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# CANADA

# MEDICAL & SURGICAL JOURNAL

APRIL, 1880.

Original Communications.

## VALEDICTORY ADDRESS

TO THE

GRADUATES IN MEDICINE OF MCGILL COLLEGE ON THEIR  
RECEIVING THE DEGREE OF DOCTOR OF MEDICINE  
AND MASTER OF SURGERY, CONFERRED BY  
CONVOCATION, 3RD APRIL, 1880.

By WILLIAM WRIGHT, M.D., L.R.C.S. Ed., Professor of Materia Medica.

GENTLEMEN GRADUATES,—At length you have reached the noble heights of medicine. As you climbed the steep ascent, many a rough crag and deep ravine, many a sharp ledge and winding way has had to be mastered, but indomitable perseverance has overcome every obstacle and brought you to the summit.

I congratulate you that during your examinations you have shown such brilliancy as to win the approbation of those who can best appreciate your merits. I congratulate you that your professors deem you qualified to practice the Divine art of the physician, and in token thereof they extend to you the right hand of fellowship and welcome you as brothers. I congratulate you that you have been invested with the degree of M.D., C.M., the highest in medicine which this or any other University can confer—the harbinger to the career of skilful and accomplished practitioners. And I congratulate you, lastly, though not least, that you are graduates of McGill College, an institution of world-wide celebrity, where the standard of professional excellence has ever been kept aloft on highest pinnacle.

The well-earned renown of the Medical Faculty has come down as a goodly heritage from the distinguished men who were earliest on her staff. Chief in rank among them was HOLMES, whose name shines forth in the gold medal; which is our highest prize. He was one of the four founders of the first school of medicine in this city, a school which was afterwards grafted into this University. To his untiring energy its maintenance was mainly due. Another prominent member was HALL. He was the argus-eyed guardian who jealously watched the best interests of the Faculty, and the champion who prevailed in her hard hand-to-hand battles. Year after year, through the *British-American Medical & Physical Journal*, which he so ably edited, he advocated her superior claims; and through this medium he also benefited the profession generally. A third one was McCULLOCH. To him is primarily due the establishment of the University Lying-in Hospital of this city. He saw the great benefit it would be to students in attendance. It was placed under his personal charge; and the fact of his relation to it was enough to secure its popularity, for few practitioners ever secured as large a share as he did of public confidence. One more was CRAWFORD. He was the first clinical teacher, and he brought to bear upon his work a large experience which he had reaped during many years of service in the army medical department. He was a hard worker in the wards to the last, often reporting his own cases. He is referred to in books on therapeutics as the originator of the use of iodine in erysipelas, rheumatism and small-pox. The little while left fails me to speak of Sewell, Bruneau, MacDonnell, Fraser and Long, by whom also I was taught. Nor can I speak of Caldwell, Robertson, Stephenson and others whom I knew not. Nor even of Sutherland and those who were, or are, my colleagues. To all in their several degrees the Medical Faculty is deeply indebted for the eminent services they so efficiently rendered. Only two of my teachers are left—the popular Professor of Anatomy and the worthy Dean; the last of whom, after a few years more, will have completed his 50th year of devotion to this University. Royalty has not yet seen fit to confer a baronetcy or knighthood upon any one in this Dominion

who has confined himself to the practice of the healing art. The favor would well begin with him. It would be a matter of rejoicing to the whole profession. It would be a happy prelude to the golden bridal. And it would gracefully become him who for almost half a century has chivalrously wrestled with hydra-headed disease, and during times unnumbered has stood between the living and the dead.

The lofty reputation of the Medical Faculty of this College is due not to its professors alone, but to its graduates as well, to those who have borne away their teachings, and, with their deep science, have drank in the spirit of inquiry they caught from them, and profited by the example of diligence set before them. Of her graduates she says as the Roman matron said of her children, "these are my jewels." From them she derives a perpetual lustre. In them she is as it were localized throughout the broad expanse of the wide world. Each one is a centre whence the ability that came from *Alma Mater* is diffused everywhere for the common good. Scattered through all parts of the globe, some are filling important posts in the civil service of distant colonies, numbers are upon the medical staff of the British army, while all are sent forth to be wise physicians, of whom it is said,

"A wise physician, skill'd our wounds to heal,  
Is more than armies to the public weal."

The superior merits of McGill graduates are generally admitted. When a Princess has needed a surgeon to recover her from injuries sustained, for whom did she send? When our Province has been in want of a wise, impartial ruler, who was selected as its Lieutenant-Governor? When competitive examinations are held for public appointments, to whom have the highest marks been awarded? When the sick in country parts have the choice of an attendant, whom have they preferred? When a chair in this Faculty has become vacant, who usually has become the next occupant? In every case the reply is the same. It is a medical graduate of McGill University.

Graduates are right in seeking to be more recognized than they have been. The attempt to secure one of their number as

a Governor should be encouraged. For my part, I should rejoice to see not one but three graduates on the board, one of each Faculty, Medicine, Law, and Arts. Let me also suggest that graduates may shew their interest practically, by helping or rewarding the *Alumni* who follow them, as by founding a scholarship for the student who passes the best matriculation examination, or by contributing a gold medal to the one who proves himself best in clinical attainments. The graduate's scholarship, the graduate's medal, as the name might be, would be a graceful tribute shewing that you enjoy your possessions most when others are partakers of them.

Why have I held up before you those who have preceded you? It is to urge you to be their worthy associates. Aim through life to deserve success. Be not disappointed if you do not win the name of the Father of Medicine as Hippocrates, or the Prince of Physicians as Rhazes, nor if you have not built for you a costly fane as Esculapius, nor if you do not make a brilliant discovery, nor receive the homage of a nation,—such outcomes are altogether exceptional. Be content with the success which is within the reach of all. Be satisfied with doing what you can to prove you are worthy associates of the distinguished teachers and graduates of whom you have heard. Admitted to be one with them, your constant endeavor should be to emulate the fame which they have achieved in their career.

“Lives of great men all remind us  
We can make our lives sublime,  
And departing, leave behind us  
Footprints on the sands of time.”

To deserve success you must never lose sight of the duty you owe to yourselves to be well read. The knowledge you have acquired that will serve in the relief or cure of the sick, must be carefully treasured. “Knowledge is power.” The more you have of it the larger will be the capital you can expend on behalf of your patients. Do not live in the past. Keep abreast with the march of professional intellect. Medicine has been progressive hitherto, and there is every reason to believe she will continue to be so. She is not a venerable fossil consolidated in the

stillness of the dreamy past. You should always be able to do the best for your patients, warranted by the state of science at the time. The man who stops reading or learning anything more will soon be left behind the age,—he will fall into a slipshod routine style of practice, never seeing his way to a clear diagnosis and ringing interminable changes on a few irrepressible remedies. As time rolls by such a one grows more and more jejune, more and more impotent, and may at length sink to the level of that old prince of asses who, when asked if he believed in phrenology, replied, “I never keep it,” (he meant in his surgery,) “and I never use it, but I think it is highly probable that if given frequently and in liberal doses it may be useful in irregular gout.” Remember too that the medical practitioner must always have his knowledge available. Called upon in emergencies where to do either nothing or the wrong thing is to lose life, he must draw upon the resources he has,—he cannot run home or to a friend’s to find out what is needed,—the blood will not staunch its wasteful flow from the wound, nor the poison cease its destructive work till he returns.

Medicine is not yet perfect. It may be your lot to enlarge her boundaries. Beyond you is a wilderness, which in some part you may succeed in reclaiming. Go forth resolved not to be entirely dependent upon others, but to cull for yourselves. Go forth to contribute something to the previous stock of information. Keep short notes of the cases seen,—compare one with another,—tabulate the same kind together, and draw such inferences as the data warrant. To win the laurels of originality it is necessary to be diligent in experimental inquiries, to institute deep researches, to make right applications, and to use superior observations. It is through such channels that the additions to our science are to be discovered. It is in these ways that within the past few years so many valuable remedies have been found out, as pilocarpine, chrysophanic acid, salicylic acid, amyl nitrite, chloral and its compounds. In these ways have been obtained so many recent aids to the detection of obscure forms of disease,—aids such as the thermometer, sphygmograph, laryngoscope, ophthalmoscope, electric current, and ether spray. And in these

ways have been contributed to modern surgery, among other measures, the bloodless mode of amputation, the antiseptic treatment of wounds, and the extension of subcutaneous sections.

In your relation to society, you will have opportunities of spreading broadcast the suggestions of preventive medicine and hygiene. Though to tell others how to keep well may seem like taking the bread out of your own mouths, yet, as men of the nobler sort, you are not to gild your houses by fostering error or by preying upon ignorance, but you are to rise upon the wings of disinterestedness far above all thought of personal loss. To point out all the benefits you would in this way convey might seem Utopian: let it suffice to say that you may communicate such intelligence as, if acted upon, may be the means of leading to a greatly reduced nomenclature of disease. It may be, for example, the source of abating the innumerable evils of intemperance which either predisposes to, or excites, or renders worse, a very large number of maladies. Your teachings, furthermore, may be the means of preventing the spread of typhoid fever, of weakening pestilence of its virulence, of lessening the spread of epidemics, and of increasing the salubrity of your locality. Furthermore, by the right use of your medico-legal acquirements, you may be the honored instrument of aiding in the suppression of vice, in securing the punishment of crime, and in the preservation of virtue.

Remember to have always a proper regard for your patients. Dr. Johnson, "the great leviathan of English literature," as he has been called, describes the practice of medicine to be "a melancholy attendance upon misery, a mean submission to peevishness, and a constant interruption of pleasure." It is pleasant to know that this does not agree with what others have usually found it to be. To be interrupted is what you desire, and for being so you will commonly receive your reward. Your visits to the sick should be most pleasant,— what can be more so when they will be attended with relief of the raging thirst, sleep to the wakeful brain, ease to pain, power to the palsied, strength to the weak, the reinstatement of reason upon her throne, and like offices which humanity cries out for in its hour of sore dis-

gress. Your visits, too, will often leave behind some of the most delightful memories, and afford associations that you will love to dwell upon. Be not golden-eyed, and only esteem your patients for what they will pay. Be not leaden-hearted, not having a spark of feeling or sympathy for them. Be not silver-tongued, deceiving them with great promises and fair speeches. Be not brazen-faced, lustrous with self-assertion, and glowing with self-complacency. Be not mercurial-like, treating everything you can with levity, and acting as if life were but an eternal guffaw.

