction in the one, has no effect on the other. \* \* \*

—*British Med. Journal.*

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## GEOPHAGIA OR DIRT-EATING.

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[We have frequently seen reference made in our political papers to dirt-eating among politicians, but we were not aware it was a disease before.]

Dr. Galt, in his "Medical Notes of the Upper Amazon," published in a late number of the *American Journal of the Medical Sciences*, has furnished us with some curious information on a subject that does not usually come within the range of professional notice—viz., the strange practice known as "dirt-eating," or "geophagia." This disease, according to Dr. Galt, now enters as one of the chief endemic complaints of all tropical America, and at the distance of

over two thousand miles from the sea, on the Amazon valley, where the negro is rarity, being merely a waif from Brazil or the Pacific coast, it is the most important disease among the children and women of the country. Here, on the Maranon, the half-breeds are mostly addicted to the practice of dirt-eating—neither the pure savage nor the more cultivated being so often the victims. The accounts about the tyranny of this habit of dirt-eating on the victims of it would seem almost fabulous, Dr. Galt says, were there not evidences all around one to give sanction to them. Children commence the practice from the time they are four years old, or less, and frequently die from the results in two or three years. In other cases they grow to manhood or womanhood; and Dr. Galt speaks of having himself seen in the case of a Mestiza soldier, who was dying from the dysentery which sooner or later supervenes on this habit, the poor creature, half an hour before his death, detected with a lump of clay stuffed in his sunken cheeks. Officers who have the Indian or half-breed children as servants in their employ sometimes have to use wire masks to keep them from putting the clay to their mouths; and women, as they lie in bed sleepless and restless, will pull out pieces of mud from the adjoining walls of their rooms to gratify their strange appetites, or will soothe a squalling brat by tempting it with a lump of the same material. If persisted in, the effects are surely fatal, at varying terms of years, some living tolerably to middle age, and then dying with dysentery. In children, dropsy usually appears to be the most prominent cause of decline and death.—*Cin. Lancet and Obs'r.*

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#### FLUID EXTRACT OF MALE FERN; IN TAPE WORM.

To secure the successful destruction and expulsion of tape worm, two points are to be particularly carried out. First, the patient must fast at least twelve hours before taking the remedy; and second, it must be taken in sufficient quantities to kill and expel the entire worm. Frequently it is a matter of good policy to give the patient a cathartic in the night, so as to have the alimentary tract free from feces as much as possible. Then in the morning, on a fasting stomach, give the male fern in some pleasant combination, as the syrup of acacia or glycerine. From thirty to sixty minims of the fluid extract of male fern, must be combined at each dose, and repeated every two hours, until the stomach rebels against it, the patient keeping very quiet in the meanwhile. No worm can resist this treatment when carried out on the above principles. The fern will move the bowels and expel the entire worm. It is the most reliable remedy for tape worm, when given in accordance with the above directions. The patient must fast during the time he is taking the remedy, and the bowels must be previously well cleared out.—*St. Louis Med. Archives.*

## A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

The interest that has been recently manifested in the profession on the subject of anæsthetics, induces us to take an early opportunity of directing our readers to an important paper, by A. Horvath, of Kieff, published in the *Centrsblatt für die Medicinischen Wissenschaften*, proposing a new method of producing local anæsthesia. It is a well-known fact, that if the hand be immersed for a short time in ice-water, an intolerable pain is caused, and the hand has to be withdrawn. In the course of a series of experiments, made in reducing the temperature of frogs by means of cold alcohol, Dr. Horvath observed that no such pain was produced when the hand was immersed in cold alcohol, not even when the temperature of the alcohol was as low as  $-5^{\circ}$  C. Pursuing the experiment still further, glycerine was found to possess a property similar in this respect to alcohol. Ether, on the other hand, caused pain, the same as ice-water, while the pain produced by cold quicksilver was more acute, causing the speedy withdrawal of the finger when plunged into this liquid at a temperature of  $-3^{\circ}$ . It was next ascertained that, when the finger was held for quite a long time in alcohol having a temperature of  $-5^{\circ}$  C., no pain whatever was experienced, and what was a still more remarkable phenomenon, although the faintest touch was distinctly perceived in this finger, yet no pain whatever was experienced from sharp pricks, which in other fingers were sufficient to cause considerable pain. This experiment seemed to show that the application of cold alcohol has the effect of depriving the part of the special sensibility to pain, without, however, impairing the delicacy of the general tactile sensation, which, as is well known, resides in the superficial integument. This apparent possibility of the artificial separation of these two nervous functions, viz., the tactile sensation, and the sensation of pain, and the temporary suspension of the latter, seemed important in a physiological point of view, and also of no small practical utility in allaying certain forms of local pain, more especially that caused by burns, and surgical operations. With regard to burns, Dr. Horvath soon had an opportunity of testing the value of this application on his own person, as well as upon others, and with the most satisfactory results. Not only was all pain instantly allayed, directly the part was immersed in alcohol, but it was found that the wound very speedily began to assume a more healthy appearance, the surrounding redness rapidly failing. The process of healing seemed also to be accelerated. If that theory is a correct one which ascribes the frequent fatal termination of burns to the result of the constitutional shock induced by the severity of the pain, in that case the application of cold alcohol, in that it affords the patient an immediate relief from his sufferings,

will prove a powerful agent in such accidents in saving life. In like manner, this same application may be found valuable, it is thought, in cases of traumatic tetanus. The method of producing local anæsthesia by the aid of ice, ether and rhigolene has been perfectly understood for many years. These agents have never been extensively employed, however, inasmuch as it has been found by experience that the process of freezing the part is often productive of quite as serious pain as would have been experienced from the operation without the administration of any anæsthetic. The ether spray is found to be a source of embarrassment to the operator, for, if not carefully directed, it is liable to take effect upon his own fingers, bringing on a sudden numbness, which is more surprising than gratifying. It can, moreover, be applied to only a limited extent of surface at a time.

The extreme simplicity of this new anæsthetic, the ease with which it can be applied to any part of the body where pain is experienced, or when it is desired to make an incision—all these circumstances tend to make it highly probable that its employment will ultimately become general, thereby doing away, in a great measure, with the disagreeable and dangerous effects of ether and chloroform.—*Boston Medical and Surgical Journal.*

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TWO NÆVI CURED BY MONSEL'S SOLUTION APPLIED EXTERNALLY. By JACOB GEIGER, M.D.—A male child, aged nine months, had at birth a "mother's mark" on his perinæum and over the pit of his stomach. They were at first flat, but slightly-elevated spots, and quite small. When the patient was about six months old, however, the tumors took on a very rapid growth; that on the perinæum occupying not only the entire perinæum, but a portion of the scrotum also, while that on the abdomen was an inch in diameter. The perineal nævus was kept so constantly irritated by the child's diaper, his urine, and his fæces, and having on more than one occasion bled considerably, I advised an operation for its cure. The mother positively refused her consent to any other procedure than one which consisted in some external application. I determined, therefore, to try the methodical use of Monsel's solution in both the growths. Making a mixture of equal parts of the liq. ferri persulph. and glycerine, I painted not only the nævi themselves thoroughly with this, but I applied it also for some lines beyond the healthy skin, and directed it to be repeated twice daily. In a week both tumors had diminished appreciably in size; and in less than one month from the date of the first application of the iron they had disappeared altogether.—*The American Practitioner.*

## A CLINIC ON THE TREATMENT OF ABSCESS.

BY JOHN SIMON, ESQ., F.R.S., ST. THOMAS' HOSPITAL, LONDON.

