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TORONTO, MARCH, 1882.

Original Communications.

NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S.,
(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

PELLETIERINE IN TAPE-WORM.

In my last contribution I made mention of the uses of Pelletierine in the treatment of tape-worm. I have since ascertained through the kindness of Mr. H. Grey, Pharmaceutical Chemist, of this city, that the great drawback to it is its costliness, which is so great (20 cents per grain) that at present its use is almost out of the question, the dose being a gramme to a gramme and a half. The fluid extract of pomegranate, as made in the United States, (Parke, Davis & Co.) is, however, said to be quite as effective as the alkaloid, and its price is within the reach of all.

INFANT FEEDING.

One of the troubles of a young practitioner (*experto crede*) is the management of infants, more especially of infants deprived of the natural milk supply. The *Practitioner* of June, 1881, reprints a little leaflet on this subject by Dr. Elliott, of the Bristol Hospital for Sick Children, and I venture to abstract some of the more useful hints there found. After the age of six months the chief difficulty arises, and the following foods are suggested. 1. Boil the crumb of bread for two hours in water, taking care it does not burn; then add a lump of sugar, a pinch of salt, and pour a little new milk upon it while boiling hot. 2. Cut thin slices of bread into a basin, cover the bread

with cold water, place in an oven to bake; when sufficiently baked take it out, beat the bread up with the fork, slightly sweeten and pour on milk. 3. Baked flour. Bake some biscuit flour in a slow oven until it is of a light fawn colour; reduce it with a rolling pin to a fine powder, and keep it in a tin ready for use. Two tablespoonfuls to half a pint of milk boiled and sweetened. 4. Boil a teaspoonful of powdered barley (ground in a coffee mill) with a little salt in half a pint of water for fifteen minutes; strain, mix with half as much boiled milk, and add a lump of sugar. 5. Scotch oatmeal. Prepare in the same way as 4. This food is especially useful for regulating the bowels when they have a tendency to become constipated. 6. Robb's biscuits. 7. Ridge's or Neaves' farinaceous food for infants. 8. Revalenta Arabica, or lentil food. 9. Cadbury's cocoa essence, Fry's cocoa powder, or cocoa nibs. Dissolve a teaspoonful of either of the two first in half a pint of boiling milk and water (equal parts): of the nibs take one ounce and boil it in a pint and a half of water for five hours, strain and add new milk and sugar. Cocoa makes an excellent food for thin and wasted infants, who take it greedily and soon improve in health.

These foods are to be given lukewarm through a nursing bottle. In hot weather test the food with a small strip of litmus paper. If the paper turns red, make a fresh mess, or add a small pinch of baking soda to the food.

EFFECT OF DRUGS IN LACTATION.

Another point to which the practitioner's attention must be directed is the safety of giving powerful medicines to women who are

nursing. Mr. Dolan has written an admirable essay upon this subject, which was sent to America in competition for the Boylston prize. Most unfortunately the publication of part of it in the *Practitioner*, previous to the award, deprived the author of his prize. I shall merely give a very brief synopsis of the results of his observations.

Aconite.—Two minims of the tincture were given every half hour to a nursing woman. After twelve minims the milk was drawn off. No trace in the milk. Still Mr. Dolan thinks that caution ought to be exercised in administering this drug to nursing mothers.

Anise.—(Aqua et Oleum).—Said to promote the secretion of milk. It merely flavours it and renders it palatable to the child.

Anethum.—(Aqua et Oleum).—Dill as a galactagogue is useless. Imparts an aromatic flavour to the secretion. It may be given to a mother whose child is troubled with flatulent colic after sucking.

Arsenic.—In several patients with cutaneous diseases, chiefly of a syphilitic character, it was given in the form of liq. arsenicalis. The children were weaned, the secretion maintained by artificial suction, and the milk thrown away. The experiments showed that arsenic had passed into the milk.

Carbonate of Ammonia.—Found in the milk.

Acetate of Ammonia.—Copious diaphoresis. Secretion of milk more plentiful, breasts more distended. On examination it was found to be thin, poor, and watery. So that somewhat like jaborandi this drug increased the water in the milk without improving the quality.

Belladonna.—The writer endorses Ringer's opinions as to its great effect in suppressing the secretion of milk (a drachm of the tincture to an ounce of olive oil rubbed over the breast). Even in mammary inflammation, when the breasts are tense, shiny, hard, knotty, red, and exquisitely painful, the continuous application of belladonna for twenty-four or forty-eight hours will, even under these adverse circumstances, often remove the tension and inflammation, and arrest impending abscess.

Is it to be found in the milk when prescribed for other reasons than the arrest of milk? Is it dangerous to the child?

Observation I.—After three doses of succus belladonnæ, twenty minims each, repeated every four hours, no trace was found in the milk.

Observation II.—Thirty minims of succus every four hours for two doses. Quantity of milk unaffected, with no trace on examination.

In these two cases no doubt the belladonna had been eliminated by the kidneys.

Copaiba.—In four hours after a dose of copaiba and potash mixture the urine was examined. 1. Odour of copaiba. 2. Milk globules made larger and coarser. 3. Answered the nitric acid test. The child would not touch the breast. Some of the milk drawn off was given to a child two years old, whose urine half an hour after the dose was found to have distinct traces of copaiba in it.

Chloral Hydrate.—It is cumulative, and sudden deaths occur from its use. In parturition, very large doses are sometimes given, especially in puerperal convulsions. In one case there was no trace of it found in the milk on the third day after 75 grains had been taken in doses of fifteen grains every four hours.

Cod-liver Oil.—No effect whatever was produced on the milk by doses of half an ounce three times daily.

Castor Oil.—In plethora, when the secretion is deficient, it is most useful; and the leaves of the plant will be found of great benefit applied as a cataplasm. When taken by the mother it is found to have a purgative action upon the child; the mother's milk having the taste and flavour of castor oil.

Digitalis.—In three cases infusion of digitalis in half ounce doses was given every six hours. None found in the milk.

Iodide of Potash.—Not an anti-lactescent as reported.

Mercury has been found in the milk, but in two experiments Mr. Dolan failed to find any.

Opium.—When the dose is large the narcotic principle can be detected in milk, but in small doses no trace can be found.

A lady was in the habit of using the tincture for sleeplessness. Usual dose was 20 or 30 minims. When the child was fed it slept the whole night without disturbing her. Her infant was pallid and listless. The milk responded to the morphia test.

Quinine.—Three grains every hour were given to Alice W—. After twelve grains had been taken no traces were found in the milk.

Sulphur.—Even when used for scabies has no effect upon the milk.

Sulphur and senna given together to the mother mildly purge the child.

Turpentine.—The milk had a strong odour, but was not otherwise altered, and when the child was put to the breast it sucked with avidity. The effect of the turpentine was noted in the infant's urine.

In an exhaustive article on the same subject in the January number of *Ziemssen's Deutsches Archiv für Klin. Med.*, Dr. Stumpf's conclusions are as follows:—

(A) Changes in the quantity of the milk.

1. Iodide of potassium materially reduces it. 2. Alcohol, morphia, and lead induce no change. 3. Salicylic acid appears somewhat to increase it. 4. Pilocarpin does not augment the amount.

(B) Changes in the quality.

1. Iodide of potash disturbs the function of the glands, and weakens all the constituents of the milk. 2. Alcohol and alcoholic beverages cause a relative increase in the fatty ingredients, but are to be condemned as means for increasing the milk supply. 3. Lead, morphia, and pilocarpin do not alter the quality. 4. Salicylic acid appears to increase the saccharine matter.

(C) Passage of medicinal agents into the milk.

1. Iodide of potassium passes into the milk rapidly. It appears to be in some way connected with the casein, and not to be in solution. 2. In herbivora, alcohol does not pass into the milk. 3. Lead, when administered in small amounts, is met with in traces in the milk, and continues a short time after the medicine has been taken. 4. Salicylic acid, in large doses, is met with in small quantities in the human milk in larger amounts than in that of herbivora.

TREATMENT OF WHOOPING-COUGH.

In your January number, Mr. Editor, you quote from the *Edinburgh Medical Journal*, Dr. Macdonald's article on the use of carbolic acid in whooping-cough. Dr. R. W. Powell,

of Ottawa, in an article in the March number of the *Canada Medical and Surgical Journal* of 1880, published a paper on this very subject. He found that the average number of days necessary for cure in the successful cases is 8.1; also that the percentage of failures in 13 cases amounts to 15.3.

Prof. J. L. O. Heubner estimates the relative value of five prominent remedies for whooping-cough, viz.: salicylic acid (inhaled as a spray in a one-third to one-half per cent. solution), chloral, belladonna, quinine, and bromide of potash. From his results it appears that the best remedy for influencing the frequency and severity of the attacks, is the salicylic inhalation, while belladonna has the greatest influence in shortening the disease.—(*Med. Times*, Dec. 31st, 1881.)

GRINDELIA ROBUSTA IN ASTHMA.

Dr. Rochester's paper on the treatment of Asthma, read before the King's County Medical Society of Brooklyn, is noticed in the *London Medical Record*, and commented on by Dr. William Murrell in the October number. The results of 60 cases were given. It was of benefit in cases of a spasmodic as well as of a bronchial kind. It may be given either in half-drachm doses of the fluid extract every quarter of an hour during the attack, until the paroxysm subsides, or in from 15 to 20 drop doses in the intervals. Dr. Murrell thinks that *grindelia robusta* is undoubtedly a valuable remedy, and succeeds admirably in some cases of asthma, although in others it signally fails. The liquid extract of Parke, Davis & Co. is said to be a reliable preparation. In a case of asthma, which for the last two years has been under constant observation, it afforded relief after the failure of many remedies, including arsenic, belladonna, ipecacuanha, lobelia, iodide of potassium in half-drachm doses four times a day, citrate of caffeine, jaborandi and pilocarpin, Jamaica dogwood, quebracho and its alkaloid, nitrite of amyl, nitro-glycerin, iodide of ethyl, pure terebene, hypodermic injection of atropia and morphia, stramonium and datura tatula, nitre papers, cubeb's cigarettes, vapo-cresolene, blisters over the pneumogastriacs, and liniments, sprays and inhalations of all kinds.

The editor of the *Therapeutic Gazette* (Dec., 1881) states that this remedy enjoyed a high reputation among the Spanish residents of the Pacific States as a remedy for bronchial affections, and that it was first used in asthma by Dr. Ayres, of San Francisco in 1866. He thinks that it is useful merely in uncomplicated cases, e.g., in spasmodic asthma, but that in cases depending on or aggravated by bronchitis it enters as a very efficient agent in combination with remedies directed to the relief of the complication. Thus,

R. Ext. <i>gndeliee robustae fluidi</i>	ʒi.
Ext. <i>belladonnae fluidi</i>	ʒss.
Potassii iodidi	ʒij.
Potassii bromidi	ʒiii.
Syr. pruni <i>Virginianae</i>	ʒiii.
Aque dest. ad	ʒviii.

M. Sig.—A tablespoonful three times a day during the intervals of the paroxysm.

SALICIN AND SALICYLATE OF SODA IN RHEUMATISM.

This is a subject which cannot fail to interest the medical practitioner. Lately, some new articles have appeared tending to confirm the praise bestowed upon these compounds. Dr. Sydney Coupland, Physician to the Middlesex Hospital (*Lancet*, Jan. 7, 1882), gives an analysis of 86 cases, of which 4 were treated partly by salicin and partly by other methods. The conclusions arrived at are as follows:—1. In the majority of cases salicylate of soda speedily reduces pyrexia and the articular pain of acute rheumatism. 2. That unless the administration be long continued, relapses of pyrexia and of joint affection are liable to occur. 3. That such relapses are not wholly prevented from arising during the administration of the drug, and that in some cases they are distinctly due to the lack of proper precaution in matters of diet and rest, owing to the freedom from acute symptoms enjoyed by the patient. 4. That the best method of its administration is in regulated doses, gradually diminished both as to amount and frequency. 5. That no definite influence upon the cardiac or other complications can be observed, and that, indeed, both pericarditis and endocarditis may develop whilst the patient is under its influence. 6. That the

toxic effects described are serious, in proportion to the largeness of the dose, and, perhaps, to the state of impurity of the drug, but that a few seem very tolerant of it. Its alleged depressing action on the heart has to be proved by experiment and may be due to the soda. 7. Salicylate of soda is certainly anti-pyretic, and to a considerable degree anti-rheumatic. That its employment does not appreciably diminish the time necessary to keep the patient at rest more than under other methods of treatment, but that the immense relief given by its use in the abatement of pain and fever—a relief not to be estimated by statistics—renders it by far the most valuable remedy for the disease at present known.

Dr. T. J. MacLagan in the same journal contributes a paper on this subject also, or rather the editor inserts in the form of original matter the remarks he made at the discussion of the Medical Society of London on Dec. 19th, 1881. It is insisted that, to obtain good results, large doses must be given. The larger the quantity that can be thrown into the system, the more rapid will be the destruction of the poison. What is wanted is the presence in the blood for some time of as much of this anti-rheumatic agency as can well be borne. Of the salicyl compounds, practically, we deal only with salicin and salicylic acid (generally given as salicylate of soda). Disastrous results have been recorded from the use of the latter—delirium, insanity, prostration of the vital powers, syncope, and even death. Salicin is equally powerful as an anti-rheumatic, but it produces none of the deleterious effects of the salicylates. In several cases, some of which he has recorded, he has given full doses of salicin to patients suffering from the depressing and disturbing action of salicylate of soda; and under its use (though, of course, not in consequence of it) the depressing effects of the salicylate have disappeared. As to relapses, Dr. MacLagan thinks that in many cases they are due to the too early abandonment of the salicyl treatment, and also that rheumatism is often not a continued but a remittent disease, and that mild cases are but the natural intermissions of the disease. The knowledge that the symptoms are apt

to recur is a reason for going on with the salicyl treatment till all danger of an intermission is over. Hyperpyrexia is regarded as being no essential part of the rheumatic process, but as peculiar to the individual in whom it occurs. Salicyl compounds are quite inoperative in it. The external application of cold is the remedy for this condition.

TREATMENT OF OBSTINATE HICCOUGH.

A writer in the *New York Medical Record* reports success by the administration of 25 grains of common salt. As we all know there are very many remedies used in this distressing condition.

Hippocrates' aphorism, "Sneezing coming upon hiccough cures it," ought to give us a hint as to treatment. Since I noticed this old statement I have not had an opportunity of testing its truth. Perhaps some reader of this journal may make a note of it and report his results.

CODEIA IN DIABETES.

A paper on this subject was read before the British Medical Association by Dr. R. Shingleton Smith (*British Medical Journal*, Sept., 1881, p. 474). It is stated to be almost a specific, and should be the first remedy tried, being given in fairly large doses until some physiological effect is produced. Some of those present stated they had given as much as 10 to 15 grains, thrice a day, with benefit, and others that even 1 grain a day had caused unpleasant symptoms. It was suggested that it acted on the medulla, whence the original mischief that produces diabetes was supposed to spring. This speculation is favoured by the fact that codeia is valuable in cough.

Dr. Lauder Brunton advises that the drug be given in doses of a quarter to half a grain three times a day.

HYPODERMIC INJECTION OF WATER.