During your intercourse with your fellow-practitioners let nothing occur to mar the features of true charity which “doth not behave itself unseemly.” Were small rivalries and petty jealousies unknown, general success would escape its strongest assailants. Never have recourse to any unworthy manœuvre to secure practice; never suffer any low motive to influence your conduct. Do your best to deserve success by following in the lines that I have feebly drawn, and patiently await the result. Duty is yours: results are the Great Physician’s.

The rejoicings of yesterday’s banquet remind me that yours is the privilege to help on this University. It would gladden the heart of that illustrious man, who has been her Principal for 25 years, to find you having her in grateful remembrance. Do something to promote her welfare. Induce the young men who intend to study medicine to first take a course in arts; send others to fill the seats you have left empty; and use your influence in forwarding any measures that may increase her usefulness.

While you render unto Caesar the things which are Caesar’s—*i.e.*, while you are scrupulous in the discharge of your duty to yourselves, the profession, society, patients, *confrères* and college,—also render unto God the things that are God’s. Forget Him not should you cease to be little in your own eyes. Fail not in your duty to Him when earthly mists rise up to blot out the heavenly constellations. Your end should be to glorify Him and enjoy Him for ever.

Farewell! brothers, farewell! Be found among the sick and dying, be there with eagle eye and lion’s heart and lady’s hand. Reflect the ability of a McGill graduate. Diffuse the blessings



of relief and of health as you have opportunity. May you continue in well-doing till the crimson of the sunset sky ushers in the evening which is to end your work. And when "the day breaks and the shadows flee away," may you be welcomed to the noblest of all heights and receive the best of all congratulations. Farewell!

## QUININE AS AN ANTIPYRETIC.

By JAMES BELL, M.D., House Surgeon Montreal General Hospital.

(Read before the Medico-Chirurgical Society of Montreal.)

MR. PRESIDENT AND GENTLEMEN,—For over 200 years since the discovery of its specific properties in ague, attempts have been made from time to time by many eminent men to utilize cinchona in febrile and inflammatory affections, but it was reserved for Binz and his pupils, as therapeutists, and Vogt, Wadesmuth and Liebermeister, as practical physicians, to bring quinine forward as an antipyretic agent and to lay down the rules for its use as such. Like many other novelties in treatment, it was soon generally adopted by the profession, and within the last few years it has come to be regarded almost as a specific antipyretic agent, when used in large enough doses; and its use as such has been extended from typhoid fever and other zymotic diseases to inflammatory and septic fevers and surgical diseases attended with fever heat. In a word, the opinion seems to prevail among the profession that quinine will always reduce febrile temperatures produced by almost any cause, and that, as it never does any harm, it always exerts a beneficial effect upon the disease. Now Wagner defines *fever* to be "that general condition in which the heat of the body is increased by some internal cause," and he says that "the essential sources of animal heat are exclusively chemical processes based upon the oxidation of nitrogenous and especially of non-nitrogenous substances." All authorities agree that in febrile conditions there is increased tissue waste, and it is just here that a difficulty arises which effectually prevents us from arriving at any satisfactory conclusions as to the usefulness of antipyretic measures in febrile diseases; for while it can be demonstrated that there is always increased tissue metamorphosis

in febrile conditions, we have no means of knowing which is cause and which is effect, or whether both are not due to some common underlying cause. Moreover, since we cannot settle this question, we cannot deduce any theoretical arguments in favor of quinine or any other drug as an antipyretic, because every *reason why* a pyretic temperature should be reduced by any given drug implies a theory as to the production of that pyretic temperature. For example: Binz, Liebermeister, and their followers assume that the multiplication of microscopic cells in the blood is one cause of fever heat, and that "quinine checks the formation and the amœboid movements of white blood corpuscles," (Binz.) and probably of all similar organisms. Whence the reasonable inference, that if this cause of fever-heat be removed the temperature must be reduced by just so much, but unfortunately, while the latter effect may be demonstrated, the former cannot, and the theory, though an ingenious one, appears to have sprung from the practice rather than to have originated it. Moreover, to accept this explanation one must not only be a believer in the germ theory of disease, but also go further and hold opinions as to the way in which the germs conduct themselves in disease. Now I think that, as practical physicians, we ought to be guided by the results of careful observation rather than by such vague speculation. I will therefore leave the theoretical part of the subject as barren in results and contributing no evidence for or against quinine as an antipyretic. Before passing to the practical side of the question it may not be amiss, however, to give a few quotations on body temperatures from the latest authorities on this subject. Most observers agree that the temperature in health varies according to age, sex, time of day, muscular exercise, activity of physiological processes, &c., &c., and that in febrile diseases these variations are much greater than in health. According to Wagner the lowest temperature occurs in healthy adults in the middle of the night—about one to two o'clock A.M.—and the highest temperature in the afternoon hours. A variation of  $1^{\circ}$  C. is compatible with perfect health. The temperature is slightly higher in infancy and in old age, and in children the temperature is more easily affected than in adult life. Hence

in diseases a high temperature has much less significance in children than in adults. The regulation of temperature seems to be chiefly under the control of some part of the nervous system, and the natural means by which body heat is reduced are radiation and evaporation. Experiments with quinine on healthy children, 10 and 13 years of age, made by Dr. Ringer and Mr. Gill in 1868, showed that it never reduced the temperature except in very large doses, and in no case more than  $.4^{\circ}$  F. (2-5). I have already quoted from Wagner to show that variations amounting to four or five times as much occur in health independent of any drugs or treatment. Quinine in sufficient doses to reduce the temperature even this much, produced noises in the ears, buzzing, ringing, headache, dimness of vision, and sickness of stomach. Experiments on healthy dogs with quinine shows that in large doses it causes vomiting and diarrhoea of a most obstinate character. Even Binz himself admits that "neither the fever of relapsing fever nor of certain forms of erysipelas is much affected by quinine." "Probably this arises not from the extraordinary severity of the fever but from the nature of the pyretic agent." "Even in those cases of fever which are amenable to its effects, its effect is *only appreciable* when it is given in large doses at that time of the day when the temperature is lowest and when given in an easily digestible form." Leibermeister, in his article on typhoid fever in "Ziemssen's Cyclopædia," says that "the true danger consists in the deleterious influence of a high temperature on the tissues, by means of which necrobiosis is brought about, manifesting itself anatomically as parenchymatous degeneration, paralysis of the heart occurring first, next of the brain, and then the other organs." He gives no reason for attributing these results to prolonged high temperature. He says also that continued high temperature is much more dangerous than intermittent high temperatures. For this reason he recommends quinine to produce intermission in the fever. He has great faith in antipyretic measures, including cold bathing, quinine, digitalis and veratrum. When the cold bath cannot be employed he relies upon these drugs, and when quinine fails he says that digitalis will nearly always succeed—a very important

statement, as we have no reason to believe that these two drugs have any common action. I have already stated what I believe to be the opinion of the majority of the profession (in this city at least) on the antipyretic use of quinine. Now, Mr. President, if you will pardon my presumption, I will state my opinion on the subject. That quinine is at best very much overrated as an antipyretic; that it probably has very little, if any, influence on temperature, and in those cases where it appears to have reduced pyretic heat the effect was probably due to some other cause; that instead of being harmless it always produces for many hours great discomfort from its effects upon the nerve centres, viz.: headache, sleeplessness, ringing in the ears, deafness, blindness, and interference with the special senses generally. Cases are recorded also in which blindness, lasting for several days and accompanied by well-marked changes in the retina and probably in the optic nerve behind the orbit, were produced by it. In typhoid fever it often produces, or at least precipitates delirium, and causes disorders of the digestive functions—vomiting, diarrhoea and tympanites, which are very bad complications and often the immediate causes of death. I cannot better express my views on this subject than by the following quotation from the last edition of the “National Dispensatory of the United States,” by Stille and Maisch. After quoting from Binz they say:—  
“This author reproaches those physicians who treat typhoid fever expectantly and wait and watch who will hold out longest, the patient or the fever. *Perhaps it may be better so to wait than to make use of means which tend to aggravate the patient’s danger as well as to increase his discomfort, and which neither lessen the duration of the disease nor its rate of mortality—and quinine does neither.*” This is the latest verdict on the subject by the two leading therapeutists in the United States, and is expressed in such a way as to prevent any misconception of their views. Now, Mr. President, I am well aware that it is one thing to make statements and another thing to prove them, and you will easily perceive the difficulty of furnishing evidence to substantiate my assertions. In fact, no evidence would be worth anything except an analysis of a large number of cases of each

disease fully reported in detail, not only with reference to quinine but taking into consideration every circumstance of the case. This, of course, I have not had the opportunity of doing, and if I had it would be out of place in a paper of this kind. All the general results, however, go to strengthen my position. In typhoid fever, for example, the death rate has been higher in the hospital during the last five years, since the introduction of quinine, than ever before. An analysis of the report of cases which have occurred during the last three years does not show that the severity of the fever was lessened or its duration shortened by quinine. My own opinion is, that instead of giving comfort it produces great discomfort. Typhoid patients never complain of discomfort from the fever heat. Moreover, I have been enabled to compare the temperature charts of a number of cases which had been treated with quinine with a number treated in very much the same way but without quinine, and I have not been able to perceive any real antipyretic result from the drug. The fact seems to be that in the stage of ascent and in the stage of stasis of the fever the fluctuations are limited to a morning remission of  $1^{\circ}$  to  $2^{\circ}$  F. as a rule, and quinine given in these stages has no apparent effect. In the latter stages of typhoid fever great fluctuations occur independently of quinine or anything else, and if quinine is given they are apt to be attributed to it. I had prepared a number of charts to show that the fluctuations were, on the whole, not greater when quinine was given than when it was not, but, on second thought, it is so obviously unfair to give a temperature chart alone without any account of the case, that I have given up the intention of producing them. The average mortality of typhoid cases in the hospital for the last ten years was 10.45 per cent. During the last five years it has risen gradually year by year till last year, when it was 16.32 per cent., and, contrary to the experience of the great authority, Leibermeister, the deaths were not due to prolonged high temperature causing parenchymatous degeneration, but chiefly to the accidents and complications which so often occur in the course of the disease. For example: During the past year (1879) there were 12 deaths from typhoid fever in the