In reference to several cases of large chronic abscesses under his care, Mr. Simon remarked, that the only real difference between psoas and most other abscesses due to diseased bone was, that its cause was deep within the body. If the diseased bone could be removed, the abscess would heal; but the bodies of the vertebræ were out of reach: the surgeon could only mitigate the symptoms, and leave the rest to nature. If the disease were only caries, a cure might result, with more or less angular curvature of the spine; but if necrosis were present there was no chance of a cure, the dead bone was not absorbed, its presence kept up a constant purulent discharge and this led to anæmia, to albuminoid disease of the liver and kidneys, and finally to death from hectic and exhaustion.

In all these cases of chronic suppuration the amount of constitutional and visceral damage is closely proportioned to the amount of the discharge: the amount of the discharge is proportionate to the extent of the abscess cavity, and this depends, to a great extent, on the time it is suffered to extend. The great point in the treatment of these cases is, as far as possible, to prevent the formation of a large pus-secreting cavity. If, therefore, there be any suspicion of the existence of deep suppuration, keep a sharp look-out, and open the abscess as soon as you can detect fluctuation, unless the proximity of large vessels, or of other important structures, affords strong reasons for delay.

In situations where the progress of the disease can be watched, as, for example, in abscess of the knee-joint, the difference in the result, according to whether you let out the matter early or not, is very great. If the pus be soon evacuated, there is a fair chance of saving the limb, and even of regaining some motion in the joint; but if the incision be postponed, the joint soon becomes utterly disorganized, burrowing sinuses form, and the neighbouring soft parts become deteriorated by infiltration.

There is, however, this serious difficulty in opening a psoas abscess. Perhaps it forms a large bulging tumour in the groin, yet the patient is fairly well; you cut into it, he at once becomes feverish, and in a fortnight is *in extremis*; then an ignorant person may reproach you with killing the patient. But, however well and strong the patient may appear, it is certain that this febrile condition will supervene sooner or later. It is inevitable. The longer it is postponed the worse it will be, since the cavity of the abscess will be larger. Be careful, then, always to explain to the friends of the patient that the operation is a serious one, but that the consequence will be more serious the longer it is delayed. The severity of the

consequent fever may, however, be greatly mitigated by treatment. Ten days ago I opened a large dorsal abscess in a little girl now under my care. I made a free incision, a very large quantity of thick pus escaped, and air was not excluded, yet the child has hitherto had no fever, and appears quite comfortable. All this time the cavity of the abscess is shrinking; and if the fever should now appear, it would have been far less severe than it would have been had it occurred immediately after the operation. I owe this satisfactory state of things to the local application of cold; directly the pus was evacuated an ice-bag was applied, and has been continued since. I have succeeded equally well in a large number of similar cases, and I can confidently recommend ice as an incomparable anti-phlogistic.

Of course, if necrosed bone be present, the abscess will not entirely close; a mere sinus, will, however, be left, which will not drain the patient to any considerable extent.

As I have said, I do not take extreme precautions to exclude air. At present I am inclined to reserve my judgment as to the value of the carbolic acid treatment, or at least as to the theory on which it is based; it is not yet proved that bacteria are the cause of unhealthy inflammation; and emptying an abscess by aspiration does not prevent the inflammatory process in its cavity. Recent experiments do, however, show that bacteria pass very readily in water, and attached to moist things; and common experience teaches us that infection is much more likely to be carried by sponges and surgical instruments than by mere air. From my own experience, *I do not think that air, if only ordinarily pure and dry, is such a poison to surgical wounds as some assert*; but, whatever your theory may be, always carefully disinfect all surgical instruments, etc., with boiling water.

Finally, I must qualify my advice with a caution: remember that fluctuation is not always due to pus. Open early all acute or chronic abscesses, but never cut into collections of blood or synovia. A bruise, in ill-conditioned subjects, may be followed by extensive extravasation of blood, causing a fluctuating tumour, which, if deep in the limb, might easily be mistaken for an abscess. If these extravasations be let alone, and treated with cold applications, they disappear, though they take a long time about it; but an incision into one is generally followed by grave constitutional symptoms. If well-marked signs of inflammation appear you must treat the swelling as an abscess; otherwise never open one.

When you are dealing with chronic suppuration always look out for the chronic cause. The tendency of inflammation is to subside, unless there be a stimulus of some sort present. A man was admitted here some time ago with a deep wound in the gluteal region, caused by falling on a spike; the wound did not heal, and after some weeks, on careful examination, a piece of his trouser was detected

at the bottom. So, again, there is a boy with disease of the knee-joint, in my ward, whose leg has been saved entirely by attention to position. By extension of the limb, and pushing back the femur, we have greatly reduced the inflammation, and whereas the child was before rapidly becoming worse, he is now as rapidly mending. Always treat such displacements in young subjects early and carefully, mere dislocation of the parts will keep up irritation and suppuration, without the presence of any dead bone.—*British Medical Journal*.

### THE USE OF POST PARTUM BINDERS.

[At a recent meeting of the Obstetrical Society of Edinburgh, a somewhat remarkable paper was read by Dr. Cairns, opposing the use of binders after parturition, and what is the strangest of all, his extraordinary views appear to have met with very general approbation from the members present.]

The disadvantages in the use of binders enumerated by Dr. Cairns are as follows:—

1st. That their application entails unnecessary trouble upon the accoucheur. Dr. Cairns confesses that when he first entered upon practice, it cost him more trouble to apply the binders in many cases than to deliver either the child or placenta.

2d. That their application unnecessarily exposes the patient, which, if several persons are present, may thereby shock her moral sensibilities, it may, moreover, expose her to currents of cold air, which, on her part, may lead to the most disastrous results.

3d. Post partum binders impede the circulation, slipping far above the region of the uterus, thus interfering with the venous circulation, and thus tending to aggravate two diseases very common in pregnant women, viz., varicose veins and hæmorrhoids.

4th. They are rarely of proper form. They should properly extend from the ensiform cartilage to a considerable way beyond the nates.

5th. In cases of post partum hæmorrhage, the patient may die before the binders can be removed in order to apply the proper remedies for its arrestment.

Dr. Cairns, in conclusion, compares parturition in civilized and uncivilized conditions, and those two with the parturition of the lower animals. The latter, he affirms, owing to their pendent bellies, evidently require binders much more than women.—*Boston Med. and Surgl. Journal*.



## MICROSCOPIC EXAMINATION OF URINE.

By JAMES TYSON, M.D., LECTURER ON MICROSCOPY AND URINARY CHEMISTRY IN THE UNIVERSITY OF PENNSYLVANIA.

