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The Canada Medical Record.

MONTREAL, APRIL, 1879.

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PHARMACEUTICAL DEPARTMENT.

Original Communications.

A Paper on Peritonitis. By THOS. H. GAGE, M.D.,
Read before the Worcester, Mass., Association
for Medical Improvement, March 12, 1879.

(Communicated to the Canada Medical Record by
George Ball, M.D., Secretary of the Association.)

Peritonitis, in one form or another, is a disease of frequent occurrence, and is in general well understood and easily recognized. To enter upon its discussion, as is done in universally accessible books, would be tedious as well as unnecessary. But we may be pardoned the passing remark that, in view of the present fulness of our knowledge of the disease, it seems surprising that it should have been so very ill understood, and hardly deemed worthy of discussion, only seventy-five years ago. Dr. Cullen in his "First Lines," published in 1807, dismisses peritonitis in a brief paragraph, and only says, in substance, that the symptoms are so obscure that the disease is difficult to recognize; and that, even if it could be more readily known, it would require no particular treatment beyond that of acute inflammation in general. And yet it is interesting to observe that, as he passes on from this dismissal of peritonitis to the description of other acute abdominal inflammations (notably that of "phlegmonous and erythematic" gastritis), he is evidently talking and describing what we now know to be acute diffuse inflammation of the peritoneum.

I do not bring the subject up to-night with any purpose of entering upon a general description or exhaustive essay. The scope is too large for such treatment in the brief time we give to discussion, and I have neither the time nor the ability to do it

justice. My purpose is rather, very briefly, to speak of a few points of personal experience and observation in the disease, which, although comparatively of little importance in themselves, may serve to suggest a course of discussion and remark which will prove both instructive and entertaining. To this I have been led by the circumstance of having seen recently a somewhat unusual number of interesting cases, and by the knowledge that several members of the Association have had occasion to give the disease a fresh investigation and study.

One of the points upon which I wish to speak is the discrepancy between my own experience and observations and the books in regard to the causes of peritonitis. Not that I think I have discovered causes not known to exist before, or that I have any doubt to express as to the efficacy of causes which are usually enumerated; but that I think it not unworthy of mention that, after a practice of twenty-five years, and having seen a great many cases of the disease, there are so many of the usually mentioned causes, and many which we might infer from the books to be not infrequent, which I have never met with. I have seen peritonitis caused by penetrating wounds of the abdomen, and by numerous surgical operations which have involved opening that cavity. Three times I have seen it caused, and run a rapidly fatal course, from the simple operation of paracentesis in ovarian dropsy. I have often seen it arise from participation of its investing coat in inflammation of the various abdominal organs; more especially in inflammations of the pelvic organs in the female, and of the stomach and intestines in both sexes. I have seen its puerperal form, both simple and septicæmic. I have many times seen it arise

from apparent rotations and dislocations of coils of intestine; from strangulations, internal and external; and a few times from intussusception. I have seen many cases of what I supposed to be typhlitis and peri-typhlitis giving rise to severe local, but very rarely to general, peritonitis. Twice I have seen it caused, and frightfully violent in its course, by ulceration and perforation of the appendix vermiformis from lodgment of a foreign body; in one the foreign body being a kernel of wheat, and in the other a hard, half-cooked bean. I have seen a severe local peritonitis caused by the irritation and extension, without penetration, of an acute destructive ulceration of the external tissues in the right groin, causing first adhesion of intestine to abdominal walls; then, through a series of years, repeated and wearing attacks of colic from obstruction; and at last general peritonitis and death. I believe too, some authors to the contrary notwithstanding, that I have seen peritonitis occur as an idiopathic, primary disease, from exposure to cold, from wet, and from great fatigue, just as from such causes inflammation of other serous membranes may arise.

But I have never yet seen peritonitis caused by perforating ulcer of the stomach, nor by perforating typhoid or scrofulous ulcer, nor by perforating ulcer of any of the urinary passages or bladder. I have never seen it from rupture of the gallbladder, or impaction of gallstones and ulceration and perforation of the common duct. I have never seen it from the bursting of hepatic or peri-nephritic, or any other abscesses into the peritoneum. Indeed, with the single exception of one exceedingly violent attack of peritonitis, which I once saw, from the accidental bursting of a distended ovarian sac, and the extravasation of its contents into the cavity, I never saw inflammation of the peritoneum caused by the pouring into its cavity of any of the diseased or healthy fluids of the living body—always excepting, of course, traumatic cases from penetrating wounds. Now there may be very little in all this of importance enough to relate it; and yet, with the almost uniform testimony of authors to these last as recognized and not infrequent causes of peritonitis, it struck me that my experience, or want of it, might be worth mentioning, and more especially for the sake of bringing out that of others. The second point of my experience concerning which I propose to speak has to do with pathological processes, and with the progress and course of some of the severe and alarming cases of general acute peritonitis, which survive the first work of the disease, to linger through a few

weeks more of suffering, and then die, or to make, through a long and tedious confinement, a more or less perfect recovery. It relates to the disposition made in some such cases of the effused products of inflammation, and instead of being at variance with books, may serve in some trifling degree to illustrate their teaching. We know that in such severe acute cases there is often immense effusion of turbid, flocculent, whey-like fluid, in which may usually be found flakes and soft masses of coagulated fibrin, in greater or less abundance; and that this yellow fibrinous deposit not only floats about to some extent loosely in the thin fluid, but also gravitates to dependent positions, and is found accumulated in the pelvis, and along the course of the spine, and especially in the folds and duplicatures of the mesentery. We know, too, that if such cases do not terminate early by death, such exudations cannot remain long without undergoing important change. We know, also, that if the patient is to recover, such change will usually consist of more or less rapid absorption of the effusions; first, absorption, perhaps rapidly, of the fluid portions, and then, much more slowly, of the solid.

But there are cases where the patient does not die early, and lingers on, in which this process of absorption either does not take place at all, or in which it may be hindered or arrested at any stage of its progress. In such cases as these it may happen, if no attempt at absorption has taken place, that the great and long continued pressure upon the weakened tissues may cause ulceration and perforation of the peritoneum at some portion or other of its surface, and allow the pouring forth of the accumulated effusion. Or, supposing the thin, more watery, portions to have been absorbed, and that the heavier and more solid remain, then these, through the formation of adhesions, or through agglutinations between coils of intestine, become limited and enclosed, *i.e.*, capsulated. In this manner are formed those hard, cake-like tumours which are sometimes felt in the abdomen after acute severe peritonitis has passed into the chronic stage; tumours which, in some of the various metamorphoses which they undergo, may suppurate, and at last, by a process of ulceration and perforation, find an exit for their contents. The possibility of this event, and its actual occurrence, are mentioned by most authors. Baudelacque, in his large work upon puerperal peritonitis, makes repeated allusion to it, and cites several instances from various sources. I have, however, supposed that it must be, after all, comparatively rare, and have alluded to the subject

to-night for the purpose of mentioning those instances of spontaneous ulcerative opening at the umbilicus, which have occurred under my observation in the course of peritonitis.