This question, so much discussed a few years ago, is again brought before the notice of the profession by a Venezuelan physician, Dr. Ponte (*London Medical Record*, Nov. 15th, 1881). His cases were intercostal neuralgia, toothache, gastro intestinal neuralgia, &c. No doubt the good effect noted in these cases is

due to the effect of the puncture, or perhaps to local nerve-stretching by the water. In cases where there is really severe pain this plan I have myself found worthless. I tried it in a case of abdominal aneurism encroaching on the lumbar vertebrae. The fraud was instantly detected. On the other hand, it answered admirably in the case of an hysterical old man who was suffering from cramps in the belly after an apoplectic seizure. A few drops of water injected into the arm gave great relief, but here a great deal of the pain and irritability was due to bad temper. I should like to hear more of the method of acupuncture. It seems a most convenient mode of treating lumbago and allied affections.

ERGOTINE IN THE NIGHT-SWEATS OF PHTHISIS.

Professor J. M. Da Costa, in a clinical lecture delivered at the Pennsylvania Hospital, pronounces ergotine the remedy best calculated to relieve this troublesome complication. Dr. Da Costa finds ergotine possesses some of the certainty and permanence of action of atropia, without its drawbacks. The dose is usually two grains, three or four times a day, and by the second night its influence begins to be manifested. The remedy may then be continued, and gradually abandoned; it produces no annoyance whatever, and its good effects continue after it has been withdrawn (*London Medical Record*, Nov., 1881).

NECROSIS OF CRANIAL BONES.

(Clinical Lecture at Toronto General Hospital, Session 1881-82.)

BY J. THORBURN, M.D., EDINBURGH,
Surgeon to the Hospital, Lecturer on Materia Medica, Toronto
School of Medicine.

GENTLEMEN,—The case before you is one of necrosis of the bones of the cranium. Evidently the parietals are very extensively destroyed. So far have these bones succumbed to the process of decay that a large part of the vertex, as you see, is gone, the membranes exposed, and the pulsations of the brain plainly seen. It is seldom that we see such an extensive destruction of the bony covering of the brain. Can we find the cause?

In order to this I will give you the history of the case.

D. M'C—, farmer, aet. 63, admitted to Hospital, October 22, 1881. Born in Scotland, present abode Orillia, County of Simcoe. Is a single man. The family history is good. No hereditary predisposition to disease. Patient has used stimulants moderately, tobacco very immoderately.

Previous Diseases or Injuries.—Some twenty-five years ago the patient sprained his back in the lumbar region, has never done hard work since. Has been troubled by indigestion and general weakness for last twenty years. Some two years ago got stung by "poison ivy" in the head, considerable swelling over the left side and vertex resulting. This swelling slowly disappeared in the course of six weeks without treatment. During the summer he was in the habit of sleeping on a bedstead too short for him, and on waking in the morning would occasionally find his head sore from pressure. Also, the cellar ceiling was low and he occasionally struck his head thereon. Was often exposed to the possibility of syphilitic contagion, but denies ever having had syphilis.

Present Disease.—In July, 1881, after working one day in the hot sun, felt as though he experienced a slight sunstroke. Two weeks afterwards severe pains, originating in the lower occipital region, and shooting to the vertex, troubled him a good deal. These gradually increased in severity, and were always aggravated by change of position. Afterwards was troubled with twitching of the arms. Appetite became very poor, and after suffering in this way for some weeks swelling appeared on the head, when he came to the hospital.

State on Admission.—Complained much of stiffness of neck and swelling of the glands, and it was for this chiefly that he sought medical advice at the hospital. Upon examining the head it was found swollen and boggy over the vertex; complained of little or no pain in the scalp at this time. The tumefaction was such as to lead to the conviction that disease of the bone or periosteum was present.

Respiration, quiet; pulse, 80; temperature, normal; digestion, fair; bowels rather consti-

pated. Treatment: two long incisions were made, one along the vertex over the parietal region; one over the upper part of the occipital. Free hæmorrhage occurred; the bones were found denuded of periosteum and necrosed, a probe could be passed to the dura mater.

Syr. Ferri Iodidi administered, and poultices applied to the openings, secured in place by a capelline bandage.

Nov. 15.—One of the incisions was enlarged. At this time the cavity over the vertex was large, portions of necrosed bone could be picked off by the finger, a considerable surface of dura mater can be seen; the pulsations of the brain are plainly visible.

December 6th.—Eyes examined. Patient says his sight has been failing very much for past two years. An opacity of left cornea is present. Pupils dilatable, but extremely contracted. Opacity of media prevents thorough ophthalmoscopic examination, but a large hæmorrhagic patch is seen in left fundus.

December 10.—Microscopic examination was to-day made for evidences of malignancy, with negative results.

Now, gentlemen, we must endeavour to find the cause of this death of bone; for it is only by finding the cause in such cases as this that we can be sure of treating them properly. The state of matters you see before you may have been produced in various ways,—the various causes requiring entirely different lines of treatment; therefore the question becomes of paramount importance to the patient,—can we, by the most careful study of the history and condition of this man, unravel the difficulties which seem to surround the case? for a casual examination will throw little light upon it; the case is an obscure one, and demands our closest examination.

The condition which is here present might be the result of several causes which I will enumerate.

First,—It may be due to some form of carcinoma. In favour of this supposition we have several points: the age of the patient; the extensive destruction of bone, and the enlargement of the glands of the neck, all give a probability to the idea. But none of these circumstances is to be held as pointing absolutely to

malignancy, they are all susceptible of explanation on another hypothesis, as we shall presently see. So it will be advisable to give the patient the benefit of the doubt, and, if we can discover any other probable cause, treat him accordingly. Again, against the theory of cancer, we may put the absence of that cachexia; and the further fact that a most careful microscopic examination of the case, by one of my clinical clerks, failed to reveal any evidences of this form of disease. If not malignant, then, another recognized cause of the death of bones is,—

Second,—Struma. Is it strumous? It certainly may be. The appearance of the patient, the extensive destruction of bone, the obstinacy of the case, are all in harmony with this theory.

But on the other hand it may be pointed out, that in struma you find an exceedingly light and oily condition of the affected bone—characters which are entirely absent here.

We proceed now to consider the *third* cause which may produce this condition, namely,—Syphilis. But can we really consider this as a possible cause in the face of the history which we have heard read? In it there is no history of this complaint. The patient himself absolutely denies it. With the exception of two small copper-coloured spots on the leg, an uncertain rash which appeared on his body years ago, and the condition of the eyes, there are absolutely no indications of secondary syphilis.

But we must consider this idea fairly within the circle of probable causes when we remember that, although entirely denying the presence of syphilis at any time of his life, he admits having frequently exposed himself to the risk of contagion.

This peculiar loss of sight, with such ophthalmoscopic appearances as were made out, are certainly not against this hypothesis. And the rash on the abdomen (probably roseola), the spots on the leg, the condition of his head after the poisoning, are all confirmatory points. And the present state of the patient points in this direction. The bones affected are just those we expect to be attacked in syphilis. The destruction is extensive, both tables are gone, and the appearance is what we would expect in the breaking down of gummata.

The enlargement of the glands of the region is probably due to one of two causes—we have, for the present, set aside cancer—it may be due to syphilis. Again, in tertiary syphilis, the tolerance of large doses of pot. iodid. is remarkable,—the good effects resulting are often very great. Now, although it is too soon to speak of results in this case, we can at least say he bears large doses well, in fact, I note a slight improvement since this drug began to be exhibited.

On a general and careful review of all the circumstances, I am inclined to pronounce this case one of syphilitic necrosis. At the same time, it must be admitted, that the difficulties of arriving at a tolerably satisfactory diagnosis are exceedingly great.

The prognosis must be guarded. The condition of the patient is not such as to inspire hope. But if the improvement now noted under anti-syphilitic treatment be maintained for the next few weeks, I shall have reason to anticipate a successful issue.

The further history of the case is as follows :

January 10.—Previous examinations of urine having shown absence of albumen and sugar, it was to-day examined microscopically. A few disintegrated granular casts are seen; fatty degeneration evidently going on in some of them.

Patient has been going about—in a weak and listless manner—through the day, occasionally, up to this time.

January 12.—Pot. iodid, grs. xx. t. i. d, ordered some time ago. Some improvement manifest.

January 20.—Had three epileptiform fits.

January 24.—Has been confined to bed for some days. Dorsal decubitus constant. Semi-comatose. Respirations quick and shallow, forty per minute. Slight cough. Expectoration considerable mucus with difficulty. No difficulty in deglutition; no pain, paralysis, or anæsthesia. No œdema of limbs, but slight puffiness of face; is very feverish.

January 25.—Died early this morning, having had no remission of the comatose condition noted yesterday.

At the autopsy made the same day, by Dr. Sheard, the diagnosis of the case was remark-

ably confirmed. Extensive necrosis of the parietal bones along the vertex, of the upper part of the frontal, and of a large part of the occipital was found. The syphilitic deposit was found to have occluded the periosteal vessels, a gradual process of necrosis of the bone below consequently resulting. Along the vertex, under the remains of these necrosed portions, the membranes were found greatly thickened, and matted together by the extensive inflammatory exudation into the parts. The thickened mass measured superficially about $2\frac{1}{2}$ by 3 inches, and was at least one-half inch thick at its thickest part. Its upper surface was covered by spicules of bony matter,—the debris from the necrosed bones above. The middle meningeal arteries were found to be totally occluded, this condition also being due to the syphilis.

The case was considered, from its pathological anatomy, to be a typical one of syphilitic necrosis.

CASE OF RUPTURE OF UTERUS.

BY L. M'FARLANE, M.B.,

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Mrs. K—, aet. 26, at her third labour. Before her marriage, five years ago, she had cough and hæmoptysis, which lasted for five or six months. The first two labours were normal in every respect, and the getting up satisfactory. During the present gestation she complained constantly of pain in the left iliac region, and on one or two occasions there was some dyspareunia, otherwise her health has been excellent. One or two weeks before labour set in there was a little coloured discharge, which ceased on lying down, but which necessitated the use of a napkin. This was succeeded by a thick, greenish discharge, which continued until the commencement of labour. Pains came on about 9 a.m. of Tuesday, Feb. 7. She ate a hearty meal about noon. At 3 p.m. the pain began to be severe and expulsive, and continued until about a quarter to six o'clock. She was seen about a quarter past six, lying on her left side, spoke rationally, and complained only of a pain about the fundus uteri; said

that she could not move to the edge of the bed on account of the severity of this pain. An examination immediately revealed the head well down in the pelvis in the second position. After waiting ten or fifteen minutes for the recurrence of pains, the hand was passed over the abdomen to discover the source of the constant pain of which she complained, it was then noticed that she was very pale, the radial pulse was wanting. The patient then complained of feeling very weak and faint, the pillows were removed; she became very restless, some brandy was administered. Exclaiming that she was dying, she raised herself on her hands to get breath, fell over, and within five minutes was dead.

Autopsy twenty hours after death. The body was that of a well-nourished woman. The abdomen protuberant; on palpation, the fœtus could be felt lying obliquely in the abdomen, the breech well up under the ribs on the left side. A firm lump could also be felt below and to the right of the umbilicus. On cutting down to the peritoneum the cavity was found filled with bloody fluid and some clots. The fundus uteri was immediately to the right of the umbilicus; the placenta was lying in the abdominal cavity, partially extruded through a rent in the uterus. The body of the fœtus was lying in the left side of the cavity, the head still in the pelvis. By carefully following down the rent in the uterus it was found to extend from the fundus posterior to the attachment of the left broad ligament trending slightly forwards down through the cervix. There was some hæmorrhage between the folds of the broad ligament, and the peritoneal covering of the uterus was to a slight extent dissected off by blood. The rupture extended through the site of the placental attachment. The uterine walls were slightly thinner and perhaps softer than natural, though they did not tear very easily. The membranes were adherent, but peeled off, somewhat like the capsule of a granular kidney. The left ovary was cystic entirely, and about the size of a walnut; the right ovary normal, and in it was the corpus luteum. The bladder was full of urine. The child was a female, of fair size, and well nourished. About two quarts of clots and bloody fluid were sponged out of the abdominal cavity. Microscope showed granular and fatty degeneration, with inflammatory exudation in neighbourhood of rent

EPITHELIOMA OF TONGUE; REMOVAL BY THE GALVANO-CAUTERY.

BY W. T. AIKINS, M.D., LL.D.,

President; and Lecturer on Surgery, Toronto School of Medicine, Surgeon to Toronto General Hospital, Central Prison, etc.

A. R., æt. 56, Scotch, tall, spare, living at Woodstock. Had always been healthy; was a heavy smoker for twenty-five years. In Feb., 1881, first noticed something amiss in his tongue, which appeared to be a small thickening or lump on its left side near the base. Was under the care of Dr. Welford, who soon pronounced it epithelioma, and advised its removal.

First seen by Dr. Aikins in October, when he found an ulcer with hard everted edges (evidently an epithelioma) where the thickening was first noticed by the patient, and decided to operate at once. On the 22nd of October he performed the operation of partial excision of the tongue, being assisted by Drs. Welford, and W. H. Aikins. Dr. A. H. Wright administering the chloroform. The mouth being kept open by an ordinary gag, he removed the posterior two-thirds on the left side with the galvanic-cautery wire. The incision was extended into the pharynx removing a large portion of the anterior pillar of the fauces, and every care was taken by keeping close to the jaw, and including mucous membrane and some sub-mucous tissue between the tongue and the jaw, as well as going back into the pharynx, to leave none of the new growth remaining. It was suspected that one or two of the glands were involved, but a careful examination showed that this was not correct. The operation was tedious (occupying about three hours) and it was found very difficult to get well behind the growth. There was little or no bleeding and no mishap of any description.

The after-treatment consisted simply in washing the mouth with carbolized water. The patient was kept under observation by Dr. Aikins in Toronto for six days, at the expiration of which he went home.

Patient again seen by Dr. Aikins, February 14th, 1882, nearly four months after the operation and the condition of his mouth was found to be most satisfactory in every respect. The

wound was thoroughly healed and looked perfectly healthy. There was very little deformity considering the amount of tissue removed, and there was no sign of any recurrence of the growth in the mouth or throat—no enlargement of the glands—speech but little impaired. The patient was remarkably well in every respect, very cheerful, and *grateful*.

Selections: Medicine.

MORAL INSANITY.

Dr. Savage gives a vivid and interesting picture of that obnoxious form of cerebral disease, *moral insanity*. The American public has recently had opportunity of learning, through the newspapers, the views of certain well-known alienists who have disclaimed belief in the existence of such a form of disease. And yet nothing is more familiar to the student of insanity than alteration of the moral sentiments from disease. No late writer on the subject, whose opinion is worth consulting, has failed to recognize the existence of moral insanity as a well-established fact; while perhaps no person is capable of being intellectually complete and morally defective, yet the intellectual defect may be so slight or so unimportant that it would not of itself cause loss of self-control, and may be practically disregarded. The expert witness who denies that moral insanity exists, who, in the face of such careful and conclusive authorities as the late Dr. Ray and many others, declares that criminal acts are always criminal, that kleptomania is always stealing, and dipsomania is always drunkenness, and nothing more, is himself in danger from a certain unwholesome self-conceit that might itself be likened to moral insanity. Such obloquy has been thrown on scientific authority of late, as tending to shield the really criminal from punishment, that it requires a peculiar manliness to concentrate the mind on the truth, and give it impartial utterance, without allowing sympathy for the criminal or prejudice against him to warp the presentation. Dr. Savage opens one question which, fully discussed and decided by both the medical and the legal professions, would do much to bring those who are utterly at variance as to this form of disease into

harmony. It is, whether morally insane patients should not be treated, in many instances, where crimes have been committed, in an intermediate manner, neither with the severity of the jail (or the scaffold) nor with the comparative luxury of the asylum. The recognition of a *modified responsibility*, by reason of mental disease, by the courts, and by those who frame the laws, would do much to secure an efficient administration of justice. To the obvious objection that it would be difficult to judge of the degree of responsibility in a given case, it may be replied that a court of justice does not assume to be a *perfect* instrument, but only to come as near the right as is possible; and in dealing with this condition, a modified or partial responsibility, it would not be grasping at an abstraction, but contemplating a *fact*; for no one conversant with the insane as seen in asylums would deny that many of them practice self-control, yield to and resist temptation, indulge and restrain passion. In fact, the key-note of successful moral treatment of the insane is the endeavor to inaugurate and cultivate this very pivotal function, self-control. In dealing, then, with a *fact*, there seems to be no reason why a court should not arrive at as reasonably just a result, through the testimony of those who are familiar with disease, as by setting up the wholly erroneous principle that a man must be wholly responsible, unless his mind is so completely overthrown that he has no glimmer of perception of right and wrong. The right-and-wrong test was put out of court by the most eminent justice of Massachusetts courts, many years ago, but we still hear the echo of it in the deplorable chaos of a trial which has been wearily dragging on in Washington.—*New York Medical Journal*.