Few subjects are more imperfectly understood by the mass of general practitioners than that of Urinary Microscopy. Many physicians think that if a specimen of urine is handed to a microscopist for examination, the latter must be able to give such copious and precise information as will unravel all the mysteries of the case, and furnish the key to a speedily successful treatment, or else the instrument is condemned as an expensive luxury, which if not useless, is scarcely of sufficient utility to justify the outlay necessary to procure it. It is indeed true that in a large proportion of instances the information furnished by a microscopic examination of the urine is limited, and that in a smaller number of cases its results are entirely negative.

It is in consequence of the fact that many instances of unrealized expectations have come under my observation, that I have presumed to occupy a portion of this evening in considering the real advantages which may be looked for in a study of urine with the microscope.

Premising that such a range of power as is obtained by two objectives, an 8-10 and a 1-5 with two eye-pieces, an A and B, or a low medium power—that is, from 80 to 400 will most usefully subserve our purposes, we may divide urine which is to be studied microscopically into (a) *albuminous* and (b) *non-albuminous* urine.

A. The urine with regard to which we may expect to derive most information, and in the study of which the microscope is indeed indispensable, is albuminous.

The first question to be determined with regard to albuminous urine is as to whether it contains casts of the uriniferous tubules. This question answered affirmatively, the general affection, Bright's Disease, is recognized, the form of cast found to be most prevalent in connection with the quantity of albumen, and especially with the aid of the clinical history, enables us to determine the special form of Bright's Disease, whether chronic or acute, and if the former, whether due to the smooth white kidney, the highly fatty organ, or the chronically contracted kidney, and even amyloid disease, with considerable certainty. And thus informed, matters of prognosis and treatment follow, the value of which no one can deny.

On the other hand, it is exceedingly seldom that the microscope enables us to decide the existence of cancerous from that of other destructive disease of the kidney, as calculous pyelitis, the common purulent products being undistinguishable. Still less are we able to say, by means of the microscope alone, with regard to a limited number of pus or mucous corpuscles, that they are derived from the

kidney rather than the bladder, at least, all attempts to this end are too speculative to be admitted to a space among the positive informations furnished by microscopic examination of urine.

Among the causes producing albuminous urine without the presence of casts is the presence of pus, and although the same corpuscular element attends which is found in mucus, the albumen never accompanies mucus alone, while the distinctive characteristic mucin threads developed on the addition of acetic acid to mucus furnishes the crucial information. This is apart from the physical characters of purulent urine, involved in the ready miscibility of the pus with the urine, its rapid subsidence and opacity as distinguished from the difficult miscibility of mucus, its transparency and slow deposition after mixture has been produced. Although albuminous urine, which is due to pressure upon the renal vein by a tumor or pregnant uterus, sometimes contains casts when the obstruction has produced actual congestion, this is comparatively rare, and the comfort which is derived by the practitioner from a knowledge that the albuminous urine of a pregnant woman does not contain casts, which the microscope alone can tell him, is unspeakable.

Urine which contains blood, from whatever source derived, is also albuminous. Except, however, when blood corpuscles are contained in casts of the uriniferous tubules, which indicates their undoubted renal origin, it can scarcely be claimed that the microscope is of much service in determining the exact source of the blood. It is rather the grosser characters, as the presence of coagula when blood is derived from the bladder, and the smoky hue of acid urine containing blood from the kidney, that gives us the desired information.

It is comparatively rare that albuminous urine results from affections of the bladder and prostate, except as the result of hemorrhage in malignant disease of the latter organs. In non-hæmorrhagic malignant disease, attended by suppuration and rapid destruction of tissue, the urine may become impregnated with albumen, which will be explained by the presence of pus, and occasionally of fragments of tissue composed of the large multi-nuclear cell-masses formerly considered so characteristic of cancer. In these cases, the almost inevitable though not indispensable accompaniment of vesical irritation will point to the bladder rather than the kidneys.

In the limited number of instances in which I have been permitted to examine the urine of patients who, as revealed by a *post mortem* examination, suffered with cancer of the kidney, although albumen has been invariably present, I have never yet seen the cellular or other elements of cancer—nor, indeed, in cases of cancer of the bladder, though, in the latter, other observers have undoubtedly been more fortunate.

B. *Non-Albuminous Urine.*—It must be admitted that the purely microscopic study of non-albuminous urine is not attended with so

many advantages to the practitioner as that of albuminous. Still, there are numberless instances in which at least the clinical history of a case is not complete without a microscopic examination.

In no instance, perhaps, is the inexperienced person more frequently disappointed than in the examination of urine from cases of suspected calculi, both renal and vesical, but particularly the latter. Indeed, it may be laid down that, as a rule, except in uric acid lithiasis, the microscope alone rarely furnishes much information. To those who have had any experience, it is well known that in cases of phosphatic and oxalic lithiasis, the urine is commonly without any sediment, from the examination of which alone information can follow. With uric acid lithiasis, however, this is not the case, and very generally patients thus suffering have copious deposits of uric acid crystals. In the latter, therefore, we are able to make a positive diagnosis. The difficulty in the case of the phosphates is accounted for by these facts: The extreme solubility of the phosphates, and the dependence of their deposition upon the alkalinity of the urine: and in case of an exciting calculus, its power to excite, by decomposition of the surrounding organic matter, an alkalinity of the urine immediately around it with consequent deposition of phosphates from such proximate urine, while the reaction of the great body of water continues acid. Occasionally, also, in the case of suspected oxalic calculus, information is derived by examination of urine from the constant presence of octohedral and dumb-bell crystals of oxalate of lime. Especially, if these be aggregated so as to form microscopic calculi of considerable size, as is often the case. If the symptoms of renal calculus are present, and such crystals be met repeatedly, we have good reason to believe the calculus of oxalic composition.—*Southern Medical Record.*

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#### HORACE WELLS, THE DISCOVERER OF ANÆSTHESIA.

The eleventh day of December, 1844, was an era, and a very important one, in the history of surgery. On that day HORACE WELLS, of Hartford Conn., for the first time made practical demonstration of the application of anæsthetics for the purpose of subduing pain under surgical operations. While under the influence of nitrous oxide gas, he had a sound tooth extracted. He remained under the influence of the gas some time after, and immediately upon recovering from it threw up his arms and exclaimed, "A new era in tooth-pulling! It did not hurt me more than the prick of a pin. It is the greatest discovery ever made!" From this time the principle of anæsthesia became an established one in surgery, and by degrees came into general use. WELLS pursued his experiments with nitrous oxide ether, and other agents, with an enthusiasm which eventually

cost him his life. Finding that others were seeking to rob him of the credit of his great discovery, he became disgusted, disappointed, and dispirited. He then went to New York to lay his claims as the discoverer of anæsthesia before the profession of the great metropolis. Soon after his arrival there he manifested symptoms of mental aberration, and on the 24th of January, 1848, in a fit of madness, ended his life with his own hands. He thus left his family unprovided for, and an open field for the unscrupulous to poach upon to rob him of his well-earned honors. To the discredit of the medical profession, many of them were for a time led astray by the specious representations of these parties. But the sober second thought of the profession has become enlisted on behalf of the memory of the unfortunate WELLS, and such men as the late Sir James Y. Simpson, Storer, Sims, Doremus, Hamilton, Squibb, and many others of the leading minds of the profession, are using their influence to do justice to the memory of the real discoverer of the application of anæsthesia in surgical operations.