hospital. Two of these were from perforation, three from hemorrhage. In two cases death seemed to occur from the severity of the poison overcoming the vital powers at the outset—death occurring within the first ten days from rapid prostration and collapse without fever. (*Post-mortem* examination in these cases demonstrated the intestinal lesion.) One died from a peculiar form of inflammation of the vagina, bladder and pelvis of the kidneys occurring during convalescence. Four only died of gradual asthenia, and in one of these cases the bad symptoms began after a large dose (5ss) of quinine. These were low delirium, prostration, obstinate vomiting, diarrhoea and tympanites. These cases are the only ones in which death clearly occurred from the severity of the fever uncomplicated, and the quinine treatment was carefully and discreetly tried in all of them and under the most favorable circumstances. It is said by some that in large doses it exerts a beneficial effect upon the disease without necessarily reducing the fever. The best answer to this statement is the mortality table. In acute inflammatory affections and pneumonia I believe that it is absolutely worthless. In pneumonia, for instance, if the disease runs a normal typical course, there is a sudden depression between the fifth and tenth days. Quinine given during this time shows not the slightest effect upon the temperature chart and produces the usual disagreeable symptoms. In erysipelas and relapsing fever its ablest advocates acknowledge that it has no effect (*vide* Binz). In surgical fevers, traumatic fever, &c., there is always local exciting cause, removal of which removes the fever. The performance of major operations antiseptically has taught us that if they be kept free from putridity there will be no fever. Everyone knows that pent up pus will cause a febrile temperature, and if the tension be relieved and the pus removed the temperature falls at once. In either of these conditions, if the cause be not removed, no amount of quinine will reduce the temperature. In the febrile conditions which occur after operations about the bladder and urethra, and I think are mainly nervous in origin, the variations are so great and so sudden that it is difficult to draw any inference as to the use of drugs, but I may say that I have

never seen quinine produce any effect upon the temperature in these cases. In septic febrile conditions one would expect, theoretically, some benefit from quinine in moderate doses, but I doubt if large doses daily or less frequently will be found to do any real good in any way, much less to produce any immediate reduction of the temperature. In children also the temperature is very variable, and little reliance can be placed on recorded observations of the effects of quinine upon the diseases of childhood. Finally, if we admit for the sake of argument, that quinine has some power to reduce febrile temperature, we may fairly ask the question—Is this of any benefit? The gradual rise of temperature immediately preceding death, and accompanied by other grave symptoms, seems to show that fever after all is only an external manifestation, or an effect and not a cause, and therefore in itself not serious and not demanding special treatment.

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### Reviews and Notices of Books.

*A System of Medicine.*—Edited by J. RUSSELL REYNOLDS, M.D., F.R.S., F.R.C.P., Lond., Fellow of University College, London, Professor of the Principles and Practice of Medicine in University College Hospital, Examiner in Medicine to the University of London. With numerous additions and illustrations by HENRY HARTSHORNE, A.M., M.D., Fellow of the College of Physicians of Philadelphia, formerly Professor of Practice of Medicine in Medical Department of Pennsylvania College, and Physician to the Episcopal Hospital of Philadelphia, &c., &c. In three volumes. Vol. I.: General Diseases and Diseases of the Nervous System. Philadelphia: Henry C. Lea.

It will be observed with pleasure by the medical profession generally that an American edition is now given us of this great English classical work on Practice of Medicine. No doubt, to produce a grand standard work which shall cover the whole of this enormous field, it is necessary that there shall be a number

of collaborators. The cyclopædic form, with separate articles written by recognized authorities in special branches, will always prove more satisfactory for this purpose than a similar work entirely the product of one mind. That this is true is shown by the great success which has been achieved by the German Cyclopædia edited by Von Ziemssen. Reynolds' work, which, in the English edition, has been several years in passing through the press, but which has now approached completion, is thus regarded as *the* one to which we must look for an exposition of the ideas and teachings of the best English medical minds of the present day. The original edition, complete in five volumes, has been so arranged by the American editor that the entire treatise, without abbreviation, is presented to us in only three, and we are bound to say that this has not been done at the expense of the type, nor by making the volumes at all unwieldy; on the contrary, the pages present a handsome appearance, with double columns and very clear lettering. The additions to the author's text are not very numerous, but will be found to supply what was wanting to bring it abreast with all recent discoveries and to furnish certain points about some diseases which present features in this country different from the same seen in Great Britain.

These remarks, of course, apply to the work as a whole. We have received Vols. I. and II., and may briefly indicate the contents.

Vol. I. is divided into two parts. Part I. treats of general diseases or affections of the whole system—influenza, whooping-cough, diphtheria, the exanthemata, parotitis, glanders, hydrophobia, the continued fevers, cholera, malarial fevers, rickets, gout, rheumatism and allied affections, and several others which we have not mentioned. And amongst the authors who contribute these articles are the following well-known names:—Parkes, Squire, Gee, Aitken, Ringer, Gamgee, Begbie, Radcliffe, Reynolds, MacLean, Hutchinson, Buzzard, Fox, Garod, and several others.

Part II. contains the diseases of the nervous system under classes, of which the following are some of the headings:—Insanity, hypochondriasis, catalepsy, hysteria, sunstroke, chorea,



epilepsy, convulsions, wasting palsy, spinal meningitis, tubercular meningitis and chronic hydrocephalus, cerebritis, softening, tumors, hemorrhage, ulcers, diseases of the spinal cord, neuritis, neuroma, neuralgia, &c., &c. And amongst the writers are found the following, who are known to all from their special knowledge of nervous disorders:—Maudsley, Gull, Anstie, Reynolds, Ramskill, Radcliffe, Hughlings Jackson, Roberts, Bastian, Sutton, and others.

We should not conclude without saying, moreover, that the illustrations (none of which are found in the original) are very acceptable; they are well executed, seem never superfluous, and often aid one in rapid comprehension of the text. This edition of a work which is one of the very best in the English language constitutes an important addition to medical literature, and is every way worthy of the great publishing house from which it issues.

Vol. II. will be noticed in our next number.

*Pharmacographia: A history of the principal drugs of vegetable origin met with in Great Britain and British India.*—By F. A. FLUCKIGER, Phil. Dr., Professor in the University of Strasburg, and DANIEL HANBURY, F.R.S., Fellow of the Linnæan and Chemical Societies of London. Second edition. London: MacMillan & Co.

One would be likely to surmise from the unusual title affixed to this book that it was not constructed on the same plan as most of them which deal with the subjects of pharmacology and materia medica. It is, in fact, as its etymology implies, a writing about drugs, but as it is confined to a single department of this wide field, we are enabled to get in one volume of reasonable size an epitome of the history, &c., of an immense number of drugs of vegetable origin. The plan followed is mainly this. After the synonyms of a drug come the botanical origin—the history—the description, with microscopic structure if necessary—the chemical composition—the production and commerce—and finally a few words only upon the uses to which it is applied. It is a most remarkable book, containing a vast amount of matter which is

to be found nowhere else, consisting of entirely original observations and researches made by the authors themselves. To one investigating the history of the discovery and development of any special drug, the value of the "Pharmacographia" is greatly increased by the numerous references which are given to substantiate the statements made in the text. It must be in the hands of every teacher of pharmacy and materia medica: students of these branches will find it assist them greatly, and all medical men who feel interested in knowing as much as possible about the drugs they use will learn all that is to be learnt, from a perusal of this carefully written and scientific treatise.

*Outlines of the Practice of Medicine, with special reference to the prognosis and treatment of disease.* With appropriate formulæ and illustrations. By SAMUEL FENWICK, M.D., Lecturer on the Principles and Practice of Medicine at the London Hospital, &c. Philadelphia: Lindsay & Blakiston.

The aim and object of this little work is in every way commendable. It would be a great mistake to suppose that it is simply a short or very condensed (and therefore very imperfect) text-book of medicine. It is nothing of the kind. Dr. Fenwick tells us that at the termination of his course of lectures at the London Hospital Medical College he was in the habit of devoting some time to a short outline of the medical treatment of the various diseases which had been described in the previous lectures. These put together form the present volume. A great number of the common and, therefore important, diseases are shortly described, with special reference to the valuable information to be obtained from the rational symptoms, apart from the physical signs which latter have of late years tended to usurp the lion's share of attention. The best forms of treatment are then carefully considered,—this latter part is specially good, and often contains a kind of knowledge which in the larger books is apt to be taken for granted. A valuable addition is a selection of formulæ at the end of the book. These are taken from the best sources, and are systematically arranged for reference. To senior students and junior practitioners this contribution of Dr.

Fenwick's will be found, we know, exceedingly useful, and we cordially recommend it to their attention.

*Photographic Illustrations of Skin Diseases.*—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O., &c., &c. Parts V. and VI. New York: E. B. Treat.

We have received two more parts of this admirable work. Having already had occasion to speak in the highest terms of the excellence of these plates, we need only say that the present numbers are in every respect equal to those which have preceded them. In the two before us the following diseases are photographically represented: Eczema infantile, E. papulorum, E. ichorsum and pustulosum, E. squamosum, E. barbæ, E. manum, E. e venis varicosis, Ulcus varicosum, and Psoriasis annulata.

*Sore Throat, its Nature, Varieties, and Treatment; including the connection between Affections of the Throat and other Diseases.*—By PROSSER JAMES, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat and Chest, late Physician to the North London Consumption Hospital, &c. Fourth edition. Illustrated with hand-coloured plates. Philadelphia: Lindsay & Blakiston.

In this compact little volume will be found a very complete and concise exposition of the various diseases of the throat—fauces, tonsils, uvula and pharynx—as well as some of the more important of the œsophagus, larynx and trachea. The value of a satisfactory acquaintance with these derangements to the general practitioner is very great, and he can be confident of finding here a safe and experienced guide. The chapters treating of the association of diseases of these structures, with morbid conditions of other neighbouring parts, especially the ear, are also very appropriate, and will prove useful. The work undertaken is well performed, and has resulted in the production of just the kind of book required by the student and the practitioner. A well arranged index renders reference easy to any desired section.

Several new chapters have been added to this edition, notably that recent one upon stammering of the vocal cords.

*On Loss of Weight, Blood-spitting, and Lung Diseases.*—By HORACE DOBELL, M.D., &c., &c., Consulting Physician to the Royal Hospital for Diseases of the Chest, late Senior Physician to the Hospital, &c., &c. Second edition. Revised, enlarged and annotated. London: J. & A. Churchill.