Albumen water is recommended as a good substitute for milk and beef-tea, in cases where these substances disagreed with the patient, or could not be obtained. The preparation is largely used by the French. It is made by dissolving the white of one or more eggs in a pint or two of water, sweetening with glycerine, and flavouring with orange-flower water. It may be taken cold and used *ad libitum*. It is an excellent food in typhoid fever and typhoid dysentery.—*Dublin Jour. of Med. Science*, Sept., 1881.—*Medical News*.

FELTZ AND RITTER, ASTASCHEW-SKY, AND DEMJAKOW, ON THE PATHOLOGY OF URÆMIA.

Feltz and Ritter (Paris, 1881) have come to the conclusion, on the basis of a large number of experiments, that the phenomena of uræmia are due to the accumulation in the blood of the inorganic constituents of the urine, especially the potash salts. They found that, in animals whose renal arteries were tied, the longer they lived the more urea, creatine, and ammonia were found in the blood; but that the introduction of these salts into the blood of animals whose renal arteries had been ligatured, did not hasten the uræmic symptoms, while the injection of fresh urine did. This was not from simple increase of blood-pressure, as similar quantities of pure or acidulated water gave negative results. They reckoned the quantities of urea, urates, hippurates, creatine, creatinine, leucine, tyrosine, taurine, anthine, etc., which would be formed during three days (the time in which death usually followed after ligature), and found that injection of this quantity of each produced no effect. The same negative results followed the injection of the ammonia derivate, of the extractives, urea, and urinary ferment, also chloride, sulphate, and phosphate of ammonia. On the other hand, urine, from which the organic substances and earthy salts were removed, was rapidly fatal, and was so in proportion to the amount of potash salts contained in it. Also, they found the same results from the injections of fluids containing potash; for example, they found that a dog, weighing 15 kilogrammes, was killed by a dose of chloride of potassium equal to two decigrammes per kilogramme of body weight; others were killed by 10 to 15 centigrammes. The minimum dose of phosphate of potash was rather larger, 25 centigrammes per kilogramme. With chemically pure solutions, the toxic action was still more marked and quicker. The soda salts were innocuous in doses of 1 gramme per kilogramme. The earthy salts were so equally. Finally, an increase of the potash salts in the blood was found in the animals dying of uræmia from ligature of the renal vessels.

Astaschewsky (*Petersburger Med. Woch.*, No. 27, 1881) had independently come to the same

conclusion as the above. He found no effect from urea or creatinine, whilst the injection of the mineral salts of the urine, in amount equal to the three days' equivalent, caused uræmia. When the potash salts were removed, no decided effect followed.

Demjakow (*Petersburger Med. Woch.*, No. 28) observed a uræmic patient with a strong ammoniacal odour. He injected urea and ferment without distinct results, until he used the three days' equivalent. Pure urea hastened the uræmic attacks by twenty-four hours. Urea and ferment produced attacks in twenty to forty minutes; simple ferment gave no result. Ammonia was never found in the blood or expired air during the attack, but often, in the former, after death. He frequently obtained no conclusive results from his experiments.—ROBERT SAUNDEY, M.D.—*London Med. Record.*

THE NERVE-ELEMENT IN WHOOPING-COUGH.

Of late years the profession has bestowed very little, if any, serious scientific attention on some of the commonest of common maladies. Whooping-cough is conspicuously among the neglected ills to which, notwithstanding the forgetfulness of the multitude of earnest clinical investigators, flesh is still heir. Many years ago the nerve-element in this troublesome and too often evil-working, if not in itself dangerous, affection, engaged much consideration, and treatment was specially directed to its relief. It would be well if the investigation of this feature of the etiology of the affection could be resumed. The fact that pertussis belongs to the class of maladies which are communicable and "catching" does not take it out of the range of probability that the specific action of a morbid poison on the nerve centres may be the efficient cause of the disease. Although the occurrence of the affection happening rarely more than once in the life of any individual may seem to point more directly to the fertilising of latent germs in the organism than to any special excitation of the nerve centres, we do not, as yet, know enough of the *modus operandi* of morbid influences—"germs," or poisons as we call them—in the blood and the tissues to

define the part which the nerve centres play in the production of morbid phenomena. In any case, such relief is frequently obtained even in the earliest stages of whooping-cough from mild periodic counter-irritation over the whole length of the spinal column by a mustard-poultice, which merely reddens the skin without vesication, that it would be well worth while to study this method closely from the therapeutic as well as the clinical standpoint. It certainly does good; but how? In cases where the mustard-poultice, applied for six or eight minutes—not longer—over the whole length of the spine immediately before putting the child to bed every night, for a week, or, in seriously spasmodic cases, a fortnight, does not procure a permanent amelioration of the cough, the effect of this remedy is enhanced by sponging the spine with iced water quickly each successive morning. In cases where the paroxysms of cough seem to be repeated and to continue from sheer exhaustion of the nerve centres, coffee, administered as a drink, will often stimulate the energy of the centres so as to put an end to the malady. These are practical points which require theoretical explanation.—*London Lancet.*

PNEUMONIA, DIPHTHERITIC GASTRITIS.

STATED MEETING, JANUARY 6, 1882.

Dr. Osler exhibited (Montreal Medico-Chirurgical) the specimens which were taken from a man aged sixty-six, who was admitted to the General Hospital with great shortness of breath and prostration, and died in six hours.

Dr. Bristowe, of St. Thomas' Hospital, was the first to describe diphtheritic inflammation of the alimentary canal in pneumonia; he met with it in the colon in two out of thirty secondary, and in four out of sixteen primary pneumonias. Dr. Osler, in about fifty autopsies in primary pneumonia, had met with five instances of croupous or diphtheritic colitis. This was the first specimen in which the stomach was affected. In connection with this, he called attention to the frequency of the so-called diphtheritic endocarditis in pneumonia; thirty-eight per cent. of the cases which he had

analysed occurred with inflammation of the lungs. The extreme distention of the stomach had probably taken place during life and in connection with the gastritis; it doubtless assisted in bringing about the fatal termination by embarrassing the heart and compressing the healthy lung.

The President, Dr. Ross, remarked on the latency of pneumonia in old men, and on the special liability of these cases to sudden death from heart failure.—*Medical News.*

PROPER WAY TO GIVE ACONITE. — In the *London Medical Record*, Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the *British Pharmacopœia*—from five to fifteen minims—is absurdly large, and no one with any respect for his patient's safety, or his own reputation, would think of giving it. The best way is to put half a drachm of the tincture in a four-ounce bottle of water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the *Pharmacopœia*.—*Kansas Medical Index.*

HAMMOND ON THE THERAPEUTICAL USES OF NITRO-GLYCERINE.—At a meeting of the *New York Neurol. Soc.*, held on Oct. 4, 1881, Dr. W. A. Hammond read a paper on the therapeutics of nitro-glycerine. He had used it with much success in the treatment of migraine. A very severe case was described. Previous remedies had done no good. One drop of the one per cent. solution was given; pain almost instantly ceased, and in fifteen minutes the patient was up and well. Five days later she had a similar attack, which was cured as before. She was

then put on a regular course of the drug, and for the last nine months has not had a single attack. It was given in from fifteen to twenty cases, with the most complete success. He was satisfied that it was of use in epilepsy, and often gave it in the status epilepticus when the bromides and other remedies had failed. A child who had suffered from epileptic attacks three or four times a week for two years, was cured by drop-doses of the one per cent. solution. He had also used it with benefit in angina pectoris.—WM. MURRELL, M.D.—*London Med. Record.*

ON THE DIAGNOSTIC VALUE OF ALVEOLAR PERIOSTITIS OF THE JAWS IN SACCHARINE DIABETES.—M. Magitot read under this title a memoir of which the following are the conclusions: (1) A roughness of the alveolar border known as alveolar osteo-periostitis is a constant sign of saccharine diabetes. (2) This manifestation of diabetes which occurs at the beginning of the disease, and which persists throughout its course, acquires in certain cases a pathognomonic importance. (3) In the first stage of diabetes the alveolar lesion is characterized by deviation of the teeth. In the second stage there is loosening of the teeth and alveolar catarrh. In a more advanced stage there is falling out of the teeth, and finally there is absorption of bone consecutive or not to partial gangrene of the gum. This last sign is critical, and but shortly precedes death.—*Gazette des Hôpitaux.*

CURE OF GOITRE BY FLUORIC ACID.—Dr. Edward Woakes gives, in the *Lancet*, a detailed account of a number of cases of goitre cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half per cent. dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few it was conjoined with injections of tinct. iodine. Very few failed to be reasonably benefitted, and in eighty-five per cent. the cure was decided.—*Louv. Med. News.*

TESTS OF INSANITY.—The clinical investigation of mental disease is just as precise and elaborate a process as the clinical examination of a case of physical disease. The scientific medical psychologist does not ask a few capricious questions, and either guess the state of the cerebrum or arrive at the truth by some intuitive genius. If he is what he professes to be, he tests each function of the brain separately, trying it by definitive tests and standards, and thus ascertains the condition of the organ as a whole. If science has not placed the brain on a footing with the liver and the kidneys as regards the study of its functions, it has done nothing. It is important that this should be clearly recognized. In a word, psychology is *psychology*, so far as the physician is concerned; and no man can be anything else than a charlatan in mental practice unless he is a physiologist.—*Lancet*.

MILK DIET IN BRIGHT'S DISEASE.—During the last few years milk diet has been recommended by many in the treatment of Bright's disease, and yet we fear sufficient importance is not attached to it by the profession. The *Philadelphia Medical and Surgical Reporter* says, "That Dr. Wm. Mitchell of that city, who employs it largely, is quite an enthusiast on the subject. He uses thoroughly skimmed milk and confines his patients strictly to this food, *i.e.*, allows them nothing but the milk, and continues such treatment for a long time. When the milk disagrees with the stomach, he puts the patient in bed, and commences with small doses, one tablespoonful with some lime-water, and gradually increases until he is able to take eight or ten pints of milk during the day, and absolutely nothing else.

ADMINISTRATION OF TURPENTINE.—Turpentine, which is often of value in typhoid and other adynamic fevers, is a very difficult remedy to administer. Stokes (*Lectures on Fever*) used to administer it in combination with egg-nogg. The *Courier Medical* proposes the following formula which, it claims, destroys the taste and odor: Essence of turpentine, two drachms; sulphuric ether, forty-five minims; these should be thoroughly mixed, after which an ounce of

orange flower syrup and four ounces of water are to be added. Of this mixture a dessert-spoonful should be given every two hours, or according to the indications.—*Chicago Medical Review*.

At the Medical Society of the Hospitals M. Kiéner read a report of the case of a man 34 years of age, who, after taking 60 grammes of pomegranate root, followed in two hours by a dose of castor oil, passed 720 grammes of tænia. The fragments placed end to end measured 70 metres, and there were 27 heads of tænia unarmed counted. M. Kiéner recommends the dose of oil to be given not longer than two or two and a-half hours after the pomegranate root as the tæniifuges do not kill the worm, only stupefy it, and they hold loosely to the mucous membrane.—*L'Union Médical*.

SIMPLE CONTINUED FEVER.—R. Acid. Hydrobrom., ʒi; Syr. Simplic, ʒii; Aq. ad. ʒi. *M. Sig.* Every hour.—Fothergill. Dr. Fothergill, in speaking of the above formula, says it will probably constitute, *par excellence*, the fever mixture of the future. It is especially indicated where there is cerebral disturbance.—*N. Y. Med. Record*.

TROPHIC NERVES AND NERVE CENTRES.—*Brain*, says Jarisch, of Vienna, has made the interesting observation that the anterior cornua of the cord were variously diseased in several cases of skin disease, *viz.*: Herpes iris, long-standing psoriasis, and acute lupus erythematosus.—*Centrlft. f. d. Med. Wiss.*

NEW METHOD OF PREPARING THE SPINAL CORD FOR MICROSCOPIC SECTIONS.—Debove recommends in the *Archives de Neurologie* the following method:—Place the cord in a 4 per cent. solution of bichromate of ammonia for three weeks, then in a solution of phenic gum for three days, and for three days more in alcohol. Sections may then be cut with great facility. They should be placed in water to prevent curling. They are then immersed in a saturated solution of picric acid for twenty-four hours, and coloured with carmine for about twenty minutes, the picric acid acting as a mordant.—*British Medical Journal*.

Surgery.

A NEW METHOD OF TREPHINING
THE SKULL AND OTHER BONES.

BY JOHN E. ROBERTS, M.D.,

(Class of 1874.)

Lecture on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy.

A short time ago I became cognisant of the method used by Prof. James E. Garreston for the removal of the coccyx. This he effects by uncovering the bone and grinding away with the Bonwill surgical engine armed with a burr. A few days later, by his invitation, I saw him remove in a similar manner the right superior maxilla, which was the seat of an antral exostosis. The delicacy of manipulation, the absence of facial scarring, and the undoubted power of the engine, combined to give me a very high appreciation of its possibilities. Especially was this the case because my experience some three years ago with the so-called dental engine in surgical operations on bone, was very unsatisfactory.

During Dr. Garreston's operation some one of the bystanders suggested to me that the engine might be used for trephining, and, as I had shortly before been teaching this operation to my class, I was struck with the idea. It has been heretofore suggested, I believe, that the engine might be employed to drive a trephine, and thus cut out a disk or button of bone.

My idea, however, was that, as the ordinary trephines are usually of too great diameter, and cause larger openings than are required for the insertion of the elevator, it would be practicable to bore a small hole in the skull by using in the engine a burr cut or roughened on its flat extremity.

As no patient was at hand I utilized a cadaver for the experimental demonstration, and fractured the skull by means of a hatchet. I found that the burr called by dental instrument makers a fissure burr, and which has a cut face, answered admirably. I applied it to the sound bone at the edge of the depressed fracture, and found that I could quite readily make a circular cavity in the outer table. This was carefully deepened until the vitreous table

was perforated. As there was no disk to remove, and as the burr which I kept moistened with water, dropping from a cloth, threw out all bone-dust, the depth and character of the perforation were readily watched. When the skull was thus pierced by a round orifice about one-quarter of an inch in diameter, the elevator was inserted and the depressed fragments elevated and, where loose, removed. Sharp and irregular edges were equally well trimmed smooth or cut away by the burr.