Expression was given to these sentiments at a large and enthusiastic public meeting in New York on the 21st of May. The meeting was addressed by Drs. Marion Sims, Ogden Doremus, Frank H. Hamilton, and others. We welcome any effort to do justice to the memory of one whose discovery, on the 11th of December, 1844, soon deprived surgical operations of their terror, and proved such a boon to suffering humanity, and such an invaluable aid to the surgeon in the use of surgical instruments. We feel proud of the fact that for twenty-five years the *Medical and Surgical Reporter* has constantly and earnestly advocated and defended the claims of WELLS. May they yet receive that full and free recognition at the hands of the public and the general government which they undoubtedly deserve.

In a communication from Dr. Henry J. Bigelow, of Boston, published in a New York paper, that gentleman, although his object is to support the claim of Morton, is compelled to admit the propriety of Wells' practical application of anæsthesia for surgical purposes, though he endeavors to belittle his achievements, and claims that WELLS abandoned the use of anæsthesia.

In reply to this, Dr. G. Q. Colton very emphatically upsets the theory of the Wells abandonment. "We have," he says, "the sworn testimony of about forty of the most respectable citizens of Hartford, that during the years 1845 and 1846 WELLS extracted teeth for them without pain, using the gas as the anæsthetic. He was in constant use of the gas for about eighteen months, when his health gave way, and he went to Europe. Even in Europe he did not abandon his discovery, for he presented his claims to the Academy of Sciences in Paris, and that institution, in recognition of the services, conferred on him the title of M.D.

"As soon as Wells returned to this country he resumed the

use of the gas, and continued it until his death, which occurred on the 24th of January, 1848.

"But he met the most determined and bitter opposition from all quarters. It was at that time too much to believe that the inhalation of so little gas or vapor would destroy the pain of a surgical operation! Dr. Wells did all that a man could do, while he lived, to prove to the world the value of his discovery. Should he be deprived of the honor of the discovery because the public were incredulous and repudiated his claims?"

"Wells died before the merits of the gas were generally recognized. After his death Dr. Morton set up the claim that nitrous oxide was not an anæsthetic, and therefore that Wells had discovered nothing! No one had used the gas to produce anæsthesia save Wells, and Morton was enabled to gain a general assent to the position he took, namely, that nitrous oxide not being an anæsthetic, therefore he, Morton, was the discoverer of anæsthesia! If at that time and during the lifetime of Mr. Wells the gas had proved to be what it really is, and what I have demonstrated it to be, the best and safest anæsthetic known, we never should have heard of Morton as the discoverer of anæsthesia.

"When I revived the use of the gas in 1863, I had this general incredulity respecting its powers to contend with. I was met on all sides by the assertion that Wells had tried the gas and it had proved a failure. I expended eight thousand dollars the first year in advertising, advocating and defending it; and in all this time did not realize a dollar of profit from my business. Is it any wonder that poor Wells, who had no money to spend, should encounter opposition and discouragement in its first introduction?"

"It should be remembered that Wells' first experiment, for which I gave him the gas, was on the 11th of December, 1844, and that the first experiment by Morton was on the 30th of September, 1846; also, that Morton was stimulated to this experiment by information derived from Wells, and newspaper notices of Wells' operations.

"In view of all these facts," says Dr. Colton, "how can any one hesitate to award the honor of the discovery of anæsthesia to Dr. Wells?"—*Med. and Surg. Reporter, Phila.*

JOSH BILLINGS ON DOCTRS.—Doktors are not all quaks; yu hav got wrong noshuns about this.

Doktors, lawyers and ministers hav a hard row to ho; they hav to deal with the kredulity, knavery, and fears ov the people, three ov the most difficult traits in human natur tew handle.

If i was a doktor, and understood mi bizziness, i should *doktor mi pashunts*, and let the disease take care ov itself.

More folks are kured this way than enny other.

It ain't much trouble tew doktor sick folks, but tew doktor the well ones is bothersum.

## BELGIAN MEDICAL REPORT ON INTEMPERANCE.

In September last, the Belgian Medical Association appointed a commission, consisting of seven of its members, to "report upon the means for opposing the increasing abuse of alcoholic liquors." This report appears in the recently published *Transactions* of the Association. The Commission declares that "the increasing consumption of alcoholic liquors menaces even the vitality of the working class," and complicates every other question relating to their welfare, and warns the government that, if it blindly persist in refusing to conscientiously study this supremely important subject, "impartial history will hold it responsible for all the evils which it would not try to remove." Whilst it is admitted that the wretched condition of the people and the squalor of their homes drive many to drink, it is pointed out that it is not so much poverty which causes drunkenness, as drunkenness causes poverty. "Medical men, who are obliged in the discharge of their duties to visit the wretched hovels in which the poor herd together, can affirm that very often the misery provoked by drink becomes an incentive to drinking. Thus the workman gets into a vicious circle from which he cannot well escape, and is almost inevitably lost." This is a generalisation which, as sanitarians, we too often overlook. The chief causes of intemperance are held to be—the cheapness of liquors, their injurious effects, the great number of taverns, etc., the custom of giving liquors to workmen, and the lax administration by the authorities of the laws relating to intemperance and the sale of liquor. Having pointed out the gravity of the disease, its extent and causes, the commission then attempts the solution of the problem submitted to it—"la thérapeutique"—"the means for opposing the increasing abuse of alcoholic liquors." First, the government is urged to take prompt action, so as to ensure the purity of the liquors purchased by the working classes. Secondly, it is suggested that the Association should use its influence with the government and with the communal authorities to publish, in French and Flemish, and distribute profusely, a pamphlet of a popular and scientific character upon the properties of the different kinds of liquors, and the sad consequences of drunkenness. Thirdly, the action of the legislature is invoked in favour of education in matters relating to health and temperance, and in aid of temperance, sanitary, and co-operative societies. The government is urged to raise the duties on spirits as high as may be safe, and to diminish those on beer, tea, coffee, etc. Fourthly, the local authorities are advised to adopt and enforce very strict police regulations, to prevent the sale of liquors in groceries, "where women often go to get drunk," and in cigar-shops, to punish those who sell drink to children and to drunken persons, to keep all taverns under strict surveillance, etc. The report, it will be seen, is of a thoroughly practical yet moderate character, and does credit to the good sense and patriotic instincts of its author, Dr. V. Desguin of Antwerp.—*Brit. Med. Journal*.