The favorable reception accorded to this work, the first edition of which was issued only two years ago, has necessitated the appearance of a second. Several additions and corrections have been made throughout the text, and one complete and very interesting chapter added which is entirely new. The latter is entitled "The functions and disorders of the liver in relation to loss of weight, blood-spitting, and lung diseases and their management, in accordance with the results of modern discovery." On the occasion of the original publication we expressed a high opinion of the value of the work presented to the profession, and need not here repeat what was then said; but, if any of our readers have not seen this book, we strongly recommend them to procure it.

*Materia Medica and Therapeutics (Vegetable Kingdom).*—

By CHAS. D. F. PHILLIPS, M.D., F.R.C.S.E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U.S. Pharmacopœia by HY. G. PIFFARD, A.M., M.D., Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital. New York: Wm. Wood & Co.

Some months have passed since the above was received, but owing to an oversight it was not at the time reviewed in this *Journal*. It is one of the series of Wood's Library, and forms a useful companion to its predecessors. "It aims," the author says, "at bringing together, in a moderate compass, a more extensive series of facts respecting the action of drugs, and especially a more enlarged view of what has been done in other countries, than will be found in ordinary text-books." After looking

over the book, we feel that the writer has very fairly succeeded in accomplishing the object, as above stated, which he had set before him. Moreover, there are to be found many practical remarks which are evidently the result of original observations upon medicinal agents. It is to be recommended as giving a reliable account of the matters whereof it treats.

*Headaches: their Nature, Cause, and Treatment.*—By W. H. DAY, M.D., M.R.C.P., Physician to the Samaritan Hospital, London, Eng. Third edition, with illustrations. Philadelphia: Lindsay & Blakiston.

This is a most useful and practical work; and that the efforts of Dr. Day have been generally appreciated by the profession is shown by the call for a third edition. Dr. Day gives, amongst others, excellent accounts of the nature and treatment of the various forms of so-called nervous headache, and also the headaches of childhood, which are often so perplexing to the young practitioner. The practical value of the therapeutical suggestions will more than repay a careful perusal of this treatise.

—The *Index Medicus* continues to appear monthly, and gives its subscribers a full classified record of the current medical literature of the world. It is such a valuable work that it deserves the support of the entire profession. We draw attention to it once more, in the hope that those not already subscribers may be induced to add their names to the list.

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### Books and Pamphlets Received.

*A Practical Treatise on Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences, Treatment.* By Geo. M. Beard, A.M., M.D. New York: Wm. Wood & Co.

*The Fallacies of Popular Clinical Medicine.* By Jarvis S. Wight, M.D. New York: G. P. Putnam's Sons.

*Pharmacology and Therapeutics, or Medicine Past and Present.* By T. L. Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co.

*The Essentials of Anatomy.* By William Darling, M.D., F.R.C.S., and Ambrose L. Ranney, A.M., M.D. New York: G. P. Putnam's Sons.

*Skin Diseases, a Manual for Students and Practitioners.* By Malcolm Morris, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, &c. With illustrations. Philadelphia: Henry C. Lea.

*A Manual of Auscultation and Percussion.* By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, &c. Second edition; revised. Philadelphia: Henry C. Lea.

*A History of Syphilis.* Second edition. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin. London: Harrison & Sons.

*Our Homes.* By Henry Hartshorne, A.M., M.D., formerly Professor of Hygiene in the University of Pennsylvania. Philadelphia: Presley Blakiston.

*The Microscope and Microscopical Technology—A Text-Book for Physicians and Students.* By Heinrich Frey. Translated and edited by Geo. R. Cutter, M.D. Illustrated by 388 engravings on wood. Second edition. New York: Wm. Wood & Co.

#### REPRINTS.

*A Plea for Cold Climates in the Treatment of Pulmonary Consumption.* By Talbot Jones, M.D., of St. Paul, Minn.

*External Rectotomy as a Substitute for Lumbar Colotomy in the Treatment of Stricture of the Rectum.* By Chas. B. Kelsey, M.D.

*On the Use of Water in the Treatment of Diseases of the Skin.* By L. B. Bulkley, A.M., M.D., New York.

*On the Nomenclature and Classification of Diseases of the Skin, with remarks upon that recently adopted by the American Dermatological Association.* By L. D. Bulkley, A.M., M.D., New York.

*Reflections upon the History and Progress of the Surgical Treatment of Wounds and Inflammation—A Report on the Progress of Surgery.* By Edward Borck, M.D., St. Louis.

*Notes on the Anatomical Relations of Uterine Structures, with Surgical Remarks and Therapeutical Suggestions.* By T. H. Buckler, M.D., Baltimore, Md.

### Proceedings of Societies.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting was held Feb. 20, 1880—the President, Dr. R. P. Howard, in the chair.

Dr. James Bell read a paper on "Quinine as an antipyretic." (This paper will be found amongst the original communications.)

Dr. Kennedy remarked that he was surprised at the conclusion Dr. Bell had arrived at in regard to the antipyretic action of large doses of quinine, as he understood that in such doses it was looked upon as a specific in the treatment of typhoid fever in the Montreal General Hospital. It was the fashion at present to prescribe these large doses in typhoid, and he was somewhat afraid to express a contrary opinion, as it might be considered a heresy to doubt their efficacy, though he had not much faith in the great value which some placed upon such doses. Since last fall eight cases of typhoid fever had been under his care, three of which were of a very severe type, with temperatures ranging 105° and over. All these cases were treated by quinine in a grain or a grain and a half every four hours, together with nitro-muriatic acid, and occasionally digitalis,—other remedies being given as required. All recovered without any complications having occurred during the progress of the disease. He was of the opinion that these large doses had a tendency to produce paralysis of the nervous centres, and in this manner its action in lowering temperature might be accounted for; certainly in cases of ague, paralysis of the auditory nerve followed the use of large doses of quinine. In two cases of typhoid which he had seen lately for a *confrère* large doses were administered; both had died in a collapsed condition, apparently induced by the powerful depressing action of the remedy. In other cases of high temperature he had observed this to become lowered as suddenly where quinine was not given as where it was, and was led to believe that often the apparent action of the remedy was merely a coincidence.

Dr. F. W. Campbell was pleased to hear Dr. Bell so thoroughly condemn the use of quinine in large doses, especially in typhoid fever. He had for some time given up administering the remedy in large doses, for he was quite in accord with Dr. Bell in believing that it did not reduce temperature, and that it produced most disagreeable results. There was fashion in medicine, as well as in dress, and the remedy was, he believed, often administered by many because it was fashionable to do so. Typhoid fever ran a specified course, and quinine in large doses, by its bad

effects on the nervous system, was, in his opinion, not calculated to place the body in that condition, best fitted to carry it through a lingering disease. He treated the disease by mineral acids, also by large doses of liquor ammonia acetatis. This latter remedy he found reduce the temperature by its diaphoretic action.

Dr. Fenwick said he followed the rule in treating typhoid laid down by King Chambers in administering large doses of hydrochloric acid. He cited a case which had occurred in his practice where 40 grains of quinine had been given without altering the temperature in the slightest, subsequently, under small doses, it subsided and the patient recovered.

Dr. Ross said that the reader of the paper had made several statements conveying most serious charges against this drug. He did not think that the conclusions arrived at were justly drawn from frequent observation. With reference to the ill effects, delirium, restlessness, and sick stomach, claimed to be almost constantly witnessed after full doses of quinine in fever, he had failed to notice any constancy in such sequences, although that such did occur with some persons sometimes could not be denied. Dr. Bell would appear to endeavor to show that quinine did not possess antipyretic action at all. Now, if we have a well-authenticated fact in therapeutics it is that, in a great many febrile states, quinine will, with positive certainty, reduce the temperature of the body. It is broadly stated that it is commonly used and recommended in the symptomatic fever of local inflammation. He does not agree to this statement; on the contrary, considers that the best writers admit its uselessness in such cases. Dr. Ross himself does not employ it thus. The influence of the drug can hardly ever be better seen than in those septic states, apt occasionally to occur in the puerperal woman, and shown by chill and general febrile disturbance without local manifestations of inflammatory action. A dose or two of quinine here is often invaluable. But if local pelvic inflammation be present, with marked pain and tenderness, it will do no good, but opium and local soothing effect the cure. A previous speaker appeared to be under the impression that a routine practice of giving large



doses of quinine in typhoid fever was pursued in the wards of the General Hospital. He would like to correct this idea. In the first place, some of the attending physicians did not adopt this plan at all. For himself, he liked to think that he did not follow any routine, but rather tried to treat each case in accordance with the special features it might present. Quinine was certainly given in a good many of his cases, but by no means in all, and quite a number had but a few doses only at certain times when the degree of fever and other symptoms appeared to him to indicate its employment. He was glad this discussion had come up, but could not allow the statements of the paper to go unchallenged.

Dr. Trenholme said he had more and more discontinued the use of quinine in typhoid fever. During the past year he had not lost any of his cases. His plan of treatment was phosphoric acid and tincture of orange. In diarrhoea small doses of arsenic, and in hemorrhage from the bowels small doses of corrosive sublimate.

Dr. Godfrey favored the use of quinine in large doses when a high temperature ( $105^{\circ}$ ) indicated its advisability. He spoke also of the great benefit he had seen it produce in cases of ague. His plan in the latter disease was to give a large dose three times a day, and when the fever began to rise a double dose.

Dr. McConnell stated his experience as unusually successful, never having had it fail him in any case in which he had used it.

The President quite agreed with the observations which had been made by Dr. Ross, and would not reiterate them. He was not prepared to hear the antipyretic properties of quinine denied altogether, as they had been by the reader of the paper. From the tenor of some of the remarks that had been made, several speakers appeared to believe that, in the treatment of typhoid fever in the Hospital, quinine was employed in a routine manner. He was pleased to hear that that was not the case. Many members present could certify that the speaker in his lectures advocated the view that typhoid fever could not be cut short, and that the aim of the physician should be to interfere actively as seldom as possible, and only when some important indication

arose, such as excessive diarrhoea or hemorrhage, or peritonitis, etc. Modern experience had shown that a very high temperature, say  $105^{\circ}$ , or even a somewhat lower one, if protracted, was a source of danger in typhoid fever, calling for the interference of art. Now in such circumstances he had frequently employed twenty and thirty grain doses of quinine with striking benefit in the reduction of the temperature. These doses had also frequently failed. But what agency was uniformly successful in these severe forms of fever? Even when the ice helmet, the wet pack, and ice in the rectum, are conjoined with large doses of quinine, the temperature frequently continues high. The only resource left in such circumstances is the cold bath, and, apart from the risks of employing it in these critical cases, the serious practical objection to its employment is the great frequency with which it needs to be repeated in the twenty-four hours, and the large amount of nursing assistance it demands. That difference of opinion should exist as to the value of quinine in typhoid fever was not remarkable. Respecting the value of what single important remedy in any disease was there uniformity of opinion? While differing from the writer of the paper as to the antipyretic power of quinine, he complimented him for his close study and investigation of the cases under his care as house surgeon of the hospital, and for the individuality of his character as a medical observer.