When the rapidly-rotating burr is placed in contact with soft tissues, as one's finger, it can be pressed upon with considerable firmness without abrading the surface, while osseous tissue is quickly ground away. Hence it seems as if the meninges of the brain might be touched by the burr without injury being inflicted, at the time the vitreous table is perforated. In fact, I am inclined to believe that the dura mater would be pushed in front of the burr, and remain practically uninjured. This can only be tested in living animals or human beings, because in the cadaver the brain does not entirely fill the cranial cavity, though the dura mater may remain attached to the inner table. The depressed fracture, moreover, usually pushes the dura mater downward, which would be likely to be torn off from the sound bone nearest the depression.

The ease and success with which the long bones, containing abscess cavities, could be perforated by this method are unquestioned. My experience in once breaking the handle of the ordinary trephine, while endeavouring with difficulty to bore into an abscess in the head of the tibia, makes me hail the improvement with satisfaction.

The method of trephining the skull with the surgical engine of Bonwill, which I believe to be the only one sufficiently powerful, would then be as follows. Pick out a burr one-fourth or three-eighths of an inch in diameter, well-tempered, and having a flat face deeply cut, then, fixing it in the mandrel, close up to the hand-piece, have the engine-crank turned with great rapidity. When the skin and periosteum have been dissected up, apply the burr to the sound bone nearest the *most* depressed portion of the fracture, and at first tilt the burr a little

on the edge until a shallow groove has been made on one side of the proposed perforation. This prevents the burr slipping from the smooth, convex cranium. Keep the burr constantly moistened by means of a wet sponge held over it and occasionally squeezed. When the perforation has been made, use the elevator, as in ordinary trephining. If there is difficulty in elevating or removing the fragments, cut away with the burr, the edges which cause locking. Hey's saw or bone-cutting forceps will not be required.

The ordinary burr furnished by makers of the engine is sufficient, but the face could, with advantage, I think be cut deeper. Instead of the ordinary burr the central portion of the face might be bored out, leaving then a burr that would remove a disk like the ordinary trephine does, and which might also be made conical. These changes, however, would be of doubtful advantage, though I shall probably experiment with this form of burr.

The use of the surgical engine for perforating the cranium is, as far as I know, novel, but it is very possible that others may have experimented on the cadaver or living subject and found similar results.—(*Phila. Med. Times, Dec. 31st, 1881.*)

IODIFORM DRESSINGS.

M. Marc Sée, at the Surgical Society of Paris, Nov. 30th, said: I have for some time employed iodoform for dressing all sorts of ulcers,—for recent wounds, the result of surgical traumatism, in which immediate union is impossible; in lacerated wounds, from which the pus does not readily escape. In this case I fill the cavity with powdered iodoform. Immediately all accidents cease. It is a dressing extremely simple, easy of application; one which has none of the complications of Lister's, and which succeeds at least as well. It has few drawbacks; however, it is expensive, and produces a bad smell,—besides, we must consider the danger of iodoform poisoning, a danger hitherto too little studied.

M. Deprés had employed iodoform for dressing wounds twice, both times the patient thanked his physician. He asked M. Sée how

long ulcers of the leg that he had treated thus took to heal? He guaranteed, for his part, to cure any simple ulcer with rest and poultices. Statistics were necessary.

M. Terrillon had seen, in Vienna, in the service of Billroth, iodoform extensively used in the dressing of wounds,—in fact, all the dressings were made with iodoform, and there was no smell in the wards. They take ordinary gauze, soak it, dry it, and rub in the iodoform. They thus obtain an iodoformized gauze, of easy application to wounds. It is readily rendered inodorous by essence of bergamot or mint, which, however, only lasts for four or five days, and requires renewal.

After an operation on bones M. Billroth closes the wound with the gauze, and leaves the first dressing for seven or eight days. After these eight days there is no odour, and has been no discharge of liquid. The patients thus dressed have no fever. Also, in several cases of total extirpation of the uterus by the vagina, Billroth is said to have obtained very good results by plugging the vagina with the iodoformed gauze, and leaving it there eight days.

M. Verneuil said there was nothing equal to iodoform for soft chancres, both in efficacy and rapidity of action; also in obstinate scrofulous ulcers, with undermined edges. The offensive smell could be overcome by adding equal parts of camphor in powder. In a word, this is a very precious topical dressing.

M. Trélat had long employed iodoform. When Lister's dressing could not readily be obtained in Paris, he then gladly had recourse to iodoform. It is a very good dressing for exposed wounds, it causes in them a firm coagulum, mixed with blood. Suppuration does not occur under this kind of crust.

M. Després insisted that equally good results were obtained with every other dressing, and challenged M. Sée to compare statistics.

M. Trélat replied.

M. Després said that he merely claimed as good results, not better; and urged his treatment had the advantage of cheapness.

M. Sée, in concluding, related a case of hysterectomy, in which the pedicle had been returned to the abdomen after having been

dressed with iodoform. The result was excellent. MM. Trélat and Verneuil had spoken of the good effects on exposed wounds, he wished, on the contrary, to call attention to the services rendered by it in deep, irregular wounds, difficult to cleanse. These wounds are, to my mind, a veritable triumph for iodoform, which has been claimed as a true specific for tubercle. There have been obtained cures of fungous white swellings, by injections of iodoform, dissolved in ether. Iodoform does not act, as M. Desprès believes, like tincture of iodine, which only acts during some minutes, whilst the action of iodoform is maintained for more than eight days.—*Gazette des Hôpitaux*.

SUPPURATING CYST OF LIVER CURED BY A SINGLE PUNCTURE.

At the Clinical Society of Paris, in December, M. Rendu reported a case of this kind. M. Quinquaud laid stress upon the fact that the temperature in M. Rendu's case was normal before and after the puncture. Now it is a clinical fact, of which he has been convinced by several examples, apyretic purulent collections, whether they occur in the pleura or in the liver, are often cured by one or two punctures. *Apropos* of this M. Quinquaud cited an interesting case which he had observed in the Hôpital Saint Antoine. A patient had been under treatment for a year for cancer of the stomach characterized by a tumour bulging in the epigastric region, and by various mechanical disturbances, notably uncontrollable vomitings. The clinical characters of cancer, however, were wanting: in the first place, the tumour appeared to occupy the inferior surface of the liver, and the hematic lesions observed were not those of cancer; in fact the patient presented 10 to 12,000 white globules per cubic metre of blood, a proportion usual in the leucocytosis of suppuration. Relying upon these features M. Quinquaud made the diagnosis of encysted purulent perihepatic peritonitis; and in fact tapping in the prominent region gave issue to 1,500 or 1,600 grammes of pus. There were no consecutive accidents. The very next day an exceedingly good appetite replaced the anorexia and the vomiting which had

brought the patient to a marasmic state, and in eight days there was observed an increment of body weight of $3\frac{1}{2}$ kilogrammes. After the tapping no deformity of the liver was made out, whence the conclusion that the purulent collection was indeed extra-hepatic.

M. Rendu admitted the comparative frequency of cure of extra-hepatic purulent collections after a single puncture, but he was not aware of any case of similar cure of intra-hepatic abscess. It was in this particular that the interest of his case lay.

M. Delens instanced two cases which confirm the therapeutic conclusions of M. Rendu. In a man affected with an inflammatory swelling of the hepatic region regarded by MM. Delens and Duguet as being a suppurating hydatid cyst of the liver, a single puncture made with Potain's aspirator was followed by cure. More recently M. Delens had practised two successive tapplings of the liver in the case of a lady affected with an hydatid cyst; the first time there was an evacuation of two litres of a fluid as clear as water from the rock; the second puncture gave issue to a purulent fluid. Since the second operation, done fifteen months ago, the fluid has not been reproduced. M. Rendu concludes from these cases, and from his own, that facts of this kind have been already observed, but, so far as he is aware, have not been recorded in medical literature.

TREATMENT OF BULLET-WOUNDS. — In a report made to the Société de Chirurgie relative to fractures by pistol balls, M. Verneuil declares that for ten years he has always abstained from intervention in wounds and fractures produced by firearms, and he has always been fortunate in this abstention. He is altogether of the opinion of those who think that the part in which the wound or fracture is situated should be immobilised as far as possible, and no attempt made to find the missile. In regions where this immobilisation cannot be effected in a perfect manner, as in the chest or abdomen he applies upon the wound a bit of collodionised gauze, and surrounds the region with a bandage agreeably tightened. MM. LeDentu, Nicaise, Desprès, Anger, Terrier, and Chauvel, expressed similar views.—*L'Union Médicale*.

VINCENT ON THE TREATMENT OF WOUNDS OF THE BLADDER.—In an original memoir (*Revue de Clair.*, Nos. 6. and 7, 1881) on penetrating intraperitoneal wounds of the bladder, Professor E. Vincent, of Lyons, states that the operation of laparotomy is the only suitable treatment for such injuries when followed by an abundant effusion of urine into the peritoneal cavity. This treatment alone permits—1. Direct inspection of the seat of injury; 2. The determining of the presence and of the nature, if they are present, of complications; 3. Removal from the abdomen of effused blood and urine; 4. Cleansing and disinfection of the peritoneal cavity; and, finally, the prevention of further effusion of urine by applying sutures to the wound through the coats of the bladder. This plan of treatment is rendered justifiable by association with the antiseptic method, and also by the success of laparotomy in abdominal surgery. Moreover, in cases of penetrating wound of the bladder, death is an almost certain result if nothing be done, and even if any treatment short of laparotomy be applied. From an analysis of three reported cases in which wound of the bladder has been thus treated (Walter of Pittsburg, Heath, Willett), and also from the results of numerous experiments on dogs, Dr. Vincent has drawn the conclusions that it is of great importance in instances of this injury to have recourse to laparotomy as early as possible, and that in this plan of treatment particular care must be taken in applying the sutures to the vesical wound. His experimental researches have demonstrated, it is stated, that intraperitoneal wounds of the bladder are capable of healing by primary intention if securely closed by suture, and that this union is accomplished very rapidly by all the coats of the bladder, except by the epithelial layer of the mucous coat. The outer layer of this coat and the muscular coat join together very quickly, yet with less readiness than the peritoneal coat, the proliferation of which commences almost immediately after coaptation. The sutures are applied very closely together, and in a double set. In one set—the sero-muscular—each suture is passed through the peritoneal and muscular coats of the bladder on each side of

the wound; in the other set—the sero-serous—the peritoneum only is traversed, a considerable width of this coat being included on both sides, so that when these sutures are tied wide serous surfaces are brought together in close contact. The mucous membrane of the wounded bladder is not included in any of the sutures. Dr. Vincent concludes from his experiments on dogs that by this plan the wound may be securely closed, and that sutures thus applied will resist vesical tenesmus, and any effort of active contraction or of passive expansion that may subsequently be made by the bladder. There need not, he states, be any fear of subsequent perforation of vesical wall, through formation of fistulæ along the track of the sutures or in the intervals, or of any ulterior deposition of lithates around sutures shed into the cavity of the bladder. The sutures, being intraperitoneal, remain at or near the outer surface of the organ. In cystorrhaphy the author prefers a suture of silver wire or of silk to one of catgut. The last material breaks too readily, and is likely to melt away too quickly. Before closing the abdominal wound, it is thought necessary to test the security of the vesical suturing by injecting some coloured and indifferent fluid into the bladder. From a series of experiments on dogs, Dr. Vincent has made out that gun-shot wounds, also of the bladder, heal by immediate union after application of sutures according to the above described method, unless the deflagration of the powder, or the heat of the projectile, have destroyed the vitality of the tissues at the edge of the wound, and rendered local gangrene inevitable. In such cases, the burnt lips of the perforation should be removed, and adjacent portions of the vesical walls also excised, until the tissues are seen to bleed on section. Dr. Vincent states that, in his experiments on dogs, he has now proved that, as a rule, immediate union results from the immediate application of sutures in intra-peritoneal wounds of the bladder by laceration, and through the action of cutting instruments and fire-arms. In such cases, laparotomy, with suturing of the bladder and removal of blood and urine from the abdominal cavity, is likely to prove successful on the dog, when performed in eight

hours and a half after the receipt of injury; but in Dr. Vincent's hands, always failed after an interval of twenty-four hours, the animals having succumbed to urinary poisoning. In conclusion, Dr. Vincent, impressed by the success of his experimental investigations on early laparotomy and stitching of vesical wound, argues in favour of suprapubic over perineal lithotomy, and asks why the former operation, which affords free and ready access, is exempt from the danger of wounding important vessels, and is less likely to result in phlebitis and septic poisoning, is not more frequently practised.—*London Medical Record.*

ACNE.

INTERNAL TREATMENT.

If constipation exist, saline or vegetable laxatives should be prescribed in sufficient quantity to open the bowels once or twice a day. An occasional dose of blue pill or of calomel will in some cases prove beneficial. Where there is a furred tongue and disorder of the stomach and bowels excellent results may be obtained from the following:—

R. Magnesiae sulph., ʒiiss; ferri sulph., gr. xvij; acidi sulphurici dil., ʒii; aquae, ʒviij. M. Sig. Tablespoonful to a gobletful of water.

LOCAL TREATMENT.

R. Sulphur. praecipitati, ʒj; glycerinae, ʒss; adipis benz., ʒj; ol. rosae, gtt. iij. M. Ft. ungt. Sig.—To be thoroughly rubbed into the skin at night.—*DUHRING.*

Or, Sulphuris loti, ʒj; aetheris, ʒvj; alcoholis, ʒii jss. M. Sig. Apply as a lotion. Shake the bottle before using.—*BULKLEY.—Quarterly Epitome.*

TORTICOLLIS—RESECTION OF SPINAL ACCESSORY.—M. Tillaux, at the Academy of Medicine, mentioned the case of a young woman, thirty-two years of age, who had been suffering for some months with the following phenomena: As soon as the head was left to itself it was carried towards the right shoulder, the chin deviating to the left, in the attitude of torticollis. This motion was accompanied by a sharp pain in the superior vertebral articula-

tions. She had been subjected to treatment by electricity, magnetism, metallotherapy, iodide of potassium, bromide of potassium, and division of the sterno-mastoid, and mechanical appliances, without benefit. M. Tillaux then suspecting that the spinal accessory nerve was the cause of these troubles determined to resect it. Drawing two horizontal lines, one through the angle of the jaw, where the nerve leaves the parotid gland, and the other through the upper border of the thyroid cartilage, he made an incision between these two lines, dividing the skin, subcutaneous cellular tissue, and platysma. Having reached the sterno-mastoid, he raised its border, and laid bare the nerve. Raising this with a hook he resected about three centimetres of its length. The wound was closed, and Lister's dressing applied; the result was eminently satisfactory,—the patient receiving relief that she had not experienced for two years before.—*L'Union Méd.*

IMPROVED DRESSING FOR FRACTURED CLAVICLE, by Dr. Lorenzo Hale, of Albany. The principle of the plan was the same as that presented to the Society (N. Y. State Medical) in 1870, by Dr. E. M. Moore, of Rochester. It differed from it in being simply a suspender, "back sling," so applied as to bring the fragments into apposition, and leave the clavicle exposed to view:—

Hold one end of a narrow roller bandage against the scapula of one side, passing it under the forearm of the injured side, near the elbow,—the elbow being bent and drawn far back,—thence up the same forearm, across the back to the axilla of the sound side, and then in front of and over the sound shoulder, uniting the ends at the place of beginning.—*Medical News.*