One of them was a puerperal case, and occurred many years ago. The patient was an Irish woman, and I cannot find any memoranda now of the case, though I kept some at the time. I remember that the inflammation did not come on until a week after confinement, that it was very severe, and that there was great distension of the abdomen. Perforation at the umbilicus took place as late as the third or fourth week of the disease, with escape of enormous quantities of turbid fluid and great masses of coagulated fibrin. The perforation remained open and the discharge continued; and the patient, after several weeks of great suffering, died, worn out by the continuous and exhausting discharge.

The second occurred in a patient upon whom I had performed the operation of ovariectomy. Severe local peritonitis followed the operation, and, after the wound had entirely healed, an extensive induration remained in the lower part of the abdomen. This at last grew soft; symptoms of fever and great irritation set in; and finally the umbilicus grew puffy and distended, and gave way, with great discharge of thin, purulent and offensive fluid. The resulting sinus, and the difficulty of keeping it open, which led to frequent closures with retention of pus, and many attacks of fever and pain, made the case a very annoying one for months, but the patient ultimately made a complete recovery.

A third and very remarkable instance occurred in a patient of Dr. Francis, while temporarily under my care during Dr. Francis' absence. The case began as one of acute general peritonitis, and, passing on to a very distressing chronic form, developed in a most marked degree the characteristics of capsulated solid effusions. Ultimately, (I hardly remember at precisely what period of the disease) a spontaneous opening occurred at the umbilicus, giving exit for a large amount of exceedingly offensive, thin, purulent fluid. The whole progress of the case was marked by unusually interesting features, and ended in apparently complete recovery. I have no doubt Dr. Francis will give us a much fuller account of it. I only mention it myself from the accidental circumstance of my attendance at the time the perforation occurred.

A third point of personal experience to which I would allude is, that the symptom of stercoraceous vomiting, even when long continued, is not necessa-

rily a fatal one. I have seen two instances in acute diffuse peritonitis where this symptom was present and constant, with hiccup, for several days, and yet the patient recovered.

One was a patient upon whom I had operated for strangulated hernia. The peritonitis which followed was general and very severe. There was great distension of the abdomen, copious discharge of fluids and flakes of lymph from the wound, constant vomiting, which at an early stage became stercoraceous, and hiccup, and yet the patient, who was an insane man, at last recovered. The other was a very remarkable case of a young lady who was under the care of Dr. Bull, and whose case will undoubtedly be reported by him.

I confess that I do not understand the mechanical or the vital conditions which give rise to this loathsome and terrible symptom, but as ileus is so exceedingly apt to be regarded as pathognomonic of some intestinal obstruction, the recovery of two such cases seem to me worthy of mention.

A fourth and last point of experience and observation to which I wish to allude relates to the value of calomel in the treatment of peritonitis. When I commenced the practice of medicine I was very strongly prejudiced against the use of mercury in any form, or in any disease, and especially in the treatment of peritonitis, for there was then a prevalent idea, in New England at least, that mercurials were unnecessary and hurtful in the disease, and that the true treatment was by large doses of opium, with a view to arresting entirely the peristaltic action of the intestines. This treatment of peritonitis was claimed as a sort of discovery for Dr. H. H. Childs of Pittsfield, and I remember to have heard him extolled as a benefactor for having discovered its merit, and taught it to his pupils. Nevertheless the text-book of Theory and Practice used then in the Boston schools was Watson, and I have the substance of that delightful book, if not the literal text, almost by heart. Now Dr. Watson's injunction was to "obtain in these cases, as speedily as possible, the specific effect of mercury upon the system, by calomel and opium or by inunction."

With such diverse instruction and ideas upon the subject I came to one of my first important cases of peritonitis; important, I mean, not simply as a case of disease, but important as to the character and social position of my patient, and so, as I then thought, important in its influence upon my fortunes. I was then in Sterling, and this occurred at least twenty-five years ago. My patient was a young

married lady, of previously excellent health; she had taken a long, cold ride over rough roads on an evening in the spring: had passed a sleepless night, with much abdominal pain; and had had a rigor in the morning before I saw her. Without going into full description of all her symptoms it is enough to say that I recognized acute general peritonitis, and that, of course, I felt the case to be one of great importance. I treated her by leeches and hot fomentations and aimed to control the pain, and arrest peristaltic action, by large opiates. The acute and urgent symptoms lasted something over a week, when my patient began to improve, and, as I at first hoped, to get well. But she did not get well; there seemed to be an arrest in the progress toward recovery. The acute symptoms passed away, but the bowels remained hard, distended, and tympanitic. They were tender to pressure, and any jar or commotion gave pain. Digestion was impaired. There was constipation. The patient was a confirmed invalid, and passed a most uncomfortable summer, confined entirely to her house. Altogether, the result of her case was a disappointment and mortification to me.

Late in the autumn of this same year this patient was seized, without obvious exciting cause, with a second very severe acute attack. My first treatment of the case had been so unsatisfactory that I now determined to follow Dr. Watson's advice, and bring her under the influence of mercurials; and for that purpose I simply added small doses of calomel to the opium and other remedies I had used before. In two or three days her gums began to grow tender, and there was a little fetor of the breath. The calomel was immediately suspended; but, simultaneously with the appearance of the slight specific effect of the calomel, a marked improvement in all the symptoms, both local and general, was manifest. From that moment recovery steadily and rapidly progressed, until it was complete. My patient has been ever since a healthy and vigorous woman; and I cannot doubt that she owes much of her recovery to the mercurial.

I need not say that this experience made a great impression upon my mind; and I know that it has had a great influence upon my practice. I have since that over and over again had the impression thus made confirmed, and seen both general and local peritonitis, when acute and alarming, yield, and begin to improve, under gentle mercurialization. Of the certainty of this I am as fully convinced as I am of the truth of any demonstrated clinical

proposition. I know, of course, that my experience may have misled me, and that I may have misapprehended its teachings, but, as results now stand, I can accept no other conclusion. In what way, by what modification of vital processes, mercury causes the great change and improvement I have so often seen in such cases I confess that I do not know. I only know the fact.