The following Report was then presented by the Council regarding sanitary matters brought before their notice by Dr. Larocque, City Medical Health Officer.

The Council of the Medico-Chirurgical Society recognize the efforts made by the Board of Health and the Medical Health Officer for the general adoption of the practice of vaccination, but while appreciating their efforts the Council of the Society is of opinion that a general system of *registration of births* is of the first moment in any efforts in the direction indicated, and further that the Local Legislature should be requested to move in this matter.

In the meantime, and until a more general system of vaccination can be effected, a better system of hospital accommo-

dation should be provided, so as to enable the Board to carry out a more thorough plan of isolation and separation.

The Council is strongly of opinion that there should be a Board of Health for the Province entirely beyond the control of municipal bodies, bodies who cannot be supposed to be *quite* familiar with matters relating to public health.

They are further of the opinion that the Medical Health Officer should have the power of supervision over all houses in which small-pox appears, so as to purify or disinfect with or without the consent of the occupants at such time as the Health Officer should deem proper, and during disinfection a proper place be provided for the occupants of such house as requires disinfection.

Also that a more complete record of inspection be kept by an officer deputed for that work only.

The report from the Council was adopted on motion of Dr. Henry Howard, seconded by Dr. Campbell, and the Secretary was requested to forward a copy of the same to the City Council.

The meeting then adjourned.

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### Extracts from British and Foreign Journals.

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

**Tuberculosis from Milk.**—Several medical men of prominence, both here and in England, lately maintained that tuberculosis is often imparted to human subjects by milk from diseased cows, and Prof. Otto Bollinger, of the Munich University, one of the highest authorities in Germany, has sustained their position in a paper recently read in that city. He said repeated experiments show that the milk of tuberculous beasts has a very decided contagious influence and reproduces the disease in various animals, and that its noxious properties cannot be expelled even by boiling. While the tuberculosis of man is not completely identical with that of the cow it is exactly similar; hence there is constant danger to any community where milk is freely used. The professor enjoins upon farmers the necessity of taking the strictest care of their stock, and upon people generally the greatest care as to the quality of milk they use.

Rigid measures should be adopted everywhere to exclude dis-tempered cattle from dairies. This has been done in the associated dairy established recently in Munich, and will have, it is believed, excellent hygienic effect. All cows are there kept under the closest medical supervision, and at the slightest symptom of tuberculosis are immediately removed. It is estimated that nearly ten per cent. of the cows kept in towns are more or less diseased, a proportion which must be much increased in New York, where, in all probability, more unwholesome milk is sold than in any city on the globe. If the tuberculosis theory be true it is singular that one half of our population has not unsound lungs.—*Clinical News.*

**Vulvitis Infantalis.**—Vulvitis of children generally occurs as a consequence of cold and it is liable to recur. It is generally easily cured, and of its treatment it would be useless to say anything, so well is it given in systematic lectures and text-books. I have seen it as often among the rich as among the poor, and I mention this because in almost every book you are told that dirt and worms are two chief causes of it. Now I do not believe it, because dirt is very common and I have found no reason in my experience for thinking that dirt produces it more frequently than cleanliness. In the same way it is said to be due to worms. Now while I have seen many cases of worms without it, I have never seen a case of vulvitis that I could ascribe to worms. And I believe that this is an illustration of the injurious tendency to repeat what has been said before. *Because one author of repute says a thing everyone repeats it.* Every one of you has been taught that worms cause convulsions in children, but were I lecturing on the subject of convulsions, I should make the same skeptical remarks on this head. I never saw a case of convulsions that I could reasonably trace to worms, and I never saw a case of worms that caused convulsions.—*Prof. J. Matthews Duncan, in Med. Times and Gaz.*

**New Treatment of Aneurism.**—A new method of intermittent compression of the femoral artery for the cure of aneurism has been published by Prof. Esmarch (*Centralblatt für*

*Chirurgie*, No. 5, 1879). In a case of double femoral aneurism the author used a stick, the upper end of which was immovably fixed to the ceiling of the room, or other support, whilst the lower end pressed with equal immobility upon the trunk of the artery on the proximal side of the aneurism below. In the above case a crutch was employed the lower end of which was padded, the patient himself applying it properly so as to effect compression of the artery. Elastic pressure and the tourniquet do not in all cases effect a cure. This new method is intended as a substitute for digital compression in those cases where skilled assistants cannot be had. For this reason the method will prove of especial value to country practitioners, and those employed in dispensary and other charitable work. The patient himself effects compression for one hour three times a day. When pain arises from the pressure he moves the pad just enough to relieve the pain without destroying the circulation through the vessel. In the case of aneurism quoted, pulsation ceased on the right side on the thirty-eighth day of treatment. The aneurism on the left side, having been treated with an elastic bandage for half an hour three times a day for fourteen days without effect, was then submitted to the crutch treatment, and pulsation ceased twenty-six days later. The cure remained permanent on both sides.—*Chicago Med. Journal*.

**Calomel in Typhoid Fever.**—In the premonitory stage of typhoid fever we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through over-eating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhoea had commenced owing to the inability of the intestines to contain their contents) would infallibly have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry furred tongue, loss of appetite and nausea,

bowels constipated and irregular, and the urine loaded with phosphates : and there is also a pain in the back. These are the principal symptoms, which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedily rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see, as I have said before, that the symptoms point to bowel complication ; and we shall find further on that they increase in intensity, owing to the fact that the administration of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhoea commences, and we get the famous typhoid stools ; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation which is communicated to the finger.

Now we have got at the root of the matter, and, in my opinion, to the origin of the fever ; first, we have constipation, turbid urine, foul tongue, offensive breath, and very frequently the pain in the back, indicative of an overloaded transverse colon ; secondly, we get thirst, nervous depression, great heat, pain in the head, and giddiness ; and finally, diarrhoea, in the efforts of nature to relieve herself ; also there is a gurgling near the ileo-cecal valve which is detected on pressure.—*E. Marlett Boddy, F.R.C.S., in Medical Press and Circular.*

**Methods of Transfusion.**—Mr. Schafer, F.R.S., has recently presented a report on this subject to the Obstetrical Society of London. The following are the conclusions arrived

at:—1. That fluids other than human blood should never be used for transfusion in cases of hemorrhage. 2. That transfusion should always, if possible, be effected through a simple flexible tube with glass canulæ. 3. That direct centripetal arterial transfusion should, if possible, be employed. 4. That failing any person willing to submit an artery to yield the blood, but ready to allow of the exposure of a vein, direct venous transfusion be employed. 5. If it is impossible to attempt either arterial or venous direct transfusion, immediate transfusion of either unwhipped or whipped blood collected into a funnel and allowed to flow through an india rubber tube and glass canula into a vein can be tried, although with greater risk of the introduction of clots and of the germs of putrefactive bacteria into the vascular system of the patients.

**Cold Clysters.**—J. Lapin (*St. Petersburg Medicin. Wochenschr.*, 1879, No. 22) has continued the investigations of Foltz, Ruthenberg, Boyer, and Schlykowa, upon the antipyretic action of cold clysters. The experiments were made upon patients suffering from fever, upon those who had no fever, and upon those who were healthy. The temperature was taken in the axilla whilst the patient lay on his back, as well as in the rectum and in the hypogastric region. The clyster of one litre of water at  $5^{\circ}$  or  $10^{\circ}$  C. was then administered, and the temperature was again noted after the water had been ejected. From this method of experiment the following results were obtained:—1. The cold clyster is an active agent in lowering the temperature, its results being tolerably persistent. 2. Clysters of  $10^{\circ}$  C. were in every case well borne by the patients, and sometimes left behind them an agreeable sense of invigoration extending over the whole body, though in other cases they induced unpleasant sensations in the abdomen. In patients suffering from recurrent fever they even produced shivering. 3. The diminution in the temperature which occurs after the administration of cold clysters is greater in feverish patients than in those who are free from fever or who are healthy. 4. Cold clysters not only lower the temperature, but also affect the pulse and respiration to a con-

siderable extent. 5. The most marked diminution is noticed in the rectum and then in the hypogastric region, whilst the least fall is in the temperature of the axilla. 6. Defecation follows the use of cold clysters at variable times in different persons. 7. It is certain that the cold is preferable to the warm clyster in all cases in which an enema is merely required for the purpose of emptying the bowels in non-febrile patients. This is especially the case when it is desirable that these intestines should exercise a tonic action after the evacuation, or that it should be followed by a diminished supply of blood to the pelvic organs. 8. The advantage of the cold clyster over more energetic antipyretic means, such as quinine, alcohol, sodium salicylate, and other tonics, consists, apart from its simple application, in the fact that it fulfils other indications besides that of lowering the temperature. *a.* It removes the stagnation of masses of feces, which are so frequently met with in feverish patients; *b.* It contributes to the removal of gases, and diminishes meteorism; *c.* By these means it causes the diaphragm to move with greater freedom, and enables the organism to remove the sources of its self-poisoning by means of the intestinal gases, a poisoning which must occur, if only to a small extent, at each stoppage in the movement of the feces onwards; *d.* Cold clysters consequently lessen to a certain extent the afflux of blood from the intestine to the neighbouring organs, such as the uterus and urinary bladder. — *Practitioner*, Jan., 1880.