CYSTITIS.—R. Acidi benzoici, sodii biberatis aa. gr. x.; Inf. buchu, ʒij. This amount three or four times a day.—A. J. C. Skene. This may almost be called specific in its influence in the earlier stages of Cystitis, affording rapid and lasting relief. The diet should be carefully regulated, and the skin and bowels kept in active condition.—*N. Y. Med. Record.*

TORSION OF ARTERIES.—At Guy's Hospital all the surgeons use torsion to the exclusion of the ligature, except sometimes in very small vessels wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favour. I have seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the end of the vessel with strong forceps twist it until it is felt to "give way," that is, the two inner coats break. I have often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said, "Doctor, theoretically the twisted end ought to slough off, but *practically it never does*. We have to talk to our students about secondary hæmorrhage. but we do not show it to them." Mr. Lucas told me that for a long time they have ceased to dread or look for secondary hæmorrhage.—*London Correspondent, Boston Medical and Surgical Journal.*

PAVESI ON CHLORALATED TINCTURE OF IODINE.—C. Pavesi (*Lo Spallanzani*), to further increase the therapeutical powers of the tincture of iodine, adds to it chloral, which dissolves in it without decomposition. The resulting preparation has the property of being miscible with water without precipitating. The proportions of its ingredients are: Iodine (very pure), 20 parts; chloral-hydrate, 30 parts; spirits of wine, strength 36, 140 parts. The solution should be filtered, and kept in an emery polished bottle. The liquid is of pure golden hue, soluble in water, and has an odour and taste which indicates its ingredients. The chlorated tincture of iodine, on account of its marked coagulating powers over albumen, is an excellent hæmostatic, and very useful in the treatment of large wounds as an antiseptic and hypnotic.—*London Med. Record.*

NERVE STRETCHING IN SCIATICA.—Billroth treats sciatica by subcutaneous nerve-stretching. The patient is placed flat upon his back, the leg extended, and then the thigh flexed strongly upon the trunk. This puts the sciatic nerve on the stretch.—*N. Y. Medical Record.*

IODOFORM IN IMPETIGO AND ECZEMA.—Dr. Squire (*British Medical Journal*), uses iodoform either pure or mixed with an equal quantity of powdered starch; the latter he is inclined to believe, lessens the irritating action of the iodoform. He first softens the scales by bathing them with soap and warm water, and then completely removes them; the new surface is then dried very gently. The iodoform being then very thoroughly powdered is dusted on, after which glycerine is lightly painted over with a camel's hair pencil, which process is repeated during every two hours thereafter.—*Quarterly Epitome.*

AN ANNULAR VARIETY OF TINEA VERSICOLOR.—During an unusual prevalence of parasitic skin diseases observed in Hamburg, during the winter of 1879-80, Unna observed a very singular form of tinea versicolor. The spots would begin as circles. While the periphery extended the brownish centre would disappear and an annular form be assumed. These rings showed no disposition to run together. Though the arrangement closely simulated tinea tonsurans, the features of the eruption were those of tinea versicolor.—*Viertelj. f. Derm. u. Syph. Archives of Dermatology.*

SKIN GRAFTING.—Dr. Berger (*British Medical Journal*, November 5th, 1881), advocates a method of exciting vascularisation of the flap before cutting it, by covering the skin either with a mustard plaster, or with warm poultices. He claims marked success from this method.

COLLAPSE OF AN ANCIENT LANDMARK.—The beautiful old church at Hempstead, in Essex, the well-known resting-place of the remains of the immortal Harvey, has suddenly crumbled into atoms and become of "the things that were and are not, save in retrospect." Dr. B. W. Richardson, writing to the *London Lancet* of the 4th ult., chronicles the event, and makes appeal to the profession "to join in subscribing to the restoration of a structure which, to every true Æsculapian, is of so much interest."

Midwifery.

CAMPBELL ON THE VALUE OF QUININE IN OBSTETRICS AND GYNÆCOLOGY.

Dr. H. F. Campbell concludes an exhaustive paper (*American Gynecol. Trans.*) with the following remarks:—An exalted reflex excitability of the cerebro-spinal centres, as well as general plethora, may be recognized as a characteristic condition of the pregnant woman from the date of conception to the completion of involution. This provisionally increased development and polarity, intended for foetal and uterine growth, renders the woman during its continuance eminently liable to become the subject of various morbid reflex actions, more or less peculiar to her condition. These reflexes are of two perfectly distinct and dissimilar kinds, differing widely, as they may happen to occur, before or after parturition. During the entire period of pregnancy, and until after labour, the reflexes are of excitatory character, restricted to the muscular apparatus of the uterus and of general volition. They are apyrexia and non-inflammatory. Their paroxysms threaten premature expulsion of the foetus in pregnancy, and eclamptic convulsions in labour. After parturition, the reflexes are of an excito-secretory character. They are propagated through the ganglionic or vaso-motor nerves, to the blood-vessels and capillaries of the pelvic organs and tissues of the general system. They are marked by fever, congestion, and inflammation, with their products and consequences. Septic fever and peritonitis, with arrest of involution and mammary abscess, are their not uncommon results. Quinine, by its contractile action on the capillaries of the cerebro-spinal centres, exsanguinates their nervous structure, and more than any known agent depresses the reflex excitability from which the varied morbid phenomena of both pregnancy and child-bed originate. Quinine, except in cases of idiosyncrasy, or from an injudicious administration of the agent, exercises no influence whatever to superinduce premature expulsion of the foetus. Moderate cinchonism, adjusted to the type and approach of the par-

oxysmal neuroses which endanger the welfare of the foetus during pregnancy, is one of our most efficient resources in many cases of threatened abortion and of premature labour. During parturition, it may give steadiness to irregular uterine contractions; and, continued during labour, cinchonism is in a most valuable degree prophylactic against threatened eclampsia. The reflexes of child-bed, pertaining as they do, primarily and principally, to the recently evacuated uterus—well likened to an organ in a traumatic condition—opportune and ready for the awakening of fever and inflammation, are of the gravest character, frequently tending to disorganization and death, or else to permanent and irreparable injury. These reflexes constitute a dreaded class of diseases, most commonly called 'puerperal,' which, by universal consent, must be prevented rather than trusted to efforts, often unavailing, for their cure. To this end, the most valuable and reliable prophylactic method will be found to consist in the daily administration of quinine, to the degree of moderate cinchonism, from the day of parturition, to be continued daily until normal involution is safely secured. By the observance of this routine, as a rule, it is believed that the occurrence of puerperal diseases will be largely prevented, and that the rate of child-bed mortality will be greatly diminished. Cinchonism, in its quality of preventing and controlling inflammation, whether traumatic or idiopathic, and of suppressing suppuration, all of which is due to its power over reflex excitability of the cord, and its action on the capillaries, has a claim to antiseptic value superior to Listerism, and is less to be dispensed with than carbolic acid, or any of the means and appliances of the recognised antiseptic method. In general surgery, and especially in uterine surgery, as well as after parturition, the combination of carbolized irrigations and applications to diminish peripheral excitability, with persistent cinchonism to depress centric excitability, should constitute hereafter an antiseptic method more trustworthy, generally practicable, and less to be dispensed with than the most faithful observance of the complex Listerian process. [While bearing willing testimony to the value of quinine in lessening the

mortality, and more especially the morbidity during the lying-in state, the reporter regards Listerian precautions as being at least equal in prophylactic and therapeutic power to cinchonism. In the British Lying-in Hospital, the two, Listerism and cinchonism, go together, and are regarded as twin sisters, the one being the complement of the other. In fact, the reporter looks upon cinchonism, by its power of contracting the uterus, as an integral part of the true antiseptic method.—*London Medical Record.*

TEMPERATURE IN CHILDBED.

Dr. Napier gives the following conclusions on this subject in the *Edinburgh Medical Journal*, November, 1881:—

1. The average temperature for a few days preceding parturition is 98.5° to 99° : the subsequent heat is modified by the hour of delivery, but to only a small extent. The healthy puerperal range is 2.5° .

2. No temperature over 99° (unless accounted for by individual nervous susceptibility) is normal after four days. The healthy patient may have an occasional night temperature of 100° or 101° within the first four or five days, but a continuing, or even a morning or day record like this requires an explanation.

3. Slight causes, *e. g.*, constipation, retention of urine, *etc.*, give a rise to 99° – 100.5° , sometimes more.

4. Retention of clots or secundines, 99° – 101° , or upwards; 103° at times.

5. Weid has a sudden late temperature of 103.5° , with rapid pulse; the heat falls quickly with the development of the local affection. Other cases of mastitis are mildly febrile for several days.

6. Metritis (endo- and peri-) gives record of 103.5° , with slow pulse.

7. Peritonitis has a single rigor and a sudden early temperature of 104° or upwards; the pulse is wiry. General peritonitis, if severe, 105.5° – 106° .

8. Pelvic cellulitis, oöphoritis, parametritis, *etc.*, have a heat of 101° – 102.5° ; the pulse is weak and irritable. Recurrent rigors mark fresh deposits of pus, and are followed by temporary increased heat, 104.5° .

9. Pyæmia and uterine phlebitis average 103° , perhaps more. Cases in which the veins are rapidly affected are soon 104.5° to 106° , and end speedily. Pyæmia is frequently late in development, 7 to 10 days.

10. Septicæmia varies from 102.5° – 107° . The heat is never less, at least for some period of the twenty-four hours, than 102.5° , if the case is properly established. The temperature is liable to variations, but after the norm has been reached is less so than pyæmia. There is no security from remission till the night temperature is under 100° . Recovery may take place after 106° , but is rare.

11. Mental emotion may show 104° or even 106° , and we may sometimes have in addition symptoms resembling metro-peritonitis. These cases do not persist, and are generally normal in less than forty-eight hours.

12. If the temperature does not rise within ten days from delivery, there is little risk of grave disease, unless from gross imprudence in exposure to cold, or zymotic infection.

13. Although the temperature is moderately low, 100° – 101° , so long as the pulse continues 120 or more we are not safe from relapse. No anxiety need be felt so long as the temperature is kept under 102° . However fast the pulse, if the temperature continues low the prognosis is favorable. An evident exception pertains when temperature is low from collapse. If the temperature is persistent at 102° , or frequently recurs to this point, there must be an abnormal organic condition.

14. Temperature should be observed night and morning for the first seven days, and daily for three to seven days after, more especially if any instrumentation has been required for delivery, or if zymotic or epidemic disease prevails. When an abnormal temperature is discovered, it should be reduced to the normal as early as possible by one or other agent. It is of the highest moment to bring it down to 100° and keep it there or lower.—*Philadelphia Medical and Surgical Reporter.*

Herman E. Heyd, M.D., McGill, of Brantford, Ont., was admitted M.R.C.S. on the 19th of January.

THEN AND NOW.

At a meeting of the Cincinnati Acad. Med., Sept. 26th, Prof. Thad. A. Reamy, President, made the following remarks:—

Nearly four thousand years ago Jacob leaving the scenes of family disgrace, journeyed to Bethel—where God talking to him face to face, told him to “be fruitful and multiply,” promising him, if obedient, that nations, and a company of nations should be of him, and that kings should come out of his loins. Jacob obeyed, and God kept his promise. This was the beginning of the greatness of Israel. But the first case of labor which occurred after the command was fatal to the mother. Hear the record—“Rachel travailed and she had hard labour. And it came to pass when she was in hard labour, that the mid-wife said unto her, ‘Fear not, thou shalt have this son also.’ And it came to pass as her soul was departing (for she died) that she called his name Ben-oni.”

Who that has read this touching story of Rachel in hard labour near Ephrath has not been moved with sympathy, and wished that instead of an ignorant mid-wife, she had had the skill of an educated obstetrician? And yet what better skill could have been offered at so late a date as early in the present century.

In 1817 a royal princess approaching her confinement was prepared for the ordeal by “lowering the organic strength with bleedings, aperients, and low diet,” and when the travail came she was allowed to remain fifty-two hours in hard labour, the child being born dead and the mother dying almost immediately after the delivery—and yet her Royal Highness Charlotte was attended by men of such great distinction as Sir Richard Croft, and Dr. Baile, with the eminent John Sims in another room of the palace—and why? Because it was then thought that meddling midwifery was bad.

Since your speaker entered practice it was the rule in one of the largest and best managed hospitals in the world, to prohibit instrumental interference until all hope of natural delivery was at an end. They had not learned to answer the question put in his report of 1872 by the master of the Rotunda Hospital, “Why should we permit a fellow-creature to undergo hours of torture when we have the means of

relieving her within our reach?” Now, however, the answer comes, with the authority of modern science and skill. Timely interference shall save the life of the child as well as that of the mother. Not “meddlesome” but conservative skilled interference. Since the modern practice came into vogue, the mortality both to mother and child is so lessened that it may be said: yesterday was sorrow, pain and death; to-day is joy and life.

I condemn not the men of the past, nor praise those of the present, but speak only of the “science” and the “art” then and now. And I assert that, with anæsthesia, advanced knowledge of the mechanism and the physiology of labour, and the consummate skill now brought to instrumental cases, the new graduate of any reputable medical college of to-day could have successfully delivered Rachel on the plains of Edar, or Charlotte in the royal palace.—*Quarterly Epitome.*

CHLORAL IN LABOUR.

Some observations on this are reported in the *St. Louis Courier of Medicine*, by Dr. B. Bribach:—

The mode of exhibiting the drug consisted in giving fifteen grains every half hour until the patient came under its full influence; in unusual rigidity of the os, thirty grains were given as the initial dose. The total amount in each instance varied, from thirty to seventy-five grains being sufficient in the majority of cases. To a few patients thirty grains were given by enema; in the parturient state chloral appears to act even more promptly and satisfactorily when given by the rectum than it does when given by the mouth.

Effect on the Pains.—Chloral modifies the dilating pains of the first stage, in so far that it renders them decidedly less frequent, more effective, and less harassing to the patient. Pains occurring every five minutes will, after the exhibition of the chloral, generally recur less frequently, about every ten minutes. The teasing, wearing sensation in the interval between the pains, with its suffering and the lamentations of the patient subside, giving way to a state of peaceful somnolence. During the

pains the patient is aroused, but the expressions of pain and worry are much less marked. The effect is often so very striking that the parturient process seems to be entirely suspended. Digital examination during the pains, however, shows the uterine contractions to have increased in efficacy, from the more powerful protrusion of the amnion and the rapid progress of the first stage.

Effects on the Os Uteri.—Chloral has the indubitable property of overcoming functional rigidity of the os. In some instances the rapidity of its action is surprising. The presence of fecal matter in the lower bowels seems to counteract the action of chloral.—*Quarterly Epitome.*

REMOVAL OF THE WHOLE UTERUS FOR CANCER.—The entire uterus was removed for cancer on January 3rd, in St. Thomas' Hospital, by Sir William MacCormac. The patient is a woman of thirty-four. She was admitted under Dr. Ord's care for obstinate constipation and signs of intestinal obstruction. A cancerous mass involving the cervix uteri, together with a tumour pressing on the rectum, were discovered. The method of abdominal section was selected, and as soon as the peritoneal cavity was exposed, the pelvis was found blocked by a tense fleshy everywhere adherent cyst, which compressed the rectum against the sacrum, and completely concealed the uterus and its appendages. In order to obtain space the cyst was punctured, and found to contain very offensive pus, some of which it was impossible to prevent entering the pelvic cavity. The adhesions were then separated, and the cyst, which is probably ovarian, removed with the uterus and ovaries. No attempt was made to stitch up the vagina or pelvic reflections of the peritoneum. A large double-barrelled T-shaped drainage-tube was inserted, the end projecting from the vagina, and left in the cavity of the abdomen; this was used for frequent irrigation. Five days after the operation the temperature rose to 102.6°. There was some evidence of suppuration opposite the lower extremity of the abdominal incision. Sir William MacCormac broke down the already adherent edges of the wound; some pus escaped, and the ca-

vity has since been daily washed out. Shortly after this the temperature fell to 99°, and at present, ten days after the operation, the patient's condition is excellent, and promises a speedy convalescence. There has been no general peritonitis. Eucalyptus lotions and dressings were employed. [The patient has since completely recovered.—*Ed.*]

WEIL ON THE RESULTS OF THE EXAMINATION OF THE HEARING IN 4,500 SCHOOL CHILDREN.