**A NEW METHOD OF PERFORMING AMPUTATION.**—At a surgical *déjeuner* at La Pitié, Prof. Verneuil advocated the following method of removing limbs, calculated, he thought, to do away with arterial compression, whether by fingers or tourniquet, which is frequently inefficient, and is an exciting cause of phlebitis and sloughing of the integument from pressure, especially in patients who are fat. Flexion of joints, in the cases of the elbow and the knee, will frequently suffice to control hemorrhage when amputations are made below these points; but by the method advocated by Prof. Verneuil, in which the limb is treated as a tumor would be, the hemorrhage is reduced to a minimum. When antero-posterior flaps are formed, a common bistoury is all that is required for incising the soft parts, which are divided into successive layers, the blood-vessels being ligated as they are met with, and before being divided. Veins as well as arteries are closed with ligatures. The bone is divided as in the usual methods. When the principal blood-vessels are so located that they can be included in one of the flaps, it is the practice with the Professor to divide the bone before forming this flap. Twenty-one cases are reported as having been operated on by him in this manner, viz: Eight disarticulations at the shoulder, three amputations of the thigh, two amputations of the arm, six amputations of the leg, and two coxo-femoral disarticulations. He recommends this method as having the advantages: 1, of enabling the surgeon to operate with fewer assistants; 2, the avoidance of hemorrhage, 3, obviating the risk of phlebitis from the pressure necessary to control hemorrhage.—*Gaz. Méd. de Paris*, March 29. *Med. Record*

**IMPROVED GLASS SLIDE FOR MICROSCOPES.** At a recent meeting of the Biological and Microscopical Section of the Academy of Natural Sciences (*Phil. Med. Times*), Dr. D. S. Holman exhibited an improved slide for microscopes, and explained its construction and mode of manufacture. The slide in question is composed of the ordinary slip of glass, but, instead of the customary plain surface, two concave depressions are ground in the upper side, and connected by one or more shallow canals, carefully cut in such a way as to present on transverse section a gradually increasing depth. In using this slide, each excavation is to be partly filled with the fluid under inspection, and the remaining space in each is to be charged with common air, the large thin glass cover being applied so as to seal up both cavities, as well as the communicating canal. The covering glass is retained in position by atmospheric pressure. In this way is secured what is termed a double *thermal pressure chamber*, either division of which can be made to emit a minute portion of its contents through the delicate canal, and pass the same into the opposite depression by means of the sensible heat radiated from a single finger of the operator brought near it for that purpose. The most complete control is thus obtained over even a single red blood-corpuscle, which may be arrested in the canal, held stationary under observation, and actually turned over in the focus.—*Boston Med. and Surg'l. Journal*.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

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TORONTO, JULY 1, 1873.

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## THE DEBATE ON TUBERCLE.

An important paper on the subject of "Tubercle in its relation to Pthisis," was lately read before the Pathological Society of London, by Dr. Wilson Fox, and was the occasion of a long and interesting debate. Dr. Fox proposes to introduce that older use of the word "tubercle," which applied it to the essential pathological elements of every phthisical disease of the lung, no matter what the special history of the individual disease might be. His propositions may be summed up as follows. -1st. That miliary tuberculosis of the lung has not the histological constancy or peculiarity commonly ascribed to it, but exhibits all the products found in active chronic phthisis. 2nd. That all the other products constituting caseous pneumonia, under various forms, are essentially of the same histological structure, and are fairly traceable to the effects of time, that it is impossible, for example, to maintain that pathological distinction between catarrhal pneumonic phthisis and acute miliary phthisis, which is advocated by Niemeyer. In short, he does away with the peculiar nature of miliary tubercle by affirming its essential substance to exist in all caseous phthisis.

He maintains that in all the varieties of phthisis there is the same peculiar microscopic matter, which he denominates "adenoid" tissue, and the various products which may be detected in the more



complicated cases are but the results of inflammation, infection or degeneration, which accompany the true adenoid or tuberculous process.

In the discussion which followed it was admitted that adenoid growth does occur in every form of pulmonary phthisis, but the speakers were not agreed as to its significance. Dr. Fox did not find any supporters in the view that the so-called adenoid tissue was the cause of phthisis, but the impression seemed to prevail among the majority present that the production of adenoid tissue was rather the result of irritation on the lung tissue. The opinion also found expression among those that took part in the debate, that the arbitrary limitation of the word tubercle to the so-called grey or miliary granulation, introduced by Virchow, could not be maintained, the microscopic appearances usually considered most characteristic of this tracture, viz., round cells in a reticulum, being undistinguishable from many similar appearances to be met with, as for example, syphilitic gumma, lymphoid deposit, &c.

Dr. Bastian was decidedly opposed to the views entertained by Dr. Fox, and strongly recommended the abolition of the word tubercle as applied to miliary granulation. He proposed to substitute the word "granula" for the word "tubercle." The term granula (granule) was first proposed by an eminent French pathologist, G. S. Empis, in 1865. He was among the first to separate miliary disease from caseation and other products of common inflammation. He applied the word "tubercle" and "tuberculosis" to the latter condition, and sharply defined the difference between it and miliary deposit, which forms the basis of granula. In regard to the hereditary nature of the disease, Empis is of opinion that acute granula may arise independently of any hereditary predisposition; and in his essay, relates two cases, in both of which the family history was entirely free from taint. Dr. Bastian, in his remarks, stated, that in his opinion the general disposition to phthisis might be either inherited or acquired, but he was careful not to say definitely whether he believed acute tuberculosis or granula was capable of originating without hereditary taint. The prevailing opinion seems to be, however, that even in cases where it is alleged that no hereditary predisposition exists, a careful examination of the history of two or three generations will reveal some family taint. With reference to the use of the word tubercle, the *London Lancet*,

in an able article on the subject, considers Dr. Fox's propositions as retrograde, and recommends the advisability of retaining the term *tuberculosis* for the general state and *tubercle* for the local change, in this variety of disease. Notwithstanding this, we would like to see the original idea of Empis triumphant, and the word *granulia* for the for the general state and *tuberculisatio* for the local change, come into general use. We are certainly much in advance of the older pathologists who described grey, yellow, black, and red tubercle as so many different kinds, but there is still room for more definite ideas and a more specific nomenclature than obtains at present in regard to this subject.

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### THE BEST WAY TO PUT DOWN QUACKERY.

The best way to put down quackery, in and out of the profession, is by educating the people on medical subjects. It is a general belief with the people that it is impossible for them to investigate and understand questions relating to medical science, and this belief has been strengthened by the general bearing of the profession towards the public in these matters. While there is undoubtedly much in our science and art that requires a well trained mind to understand and comprehend, there is still nothing so mysterious and profound in the science and practice of our art but that their general principles may be made intelligible to most people. True there is a great amount of technical language, which it seems difficult to set aside, and without a knowledge of which, on the part of the people, it would be impossible in some instances to properly apprehend the meaning of much that relates to the subject of medicine, but the facts and truths which go to make up its great leading principles may be easily expressed in the plainest and simplest language. Great men find no difficulty in making themselves thoroughly understood in dealing with some of the most abstruse subjects. The large audiences that attended the lectures of Prof. Tyndall were pleased and delighted with his experiments and explanations on the subject of light, - than which, no scientific subject is more difficult to comprehend by ordinary minds. The success, also, which attended the lectures on anesthesia, lately delivered at Steinway Hall, New York, by Profs. Sims, Doremus, and Hamilton, goes far to show that the

people are capable of understanding and profiting by the exposition of scientific subjects when treated in a plain, simple, and yet masterly manner, such as the distinguished gentlemen just referred to are capable of doing. The people require education on medical subjects. To be continually blaming them for supporting and encouraging quackery, and at the same time refraining from giving them the knowledge by which they may judge aright, is the height of folly and injustice. Our admirable educational system may do much to improve the general condition of the masses in this respect, but it will require some additional assistance in the way indicated before much improvement in medical-matters will be observable. The profession owes it to themselves, and to the public, to encourage and even to inaugurate such movements as will enlighten the masses in regard to matters which pertain to their highest interests—their health of body and mind. To relieve pain and suffering is not the only sphere of the science and art of medicine; it has higher prerogatives and nobler ends. To conserve public health, to increase the duration of life, to give effect to sanitary regulations, and to promote the welfare and happiness of the people, are some of the higher aims. Whatever information the public has hitherto received on medical subjects has been received from quacks, whose only aim was to subserve their own interests, and if the regularly educated man is willing to leave the field to them the profession must abide by the consequences. The conclusion is irresistible that the only correct way to put down quackery is by educating the people on medical subjects, so as to enable them to judge for themselves as between charlatanism and true scientific medicine. We have great faith in the education of the people on such matters, and are happy to see the efforts which are being put forth in some quarters with that end in view.