**The Treatment of Consumption by "the Salisbury Method of Diet."**—Dr. E. Q. Norton, of Cleveland, in the *Virginia Medical Monthly*, October, 1879, having suffered from consumption, gives a report of the methods he adopted to secure relief. It would seem all methods—regular, irregular, and defective, such as the best and worst medical advice, proprietary medicines and specifics, climate and travel—were tried without benefit. At length, when in a deplorable condition, the Salisbury method of diet was tried, and resulted in cure. Quite a number of illustrative cases are given at the close of the article. The "method of cure" is as follows. The



patient must be restricted to a meat-diet. One mouthful of bread or boiled rice to six of meat, and a cup of tea or coffee, without sugar or milk, may be permitted. Not less than an hour before each meal and at bed-time, the patient should drink one half-pint of hot water. This is to wash out the stomach and bowels, and remove the unhealthy ferments that may be in them. It is an excellent appetiser, and does more good than medicines. On retiring, takes a hot-water bath containing a tablespoonful of ammonia, and finishes with brisk rubbing. The meat diet may not be very pleasant at first, but in a few days the patient becomes accustomed to it and rather relishes his new mode of life. It is well to have the supervision of a competent physician to direct the amount of exercise, recreation, etc., and to strengthen weak resolutions in those who have not perseverance to continue the treatment alone.

**The Significance of Absent Patellar Tendon Reflex.**—Dr. C. H. Hughes, from a clinical inquiry into the significance of absent patellar tendon reflex (*Alienist and Neurologist*, Jan. 1880), concludes that, while absent patellar tendon reflex is often of significance as an associated symptom of present locomotor ataxia, and may even serve, when unassociated, to excite suspicion of its approach, we are not justified in regarding it, when it is the only phenomenon observable, as a certain *sign*; or when it is absent and the other symptoms are present, in excluding a diagnosis of posterior sclerosis. It cannot have the diagnostic significance claimed for it, when it may be observed in indubitably healthy states of the cord, and when the reverse condition of exaggerated excitability may undoubtedly be found in cases of unquestionable posterior spinal sclerosis.

**Duboisia.**—The position which duboisia occupies in therapeutics has for some time been fixed by ophthalmologists, but we apprehend it is not so thoroughly in use by general practitioners as that position would not only justify but demand. Certainly in affections of the eye requiring in their treatment the

dilatation of the pupil and paralysis of the muscles of accommodation, duboisia is more efficacious than belladonna or its salt atropia. This fact alone, aside from the fact that it produces none of the disagreeable effects, dryness of the throat, irritation of the conjunctiva, etc., which attend the use of belladonna, demand that it should replace the latter in eye practice. Ophthalmologists are a progressive class of men, as specialists usually are, and the fact that they have unanimously endorsed duboisia is a sufficient reason why the general practitioner who is called upon to treat eye diseases, and who attends from necessity frequently, rather than from choice, should give duboisia the place now occupied by atropia.—*Therapeutic Gazette*.

**Formula for Guaiacum.**—As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

R. Tinct. guaiaci (Ph. U.S.A),  
 Liq. potassæ,           āā       ℥ xv  
 Glycerinæ,                                   5j  
 Aquam cinnamomi, ad       5j. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

**Cod-Liver Oil and Chloral.**—A German exchange states that the following mixture is much used by the Lisbon physicians:—

R. Olei morrhuae, - - - 19 | 0  
 Chlorali hydrati, - - - 1 | 0 M.

The oil is said to be more agreeable to take, is soporific in character, and under its use the night sweats diminish and the strength increases.

CANADA

# Medical and Surgical Journal.

MONTREAL, APRIL, 1880.

## ANNUAL CONVOCATION, MCGILL UNIVERSITY.

The annual Convocation of McGill University for conferring degrees in medicine and law was held on Saturday afternoon in William Molson Hall, which was crowded with the students and friends of the University. The hall presented a very neat and tasteful appearance, the decorations which had been in use at the celebration of Friday evening having been allowed to remain. The scene was a brilliant one, the body of the hall being occupied by the graduating students and their friends, while on the platform were the members of convocation in their official robes, together with their invited guests. The chair was occupied by the Hon. Charles Dewey Day, LL.D., D.C.L., President and Chancellor of the University, and on his right were seated His Honor Lieut.-Governor Robitaille and Prof. Daniel Wilson, LL.D., of Toronto University.

The proceedings were opened with prayer by the Rev. Canon Henderson, after which Hon. Chancellor Day read the following address to His Honor Lieut.-Governor Robitaille :—

*To His Honor, the Hon. Theodore Robitaille, M.D., Lieutenant-Governor of the Province of Quebec.*

In welcoming Your Honor to this University, the Governors, Principal and Fellows desire to express their gratification at securing in their Halls, not only the Representative of Her Most Gracious Majesty in the Province in which this University has its seat, and from whose Government and Legislature it has received so many benefits, but also one of our own Graduates, who has reflected honor on the University by his professional attainments and success in public life, and through whom the University now

has the satisfaction of witnessing the highest office in this Province filled by one of its own sons.

We trust that the administration of Your Honor will be signalized by the highest prosperity of the Province over which you preside, and more especially by the advancement of the great and important interest of Education, which, we cannot doubt, will always receive your earnest and enlightened patronage.

We thank Your Honor for this visit, which we hope may soon be repeated, and would offer our fervent prayers for the personal happiness of Your Honor and Madame Robitaille.

His Honor then read the following reply:—

*To the Governors, Principal and Fellows of the University of McGill.*

GENTLEMEN,—Allow me to congratulate you upon the sentiment of loyalty towards our Gracious Sovereign, the Queen, and attachment to the institutions of this Province, which are contained in your address.

I am glad to have this opportunity of thus publicly expressing my love and esteem for this great institution, and of acknowledging the pleasing recollections which have accompanied me since I left her maternal roof. University graduates here owe the deepest gratitude to their *Alma Mater*, and should never be forgetful of their profound indebtedness. It is she who has opened to them the doors of active life, and prepared them for taking high rank among their fellow-citizens, while through her they acquire their attainments which fit them for usefulness to mankind. Like a tender and devoted mother, it is she that gives them the mental nourishment they require, that prepares them for fighting the difficulties to be met in their varied professions, and that furnishes them the means of triumphing over all. One cannot be too highly impressed with the importance of University pursuits. In this country, these have given a strong impulse to the study of law, medicine, science and arts. By opening up the fields of knowledge and uniting intellectual powers under one common teaching and labor, they have developed more force, more ardor, more emulation, while the practice which accompanies and completes the instruction assures to society not theorists alone, but capable and enlightened practitioners. It is through doing this that the University of McGill has acquired its well merited reputation. When a young man finds himself isolated and without protection, the name of the institution he hails from is the most powerful recommendation, and often procures for him advantages which he could not have otherwise obtained, especially when that institution enjoys such public confidence as does the University of McGill. A diploma from such an institution is one of the highest honors he can hope to win. In this connection I cannot refrain from rendering homage to the men, as modest as they are learned, who devote their time and their labor to the acquiring and imparting of knowledge. The mission of a professor I have

always regarded as a sacred one, and have ever cherished a sincere regard and gratitude towards those who were my preceptors.

The present century is essentially one of intellectual activity. Never before has the mind of man occupied itself with such varied problems, nor more eagerly grappled with the most profound investigations. Nature is interrogated and made to give up her secrets; the solution of her most mysterious enigmas is contended for; even life itself is asked to reveal the laws which govern its beginning, its progress and its decadence. Under such circumstances it is undeniable that the men who devote their existence to the diffusion of light and knowledge, acquired with great labor, fulfil a truly sacred mission, and deserve to rank among our public benefactors. And here let me utter aloud that name, present to the minds of all this day, the name of Principal Dawson, one who affords us, in his person, so excellent a model of the learned and devoted professor, and under whose direction the University of McGill has so greatly prospered. I thank you, gentlemen, in my own name, and in that of Madame Robitaille, for your kind address, your congratulations, and your cordial reception.

THEODORE ROBITAILLE.

The report of the Medical Faculty for the past session was then read by Dr. G. W. Campbell, Dean of the Faculty, as follows:—

The total number of students enregistered in this Faculty during the past year was 166, of whom there were, from Ontario 75, Quebec 56, Nova Scotia 2, Manitoba 3, New Brunswick 8, P. E. Island 4, Newfoundland 1, West Indies 1, United States 10.

The following gentlemen, 36 in number, have passed their primary examinations on the following subjects:—Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany and Zoology. Their names and residences are as follows:—W. B. Burland, Montreal; Lorne Campbell, Montreal; Edmund Christie, Lachute, Q.; Wm. Cormac, Guelph, O.; J. H. Carson, Port Hope, O.; Rankin Dawson, B.A., Montreal; A. H. Dunlop, Pembroke, O.; W. T. Duncan, Granby, Q.; J. A. Grant, B.A., Ottawa, O.; Chas. M. Gordon, Ottawa, O.; J. B. Harvie, Ottawa, O.; D. W. Houston, Belleville, O.; B. F. W. Hurdman, Aylmer, Q.; R. H. Klock, Aylmer, Q.; H. Lunam, B.A., Litchford, Q.; A. McDonald, Paisley, O.; T. M. McLean, Perth, O.; Michael McNulty, Iroquois, O.; F. H. Mewburn, Drum-

mondville, O. ; Wm. Moore, Owen Sound, O. ; H. O'Keefe, Lindsay, O. ; H. V. Ogden, B.A., St. Catharines, O. ; H. E. Poole, Wakefield, Q. ; T. W. Reynolds, Brockville, O. ; James Ross, B.A., Dewittville, Q. ; W. H. Shaver, Wales, O. ; A. D. Struthers, Philipsburg, Q. ; Alex. Shaw, Seaforth, Q. ; Wm. Stephen, Montreal, Q. ; J. C. Shanks, Huntingdon, Q. ; W. A. Shufelt, Brome, Q. ; H. W. Thornton, B.A., Montreal, Q. ; J. E. Trueman, Sackville, N.B. ; Philius Vanier, St. Martin, Q. ; G. C. Wagner, Dickinson's Landing, O. ; Joseph Williams, London, O.

The following have passed in Anatomy :—E. C. Bangs, W. D. Bell, C. O. Brown, A. M. Cattanach, Hugh Gale, T. J. P. O'Brien, W. E. Thompson, A. J. Rutledge.

The following have passed in Chemistry :—E. C. Bangs, J. W. Cameron, C. O. Brown, A. M. Cattanach, Hugh Gale, R. J. B. Howard, T. J. P. O'Brien, A. J. Rutledge.

The following have passed in Materia Medica :—J. W. Cameron, Hugh Gale, Chas. B. Hanvey, C. McCorkill.

The following have passed in the Institute of Medicine :—E. C. Bangs, A. M. Cattanach, Chas. B. Hanvey, T. J. P. O'Brien, W. J. Prendergast, B.A., Tupper Freeman.