—The following are some of the conclusions at which Dr. Weil of Stuttgart has arrived from the examination of the above large number of children. The normal ear hears whispered speech of medium intensity at a distance of 66 to 82 feet amongst sufficiently quiet surroundings. Impairment of hearing is of very common occurrence. In the national schools (*Volksschulen*) the hearing of as many as 30 per cent. of the children was defective. This percentage is less in children of the better classes; e.g., in the *Catharinenstift* it was only about 10 per cent. The percentage increases with the age. Perforation of the membrana tympani, with suppuration, was found in 2 per cent. of the children; plugs of cerumen or commencement of the same, in 13 per cent. Most of the children had never been under treatment, and many had not the least idea of their affliction; not a few being considered inattentive, and probably treated accordingly. This corroborates the proposition previously enunciated by the author, viz., that every inattentive child should be examined as regards its hearing power. The author recommends that in schools, at the beginning of every term, the master should test his pupil's hearing, which can be done without much trouble and loss of time. By this plan alone is it possible to prevent children from being misjudged.—*London Medical Record.*

KONIGSTEIN ON THE EYES OF NEW-BORN CHILDREN.—Through the kindness of Prof. Späth, the author was enabled to examine the eyes of the children of the second lying-in-clinic, and reports (*Med. Jahr. der K. K. Gessel. der Aerzte zu Wien*, 1881) the following conclusions.—1. The eye of the child is probably exclusively hypermetropic. 2. The colour of the child's iris is not invariably, but frequently, blue. 3. The difference in breadth and appearance between the retinal arteries and veins is not so great as in adults. 4. In a great many cases remains of the pupillary membrane are to be found, and in 10 per cent. there are extravasations of blood in the retina.—*London Medical Record.*

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Fearing that some of your readers have not received a copy of the 1881-82 Council announcement, and that they have thus lost the following treat is my apology for desiring to occupy your space :

“THEORY AND PRACTICE OF MEDICINE.— HOMŒOPATHIC.

“1. State the dogma which distinguishes the Homœopathic School of Medicine from all others.

“2. Do you accept this dogma as a mere sentiment, allowing departure therefrom as may suit your convenience, or as a principle by which to govern your whole practice, and to be maintained at all cost?

“3. What medical work does our School acknowledge alone, for the announcement, exposition, application, and defence of this fundamental doctrine?

“4. What other works have we from the same pen to indicate the practical application of the doctrine?

“5. State Hahnemann's views of what are the three great sources of chronic disease in the human family.

“6. Which of the three does he regard as most extensive in its baneful effects?

“7. What causes or conditions may exist to retard the curative action of a properly chosen remedy?

“8. When two or more remedies seem to be equally indicated by the prominent symptoms in a given case—say pleuro-pneumonia of the left lung—how will you select the one homœopathic to the disease?

“9. In any future case of similar disease, how far will your clinical experience in the former justify you in again selecting the same remedy?

“10. What is our rule for selecting the remedy?

“J. HALL, M.D., *Examiner.*”

Would some member of the Council give us information upon a few points?

1st. Does the Council endeavour to increase the usefulness and uphold the dignity of the profession in Ontario?

2nd. Is the above paper, submitted at one of its final examinations, and printed in its announcement, likely to assist in such endeavours?

3rd. Does it not seem, from the “inexpensive method” adopted in the admitting of one Hall to registration, and from the style of

such examination papers as the above that for homœopathic students is shown much more consideration than for regular students.

4th. Is it possible that learned members of the Council, who are seeking some office for the future, support such moves as the “inexpensive method” in order to gain votes in the event of a contest?

5th. Is it not a studied insult to refuse the graduates of, say, Toronto University registration, and at the same time, to register the aforesaid Hall by that “handy and inexpensive method,” or to register a homœopathic student after passing such an apology for an examination as the above paper offers?

Regular students do not ask to have their examinations shaped after such a model as the 1881 homœopathic medicine paper, but they do ask that no man be allowed to register as a practitioner in Ontario unless he fulfill the requirements which, without an exception, they are required to fulfill, and pass decent examinations upon all the subjects upon which they are required to pass.

I am, Sir,

Yours truly,

MEDICUS.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

I had not intended to take the slightest notice of the letter in your last number, signed “Medicus,” written, every one says, as no secret, by Dr. Bergin, President of the Council.

The Dr's. alleged facts are incorrect, and his deductions are equally so.

It is particularly unfortunate that such a letter, emanating from such a source, should have been written, as it leads to distrust of the Council on the part of the young men. And if it be the right thing for any one who presides over the Council to attack one of our schools to-day, it would be equally right to assail another to-morrow, and it is not difficult to see the consequences of such a course.

Coarsely abusing young men in the Council one year, and writing a bitter letter with the view of injuring one of our schools, just on the eve of the examination of the next, is a very short-sighted, and very foolhardy policy to say the least, *i.e.*, so far as the best interests of the Council are concerned.

W. B. GELKIE.

[The writer's assumptions are gratuitous; the facts such as to require more specific refutation.—ED.]

THE CANADIAN

Journal of Medical Science,A Monthly Journal of Medical Science, Criticism,
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1882.

CONSULTATIONS WITH HOMŒOPATHS.

It is with sincere pleasure that we have received a personal denial, from the gentleman chiefly concerned, of the allegations contained in our last issue as to his reported meeting two homœopaths in consultation. He informs us that one Hahnemannian practitioner was certainly present, and with his consent, at his examination of the patient, but merely for the express purpose of stating what he had previously observed (while in attendance upon the case) just as an ordinary layman might have done, and that no consultation or other communication was had with him, but the opinion of the surgeon was expressed directly to the friends. The presence of another homœopath in the house at the time was a mere matter of coincidence, and for the purpose of seeing another patient altogether.

This explanation suggests a further difficulty. Is it advisable that we should receive information as to the patient's previous condition from such a source? We trow not; but deem it better to seek such assistance from any intelligent layman, and thus avoid the appearance of evil.

It cannot be denied, and it is useless to shut our eyes to the fact, that there is a growing disposition, in some quarters, to overlook the scientific heresy or shibboleth of *similia similibus* as a universal law of therapeutics, and to take back its misguided utterers into the fold of professional communion. But, surely, "the times are out of joint" most strangely

when a medical society representing the professional dignity and intelligence embodied in that of the State of New York can by a two-thirds majority adopt a code of ethics expressly abandoning the clauses which forbid participation in the farce of consultation with the dogmatists of any exclusive therapeutic sect or school; and when a medical journal of the standing and previous respectability of the *New York Medical Record* can be found not only to connive at, but to defend the action. We reproduce the new code of ethics of this Society in another place. The manlier declaration of the abnegation of all tests of fitness for fellowship expressed in the amendment of Dr. Daniel B. St. John Roosa, although eliciting a vote of 39 to 37 was lost for want of a two-thirds majority. Now, how in the name of honesty can such things be? The defenders of the course pursued assert that one by one the three fundamental doctrines of the author of the "Novum Organon" have been abandoned by his disciples, and consequently there no longer exists any difference between them and rational physicians. We admit the proposition readily for homœopathy has aptly been defined "the most preposterous delusion which ever took possession of the human mind," and we cannot conceive of intelligent and thinking men remaining long beneath the domination of its thrall. But, granting this, who is the fitter for association with the seekers after truth,—the innocent dupe who honestly believes the preposterous nonsense of his creed, or the cunning knave who has both the wit to see the inanity of his professions, and the turpidity to dare to trade with unblushing effrontery upon the credulity of his fellow men? The Royal College of Physicians has been censured by the *Lancet* for its mild and half-hearted protest against the spread of this virulent ulcer on the face of the profession; and shall not a new world journal speed its winged words to wake the sleeper to the danger and the duty of the hour, the festering sore being poulticed when it should be excised? The *Medical News* thus eloquently proves equal to the occasion. "There has been on the part of regular physicians no spirit of proscription against those irregulars

who would abjure their special creed and trade designations, and rank themselves as physicians only. The warfare has been, not against the consciences of men, not against the right to treat diseases according to their convictions of the utility of therapeutical measures. It is the parading of a special designation, the offensive proclamation of '*similia similibus*' as the trade insignia, against which the great body of the medical profession has protested and will continue to protest. All the glittering generalities which are now uttered to conceal the real point at issue, the authority of great names, and the momentary outburst of a humanitarian sentiment in a great medical society, will not blind the thinking men of the profession.

"To yield the point of the right to consult with all kinds of irregulars who happen to be 'legally qualified practitioners,' is to admit that the regular medical profession has hitherto occupied a false position.

"To yield the point, is to admit that they who have maintained the truth of one exclusive dogma, and have practised on a trade designation, were right, and those who opposed them were wrong.

"To yield the point, is to strengthen all irregular practitioners in their position of bigoted intolerance, and to confuse and dismay the disciples and friends of legitimate medicine. We do not believe that the medical profession will thus stultify themselves, but that they will more energetically than before reaffirm the great principles for which they have steadfastly contended."

At the late Meeting of the New York State Medical Society, in Albany, Drs. John Guerin, Cayuga; D. V. O'Leary, Albany, L. E. Felton, St. Lawrence; and C. C. Dodge, of Clinton, were appointed delegates to the Canada Medical Association. Now, although there can be no shadow of doubt but that these gentlemen, personally, would receive a most cordial welcome from our Dominion Association, yet, we opine, there are grave reasons to believe that it is a fair subject for dubitation, as to the competency of our Association to receive delegates from a body adopting the code of Ethics now prevailing in the New York State Medical Society.

THE MEDICAL COUNCIL OF ONTARIO.

Has the Medical Council proved a failure? We hope not, although it would certainly puzzle its best friends to defend some of its very extraordinary acts. If there live in the Province any member of the regular Profession who will endorse all the proceedings of the last Session, we have neither seen nor heard of him. A correspondent in this issue refers to the "inexpensive method" by which a homœopathist of this city was granted a license, after undergoing some peculiar farce known as a *cheap* examination, while a number of very worthy students were plucked, and rather unmercifully *sat upon* at the same time. We have referred to this matter before, and have no desire to give it too much prominence; but it leads to a broad and very important question: Are the homepaths masters of the situation? Do they practically rule the Council? It has been freely stated on different occasions in the past, by men who ought to know, that such is the case. If such has been the condition of affairs, it has, of course, been brought about by divisions in the ranks of the *regulars*, arising very often simply through petty personal jealousies, enmities, and ambitions, while the other party have kept together in a compact body, and played their cards skilfully by always voting with those who make the highest bid for their support. We have no desire to say anything harsh about Homœopaths, as the laws of our country give them a legal status and a large representation in the Council, and they are entitled to simple justice in the matter of examinations as well as other things, but, if you please, nothing more. In fact, we do not even blame them, but would rather censure those who have been sent to represent the great body of the Profession, but have very frequently wofully misrepresented them. The medical men of Ontario would do well to watch carefully the acts of their representatives, and either call on them to explain satisfactorily some of their objectionable votes, or send better men to fill their places.

We believe that the Profession is generally anxious to sustain the Council which, with all its imperfections, has done much to raise the

standard of medical education in this Province. It has given us a central examining board, which is one of the greatest safeguards that we can possibly have. The history of the past in this and other countries has proved conclusively that it is not safe to place the licensing power in the hands of medical teaching institutions. The inevitable tendency appears to be in some of them to pass everybody who takes the regular course and *pays his fees*. The medical schools are, we think, well satisfied with this feature of the Council, as there is probably not one of them that is afraid to send its students before a central board, where they will compete on common ground with all who wish to obtain the Ontario license. There is at the same time no doubt that the Profession at large appreciates very highly this feature, and would dislike very much to go back to the old *regime*.

All things considered, we may conclude that the Council is not a failure, but we cannot look upon it as a grand success; and yet it ought to be a success, and, wherein it has failed, we must hold the members of the Council (including both present and past) responsible.

ONTARIO VETERINARY COLLEGE.

This institution has during the last few years advanced with wonderfully rapid strides, and now occupies the place of one of the most valuable educational institutions of the country. At the very successful dinner given at the Walker House, January 27th, we were pleased to notice the large number of intelligent students, young men from all parts of the continent, who are evidently thoroughly in earnest in their desire to obtain a scientific knowledge of the important subject of veterinary surgery. The President is certainly to be congratulated upon the distinguished success which has attended his untiring efforts. From his speech delivered at the dinner, and those of the other professors, we gathered the following particulars respecting the history of the College.

The first veterinary instruction ever given in this province, was a short course of lectures on the subject in the winter of 1862. These were delivered to a few agricultural students

by Mr. Andrew Smith, V.S., of the Edinburgh Veterinary College, who had been induced to come to this country for that purpose by the late Hon. Adam Ferguson and Professor Buckland. It was not until 1864, however, that the school was organized. In that year a regular course of instruction was commenced, and attended by four or five young men who purposed devoting themselves to the study of the subject. The lectures were given in the Agricultural Hall, corner of Queen and Yonge Streets, while the stables and infirmary were on Temperance Street, being part of the premises now occupied by the College buildings. Gradually the number of students increased until, in 1869, a portion of the present building was erected, some forty students being in attendance. This building, then thought to be ample in size to accommodate the students for years to come, was soon crowded, and in 1876, Professor Smith, having received a small grant from the Ontario Government, erected the present College buildings. These consist of a very large lecture-room, museum, dissecting-room, waiting-room for students, offices, and private rooms, together with spacious stables, &c.

From the time of the opening of the new buildings, progress has been rapid. Year by year witnesses larger classes of students attending.

This year's entering class numbers 69; the total number attending the session—1881-82, is 132. The students come from every part of the United States, Canada, and even a few from Britain. The course extends over two winter sessions, the intervening summer is to be spent in actual practice with a regularly qualified veterinary surgeon. While at College the students see and assist in the large practice of Professor Smith, also receiving practical instruction in the dissecting-room, veterinary pharmacy, &c.

The names of the lecturers with their subjects will give a partial idea of the scope of the course:—Professor Smith, Veterinary Medicine and Surgery; Professor Buckland, Breeding and Management of Farm Animals; Dr. Barrett, Physiology; Dr. Thorburn, *Materia Medica*; Dr. Ellis, (Lectures given in the School of Science) Chemistry; Mr. J. T. Duncan, Anatomy and the Use of the Microscope.

NEWSPAPER OFFENCES AGAINST THE PROFESSION.