A word of caution as to the use of calomel. I do not use it indiscriminately in every case of known or suspected peritonitis. I would not have it employed except the case were urgent and obstinate (perhaps I might add dangerous). I would never allow it to be pushed beyond a very gentle impression; and to make this certain I would have its exhibition very closely watched. Used with prudence it does no harm, and is capable of doing great good. I have never seen anything but a slight tenderness of the gums and very moderate fetor of the breath, as I have used it. Never anything like a salivation.

I have never used it in any acute inflammatory disease but peritonitis.

Valedictory Address to the Graduates in Medicine, delivered at the Eighth Annual Convocation of the Medical Faculty of the University of Bishop's College, Montreal, April 16, 1879. By GEORGE WILKINS, M.D., M.R.C.S. Eng., Professor of Pathology and Lecturer on Practical Physiology and Histology.

Mr. Vice-Chancellor, Ladies and Gentlemen:—

GENTLEMEN, GRADUATES IN MEDICINE,—The very pleasing duty of addressing a few parting words to you on behalf of your teachers has this year devolved upon me—pleasing, not at parting with you, but that you should be successful in so honorably obtaining the much coveted diploma that each of you now possess—pleasing, also, that the fair fame of Bishop's University is certain to be held in still higher esteem by the representatives it sends forth to-day, for you must remember your Alma Mater's success is co-existent, and to a great extent dependent, on your success.

The History of Nations may be read in the lives of a few of the more prominent individuals of that particular nation; so in after years will the History of Bishop's University be inseparable from that of its Alumni. To-day, you, gentlemen, begin one chapter in that history; to-day, you commence your battle with the world, and in doing so you under-

take responsibilities the nature of which time only will reveal to you. Heretofore you had the guidance of your professors to direct your thoughts, but for the future you will have to rely altogether on your own judgment. It has been our endeavor to impart instruction to you of such a nature and in such a manner as may best fit you for the noble pursuit you have chosen. The subject of your past studies is one about which you need have no misgivings—Man, the noblest of God's creation. No nobler, no more benevolent mission can engross the mind of man than that upon which you now practically enter. You go forth armed with that knowledge which, judiciously used, will enable you to protect and prolong life. Your duties will be, not only to alleviate human suffering, but also to endeavor to find out the causes of the many preventive diseases and to direct measures for their suppression. You will thus be enabled to prevent what you might be powerless to cure.

Formerly the term "healing art" embodied the whole of our duties as physicians, but now-a-days the science of medicine embraces a much wider sphere. It is no longer simply an art directed to the alleviation or cure of human suffering—that is only a part of our duties. A very great proportion of this suffering can be prevented. It is estimated that about 75,000 or 80,000 people die every day, of whom at least 20,000 die from preventible diseases. In this city alone, quite 1,500 people die every year from causes that are remediable. It is impossible to separate your powers from your responsibilities. Constantly bear in mind the grave nature of your duties, and, if you do, I feel satisfied you will be animated by an honest determination to discharge them. It will not be sufficient that you bring to your patients your intellect only—your heart must be in the work.

Love of truth, love of duty for its own sake, with the self-denial, the patience, the moral intrepidity they involve, sufficed in times past to carry men of even moderate abilities to scientific eminence and professional usefulness, though the path was by no means so straight, by no means so level, as now; but if these qualities should be lacking in any of you, not all the facilities which modern science can devise will raise you above mediocrity. Of course you cannot all be first. Illustrious talents, like illustrious birth, are the property of the few. There are giants in intellect as there are giants in stature and strength, but any young man, possessed of ordinary faculties, exercised with vigilance and in an honest, indepen-

dent, inquiring spirit, is certain of some measure of success.

It will be absolutely necessary that you should not consider your student days are ended, for really they are not. They can cease only when you retire from your professional practice, and, judging from the past history of our profession, I do not think many of you will do that until you "shuffle off this mortal coil."

Our profession is so markedly progressive, in such a constant state of rapid transition and development, that if you would advance your art, or even keep level with the age, you must be open to receive knowledge by every avenue: discard no therapeutical suggestion as too chemical; ignore no pathological inquiry, however minute and apparently impractical, which may throw light on the nature of disease; do not despise as new-fangled or superfine any appliance which may help to make diagnosis exact.

Medicine, like many other professional paths of life, possesses its quicksands. Those against which I now especially warn you are "efforts of Nature," "expectant medicine" and "alcohol." To the different types or races of men nature is beneficent, but to the individual she is merciless, and it is with the individual that the physician has to do. Will the mother resign to the grave her cross-grained deformed first-born because it would be better for the race, nay, better for her own immediate kin, that the family should be continued by his younger brother? Many a cumberer of the ground, when laid on a sick bed, feels that, so far from his being missed, his place will be more worthily filled up, after sundry efforts of Nature for the good of mankind have been successful, yet he elects to stay. Many a patient knows that science would be immensely enlightened by a sight of his remains, but he had rather not. Before we assist efforts of Nature we must have evidence that their end is not our extinction, not a capital punishment for neglecting to use our reason. However well intentioned, Nature is not always beneficent, and it is fortunate that we can sometimes cut short or change the tenor of her performances. Timely digitalis may give a new lease of life to the owner of a damaged valve—timely administration of salicylic acid may save the valve; so that, in very many ailments, instead of assisting Nature in her not very amiable endeavours, you will deliberately discountenance her.

"Expectant Medicine" is simply a disbelief in the utility of all interference. A young practitioner hears his elders point out the harm done by some

previously popular treatment, but he fails to understand what is substituted for it, so, knowing that a certain percentage of his patients will recover if he does nothing, he might possibly be tempted to pursue that course. Before you attempt to put into practice such a line of treatment, or rather non-treatment, reflect, for possibly the very case you are then called upon to treat may be the one which makes a difference in the per centage, which, naturally fatal, may be healed by art.

Alcohol, one of the most powerful therapeutical remedies that we possess, is one that, perhaps more than any other, requires the soundest judgment and greatest caution in its administration, not alone for the physical effects, but also for the moral influence it may exert on the future welfare of your patient. As you have been fully instructed when you should administer it and when you should refrain from doing so, I will merely suggest to you never to prescribe it without the most careful consideration.