The following gentlemen, 30 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this University. These exercises consist in examinations, both written and oral, on the following subjects :—Principles and Practice of Surgery,      ory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital :—Nehemiah Ayer, B.A., Woodstock, N.B. ; F. W. Church, Aylmer, Q. ; John Cahalan, Wyandotte, Mich. ; D. K. Cowley, Ottawa, Ont. ; G. O. Dibblee, St. Stephen, N.B. ; J. S. Edwards, London, Ont. ; C. DeW. Heard, M.A., Charlottetown, P.E.I. ; Andrew Henderson, Montreal, Q. ; D. G. Inksetter, Copetown, Ont. ; Robert Logan, Iona, Mich. ; D. C. McLaren, B.A., Montreal, Q. ; B. E. McKenzie, B.A., Aurora, Ont. ; Wm. McEachran,

Montreal, Q. ; R. C. McDonald, Perth, Ont. ; J. A. MacDonald, Panure, P.E.I. ; M. McNulty, Iroquois, Ont. ; R. J. Maas, Negaunee, Mich. ; L. D. Mignault, B.A., Montreal, Q. ; T. A. O'Callaghan, B.A., Worcester, Mass. ; B. Pineseault, Montreal, Q. ; A. F. Pringle, Cornwall, Ont. ; H. E. Poole, Wakefield, Q. ; F. W. Pulford, Winnipeg, Man. ; B. L. Riordan, Port Hope, Ont. ; A. M. Ruttan, Napanee, Ont. ; G. T. Ross, Montreal, Q. ; J. O. Stewart, St. Anicet, Q. ; H. B. Small, Ottawa, Ont. ; J. Smiley, St. Lambert, Q. ; Hans Stevenson, Wakefield, Q.

The following have passed in Medical Jurisprudence :—C. M. Gordon, J. J. Hunt, J. C. Shanks, R. McDonald, W. A. Lang, W. L. Gray, W. J. Musgrove, J. H. Carson, H. E. Heyd, P. Cameron, K. McKenzie, E. J. Rogers, J. B. Harvie, G. C. Wagner, A. D. Struthers, A. H. Dunlop, J. W. Ross, F. H. Mewburn, E. C. Field, E. J. Laurin, Wm. Cormack, Ch. N. Beer, H. D. Fraser, T. W. Reynolds, G. E. Josephs, J. W. Higginson.

The following have passed in Botany :—Class I.—C. E. Cameron, J. Gray, equal prize ; C. E. Allen, H. A. Hutchins, N. McE. Scott, J. S. Lathern, J. B. Loring, A. Stewart, L. D. Ross, G. E. Cook, F. E. Muckey, J. A. Hopkins.

Class II.—T. W. Grange, J. E. Mehan, G. B. Rowell, L. J. Gardner, \*A. J. Chandler, H. J. Clark, Jas. Park, J. C. Bowser, \*W. Wardle, J. E. Case, \*Alex. Glass, J. M. Skally, H. J. Harrison, J. C. McRae.

Class III.—A. J. Rutledge, A. Elliott, J. J. Maher, G. K. Sherriff, J. R. Johnson, O. Martel, \*D. E. Campbell, H. Dearden, C. O. Brown, G. A. Sihler, H. M. Comstock, E. S. Wood, P. N. Kelley, C. Fairbanks.

All those in Class I. have taken over 75 per cent of the marks. Marked thus \* are students of the Veterinary College.

#### MEDALS, PRIZES AND HONOURS.

The Holmes Gold Medal was awarded to J. A. McDonald, Panmure, P.E.I.

The prize for the Final Examination was awarded to H. B. Small, of Ottawa.

The prize for the Primary Examination was awarded to James Ross, B.A., Dewittville, Q.

The Sutherland Gold Medal was awarded to H. W. Thornton, B.A., Montreal.

The following gentlemen, arranged in the order of merit, deserve honorable mention :

In the Final Examination, Messrs. Stevenson, Henderson and Mignault.

In the Primary Examination, Messrs. H. V. Ogden, B.A., R. Dawson, B.A., Moore, Thornton, B.A., and T. W. Reynolds.

#### PROFESSOR'S PRIZE.

Botany.—First Prize, C. E. Cameron, of Montreal, and J. Grey, Brucefield, Ont., equal.

Practical Anatomy.—Demonstrator's Prize, in the Senior Class, awarded to James Ross, B.A., Dewittville, Q.

The prizes were then presented by His Honor the Lieutenant-Governor to the successful students.

The conferring of the degrees of M.D., C.M., then took place, Dr. Osler administering the oath, and Principal Dawson performing the interesting ceremony of "capping."

Mr. O'Callaghan, on behalf of the undergraduates of all the Faculties, read the following

#### ADDRESS.

*To John William Dawson, M.A., LL.D., F.R.S., F.G.S.,  
Principal and Vice-Chancellor of McGill University.*

We, the representatives of the Undergraduates of the Faculties of Medicine, Law, Art, and Applied Science, most cordially tender you our congratulations upon the 25th anniversary of your connection with McGill University as its Principal. The far-famed excellence and well-deserved reputation which McGill now enjoys are amply attested by the fact that students are attracted to its halls, not only from all parts of our wide Dominion; but also from the United States and other portions of the American continent. We feel that your wide reputation as an accomplished scholar, your acknowledged ability as a teacher, and your well-merited popularity as a Principal, have largely contributed to the remarkable success of this University. We cannot but observe that your distinguished position amongst scientists is now well recognized, while your consistent conduct has also won the respect and admiration of those who differ from you.



We sincerely hope that you may long continue to be connected with our *Alma Mater*, and we are sure that all those who have enjoyed the privileges of your ever kind and efficient assistance in their College course, will cherish life-long recollections of your uniform kindness, and will wish you every prosperity and happiness.

On behalf of Undergraduates,

T. A. O'CALLAGHAN, B.A.

JOHN W. CAMERON.

H. J. BULL,

JOHN D. O'DWYER.

Dr. Dawson replied in a few words, thanking the students for their kindly expression of regard, and wishing them success in all their efforts to acquire knowledge and to achieve success in their various professions.

Dr. Wright then addressed the graduates in medicine. (See original communications.)

The Convocation was closed with the benediction pronounced by the Rev. Prof. Lobley.

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### BANQUET TO GRADUATES OF MCGILL.

The following account is given by the Montreal *Daily Witness* of this very successful entertainment:—

Though this social reunion was not intended to be public, but was merely a private entertainment given by the Principal, Dr. Dawson, with the view, as stated in his circular, of renewing old associations, of bringing before the members and friends of the University the results of their labors, of encouraging new efforts, and securing more complete unity and co-operation, there are some features of it in which the members of the University who were not so fortunate as to be present and the public generally may take an interest, and which do not fall within the request made that the proceedings should not be reported.

The invitations were of necessity limited to gentlemen on the lists of the University, and to a few representatives of other institutions of learning. Eight hundred and fifty cards of invitation were issued, besides those to the Graduating Class, about seventy in number. The result was that three hundred and sixty gentlemen sat down to a repast, provided by Mr. Alexander, at

six long tables, filling the whole of the William Molson Hall, with the exception of a gallery reserved for ladies. The Hall had previously been decorated by the graduates and students for the Founder's Festival, and these decorations, with some slight changes, remained, while the tables were liberally adorned with flowers. The guests assembled in the library, and were marshalled to the hall in order of University rank and of date of graduation, and when all were seated, the scene presented was one both novel and imposing. Dr. Dawson having spoken some words of welcome to his guests, and the usual toasts having been duly honored, including that of "The Lieut.-Governor," who responded very cordially, addresses were delivered by representatives of the different bodies and interests connected with the University, and by representatives of sister institutions. The topics were naturally those connected with the past history and present state of the University, and the part which its Governors, Principal and Fellows, its Benefactors and its Graduates, had taken in elevating it to its present condition, and in advancing the interests of Education. Noteworthy features relating to the future were the announcement of the intention of Peter Redpath, Esq., one of the Governors, to erect a costly and capacious museum building on the College grounds, and of the Principal to place therein as a gift to the University his own large geological collections, and the further announcement of the Graduates to commemorate the twenty-fifth year of the Principal's tenure of office by the creation of a University fund or the erection of a University building to bear his name.

The speakers on points more directly related to McGill were the Chancellor, Hon. Judge Day, Mr. P. Redpath, Hon. Judge Dunkin, Dr. Campbell, Prof. Trenholme, Dr. Johnson, Prof. Bovey, Mr. R. A. Ramsay, Dr. Chamberlin, Hon. Dr. Church, and Hon. Mr. Lynch.

Of the graduates present nearly one hundred had come from different parts of Canada and the United States to be present at the entertainment, while hundreds of others, unable to leave their homes, had sent letters breathing a spirit of warm affection for their *alma mater*. Among those present there were many

who have attained to high positions in public and professional life. The Lieutenant-Governor, Dr. Robitaille, is a medical graduate of 1858. The Hon. Mr. Lynch, his Solicitor-General, is a Bachelor of Civil Law and Gold Medallist of 1868. The Hon. Dr. Church, late Treasurer of the Province, and President of the Graduates' Society, is a medical graduate of 1857. A large number of other names might be mentioned of men who in public and professional life, as ministers of religion, members of Parliament, and other public bodies, professors and lecturers in McGill College and other institutes of higher learning, eminent physicians and lawyers, workers in practical science and literature, have already made their mark and taken high positions. In looking around on the assemblage, and mentally noting what the men composing it are and have done, it was impossible not to be impressed with the evidence presented of the value and importance of the higher education; and this independently of what was spoken, was sufficient to give to the gathering a great value and significance.

Besides those more immediately connected with McGill, there were present the Rev. Dr. Cook, the Rev. Dr. MacVicar, the Rev. Dr. Wilkes, the Rev. Canon Henderson, as Principals of four of the six affiliated colleges, on behalf of which Dr. Cook responded. The University of Bishop's College was represented by its Principal, the Rev. Dr. Lobley. Laval University was represented by the Hon. Dr. Chauveau, and the University of Toronto by Dr. Wilson, all of whom spoke in terms of friendly greeting on behalf of these sister universities.

The Visitor of the University sent the expression of his regret that he was unable to be present, and the Honorable the Superintendent of Education also intimated his good will and his regret that he was unable to attend.