Our attention has been repeatedly called to the appearance in *The Times*, published in Woodstock, amongst the "Local and General" items of notices of accidents or injuries specifying their character and naming the surgeon in attendance, as well as the treatment pursued. In the last two instances, Dr. McLay has been the unfortunate practitioner to be thus offensively publicly advertised, or pilloried; and since the general protest, which we issued some months ago against the custom (which would indeed be "more honoured in the breach than the observance") seems to have been lost upon some of our brethren of the secular press, we deem it to be the bounden duty of the local practitioners, where such breaches of professional decency prevail, in self-defence to make a personal request to the editors of such papers to exercise such a supervision over the matter gaining access to their columns as shall prevent the appearance of these distasteful and objectionable items. Editors should be made to understand that we do not court, but on the other hand shun, publicity in the discharge of our daily duties, the character and subjects of our work being purely private; and that any suspicion, however slight, of a desire to obtain vulgar notoriety in the public prints, savours too much of charlatantry to be consonant with the scientific spirit, and compromises our position in the esteem of our professional brethren.

Medicine is not a trade; and a doctor's qualifications and attainments cannot be appraised by popular favour or the uninitiated and unskilled judgment. A physician's *confrères* can alone, therefore, estimate his real worth; and no amount of pecuniary profit or general esteem can, therefore, compensate him for depreciation in the minds of his compeers.

The number of the *Arthur Enterprise* for 26th January, which lies before us, likewise contains an effusion from one Francis Morris, of Peel, detailing the particulars of his sufferings from urinary calculus, and narrating how he obtained relief by placing himself in the hands of Dr. McKinnon in the Guelph

Hospital. We are sure that Dr. McKinnon and his assistants, Drs. Howit and Wallace, will be gratified to learn from such a source that the operation was "most skilfully performed," and will be delighted to do as much for all those who adopt the writer's advice to "apply to them for assistance."

We know Dr. McKinnon too well to believe for one moment that he had any concurrence or privity in the matter, but we cannot refrain from mentioning it, in order to impress upon his mind the fact that in making an accusation in our columns a short time ago of similar impropriety against Dr. Groves, of Fergus, he may possibly have judged an unoffending brother harshly, and that, therefore, a retributive Nemesis treads upon his heels. For our own part, we much regret that patients in the west, with, doubtless, the best intentions, should endeavour to show their gratitude to their healers in such a profitless and objectionable way.

THE ABORTIVE TREATMENT OF FELON WITH COPAL VARNISH.

Dr. A. B. Isham, of Cincinnati, bears testimony to the value of this method in a recent number of the *Medical News*. The plan was suggested by an old darkey in the vicinity, and consists in wrapping the affected part in flannel bandages saturated with copal varnish and covered with dry flannel envelopes externally. Thirteen cases have come under observation in the past year. In six, suppuration having already occurred, incision was resorted to; in the remaining seven, the copal varnish was the only agent used. The thumb was involved in two cases, the index in five. "In all there was swelling, redness, heat, and great pain; in one a vivid erysipelatous blush extended over thumb, wrist, and extensor surface of forearm; in two cases there was apparently a combination of what is popularly called 'run-around,' with felon of the flexor digital surface, about and near the point. Perhaps in none was the periosteum involved, though several did not differ from cases I have seen in the acute stage, where necrosis and extrusion of the terminal phalanx subsequently took place. In all the seven cases there was a rapid subsidence of the

inflammatory process and its accompaniments, and by the second or third day the parts were perfectly normal. If the varnish upon the dressings become unpleasantly hard by drying, it may be softened by adding fresh material from time to time. Its removal may be easily accomplished, when found desirable, by rubbing in lard and then washing with soap and water."

Copal varnish consists of copal resin and spirits of turpentine, the latter constituting about three-fourths of the mixture; and Dr. Isham suggests the following *modus operandi*: 1. *By an irritant action* due to the contained turpentine the inflammatory stasis in the tissues is overcome; 2. *By withdrawing oxygen and arresting oxidation* the turpentine checks cell proliferation, liquefies inflammatory products, and renders parasitic microphytes inert; and 3. *By excluding air and by pressure*. The varnish, of course, is impermeable by air, and, in drying, it contracts, producing pressure which "modifies the supply of blood, promotes the removal of waste matters, and tends to maintain a steady and continuous stream."

TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

At the regular meeting of this Society on Friday evening, February 17th, Mr. S. Stewart, B.A., read a very interesting paper on Bacteria.

On Friday evening, February 24th, Dr. J. H. Richardson delivered a very able address on the subject: "Science Falsely So-called" to the same Society. The large audience listened with great interest, as shown by frequent and hearty applause, and at the close a very cordial vote of thanks was given to the Doctor. This flourishing young society is showing remarkable vigour, and promises to be extremely useful to the graduates and undergraduates of the school.

M. PAUL BERT, the eminent physiologist, whose accession to the office of Minister of Public Instruction and Fine Arts in the French Cabinet we lately chronicled, has been succeeded in that portfolio by M. Jules Ferry.

SIR ROBERT CHRISTIAN, BART., M.D., one of the grandest figures in the history of Scottish Medicine, and the dearest link between the present and the past of Edinburgh University, has gone over to the majority, full of honours as of years. He was one of twins, born in Edinburgh, on the 18th July, 1797; received his general education at the High School and University, and graduated in Medicine in 1819. He early manifested a fondness for Chemistry, and after graduation in Edinburgh and spending several months at St. Bartholomew's Hospital in London, he went to Paris, where he engaged in laboratory work under Robiquet and attended the courses of Vauquelin and Thénard in Chemistry, and of Orfila in Toxicology. While in Paris the death of Gregory created certain changes in the Chairs in Edinburgh, and that of Medical Jurisprudence becoming vacant, he was, although absent, elected to fill it. From this time he became recognized as the medical-jurist of Scotland, and was engaged in every important case of medico-legal interest, the first being the celebrated one of Burke and Hare. In 1832 he was elected to the Chair of *Materia Medica*, which he occupied up to the time of his resignation in 1877, having been Professor in the University for five years more than half a century. He was the Nestor of the Profession, and after the deaths of Abercrombie and Alison universally regarded as its leader in the North. His chief works were a "Treatise on Poisons" (1829) and his "Dispensatory" (1845). He was Crown Member of the Medical Council for Scotland, Member of the Edinburgh University Court, and Assessor, Physician-in-Ordinary to the Queen in Scotland, twice President of the Royal College of Physicians, President of the British Medical Association in 1875, of the Royal Society of Scotland after Brewster's death, and in 1876 he was selected as President of the British Association for the Advancement of Science.

We are pleased to note that our fellow-townsmen, Dr. R. A. Reeve, Surgeon to the Andrew Mercer Eye and Ear Infirmary, has been elected a member of the Ophthalmological Society of Great Britain.

PHYSICIANS THEIR OWN PHOTOGRAPHERS.—Medical men very frequently want photographs in cases of injury, deformities, &c., but the trouble and expense have been serious bars to obtaining them; and many patients, too, cannot go to the photographer. Drawings are often even more expensive, and always labour under the disadvantage of possible inexactness. Recently, however, the introduction of the "dry plate" process has so simplified the method, avoided the former dangers, and reduced the expense, that any one of ordinary intelligence and means can now take all the photographs he wants at a moment's notice. At the Cincinnati meeting of the American Association for the Advancement of Science, last August, Mr. Walker, of Rochester, N. Y., showed a "pocket camera," which, according to Prof. Lattimore, supplies every want of the inexperienced amateur. Its weight is only two pounds. "Dry-plate outfits" are now to be had at a cost of \$10 and upwards which are excellent. Provided with one of these instruments, the doctor would always be prepared to photograph any case he desires, at his office or in the sick room. Our hospitals, especially, should be provided with such a good outfit, so that cases and specimens could be photographed at any time, even by a resident. Our microscopists would also find it exceedingly useful to make permanent many a transient preparation not suitable for preservation.—*Medical News*.

A LITTLE RECOGNIZED CAUSE OF DELAYED REPAIR AND CONVALESCENCE IN WOUNDS AND DISEASES. M. A. Poncet, of Lyons, who, by the way, has just been elected to the chair of operative medicine in the Lyon's Faculty of Medicine, contributes to the *Lyon Medical* for 5th Feb., the history of a number of cases in which indulgence in the venereal act was followed by untoward results and in several cases death. The cases narrated comprise amputations, dissection wounds, scalp wounds, whitlow, and fractures, and the results and complications fairly attributable to premature or excessive coition were purulent infection, lymphangitis, ganglionic suppuration, chronic tetanus, inflammation of wound, suppuration, delayed union, and relapse. The mode of action is sup-

posed to be interference with the processes of repair by nervous shock and induced debility; and the moral of the paper seems to be "*Mieux vaudrait souvent pour quelques blessés être privé de soins assidus que d'avoir une maîtresse pour garde-malade.*"

A MEDICAL TRIBUNAL.—We (*London Lancet*) commend to the consideration of the Government a suggestion made in our leading columns last week—namely, the establishment of a medical tribunal. It would not be difficult to select from the ranks of the medical profession an expert physiological chemist, a pathologist, an experienced clinical physician and a surgeon—four in all—three forming a quorum, as the case to be investigated happened to be medical or surgical. This tribunal might be required to investigate and determine such cases of a purely scientific nature as were referred to it by the Judges, either in the course of a trial or afterwards, as in the case of law points reserved or sent up to the Justices for special consideration. It would be easy to construct such a tribunal, and the expense of maintaining it need not be very considerable. It is necessary in the interests of justice and public prudence that a step of this nature should be taken. Recent events have made the decisions of courts of law usurping the authority to adjudicate issues of science obviously and, therefore, mischievously, ridiculous.

EPISTAXIS.—Dr. Geo. M. Lefferts, Professor of Laryngoscopy and diseases of the throat in the College of Physicians and Surgeons of New York, in a recent paper on this subject in the *Medical News*, affirms that frequently recurring attacks of epistaxis, especially in children, are in the vast majority of cases due to a small erosion of the mucous membrane of the cartilaginous septum, just above the point of the former's junction with the skin. This is due to the violent removal of a little inspissated mucus which has lodged at that point, and is kept up by frequent repetition of the process. To effect a cure the habit of picking must be avoided and the erosion kept constantly covered by a layer of vaseline or otherwise treated according to special indications on general principles.

EXAMINATIONS OF ONTARIO MEDICAL COUNCIL.

The professional final written examinations will commence April 4th, in Toronto and Kingston; final oral, April 11th, at Kingston, and April 13th at Toronto.

The primary examinations will commence April 14th at Kingston, and April 18th at Toronto.

For further particulars see advertisement.

PROVINCIAL HEALTH BILL.—Very elaborate preparations have been made in Montreal to secure the introduction into the Quebec Legislature of a satisfactory and efficient Health Bill. The Hon. Mr. Loranger, Attorney-General of the Province, has promised if the provisions of the draft prove satisfactory, to introduce it as a Government measure. A Board of Health is to be organised composed of certain members of the Ministry *ex-officio*, medical men of experience and standing, and lay members selected by the Lieut. Governor-in-Council. The Province of Ontario may well blush to be thus distanced in the path of progress by her poorer sister.

MEDICAL DINNER, BISHOP'S COLLEGE.—The Medical Department of Bishop's College, Montreal, held its first annual dinner, on the evening of the 7th of December last in the Windsor Hotel. There were about eighty in attendance and an enjoyable evening was spent.

PERSONAL.

Sir James Paget has entirely recovered and returned to practice.

The death of Prof. Theodor Schwann is announced.

Kundrat, of Gratz, has succeeded Heschl in the Chair of Pathology in Vienna.

Dr. W. R. Sutherland has been appointed Curator of the Museum of the Medical Faculty of McGill University.

Prof. Leidesdorf, of Vienna, the eminent Psychologist, has received the Cross of Knighthood of the Order of Francis Joseph.

Prof. Trendelenburg, of Rostock, has succeeded Busch as Professor of Surgery at Bonn, König, of Göttingen, having declined the offer.

Prof. Pirogoff died of epithelial cancer,

which perforated the hard palate. By his will, he has left 500,000 silver roubles (£75,000).

Prof. Panum, of Copenhagen, has been chosen President of the next International Medical Congress, and Dr. Carl Lange, General Secretary.

Dr. George W. Campbell, Dean of Medical Faculty of McGill University, has, by the death of his brother in Scotland, become heir to an old baronetcy.

Dr. Joseph Workman, Dr. Daniel Clark, and Prof. Wm. Osler, were elected Honorary Members of the Toronto School of Medicine Medical Society, February 24th.

Dr. Orton, of Fergus, was tendered a public dinner on the 9th February by his numerous friends in that section of country on the eve of his departure for Winnipeg. The doctor has been a resident of Fergus for over twenty years; and the success of the banquet was a very pleasing evidence of the esteem in which he was held.

Book Notices.

Fourth Annual Report of the Presbyterian Eye and Ear Charity Hospital, 77 East Baltimore Street, Baltimore, Md., 1882. By JULIAN J. CHISHOLM, M.D., Surgeon in charge.

Chronic Club Foot—Treated, without Tenotomy, by Continuous Extension and Stretching. By JAMES S. GREEN, M.D. (Reprint from *N. Y. Med. Journal and Obstet. Review*.)

A New System of Surgical Mechanics. By CHARLES F. STILLMAN, M.D., of New York. (Reprint from *Trans. Am. Med. Association*.) Philadelphia: Collins, 705 Jayne Street.

An Aid to the Mechanical Treatment of Weak Ankles and Inverted Feet. By CHARLES F. STILLMAN, M.D., of New York. (Reprint from *Medical Record*.)

Catalogue of Medical, Dental, Pharmaceutical and Scientific Publications. Published by P. BLAKISTON, Son & Co., 1012 Walnut Street, Philadelphia.

Preliminary Observations on the Pathology of Sea Sickness. By J. A. IRWIN, M.A., Cantab., M.D., Dub. (Reprint from *The Lancet*.) Philadelphia: P. Blakiston, Son & Co.

Soluble Compressed Pellets. A new form of Remedies for Hypodermic use, and applicable to Ophthalmic and General Medication. By H. AUGUSTUS WILSON, M.D. (Reprint from *Trans. Am. Med. Association.*)

Transactions of the American Ophthalmological Society—17th Annual Meeting, Newport, 1881. Copies can be procured of the Secretary, Richard H. Derby, M.D., at 9 West 35th Street, New York.

The Trance State in Inebriety: Its Medical Relations. By T. D. CROTHERS, M.D., Superintendent Walnut Lodge, Hartford, Conn. With an introduction on the nature and character of the Trance State. By Geo. M. Beard, M.D., New York City.

Memoranda of Physiology. By HENRY ASHBY, M.D. (Lond.), Lecturer on Physiology, Owen's College, Manchester. New York: William Wood & Co.

This is the third edition of this little *cram* book, prepared especially for the use of students. It has become quite popular in England, as shown by the fact of the necessity of a third edition within three years. We prefer to see students write their own memoranda. Those unwilling to do so may find this work useful, but we cannot recommend it.

A Manual of Organic Materia Medica. By JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany, Philadelphia College of Pharmacy. Philadelphia: Henry C. Lea's Son & Co.

This book, which is intended especially for pharmacists and druggists, gives a very brief but accurate description of the physical, histological, and chemical characters of organic drugs, the classification being based on their resemblance to each other in physical and structural properties, without any regard to their physiological actions. A valuable feature connected with the book is the large number (194) of excellent illustrations, both gross and microscopic. We feel sure that the work will be very acceptable to those for whom it is intended.

Illustrations of Dissections in a Series of Original Coloured Plates, Representing the Dissection of the Human Body. By GEO. VINER ELLIS, Professor of Anatomy in the University College, London, and G. H. Ford, Esq. Vol. I. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street, 1882.