You will hear over and over again from some of your patients or friends, advanced in years, that diseases are not the same now as they used to be, that they are changed in type, and you will hear a very great deal about difference in treatment then and now. Some twenty-five or thirty years ago it was no unusual thing to read the medical history of some cases, thus: A. B. caught fever, gave him calomel, bled him, blistered him, died on the third day. It has been suggested that fevers, especially, are not what they were; and that, though we are probably right in the way we deal with them, yet our forefathers might have been right, too, in adopting an opposite line of treatment. It had been supposed by many that we Britons are more puny and faint-hearted than of yore, and that an increasingly vitiated progeny is yearly brought into the world, which is less and less able to bear either the disease or the the remedy. All trustworthy records show this to be incorrect. Measurements of ancient armour and clothes show that we are bigger; measurements of athletic feats show that we are stronger; the profits of Insurance Companies show that we are longer lived; the diminished ravages of epidemics show that we resist disease better than our ancestors. The most complete answer to these change of type theorists is afforded by the fact elicited by statisticians that in reality our forefathers did not have their lives prolonged by the antiphlogistic discipline. They stood it just as we would stand it, but such good recoveries as we make now they did not make. The change of type is in the doctor, not in the

disease or patient; and we believe the change to consist in our truer insight into the nature of that living body with which we have to deal. And this truer insight we would attribute to the general diffusion of studies to which you have devoted your time, and which at first glance may seem to have had no bearing upon the matter in hand. These studies you should still continue to pursue, and you also should earnestly endeavor, by accurate observation and careful investigation, to add something, be it never so simple, to what is already known in relation to the science of medicine.

Now, gentlemen, a very important question, and one that naturally suggests itself to your mind is: What are my prospects of getting on in life? In answer to that you have but to read the history of the lives of eminent physicians. Who are the successful men of the present day? Almost without exception they are the hard-working men. I say "almost" because it is quite true that many a man to whom Nature has been sparing in her intellectual endowments will succeed, as far as the eyes of the general public are concerned, provided he be gifted with a plausible manner. But the really successful man, who is esteemed alike by his confrères and his patients, is the man who laid the foundation of his success in early and continued hard work. This hard work must be begun with the poor. It is with them you must first make a reputation, and to do that you will require to be particularly careful how you comport yourself at the bedside. They may or may not have an opinion as to your knowledge of disease, but will judge of you by your look, whether intelligent or vacant; by your obvious perception or non-perception of the "position" of matters, and not the least by the use you make of your hands, whether in feeling the pulse, in practising percussion, in determining the posture of a limb, or in applying a splint or bandage. Confidence is more certainly inspired in a patient by skill in these details than by external reputation or high social connection.

You must not expect that success and eminence can be gained at once, nor be disappointed if you do not immediately attain them. You must give proof that you possess both skill and learning. Those of you especially who intend to commence city practice, in the early part of your professional career, will meet with a great deal of misery and poverty. You will frequently be compelled to listen to the complaints of worn and listless women; you will be called upon to soothe the cough of

querulous old age; you may have to set the broken leg of a drunken brawler. Over and over again you will be called to the beds of those who have never known goodness, have never learned gratitude. You will also receive showers of blessings and praises from some to whom you have been instrumental in affording relief. You must not be disappointed if your experience occasionally should be that so aptly described by Pope, who says:

God and the doctor we alike adore,
Just on the brink of danger—not before;
The danger past, both are alike requited,
God is forgotten and the doctor slighted.

Notwithstanding this you must bring with you to your patients, not only knowledge and dexterity, but also words of comfort for the sorrowful; peace, if not healing, to the afflicted. Though you may have the intellect of a god, without compassion all will be foolishness.

Although by your attention to this class of practice you may not reap an immediate reward in the shape of dollars, that will surely come eventually; for the present you must be satisfied by saying, with Byron:

'Tis sweet to know there is an eye will mark our coming,
And look brighter when we come.

As I mentioned a few moments ago, you must expect some struggling at first, but, when you get fairly started in practice, you will never regret your choice of profession; with your better class of patients you will meet with so much of real genuine gratitude as will amply repay your early struggles.

In a few days you, who have been seated side by side, and toiled together for so many weary months, will be separated far and wide; some of you hundreds of miles away, yet Bishop's University will have a watchful eye on each and every one of you. Some of your former fellow-students, although thousands of miles from here, are remembered as of yesterday. China, the Western Tropics, the neighboring Republic, our own vast Dominion, east and west, have all of them able and successful representatives of the Medical Faculty of this University, of whom we are justly proud. We hope and trust that you may be equally successful.

Our earnest prayer is that you may be true to yourself, because, in order to be that, you must be true to your patients; true to your *Alma Mater*; and, above all, true to your God.

Gentlemen,—Adieu.

Whooping-Cough treated by Quinine. By FRANCIS WAYLAND CAMPBELL, M.A., M.D., L.R.C.P. Lond., Professor of Physiology in the University of Bishop's College.

Read before the Medico-Chirurgical Society of Montreal, April 18th, 1879.

It will, I think, be very generally admitted by the members of this Society that hitherto the treatment of whooping-cough has not only been unsatisfactory in its results, but that a very large number of cases are not subjected to any kind of medicinal treatment. This latter circumstance is due, in my opinion, to the fact that, owing to the want of success which the Profession have had in the use of drugs recommended, they have lost faith in their power to cure the disease. So universal is this loss of faith, that it has been communicated to the general public, and the result has been that, in a large percentage of cases of whooping-cough, the family practitioner is not consulted. The parents are satisfied to try home remedies, or to take their children to the gas house, or, perchance, believing that time alone is capable of curing the disease, they are satisfied to allow the little sufferers to "cough it out." Notwithstanding this meagre or "do-nothing treatment," the majority pull through, but it must be admitted that some delicate ones fall by the wayside. I am of opinion some of these lives might have been saved, even by the use of the methods of treatment recommended by our standard authors. I am still more strongly of opinion that nearly all of them might have been saved had the treatment which I desire this evening to bring before your notice been adopted. I do not think I am very far astray when I make the assertion, that in eight cases out of ten, when a Medical man is called in to see a case of whooping-cough, when he has satisfied himself of the nature of the disease, he feels that his duty is performed by his prescribing some expectorant mixture, and telling the parents that in all probability the disease will run its course in two, three or four months. He does not return to visit his patient, and he perhaps never knows the days, the hours of torture, which the parents experience by the constantly recurring "whoop," so distressing alike to them and to the child. I may be wrong in this assertion; what I have just stated may be the exception and not the rule. It is my opinion, nevertheless, and it

certainly is the plan which I confess to have adopted in the great majority of cases of whooping-cough which have occurred in my practice up to some three or four months ago. My attention was, however, very strongly directed to this subject, early in February last, by my youngest son, aged three years and a half, being attacked with the disease. The whoop was so terrible and so distressing, that I turned over in my mind all the various plans of treatment, and have to confess that the outlook for a quick termination of it by any of them was not bright.