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### CAN THE ETHIOPIAN CHANGE HIS COLOR OR THE LEOPARD HIS SPOTS?

This very trite observation has been many times repeated without the remotest idea being entertained that there is any possibility of such a thing occurring; yet strange, and incredible as it may seem, there are well authenticated cases of the kind on record. A case is

reported, in the transactions of the American Medical Society for 1869, of a negro in the State of Maryland who underwent a complete change of color from a deep black to a clear and healthy white. The change of color commenced about the abdomen and gradually extended over different parts of the body, till at the end of seven years the white had overspread the greater portion of the skin, and in a short time the whitening process was so complete that in point of color he could not be distinguished from a native Anglo-American. It had nothing of the appearance of a sickly or albino hue, as if it had been the result of disease. He was a healthy, vigorous man, and had never suffered from any disease, either at the commencement or during the progress of the change. The change did not proceed equally over the surface of the body, but occurred in patches here and there, and these fused into each other until finally the whole surface was changed. As the change of color took place in the region of the scalp, the woolly hair disappeared, and fine, straight locks took its place. Another most remarkable case was published in the *Philosophical Transactions* as long ago as 1756. This was the case of a negress, a native of Virginia, about forty years of age, remarkably healthy, of a strong and robust constitution, who underwent a similar change of color. Her skin was originally as dark as the most swarthy African. The change first commenced in the parts adjoining the finger nails. Her mouth next underwent the same changes, and it gradually spread over the whole body, and the skin became white, smooth, and transparent, elegantly showing the ramifications of the subjacent blood-vessels. The back and neck retained their pristine color longer than any other part of the body. She also had never been ill in her life, nor suffered from any cutaneous disease, nor made use of any external application by which this phenomenon might be produced. Several other instances are said to have occurred, although there is no authentic record of them.

It is also stated that a portion of the integument of an African, engrafted upon a white person, retains its original color for a short time, but eventually loses its dark color and becomes as white as the surrounding skin.

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TREATMENT OF CROUP.—Dr. Welsh (*The Doctor*) recommends the use of iodine in croup. He relates, in confirmation, a successful case treated by one or two drop doses of the tincture every half hour.

## AMERICAN MEDICAL ASSOCIATION

The 24th annual meeting of the American Medical Association met in St. Louis, Mo., on the 6th ult. and continued in session four days. There were present during the Session 448 members. The annual address was delivered by Dr. T. M. Logan of California, after which the usual business of the Session was proceeded with. There were some good papers read to sections and several general reports in regard to education, literature, &c. Among the proceedings a resolution was passed recommending an International Medical Congress, to consider, and, if practicable, adopt an uniform classification and nomenclature of diseases to be used by the profession throughout the world.

A resolution was also passed recommending the establishment of a National Sanitary Bureau with relation to the general government similar to that of the Bureaus of Agriculture and Education.

The following gentlemen were appointed chairmen of sections: Dr. N. S. Davis, Chicago, Medicine, Materia Medica and Physiology; S. T. Parvis, Indianapolis, Obstetrics and Diseases of Women and Children; S. D. Gross, Philadelphia, Surgery and Anatomy. Dr. A. N. Tally, South Carolina, Med. Jurisprudence and Chemistry. Dr. A. N. Bell, Brooklyn, State and Public Hygiene.

Dr. J. M. Toner of Washington, was appointed President for the next year. The next meeting of the Association will be held on the first Tuesday in June, 1874, in Detroit, Michigan.

## CLINICAL LECTURES.

The arrangement which was entered into last winter for the regular delivery of clinical lectures in the Toronto General Hospital by the clinical lecturers of the three medical schools in this city was found to work most satisfactorily, and we are happy to announce that the same regulation will be continued during the coming winter session. The amount of clinical instruction thus afforded students attending the Toronto Hospital, is largely in excess of that of any other institution in America, and cannot fail to be of immense practical value to those who avail themselves of it. No additional fees are charged for these lectures, and the Hospital Trustees have opened the way for the attendance of all students, by issuing perpetual tickets for the moderate sum of ten dollars each.

**TREPHINING IN TRAUMATIC EPILEPSY.**—A successful case of trephining in traumatic epilepsy is recorded in the *London Lancet*, (June 7th) by Dr. Dickson, Guy's Hospital. The patient was a lad aged 16. He received an injury to the left parietal bone four years ago, by a fall. Within a week after the accident the patient had a fit, and from that time until the date of the operation, fits continued to recur at intervals of about a week each. All ordinary medical treatment being of no avail trephining was proposed. The operation was performed by Dr. Bryant, and was attended with immediate benefit, and followed by complete recovery. There was no starring or fracture, but the bone was found very much thickened at the original seat of injury. The boy, soon after the operation, expressed himself as feeling as if a great weight had been removed from his head. Dr. Hodder, of Toronto, had a somewhat similar and equally successful case a short time ago, a full report of which he has promised for some future number.

**NEW METHOD OF HEALING ULCERS.**—Dr. Nusstaum, in the *Vienna Med. Press*, claims to have treated successfully upwards of sixty cases of chronic ulcers of the leg in the following way:—The patient being put under the influence of ether or chloroform, an incision is made around the margin of the ulcer, extending down to the fascia. Considerable hemorrhage follows, and pledgets of lint are passed into the cuts to arrest the bleeding and also to prevent speedy union of the cut edges. The lint is removed on the second day, and simple water dressing applied until a cure is effected, which generally takes place rapidly; marked improvement being manifested in twenty-four hours after the operation by a diminution of the discharge and a healthy appearance of the ulcer. This rapid change is owing, he says, to the division of numerous enlarged blood vessels, and time is thus given for the lessened nutritive material, previously carried off by excessive secretion to be transformed into cells and connective tissue.

**MATRICULATION EXAMINATION.**—The matriculation examination of the College of Physicians and Surgeons of Ontario, will commence on Wednesday the 2nd day of July at 9 a. m., in the Toronto High School. A similar examination will be held in Kingston on the same day.