Among the older and more eminent graduates who were unable to attend and sent cordial letters of apology, were Dr. Workman, of Toronto, a medical graduate of 1834; the Hon. Alexander Morris, a graduate in arts of 1849, and formerly one of the Governors of the College; the Hon. J. J. C. Abbott, and the Rev. Dr. Douglas.

It was stated that the session of 1882-3 will be the fiftieth year of the existence of McGill University, and it is proposed to celebrate this anniversary, and to prepare in connection with it a sketch of the history of the College, for circulation among its friends and graduates.

The evening was enlivened with college songs admirably sung by a choir of graduates. Two of the songs were original compositions, and, through the kindness of Mr. G. B. Burland, copies printed on elegantly illuminated cards were supplied to all the guests.

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### HOSPITAL ELECTIONS.

It is understood that there will be an election at the General Hospital to fill a vacancy caused by the expected retirement of one of the members of the attending staff. The immediate consequence of this announcement has been an unusual rush of candidates. It is not our intention to express an opinion upon the merits or claims of any individual aspirant, but would offer for the consideration of the Governors a few remarks upon the manner in which canvassing for these posts has been carried on. The elective power, according to the Constitution, lies in the hands of the governing body. Owing to the constantly growing popularity of the institution, the number of Life Governors has been steadily increasing, until now it amounts to about 230. In the present mode of election each Governor, being the representative of one vote, is supposed to acquaint himself with the merits of the various candidates, and having done so, to lend his voice and support in favor of that one whom he believes to be most deserving. This view has hitherto, with very few exceptions, entirely prevailed, and the consequence has been obtaining for the Hospital a staff of physicians and surgeons of whom we believe the city may well be proud, who work harmoniously together, and have done, and are doing, excellent service. On the present occasion, however, it would appear as though other influences, which really ought never to affect the choice of a physician, have been prominently brought into play. Political influence has in various ways been urgently invoked in order to obtain a vote.

Now surely, if ever this kind of pressure should be abandoned it ought to be in the election of a medical officer to a charity. The qualifications which should weigh with the elective members certainly are, education, scientific attainments, good social standing, character, a good estimation in the eyes of the profession, and a recognized aptness for professional work; and we think every Governor should consider himself bound to enquire about these points before pledging away his vote. It is quite plain that private friendship and ordinary social influences will always turn the scale between candidates who might in other respects be looked upon as equal, but this clearly is an entirely different thing.

Until the present election, as far as we know, it was considered sufficient when any gentleman promised his vote verbally—his word being thought as good as his bond. Now, however, it has been found expedient by at least one canvasser to nail the voters down by causing them to sign a paper in his favor. It is surprising to find how many, before other candidates had any opportunity of presenting their, perhaps much better, claims, were induced thus to commit themselves almost irrevocably. Some examples of the evil of promising so hastily have come to our knowledge. Thus one gentleman of much local influence and whose name alone would command some following, signed such a paper; he hardly understood what it was for, as people often do hurriedly sign such documents. To his disgust, a few days after, he found that another medical man for whom he had already twice voted, and had once nominated, was in the field. He was greatly mortified; his name was erased, but had already done considerable damage to the cause he was in favor of. In conclusion, we hold strongly that, to do what is best for their Hospital, the Governors must make sure of understanding the real position of matters before pledging a vote and must not allow their promises to be surreptitiously filched from them.

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ONTARIO EXAMINATIONS.—Much dissatisfaction has been expressed by the medical students presenting themselves for the examinations of the Ontario Medical Council at the manner in

which the date for holding these has been unreasonably altered by the Executive Committee. In the curriculum of the College of Physicians and Surgeons of Ontario for 1879-80, the time for examinations is set down for the second Tuesday in April, which was the 13th. But the Executive Committee, notwithstanding this printed announcement, changed the time first to about the end of April, or the last Tuesday, and a second time to the first Tuesday in the month. The Committee would appear to have exceeded their powers in so doing, as this matter is settled by bye-law, which they may not alter.

POISONS.—In view of the proposed revision of the poison schedule by the Council of the Pharmaceutical Association, we would draw their attention to the following well-timed words on the same subject by a correspondent of the *British Medical Journal*:—"The fact that narcotics are largely sold without being labelled 'poison' (usually as patent medicine), I believe to be one of the easily preventable causes of 'the abuse of narcotics.' For a natural result of the sale of narcotics without being labelled 'poison' is that only too often the knowledge that poison is being taken, if it come at all, only comes after the narcotic has ensnared its victim. But the number of infants slowly poisoned by narcotics in the form of soothing and teething powders and soothing syrups, is the most serious 'abuse of narcotics' of any I know of, and I believe comparatively few mothers would be so wickedly foolish as to give such things if they were labelled 'poison.'"

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### Medical Items.

—The annual examinations of the Pharmaceutical Association of the Province of Quebec will be held at the College of Pharmacy, Lagauchetiere Street, on 28th and 29th inst.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.—The Preliminary Examination for admission to the study of Medicine in this Province will be held in Montreal on the 7th of May. The meeting of the Board of Governors, for granting

licenses and other business, will take place in Montreal on the 12th of May.

—*L'Abeille Medicale* finds serious symptoms of *cacoïtus scribendi* (*sic*) in the recently issued Montreal General Hospital Reports. No one can accuse those in charge of the Hospital represented by our contemporary of being affected with a similar malady. Its occurrence in a mild form, however, might lead to the world's participating in part of the enormous experience of the latter Institution. The disease, for aught we know, may be contagious, and we hope our friends of the Hotel Dieu will become inoculated.

UNIVERSITY OF BISHOP'S COLLEGE.—At the late examinations the following gentlemen passed their primary examinations in Materia Medica, Anatomy, Chemistry, Physiology, Practical Chemistry and Practical Anatomy for the degree of C.M., M.D. : Heber Bishop, B.A., Marbleton, Que., Prizeman ; Ninian C. Smillie, Montreal, Que.; Walter de Moulpied, Nicolet, Que.; J. F. E. Tetreault, St. Pie, Que.; H. R. Wilson, Montreal, Que.; R. Labrie, Chicopee Falls, U.S. The following passed their final examination for degree of C.M., M.D. in surgery, midwifery, pathology, medicine, medical jurisprudence and hygiene : Henry B. Chandler, Boston, U.S., Gold Medallist ; J. Leslie Foley, Montreal, Que., Final Prizeman ; L. H. U. Gill, Pierreville, Que.; F. J. E. Tetreault, St. Pie, Que.; Edmund Labrie, Chicopee Falls, U.S.; Philip Dubé, Quebec, Que.

—An epidemic of lice is said to have prevailed recently in several large Parisian schools. The correspondent of the *British Medical Journal* says :—“ Among the lower orders in France, and, I believe, in other countries, there exists a popular prejudice in favor of these parasites. Their presence is considered a sign of health, and medical advice is seldom or never resorted to for their removal.”

—Dr. Strauss says that a differential diagnosis of central from peripheral paralysis of the face may be made as readily by the use of jaborandi as by the constant current. In using the latter, if the disease be central, the muscles in the paralyzed

locality contract; they fail to respond if the facial nerve be involved. When jaborandi is given, if the affection be central, sweating occurs on *both* sides of the face. If the nerve trunk be diseased, no sweating occurs on the paralyzed side.

AN ORIGINAL FORM OF PRESCRIPTION.—There has been much controversy from time to time as to the propriety of a patient using again a prescription, after the occasion for which the medical attendant gave it and received his fee. Such a question would be hardly likely to arise in the case of a very large form of prescription, of which the *National* gives the following account. According to that journal, a medical man of Chalons being sent for to a case in a neighbouring village, forgot to take his memorandum-book with him. Apparently, elementary education is not enforced in that part of the world; for, when the doctor asked for pen, ink, and paper to write a prescription, nothing of the kind was forthcoming, nor could writing materials of any description whatever be obtained in the neighbourhood. Tired of waiting, the doctor seized a piece of charcoal, and wrote a prescription on the barn-door of the farm where the patient lived. The relations, however, of the sick man naturally found themselves unable to read what had been ordered for his benefit, and thus another difficulty arose. At last, the bright idea struck them of taking the door off the hinges, and sending it bodily to the druggist. This was accordingly done, and the pharmacist in the neighbourhood was considerably astonished by the apparition of a cart stopping at his establishment, laden with a huge door. It was impossible to take this novel form of prescription into the shop; so, realising the situation, he propped it up on the pavement, read the formula, and returned the door with the medicine ordered, of course taking proper precautions that, should the *ordonnance* require repetition, he would not again need to see the original prescription.—*Brit. Med. Journal.*

SICK-ROOM COOKERY—DEMONSTRATION TO STUDENTS.—On Saturday, Feb. 14th, a practical demonstration in sick-room cookery was given, as in former years, in connection with Mr. Chiene's class of systematic surgery, at Minto House, when Miss



Drummond, of the Edinburgh School of Cookery, demonstrated the preparation of beef-tea, bread-crumb pudding, arrowroot, gruel, custard, lemonade, and other articles of diet. The ingredients and their proportions having been dictated, were mixed, cooked, and dished-up before the audience, while each step in the various processes was explained with great clearness. A large number of students were present, and showed much interest in the proceedings. The demonstration was repeated in the afternoon before the members of Dr. Angus Macdonald's, Dr. Wyllie's, and Dr. Croom's classes. It is hoped that a short course to medical students of half a dozen or more such demonstrations may be annually arranged, which may prove a valuable supplement to more strictly professional knowledge.

—The following testimonial of a certain patent medicine speaks for itself: "Dear Sir,—Two months ago my wife could scarcely speak; she has taken two bottles of your 'Life Renewer,' and now she can't speak at all. Please send me two more bottles at 1s. 1½d.; and very cheap it is at the money. I wouldn't be without it for the world."

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DEXTRO-QUININE IN PERIODICAL HEMICRANIA.—I was called to see a little son of Mr. Charles Lankford, of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day; his nose would bleed very often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron and hyoseyanus; I found no improvement, but an increase of the head trouble, with more hemorrhage from the nose. I then put him upon quinine alone; his head continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent, but the headache and imperfect vision remained. I then discarded all remedies and put him upon 3 gr. doses of Dextro-Quinine (K. & M.) three times a day. I am pleased to report that after the second day's use of Dextro-Quinine the hemicrania was entirely relieved, nor has it since returned; the eyesight became perfect, and the bleeding of the nose has occurred but once since. This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-Quinine obviated the difficulty and cured my patient.—By C. A. Bryce, M.D., in *Southern Clinic*.