It however occurred to me, that somewhere I had read of the very successful results obtained by the use of quinine in arresting the "whoop." As it is this which renders the disease so distressing, I thought that if I was able to cut it short, I was able to rob it of more, far more, than half its terrors. I accordingly looked up the subject and found in the *Canada Medical Record* of July, 1873, an article by Dr. Dawson, Clinical Lecturer on Diseases of Children in the Medical Faculty of the University of New York, copied from the *American Journal of Obstetrics*, on whooping-cough treated by quinine. This article induced me to put my child upon quinine, and the result on him and in other cases in which I have tried it, I will give at the close of this paper. So far as I am able to gather, Professor Binz, of the University of Bonn, was the first to direct attention to this remedy in whooping-cough. In 1870 he published a paper in which he stated that in his hands it had accomplished valuable results. Considering whooping-cough to be a neurosis of the pneumogastric nerve, caused by infections and irritating mucus that has accumulated in the larynx and pharynx, and having found by experiments that quinine destroyed, even when highly diluted, all structures found in normal mucus, he supposed that the mucus of pertussis would be affected in a similar manner by quinine. In this, he says, he was not disappointed. At his clinic he said: "I have for the past two years treated all cases of pertussis, without any exception, with quinine. The best proof of its good effects is seen in the fact that those in charge of the little patients call repeatedly for the bitter medicine, whenever, either by force or by coaxing, they have succeeded in administering it to them. There was the most striking difference to be seen in those whom it was im-

possible by any means to get swallow the quinine. In these cases the whooping-cough assumed its regular obstinate course. In the others, although living under perfectly similar circumstances, the paroxysms were always reduced in frequency and severity." The assumption that pertussis is a specific local catarrh, caused by a fixed contagion admitted from without, Professor Binz thinks admits of being explained by adults being almost exempt from it. He says, "the stronger development of the epithelium may be regarded as a protection against the affection of the mucus membrane. In the *American Journal of Medical Science*, 1871, Dr. Letzerich, of Germany, advances a theory as regards pertussis, which, if correct, would indicate the administration of quinine. In this paper he says he has in this disease discovered a form of fungoid growth, which vegetates in the epithelium of the air passages, and, by its irritation, causes the convulsive attacks of coughing. The expectorated mucus of patients suffering from pertussis he says contains masses of brownish red spores, with occasional threads of mycelium, which, in the latter stages of the disease, become very abundant. These observations were made on rabbits into whose trachea he introduced the fungus. In a short time they became affected with a noisy and violent cough, in fact, genuine whooping-cough. The rabbits thus affected were killed and examined, and their air passages were found to contain the same fungus, as that found in the sputa of human subjects, in fact the mucus presented precisely the same appearance." This theory of Dr. Letzerich tends to strengthen belief in the quinine treatment, for if the fungus theory is the correct one, then quinine, with its destructive effect on fungoid matter, is certainly a scientific remedy. Another advocate for the use of quinine is Dr. Breidenbach, an abstract of whose paper appeared in the *London Practitioner* of February, 1871. He used the drug in a violent epidemic of pertussis in 1870. In all pure cases he states that its effects were really surprising. No other remedy was used, and in the very worst cases, he says, the violence and the frequency of the paroxysms diminished after the medicine had been given for forty-eight hours.

Dr. Dawson, in his paper, publishes eight cases where he treated the disease by quinine, and

with results not only satisfactory in all, but astonishing in some. He says: "If the fungus theory of Dr. Letzerich be the correct explanation of pertussis, we can readily account for the destructive influence of quinine on fungoid development. Consequently its power consists in removing the cause of local irritation which gives rise to the reflex phenomena, evidenced by the whooping. For my own part I accept it, and consider pertussis an affection of the mucous membrane of the pharynx and larynx, and the "whooping" as simply reflex. The fact that almost all the remedies given for other than their local effects have either signally failed, or but partially succeeded, strengthens this hypothesis. Nevertheless I do not attribute the rapid cure effected by quinine to the simple destruction of the fungus, but also to its nauseating, bitter taste. In every case of pertussis there is an abnormal secretion of thick tenacious mucus from the mucous membrane of the pharynx (whether this secretion is due to simple catarrhal or reflex hyperæmia, or to fungoid development, it matters not) which may or may not excite a paroxysm of whooping, but which certainly aggravates and prolongs the latter, as may be proved by the fact that the paroxysms invariably cease the moment this mucus is removed, either by the coughing, vomiting or the finger. Now the effect of a small amount of a solution of quinine, when taken into the mouth and swallowed, is instantly, from its bitter and nauseating taste, to excite a free secretion of thin mucus from the buccal mucous membrane and the salivary glands, and this softens and renders easy of dislodgment the tenacious mucus referred to. The frequent repetitions of the quinine, therefore, keeps up this free secretion, and thus prevents the mucus from becoming tenacious and difficult of dislodgment. At each act of coughing, therefore, the accumulated mucus is readily loosened and expectorated, and unobstructed inspiration obtained. The rapid loosening of the cough, the briefness of the attacks, in comparison with those previous to the administration of the quinine, and the easy expectoration, certainly tend to favor the correctness of this theory. All the physicians whom I have named as advocating the quinine treatment agree as to the method of administration which must be followed to obtain successful results.

They may be enumerated under the following heads:—

1. Give the quinine (sulphate or hydrochlorate) dissolved by acid in pure water. For children under three years, from gr. v. to gr. viii., and for older children and adults, from gr. x to gr. (xl) to the ounce of water.
2. Give not less than one teaspoonful every single, or, at longest, every two hours during the day, and several times during the night.
3. Give nothing afterward for some minutes to destroy the taste or wash out the mouth.
4. Continue to give it although the first dose may be vomited.
5. Be sure that the quinine is pure, and that it is thoroughly dissolved.

With these remarks, Mr. President, I will give briefly the report of nine cases of whooping cough treated by quinine.

CASE I. F. W. C., aged three and a half years, had a severe harsh cough since about January 20, 1879.

Feb. 3.—To-day the true character of the disease manifested itself; whooped several times during the day. 9 p.m.—Had a very severe spasm; being in the house, I was a witness of it; thought he would have strangled. 10.15 p.m.—Another severe paroxysm, whoop most distinct; during the night had several paroxysms.

Feb. 4.—At 9 a.m. got his first dose, one teaspoonful of the following mixture: ℞ Quinine sulphate, gr. xl.; acid sulph. dil. gtt. xxxii.; aq. ℥ iv. It was almost immediately vomited. At 11 a.m. got his second dose, which was retained. 10 p.m.—Has had the dose regularly every two hours. Takes it readily. Has had several paroxysms, but it is believed that already they have decreased in severity.

Feb. 5.—Passed a much better night; only whooped twice, and decidedly less severe; vomited freely each time. 10 p.m.—Has coughed several times during the day, but has had but little whoop.