TRANSPOSITION OF VISCERA.—Mr. NIXON (*British Med. Journal*) gives a remarkable example. A boy, aged about 25, died of double pleuritis, on March 7th. The systemic portion of the heart was situated to the right, the pulmonic portion to the left. The arch of the aorta crossed from left to right, passing over the root of the right lung, and the vessel passed down to the right of the oesophagus. The branches were the arteria innominata, right carotid, and right subclavian. The arteria innominata divided into the left carotid and left subclavian at the left sterno-clavicular articulation. The superior vena cava passed in front of the root of the left lung. The left lung was divided into three lobes, the right into two only. The pneumogastric nerves were reversed also, the right supplying the anterior surface of the stomach, the left its posterior surface. The right recurrent laryngeal nerve was given off at the right side of the ductus arteriosus, which sprang from the right and shorter branch of the pulmonary artery. The liver occupied the left hypochondrium, its greater lobe being on the left side. The oesophagus terminated in the right hypochondrium, where the cardiac end of the stomach and the spleen were also found. The intestines, and the vessels and nerves of the abdomen, were all similarly misplaced.

APPOINTMENTS.—Jacques Thelesphore Beaubien, of the City of Ottawa, Esquire, M.D., to be an Associate Coroner within and for the County of Carleton. Robert Gowans, of the Village of Bervie, Esquire, M.D., to be an Associate Coroner within and for the County of Bruce. Hedley Leeming Anderson, of the Village of Clifford, Esquire, M.D., to be an Associate Coroner within and for the County of Wellington. Robert Lawrence, of the Village of Mono Mills, Esquire, M.D., to be an Associate Coroner within and for the County of Simcoe. Dr. Lister, of Belleville, has received the appointment of Surgeon to the forces proceeding to Manitoba, and will shortly proceed to his destination with the force to which he is attached.

DEATH OF TYLER SMITH.—Dr. William Tyler Smith, author of "Principles and Practice of Obstetrics," died at Richmond, England, æt. 59. The *London Lancet* of June 7th has a long obituary on his life and writings.

Dr. Burrows has been re-elected President of the Royal College of Physicians, London.

**TWO CASES OF RUPTURED CHORDÆ TENDINEÆ.**—Dr. Bristowe (*Brit. Med. Journal*) exhibited two specimens before the Pathological Society, London. The first was from the body of a male, aged 62, who, without any apparent cause, became subject to a cardiac murmur and dropsy. One chorda tendinea was ruptured. The second specimen was taken from the body of a bargeman, aged 21, who received an injury to his back, but went on with his work for several weeks with pain and stiffness of the back and leg. He was admitted with doubtful swelling of the joints. He began to pass his motions involuntarily. A week after admission, pericarditis, followed by a systolic endocardial murmur, supervened. After death, adherent pericardium and several ruptured chordæ tendineæ were discovered. No spinal disease was discovered.

**ROYAL COLLEGE OF SURGEONS.** In July next, a revised scheme of examination, which was adopted by the Council in 1871, will commence for medical students who entered on their studies after October, 1871. The new examination will comprise the following subjects. *Anatomy*. Bones, muscles, articulations, and descriptive anatomy of the abdomen, chest, urinary and genital organs. *Chemistry*. Chemistry and physics, as applied to pharmacy and medicine. *Materia Medica and Pharmacy*, not including therapeutics. *Surgery*. Fractures and dislocations. The fees for this examination will be five guineas for registration, and the same amount for examination. *British Med. Journal*.

**THE LATE EMPEROR NAPOLEON.**—On Tuesday last Dr. Conneau and Dr. Baron Corvisart waited upon Sir William Gull, and presented him, on the part of the Empress Eugénie, with a costly gold box, bearing the Imperial cipher in diamonds. This memento, presented by the Empress through Sir William Gull's French colleagues in recognition of his services, is all the more precious because the box contains a pair of sleeve-links worn by the late Emperor Napoleon.

**MEETING OF THE MEDICAL COUNCIL.**—The regular annual meeting of the Council of the College of Physicians and Surgeons of Ontario took place in Toronto on the 25th ult., and continued in session three days. Dr. Wm. Clarke was chosen President for the ensuing year, Dr. J. Muir, Vice-President, Dr. Aikins, Treasurer, and Dr. Pyne, Registrar and Secretary. A report of the proceedings will be given in our next number.



**TRAUMATIC TETANUS CURED BY NEURTOMY.**—It will be unnecessary to draw special attention to the two following cases; their importance will be apparent to all. They seem to point to a successful mode of treatment of a hitherto-very fatal disease. The first is a case of traumatic tetanus consequent on a crush of the fourth and fifth toes. The wound was followed by inflammation and mortification, which partly yielded to treatment. On the 9th day symptoms of tetanus commenced to show themselves. Prof. Rizzolù, having been called in consultation, discovered a white filament in the wound, which he recognised as a nerve, and which when touched caused intense pain, followed by tetanic convulsions. This nervous filament was excised, and with it departed the pain in the whole of the affected region; the rigid muscles became relaxed, and the convulsions more and more rare. On the 16th day after the neurotomy the recovery was complete. The nerve, when examined under the microscope, showed several dilated points, due to inflammation of the neurilemma.

The next case is that of a man who received a gun-shot wound in the left forearm. The shot caused severe laceration of the anterior muscles, and finally lodged under the skin near the elbow joint. On the 5th day there was severe hæmorrhage from the bronchial artery, which necessitated ligature of that vessel. On the 10th day an abscess was opened at the bend of the elbow. On the 12th the ligature came away, and there only remained a small fistulous opening. The patient had been going about for eight days when tetanic contractions appeared in the arm, afterwards extending to the whole body. Excision of the N. musculo-cutaneous, was performed by Dr. Marinelli, with such success that in three days the tetanic symptoms had disappeared — *V. Gazette Medicale Bedge, No 21, and Gazette Medicale Ital. Proc. Venet. (Med. Press and Circular.)*

**DEATH.**—In Stouffville, on the 18th of June, J G Freel, in the 65th year of his age.

Dr Freel was a graduate of the Col of Physicians and Surgeons, N.Y., (1840), and has been practising for many years in Markham, and latterly with his son in Stouffville. He was in the enjoyment of very good health until within a short time of his death, and the sudden and unexpected change fell heavily upon his family and friends.

**THE ADMINISTRATION OF CHLOROFORM.**—We have received an interesting article on the above subject from Dr. Coleman, Asst. Surgeon Toronto Eye and Ear Infirmary. It came to hand too late for the present issue, but will appear in our next number.

**A NEW RESIDENT.**—The following paragraph is taken from the *Brighouse News* for May 24th:—"We learn that the medical profession at Brighouse has just received an accession in the person of Mr. Cecil Alexander Bindley, M.R.C.S., formerly assistant with Mr. Pugh, surgeon. He will reside in Bradford road, next door to Mr. Heyworth, architect. The courtesy and attention which patients received at his hands whilst with Mr. Pugh, leave little doubt that he will be heartily welcomed." It is to be hoped that this paragraph has been inserted without the knowledge of Mr. Bindley.—*London Lancet*.

The above is what may be called a very moderate case, and one that would scarcely be noticed, though of common occurrence in this country. It is important, however, as showing the high tone of medical ethics which obtains in Great Britain as compared with that in some of her colonies.