This is the January number of Wood's Library for 1882. The drawings are from nature, by Mr. Ford, from dissections by Professor Ellis; and the volume contains "a concise description of a series of anatomical plates with some remarks on the practical applications of anatomical facts to surgery." Of the original plates it is unnecessary to speak since during the last six years the excellence of their execution has been oft attested, and Prof. Ellis' authority as an anatomist is paramount. Of their reproduction here we can only say that the letter-press is, of course, unaltered, and the plates themselves (somewhat reduced) as good and faithful copies as could be expected. The dissections of the upper limb, 12 plates, and of the head and neck, 16 plates, are included in this volume. They cannot fail to be of service to the dissecting student, and to the operating surgeon.

A System of Surgery, Theoretical and Practical, in Treatises by various authors. Edited by T. Holmes, M.A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital. First American, from Second English Edition, thoroughly revised and much enlarged. By JOHN H. PACKARD, M.D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia; assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Vol. II. Philadelphia: Henry C. Lea's Son & Co., 1881. Toronto: Hart & Co.

Of this edition of Holmes' system of surgery we have already spoken in the highest terms we could command when noticing the appearance of the first volume, and repetition of that commendation would be superfluous. Vol. II. contains the diseases of the organs of Special Sense, Diseases of Circulatory System, Diseases of Digestive Tract, and diseases of the Genito-urinary organs. Its publication is a great boon to American surgeons, and especially to the younger generation of them, none of whom can afford to be without it. The only article

wholly American is an excellent one by Busey, on Injuries and Diseases of the Absorbent System; but the American editors have made this publication, as a whole, as much better than the English original, as Lea's half Russia binding and beautiful typography is superior to the old English cloth edition.

Essentials of the Principles and Practice of Medicine. By HENRY HARTSHORN, A.M., M.D., Professor of Hygiene and Diseases of Children, Women's Medical College of Pennsylvania. Editor of the American Edition of *Reynold's System of Medicine*. Philadelphia: Henry C. Lea's, Son & Co. Toronto: Hart & Co.

This is pre-eminently a *multum in parvo*, and belongs to a class of works which we dislike, but which continues to be published notwithstanding our urgent remonstrances. "Hartshorn's Essentials," is, however, a very popular book, with both students and members of the profession, and we must acknowledge that it would be a very difficult matter to give so much practical and scientific information respecting the broad subject of medicine within a small space in a more pleasant and useful style than is presented to us in this book. This is the fifth edition, the fourth having been published in 1874, and is quite up to the times in every particular. We have in the 600 pages a fair amount of general pathology, general principles, general therapeutics, and when we come to what our author calls special pathology and practice, nothing appears to be omitted. As a brief and concise compend of the principles and practice of Medicine we know not its equal, and we have no doubt it will be highly appreciated by a fair proportion of both students and active practitioners.

A Text Book on Physiology. By M. FOSTER, M.A., M.D., F.R.S., Prelector in Physiology and Fellow of Trinity College, Cambridge. Second American Edition from the third and revised English Edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Hart & Co.

As our readers will probably remember the first American Edition was published in 1880 from the third English Edition. This was exhausted in the short space of one year, princi-

pally through its sale in the United States. Although it has not been adopted in Canadian Schools so generally as we would like, still we are pleased to notice that increased interest is being taken in the work, and we hope soon to see it in the hands of all our students who have any ambition to gain a good knowledge of scientific physiology. This second American Edition is from the same English Edition as the first, and the additions and changes made by the American Editor are so trifling as to be unworthy of special mention. No new plates have been added, but a few have been changed, and, we are glad say, much improved. In our somewhat extended review of the first edition it was our pleasure to express a very favourable opinion, and since then we have certainly not changed our views. If we could add anything to impress on our readers the high character of the work, we would gladly do so; but will simply say without any reservation, that we believe it to be the best text-book on physiology in existence for the general use of advanced students and practitioners.

Meetings of Medical Societies.

HURON MEDICAL ASSOCIATION.

The Annual Meeting of the Huron Medical Association was held in Clinton, on Tuesday, January 10th. Dr. Sloan, of Blyth, President, in the chair. The following members were present: Drs. Sloan, Holmes, Worthington, Hyndman, Williams, Bethune, Graham, Young, Taylor, Mackid, Duncan, Hurlburt, and Stewart.

Dr. W. J. R. Holmes, of Brussels, was elected President for the ensuing year, and Dr. Hurlburt, Vice-President. Dr. Stewart was re-elected, Secretary.

The Association decided to subscribe for one copy of the "Index Medicus."

Dr. Mackid, of Lucknow, exhibited a married man, aged 43, farmer, who has been complaining for the last 3 years of severe pains in various parts of his body, principally on the left side. These pains are continuous for hours. He also complains of pains of a "lightning-like" character confined to the

upper extremities principally. He says his sight is dim, and often after severe exertion he is blind and sees things double. His eyelids twitch when he has undergone exertion. He has lost all sexual desire. He is seldom able to retain his urine over an hour. The bowels are irregular. He says he cannot walk well in the dark, but there is no evidence of ataxia when his eyes are shut. Tendon reflex normal.

Dr. Duncan, of Seaforth, showed a very well-marked example of Jacksonian Epilepsy. The patient is a boy $4\frac{1}{2}$ years of age, a twin, born at 7 months. The premature birth was owing to an injury the mother received from being thrown out of a sleigh. General health good. Had whooping cough. There has been a purulent discharge from the right ear ever since the child was two months old. When the child was nine months old the mother noticed that while nursing it would suddenly, and without apparent cause, stretch itself back and leave the breast for a short time. From the ninth to the twelfth month the child had very frequently attacks of ordinary convulsions. These attacks, however, have completely passed away. The boy is larger and better developed than his twin brother. His mind is bright and active. His speech is not very distinct however.

The first unilateral convulsion occurred in June, 1878. They have recurred frequently since that time, sometimes there will be as many as seven in one day. The individual fits occur as follows: The first thing noticed is generally that the child is in unusually high spirits. He is restless and excited, and talks strangely. About twenty minutes before the convulsive movement begins he loses the power of the whole left side. The convulsions commence sometimes in the fingers, sometimes in the toes, always on the left extremity however. If they commence in the fingers they travel up the arm and down the leg. If in the leg, then up this limb and down the arm. The convulsive movements last for a short time; they are followed by a short pause, again repeated, and so on for four or five hours. The tongue is protruded to the left side, and the eyes are turned in the same direction during the convulsions. The left side of the

face and forehead get dark in color during the fit. After the convulsions have ceased the child falls into a deep sleep from which he awakens with completely paralyzed left extremities. This paralysis passes away in from twelve to twenty-four hours. Consciousness does not appear to be completely lost during the attacks. Bromide of potassium has appeared to have prevented many convulsions which otherwise would have occurred. The above case differs from reported cases in the fact of paralysis preceding as well as following the convulsions.

Dr. Taylor, of Goderich, showed the following cases:

(1) Pseudo-hypertrophic muscular paralysis.

This patient is a boy, aged 16, with a good family and personal history, and who presents the characteristic symptoms of this disease in a pronounced degree. His mother states that he always had a difficulty in walking, and was constantly falling if travelling over uneven ground. His playmates styled him "Stiff Legs." The calves are three inches greater in circumference than the upper part of the thigh. The arms are an inch larger than the forearms. There is general muscular weakness. Patellar tendon reflex is absent.

(2) Left hemiplegia from destruction of a portion of the right cortical region of the brain—Epilepsy.

The patient, a female, aged 23, when 5 years of age sustained a fracture of the right side of the skull by a branch of a tree falling on her. There was loss of cerebral substance at the time. Her left arm and leg have been partially paralyzed since. There is almost complete paralysis of the arm, but she has some use of the leg.

The patellar reflex of the paralyzed limb is greatly exaggerated. The left arm is atrophied and contracted. There is loss of bone to the extent of about $1\frac{1}{2}$ inches over the right side of the skull, principally in the region known as the lower antero-parietal area, and which corresponds to the convolutions bordering the fissure of Rolando.

Three years ago this patient had her first epileptic fit. Since then the epileptic convulsions have recurred two or three times weekly.

While under observation she had a fit. The convulsions which were general were of a tonic character for about half a minute, this was followed by three or four general clonic convulsions. The contracture of the paralyzed arm (left) was relaxed, and the eyes were turned strongly to the left during the fit. There is no aura preceding any of her fits. The least mental excitement is said to bring on a paroxysm. It was noticed that immediately preceding the fit one of the members of the Association was pressing strongly over the right side of the skull where there is loss of bone.

(3) A case of Necrosis of the Mastoid portion of the Temporal bone.

This patient was a boy, seven years of age. About four years ago he had a purulent discharge from his right ear, which was followed by swelling behind the ear. A free incision was made into this swelling, and a few pieces of dead bone removed. The wound healed up quickly and remained so until a few months ago. At present there is a copious discharge both from the ear and from the mastoid bone. The mastoid disease is supposed to have been caused by a plug of cotton wool which had remained in the ear for a period of fifteen months.

Dr. Worthington, of Clinton, showed a case of Paraplegia, being probably an example of the so-called "hysterical paraplegia."

The patient is a married woman 32 years of age. She has four children. During her first pregnancy, eleven years ago, she says she was unable to walk, and for a period of nine months following it she maintains that she had lost motion and sensation of the lower extremities. She recovered completely, and remained well up to her second pregnancy when she complained of "lightning-like pains" in her lower extremities. For a period of nine months following her second pregnancy she lost the use of, and feeling in, her lower extremities. After her third pregnancy she remained well. Two months after her fourth pregnancy (November, 1879) she "caught a cold" which was followed shortly afterwards by loss of power in the lower extremities, and from this state she has not yet recovered.

PRESENT STATE.—There is a considerable loss of power in both lower limbs. It is with the greatest difficulty that she can move about when supported by two persons. Unassisted locomotion is not possible. Sensation is exalted in the paralyzed parts. The legs are oedematous. She has lost power over both rectal and vesical sphincters. The patellar reflex in both limbs is greatly exaggerated. Ankle clonus present. She complains of pains darting around the chest and abdomen. Vision good. There is no spinal tenderness or unevenness of the spinous processes.

Dr. Sloan, of Blyth, showed a case of Anæmia in a young man 23 years of age. Eighteen months ago this patient had jaundice lasting five days. Four months ago he commenced to lose flesh and color. There is no enlargement of the liver, spleen, or any of the lymphatic glands. Blood is normal in every respect. Pulse only 38 when lying, sitting 45. There are no changes to be detected in either the thoracic or abdominal viscera. There is no increase of temperature. The administration of iron has not been of any benefit.

Dr. Hyndman, of Exeter, showed a very well-marked example of Aneurism of the left femoral artery situated at the apex of Scarpa's triangle

The patient is a man 23 years of age, with a good family and personal history.

Three years ago he was accidentally shot, the ball (from a large pistol) passed into the left thigh about the centre of its internal surface, taking a course, apparently under the skin and fascia, outwards to the external surface of the thigh where it still lies imbedded under the skin. Although there was no external hæmorrhage the amount of shock was very great. The wound healed in a week, and it was then noticed that there was abnormal pulsation about the apex of Scarpa's triangle. Since this period he has been constantly attending to his duties as a clerk in a dry goods store. At present there is a large expansile pulsating tumour occupying the apex of Scarpa's triangle. It has a long diameter of four inches and a short one (transverse) of about 2½ inches. There is a distinct bruit to be heard, and a thrill to be felt over the tumour. Pressure on the femoral artery above arrests all pulsation in the swelling. There is no œdema and but little pain in the affected limb.

Drs. Stewart and Hurlburt showed a boy, aged three, who has lost in a great measure the co-ordinating power of the muscles of his lower extremities, and in a slighter degree those of the upper extremities also. He is unable to walk unless assisted. He walks much worse in the dark or with his eyes shut. There is no loss of muscular power. The patellar tendon reflex is absent in both legs. The general health has not suffered any. The trouble came on gradually. It is now about two months old. Vision is good. He has complete control over both bladder and rectum. He has had an offensive purulent discharge from the right ear for a year.

Dr. W. J. R. Holmes, of Brussels, showed a man, aged fifty, who has Paralysis of both median and radial nerves in the hands. Full notes of this case will be given later.

Dr. Graham, of Brussels, showed a specimen under the microscope of the blood from a case of Pernicious Anæmia.

Miscellaneous.

REPORT OF THE COMMITTEE ON REVISION OF THE CODE OF ETHICS.

The New York State Medical Society was called to order at 8 P.M., and the following report of the Committee on the Revision of the Code of Ethics was made the special order of business:—

I.—THE RELATIONS OF PHYSICIANS TO THE PUBLIC.

It is derogatory to the dignity and interests of the profession for physicians to resort to public advertisements, private cards, or hand bills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor without charge, or promising radical cures; or to publish cases or operations in the daily prints, or to suffer such publications to be made; or, through the medium of reporters or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform other similar acts.

It is equally derogatory to professional character, and opposed to the interests of the profession, for a physician to hold a patent for any surgical instrument or medicine, or to prescribe a secret nostrum, whether the invention or discovery or exclusive property of himself or of others.

It is also reprehensible for physicians to give certificates attesting the efficacy of patented medical or surgical appliances, or of patented, copyrighted, or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc.

II.—RULES GOVERNING CONSULTATIONS.

Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

To promote the interests of the medical profession and of the sick, the following rules should be observed in conducting consultations.

The examination of the patient by the consulting physician should be made in the presence of the attending physician, and during such examination no discussion should take place, nor any remark as to diagnosis or treatment be made. When the examination is completed,

the physicians should retire to a room by themselves, and after a statement by the attending physician of the history of the case and of views of its diagnosis and treatment, each of the consulting physicians, beginning with the youngest, should deliver his opinion. If arrive at an agreement, it will be the duty of the attending physician to announce the result to the patient, or to some responsible member of the family, and to carry out the plan of treatment agreed upon.

If in the consultation there is found to be essential difference of opinion as to diagnosis or treatment, the case should be presented to the patient, or some responsible member of the family, as plainly and intelligently as possible to make such choice and pursue such course as may be thought best.

In case of acute, dangerous, or obscure illness the consulting physician should continue his visits at such intervals as may be deemed necessary by the patient or his friends, by or by the attending physician.

The utmost punctuality should be observed in the visits of physicians when they are held consultations; but, as professional engagements may interfere or delay one of the physicians, the physician who first arrives should wait for his associates a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it is the attending physician who is present, he should, of course, see the patient and prescribe; but if it is the consulting physician, he should do so, except in an emergency, or when he has been called from a considerable distance, in the latter case he may examine the patient and give his opinion in writing and under seal, which should be delivered to his associate. — *New York Medical Record.*

Births, Marriages, and Deaths.

BIRTHS.

On the 13th inst., at 93 Brock Street, the Rev. Dr. E. W. Spragge, of a daughter.

At Bracebridge, on February 14th, the Rev. W. F. Shaw, M.D., of a son, still-born.

MARRIAGES.

At the residence of the bride's father, on the 7th inst., by the Rev. J. P. Calder, Rev. J. Cameron, of Iron Mountain City, Mich., the second daughter of E. McRae, Esq., of Lancaster.

On Thursday, February 16th, at Christ Church, New York, by the Rev. Dr. Shipman, Dr. J. Hunter, to Kate, daughter of R. G. McPherson, Frederick, Md.

DEATHS.

At his residence, 134 Bathurst street, on the 13th inst., Dr. J. P. Lynn, of this city, aged 42 years.

At Bracebridge, Ont., on Friday, February 15th, Mary Eveline Nicol Ritchie, beloved wife of W. F. Shaw, M.D., aged 24 years.