Feb. 6.—Passed an excellent night; only one distinct whoop, although he coughed several times. 11 p.m.—Although he coughed at times during the day, there was no sign of a whoop till an hour after he retired, when he woke up in a spasm, when there was a fairly marked "whoop." From this date up to the 25th of February the cough gradually improved, and only once in the twenty-four hours had it a

"whoop," and the paroxysm was mild, compared with those on the first day of the disease, but it recurred each night, about an hour after he had gone to bed, and this with singular regularity. On the 27th of February the report reads as follows: "No cough of any kind since night of 25th. From this up to about the 6th of March, one or two slight paroxysms with 'whoop' are noted. From the 6th March up to the 26th of March only one or two very slight whoops are recorded, although the cough seemed for several days to be slightly worse." From the 26th March to 1st April the report says: "but very little cough and no whoop; patient has steadily taken the quinine almost every two hours during the day since February 4; his appetite and spirits ever since he began it have improved and he has gained in flesh."

April 15.—Cough has entirely disappeared, and he has not had a whoop since some days anterior to 26th March. I consider that this little patient had the terribly distressing symptom of the disease relieved within forty-eight hours of commencing the quinine, and, to all intents, the disease was cured within three weeks.

CASE II. The infant child of T. B., aged 1½, residence at 131 Fulford street. Came under my care for whooping-cough January 31, 1879; had been whooping for a week before sending for me; placed it on a mixture of squills, ipecac, fld. ext. of belladonna and bromide of potash. On the 4th February was sent for in haste as the child was choking, but, being out, by the time I got there the child was better. On the 5th February, at 9 p.m., I was again sent for, and, as my sleigh was at the door and I was just stepping into it, a very few moments sufficed to place me at the side of the child. The attack is described as being so severe that for a period of at least several minutes they could not tell whether he was alive or not, and, as the family are intelligent and cool, I think some dependence can be placed on the statement. That it was a very severe paroxysm, the condition of the child on my arrival gave evidence; the face showed large numbers of small purplish spots due to ruptured vessels, and the child, usually bright, was dull and listless. The cough and whoop had now for several days been almost incessant, certainly two or three every hour. I accordingly placed the child on the quinine

treatment, and it was commenced the following morning. Within twenty-four hours of its commencement an improvement was noticeable, and in a week the whoop was all but gone, and the child slept most comfortably the whole night. Before the third week was ended the whoop was entirely gone, and in five weeks the report says the child has made a splendid recovery, being now perfectly well; no sign of a cough; appetite excellent, and is rapidly gaining flesh. In speaking to the parents of the effects of the bitter mixture on the disease, they call it "the wonderful medicine."

CASES III, IV and V. Three children, aged 4 years, 2½ years and 10 months, of R. C. S., residing in Chomedy street, came under my care on the 2nd of February, suffering from whooping cough. I placed them on an ordinary expectorant mixture, which was continued for a week without any beneficial results. On February 9 I placed them all on the quinine treatment. The effect was very prompt on the two eldest; was all that could be desired. Within a few days the "whoop" almost disappeared, and within three weeks was entirely gone. In six weeks the report says: "Both are perfectly well." The baby proved a more obstinate case, as it was, at first, all but impossible to get it to swallow the medicine, much being lost in the struggle. So soon, however, as it all was swallowed, its effect was at once apparent. In a month the whoop, which for a week before had been very slight, was gone. The cough, however, was more obstinate, and it did not disappear entirely till the first week in April. This family used about an ounce of quinine.

CASE VI. A. S., aged 10 years, daughter of J. S., 237 University street, came under my care February 7, for a dry cough which had bothered her for a week or ten days. An ordinary cough mixture gave no relief, and on February 17 the disease was manifestly whooping-cough. Put her on the quinine treatment, and the benefit was decided within three days. In eight or ten days the whoop disappeared entirely, and in a month she was perfectly well and able to resume her school duties.

CASES VII and VIII. J. M. and A. M., aged 2½ years and 6 months, children of J. M., 64 City Councillor street, came under my care, January 26, for whooping-cough. Placed them on an ordinary expectorant with belladonna

added. This was continued till February 8, when the disease was decidedly worse, the "whoop" in the youngest being particularly distressing. On that date placed both on the quinine treatment, and on visiting them the next day the mother assured me they were better, the cough was looser, and the paroxysms had not been so frequent during the night. I mention this to show the prompt action of the quinine on both these little patients. By the end of February the "whoop" was quite gone, although the cough was still present to some extent. By the middle of March, report says, "both patients perfectly well."

CASE IX. W. B., aged 6 months, child of W. B., 577 St. Dominique street, was prescribed for by me, February 19, for whooping-cough; ordered a $\frac{1}{2}$ gr. of quinine every two hours. The paroxysms of coughing and the whoop were most distressing in this case, the face and head becoming almost black during the attacks, while the prostration was very great. The child did not nurse well, and was losing flesh rapidly. The mother of this child reports that within four days from commencing the quinine, the improvement was so marked as to be noticeable to every one in the house; that the improvement was steady and rapid, and that in the commencement of March she considered it so well that she gave up the quinine, and within two days the cough and whoop returned as badly as ever. She at once began the quinine again, and in a few days both had disappeared, and by the end of March the child was perfectly well.

This, gentlemen, is briefly the history of nine cases of whooping-cough, which have been under my care since January last, and, I think that with the results I have more than reason to be satisfied. It will be noticed that the "whoop" was relieved in about a couple of days, and cured in a very short time; the cough in all the cases lasting some time after the whooping ceased. To be able to relieve so early in the disease that symptom which is the most distressing is, in my opinion, doing much to remove from it one of its great terrors, not alone to the child, but to those whose feelings suffer at seeing the struggles which the child makes in its efforts to get breath. Considering that no less than four papers on this subject have appeared during the past eight years, it is

a somewhat singular fact that the only work in which I find it even mentioned is in the last edition of *Flin's Practice of Medicine*, and in this it is simply enumerated among the remedies which have been recommended. I strongly recommend a trial of this method of treatment to the members of this Society.

Progress of Medical Science.

THE TREATMENT OF CONVULSIONS IN CHILDREN.

M. Archambault has recently delivered some lectures on the subject of convulsions in children at the Hôpital des Enfants Maladies, which are reported in *Le Progrès Médical*, Nos. 29, 30 and 31, 1878. He considers fully the various causes and nature of convulsive attacks in children, and then proceeds to give an account of the various agents which are in use for their prevention or relief. It is needless to reproduce here his views as to the nature of convulsions and their usual course. His views coincide, in the main, with those of West, Smith and other writers on this subject. He urges that in every case the cause should be sought for, and, if possible, removed; and then goes on to consider the means which have been proposed to arrest the convulsions, and to calm the excessive irritability of the spinal cord.