**USE OF MILK IN CANCER OF STOMACH.**—The invaluable benefit of milk diet in cases of cancer of the stomach has been forcibly brought out in an instance recorded by the *France Médicale* for August 24. The patient, under the care of Dr. Siredey, at the Hôpital la Riboisierre, had not been able for two months to take any kind of food without immediately throwing it up. Milk, in small quantities at first, was then ordered as diet. It was not brought up, and consequently during thirty-six days it was used in any quantities, and without inducing sickness. At the end of this time other sorts of food were given and properly retained.

**LACTIC ACID IN DYSPEPSIA.** Dr. C. Handford Jones recommended the use of lactic acid in dyspepsia. He gives it in doses of fifteen to twenty minims in half an ounce of water, to be taken at meal-times. He says it seems to mingle with the food and to supply one of the constituents of healthy gastric juice. It is not well suited to cases in which there is any irritability of the digestive organs, but when this is removed, it may be administered with great advantage. It is also recommended by him in all cases where it is desirable to improve the tone and power of the stomach.

**REMOVAL OF TONGUE AND LOWER JAW.**—The old man on whom Dr. Hingston, of Montreal, performed this formidable operation in Autumn last, for malignant disease involving both structures, is in perfect health, eats and drinks with ease, and articulates so as to be understood. The operation, so far, is unique.

**SUBCUTANEOUS INJECTION OF MORPHIA IN CHOLERA.**—Dr. Patterson, of Constantinople (*Braithwaite*), reports that in the late epidemic of cholera at that city, finding all other treatment unsatisfactory, he determined to try the subcutaneous injection of morphia. In the first case a quarter of a grain of the acetate caused relief to the cramps and vomiting in a quarter of an hour, and the skin became gradually warm and moist, and the pulse returned. In ordinary cases he found one or two injections sufficed, in a few three were given, and only once four. He does not maintain that the treatment is a specific against cholera, but that its action is more speedy, certain and effectual than any other tried by him. Out of thirty-two cases in which the treatment had a fair chance, there were only ten deaths.

**PODOPHYLLIN IN CONSTIPATION.**—Dr. Constantin Paul (*The Doctor*) lately read a paper on this drug at the Société de Thérapeutique, Paris. He considers this remedy one of the most reliable in habitual constipation. He began by combining it with belladonna, as advised by Trousseau and others. He also tried hyoscyamus, but he has now discarded all adjuvants, and with a smile at the polypharmacy of the English physicians, recommends a small dose of podophyllin made into a pill with honey, to be taken every night. In the constipation of pregnancy and uterine disease, he has found it the best remedy, producing a single evacuation each morning. Should there be more effect after a few days, he omits the dose for a night or two.

**THE BOWEL LESION OF TYPHOID FEVER.**—The generally entertained opinion that the bowel lesion is the result of Nature's efforts to eliminate, is entirely erroneous. Were this true bowel lesion, it would relieve rather than aggravate the constitutional symptoms. The inflammation of the agminated and solitary glands bears exactly the same relation to the fever that the sore throat of scarlet fever does to that disease; that is, it is the direct effect of it. No doubt the sloughs and discharges from the ulcerated glands carry the poison of typhoid fever, and are capable of conveying the disease from one person to another, just as the discharges from the mouth and nostrils in scarlatina are capable of transmitting their peculiar poison.

## REPORTS OF SOCIETIES.

## BRANT MEDICAL ASSOCIATION.

The usual quarterly meeting of the "Brant County Medical Association" was held in the Kerby Hotel, Brantford, on Tuesday, June 2nd. There was a good attendance of members present, and several visitors from a distance. Dr. Henwood, President in the chair. The minutes of last meeting were read, and, on motion of Dr. Griffin, seconded by Dr. Lawrence, confirmed, with the following additional clause, "it being understood, however, that this association did not, at the last meeting, intend to oppose the whole medical bill, but *chiefly* that part referring to the mode of levying the assessment."—Carried.

Dr. Jones was balloted for, and accepted, as a member of the association. Dr. Kerr, Galt, by invitation, gave an interesting description of a remedy used by himself and others for many years in dysentery and other affections, detailing its ingredients and explaining its physiological action. Its beneficial effects were spoken of in the highest terms by Drs. Lawrence, Clarke, and Bingham, who had frequently employed it in practice, and with the happiest results. On motion, the thanks of the association were tendered to Dr. Kerr. Dr. Philip read a paper upon "Cerebro-Spinal Meningitis," giving the prominent features of the disease as it manifested itself in Brantford. A discussion ensued in which Drs. Bown, Henwood and Griffin gave the results of their observations. Dr. Clarke exhibited a morbid preparation from a case occurring in practice, an occlusion of the posterior cerebral artery, the history of which, from want of time, he deferred giving until the next meeting of the association. It was moved by Dr. Bown, seconded by Dr. Griffin, "that the committee, appointed at last meeting to draw up a tariff of fees to be submitted to the association, report at next regular meeting. After some miscellaneous business had been disposed of, the association adjourned, to meet again in Brantford on the first Tuesday in September.

## OXFORD MEDICAL ASSOCIATION.

A meeting of medical-men took place in the Mechanics' Institute rooms on Wednesday last, pursuant to notice by circular, for the purpose of forming an association for the county. The meeting was organized by calling the representative of the division in the Medical

Council to the chair. Subsequent to this it was decided to proceed with the formation of an association, and with that view the following officers were elected, viz: President, Dr. D. Clark, Princeton; 1st vice-do., Dr. Williams, Ingersoll; 2nd vice-do., Dr. Beard, Woodstock; Recording Secretary, Dr. Howland, Woodstock; Corresponding Secretary, Dr. McKay, Woodstock; Treasurer, Dr. Scott, Woodstock. Upon motion it was resolved that the President and two vice-Presidents be a committee to draft a constitution, by-laws, etc. At this stage of the proceedings a paper on Homœopathy was read by Dr. Turquand, followed by another on "Medical Quackery" by Dr. Clark. Dr. Turquand then introduced the subject of medical evidence in cases of prosecution for malpractice, and spoke in favour of getting together the M. D.'s subpoenaed on both sides previous to meeting at court, that an unanimous conclusion might be come to. Several others spoke a few words upon the question, after which Drs. Clark, Swan, Howland and McKay were appointed a committee to prepare a programme for the next meeting. A motion was then moved, seconded and carried, tendering the thanks of those present to the President elect for his paper on "Medical Quackery," and requesting that it be sent to the medical journal for publication. The meeting then adjourned to the second Wednesday of August.

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#### BOOK NOTICES.

THE PRINCIPLES AND PRACTICE OF MEDICINE. By Austin Flint, Sr., Bellevue Hospital, New York. Fourth edition, carefully revised, 1873. Philadelphia. H. C. Lea. Toronto: Copp, Clark & Co.

This work is so favorably known to the profession in this country that it is only necessary for us to state that a new edition has just been issued from the press. No words that we could add would increase the favor with which it has hitherto been received by the profession. The present edition has been re-written in some parts, and some additions have been made, especially on diseases of the nervous system, but the size of the volume has been increased only about seventy pages. It is still, as heretofore, the most compact, yet comprehensive, text-book on medicine in the English language.