General bleeding he considers very rarely advisable—only in those cases where the pulse is very strong and the face very much congested. Blood should never be drawn from the arm in very young children. M. A. states that he has never practised general blood-letting for convulsions in children—except in cases of nephritis, either primary or consecutive to scarlet fever. In these cases, the bleeding is directed rather against the cause of the convulsions than the convulsions themselves. Wet cups placed over the region of the kidneys are advisable under similar circumstances. Leeches are often advisable in robust infants who have evident symptoms of congestion about the head. One or two leeches, according to the age of the child, may be placed back of the ears, and a sufficient quantity of blood withdrawn. It has also been proposed to place the leeches on the malleoli or anus. The withdrawal of blood in some of these ways is generally indicated in cases of acute meningitis or an acute affection of the spinal cord.

Compression of the carotid was considered by Trousseau a valuable means of arresting convulsions. M. A. says that he has never had any success with this method himself, nor has he ever seen it act better in the hands of others, but successful results have been published.

Chloroform is certainly the most active agent we possess for allaying the convulsions when

they are of the character commonly known as essential—that is, when they are due to the influence of a very slight cause acting on a very impressionable nervous system. It is especially recommended in those cases where the convulsions cannot be traced to any cerebral affection, to fever or to violent indigestion. It is generally prescribed in those cases where the convulsions are due to the causes just enumerated, but M. Archambault thinks that it would do no harm even in those cases. He states that he has often employed this agent (by inhalation, of course) in scarlatinal albuminuria to allay the convulsions, while, at the same, he used other means to remove the cause. Chloroform should always be administered by the physician himself or by some skilled assistant.

Derivatives, M. A. thinks, are of doubtful efficacy, and the stronger ones, such as mustard plasters, especially blisters, may do serious harm by causing nervous irritation. The milder remedies of this class, such as cloths wrung out of warm water, he thinks may sometimes be of service.

The agents thus far mentioned are those used chiefly during the attack in order to cut it short or lessen the violence. There are other remedies, however, which are given in the interval, as well as during the attack, in order to allay the excitability of the nervous system.

Hydrate of Chloral may be given during the attack if it can be swallowed, but it is used much more in the intervals in order to prevent the paroxysms. It should be given every three or four hours in syrup in such cases that from 0.30 to 0.60 centigrammes will be taken in the twenty-four hours. This dose is for a child a year old. To older children a little larger quantity can be given. [This dose is smaller than that usually given to children in this country.—W. C. D.]

Bromide of potassium may be given in the intervals of the attacks in the dose of one gramme in the course of twenty-four hours for a child three years old. It should be given in divided doses every 3 or 4 hours. M. A. thinks there is no doubt about the depressing effects of bromide of potassium, and this should be kept in view when it is prescribed.

Oxide of zinc he considers a useful antispasmodic, but inferior to bromide of potassium.

Musk is a popular remedy in England, especially when there is a tendency to spasm of the glottis. It has a marked effect, but is slow in its action. From 0.15 to 0.20, or even 0.50 centigrammes, may be given at a dose to a child four or five years old.

Tincture of amber is an antispasmodic of some value in the dose of from ten to forty drops.

In certain cases, especially of malignant scarlet fever, cold has proved a very valuable reme-

dy. Its *modus operandi* is doubtless by withdrawing heat, which is well known to be a nervous excitant.

PRURITUS VULVÆ TREATED WITH SULPHUROUS ACID.

By EDWARD B. STEVENS, M.D., LEBANON, OHIO.

I was recently consulted by a lady complaining as follows: Severe pruritus of the labial surfaces, extending to the external genitals, with an erysipelatous rash covering these surfaces, and at the same time an abundant leucorrhœal discharge. She had applied a variety of lotions to the itching, burning parts without avail:—the leucorrhœa had been of some time standing; general health, good; supposes herself approaching the menopause, age 46.

Upon examination found an erysipelatous rash covering the labia and flaming up over the pubic region towards the lower surface of the abdomen; it was angry-looking and eczematous, with a watery exudation; on introducing the speculum found the rash occupying the labial surfaces and extending up over the outlet of the vagina. The superior portion of the vagina and cervix of the uterus were perfectly healthy in appearance, whereas I had expected to find abrasion of the os, or some condition of chronic inflammation as the reason for the leucorrhœal discharge. Instead, I found the red point of a small mucous polypus about the size of a large pea showing itself at the os. I had no difficulty in grasping the pedicle of this small polypus with slender forceps and snipping it off with curved scissors. I suppose the polypus was the irritant that produced the leucorrhœa—and, as I expected, its removal almost entirely arrested the discharge.

For the pruritus and burning, I directed the parts to be freely bathed with sulphurous acid in full strength. The result was a prompt and entire relief. Subsequently there was a partial return for several times of the rash and pruritus, but always completely and promptly relieved, as at first, by the free application of the sulphurous acid.

My attention was called to the efficacy of sulphurous acid in kindred cutaneous troubles by a paper read a year ago to the American Dermatological Association by Dr. L. D. Bulkley, of New York. He regards the group of cases he described in that paper as not only eczematous, but as having a parasitic origin, which he found to be uniformly corrected by the application of this acid.

Shortly before the present case came into my care, a lady applied to me with eczema of the face and neck, that, under the care of one of my most intelligent medical friends, had resisted all reasonable treatment, constitutional and local, for many months. Dr. Bulkley's cases

being fresh in my mind I laid aside all constitutional remedies, and directed the parts to be freely bathed with sulphurous acid, full strength, with the effect to afford perfect and, as Bulkley expresses it—"exquisite relief." The acid was re-applied from time to time as the itching recurred, and the cure is now complete, the skin having lost its scaly condition and become as smooth as an infant's.

Some writers direct the application of sulphurous acid variously diluted—as with water or glycerine. My experience, in a few cases only, agrees with that of Dr. Bulkley, that there is no necessity to dilute the acid even for very delicate surfaces. I therefore direct the acid to be kept closely stopped, in bulk—and the patient to have an ounce, ground glass stopper vial, which is kept supplied from the larger bottle for use; due care being observed to avoid, as far as possible, atmospheric influence upon the acid. I advise the parts affected to be well saturated whenever the itching calls attention to the disease.

Pruritus vulvæ is frequently an obstinate affection, but I have hitherto found cases which were evidently eczematous, and my experience in the foregoing case is given simply as affording an additional rational therapeutic remedy, especially when the pruritus is associated with this condition of parts.—*Obstet. Gaz.*, Oct., 1878.

MILK AND DIPHTHERIA.

Last year there was an epidemic of diphtheria in the northern part of London, which caused great consternation, and led the local government board to institute a thorough investigation of the causes of the outbreak. The results of the inquiry, begun more than seven months ago, have just been officially published, and are of more than ordinary interest. Mr. W. H. Power, the medical officer of the board, has proved beyond the possibility of a doubt that the exciting cause of nearly all of the 264 cases and 38 deaths from the disease was not sewer gas, as at first supposed, but *milk*, and milk supplied by a particular dealer. We cannot take space to give in detail the evidence on this point. Suffice it to say, that the distribution of the disease coincides so exactly with that of the milk that the connection between the two seems perfectly clear; and a variety of minute circumstances tend remarkably to confirm this view. It should be stated, moreover, that Mr. Power was at first inclined to regard such an explanation as highly improbable, but was finally driven to adopt it by the facts in the case.

Now this is itself a startling and important discovery. Hitherto no conclusive evidence has been adduced of diphtheria being disseminated by the agency of milk, as in the case of scarlet or enteric fever, and all that previous research has justified us in affirming is, in the words of

Mr. Power, that "the disease has a power of spreading from person to person, and has also a faculty of development out of an antecedent prevalence of throat illness, the diphtheritic character of which may not, until a certain stage of the prevalence has been reached, be affirmed."

But the investigation has led to another result, even more surprising and important. After the most thorough examination, Mr. Power was forced to the conclusion that in no possible way could the milk have been humanly infected, either by pollution of the water used to cleanse the milk utensils (or perhaps added to the milk itself); or by the fouling of the utensils with soil, refuse, litter, etc.; or by contamination of the air, from which milk might have absorbed infectious matter; or by the milking of the cows by persons suffering from any throat affections. He is therefore compelled to suspect that actual "cow conditions," capable of affecting the milk, directly or indirectly, may have brought about the result observed; in other words, that the milk as it came from the cow contained in it properties which were capable of setting up diphtheritic symptoms in the person drinking it.

This suggestion, it need hardly be said, is of the greatest pathological importance. If it be true that a certain diseased condition of the cow can bring on diphtheria in the human subject in the same way that cow-pox induces vaccinia, many outbreaks the origin of which has hitherto remained obscure may probably be ascribed to this cause. It is also of the utmost practical importance that the nature of the vaccine disease should be investigated, in order that danger of the spread of diphtheria through the use of milk thus contaminated may be guarded against. It is stated that the London Pathological Society have already taken up the matter, and Mr. Power's theory will doubtless receive the most exhaustive investigation.

It should be understood that the evidence on which this theory rests is of a purely negative character, and not so conclusive as that which shows the relation of the origin of the epidemic to the use of the milk. It is of course possible that some human source of infection may have escaped even the elaborate and careful search which Mr. Power made; and the cows after all may not have been primarily responsible for the contagion. The question is one of great scientific interest, as well as of sanitary importance, and we shall await its solution with no little curiosity.—*Journal of Chemistry*.

COLD FEET.

There are certain minor ills that flesh is heir to, which, though they may not often be made the ground for calling in the doctor, are nevertheless the source of much suffering, and sometimes lead to more serious ailments. Among these we may fairly reckon cold feet, which with many persons are a

chronic evil, and a more trying one than those who are exempt from the affliction can well conceive. We believe, therefore, that we may be proving a friend in need to not a few of our readers by giving the following summary of an article upon this subject by Dr. T. F. Rumbold in the *Virginia Medical Monthly*:—

Cold feet predispose to colds in the head, throat, ears, and lungs. Many people are troubled with sweaty feet, their feet consequently become cold. This is often caused by wearing woollen stockings. Cotton stockings should be worn under the woollen pair. A good remedy for cold feet is to bathe them at bedtime, commencing with water at blood heat, and gradually raising the temperature till the water is as warm as can be borne. They should be dried with a coarse towel, rubbed well with an inunction, and then incased in a well-warmed pair of cotton stockings. Vaseline is recommended as an inunction. Salicylic acid and bromide of potassium (ãã grs. v. ad ʒj. vaseline) will often remove scætor if present, and plugging the feet in cold water on rising in the morning will often act well. Boots that are thin, or tight and low shoes, should be avoided in cold or damp weather. Heavy, loose-fitting boots, with double uppers and wide soles, are proper. India-rubber overshoes should be worn in damp weather only, and should be removed as soon as the wearer enters the house. Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is contracted is to exchange warm boots for low slippers. Those who do this forget that their feet and ankles have been protected all day, and that they have not only uncovered them, but placed them in the coldest stratum of air in the room. If they take the precaution to draw on, over the stockings which they usually wear, a pair of heavy woollen socks, the chances for taking cold from wearing the slippers are greatly decreased.

Dr. Rumbold says that most women use elastic garters, which compress the veins and hinder the return of blood from the feet and legs. Almost every patient claims that her garters are not tight, yet most of them will acknowledge that when they are removed at night deep creases are found under the knees. In order to keep up the stockings without garters at all, they should be pulled on over the stocking-knit drawers and fastened with tapes. Four of these tapes, about six inches long, should be sewed on the drawers at about the middle of each thigh, one on the outer side and one on the inner side; also four tapes of the same length should be sewed one on the outer and one on the inner side of each stocking. The tying of the four pairs of tapes secures the hose in their place, and as they are long enough to come above the knees more of the limbs is then covered than when they are held up by the strangulating elastic or non-elastic garters.

THERAPEUTIC PROPERTIES OF GLYCERINE.

The Dublin Journal of Medical Science says:—“Glycerine as a food, in small doses, increases the weight, as it lessens waste of tissue, in consequence of its being oxidized in the lungs in preference to the fat of the body. Even the nitrogenous substances are more slowly consumed, as is shown by the diminished quantity of urea excreted in the twenty-four hours. Glycerine is a stimulant to the digestive functions, well tolerated, quickly digested, and absorbed so completely that, unless taken in large quantities, hardly any is found in the blood or urine. Elimination by the kidneys begins within an hour of the time it is taken. It produces neither glycosuria nor albuminuria, and it has a laxative tendency. In large doses, or if taken suddenly into the stomach, it causes symptoms somewhat like those of acute alcoholism, but if taken gradually it only raises the temperature a little. The proper dose ranges from half an ounce to an ounce a day.”

THE TREATMENT OF VARIX BY THE SUBCUTANEOUS INJECTION OF ALCOHOL.

A new method of treating varicose veins was described by Dr. Englisch at a recent meeting of the Vienna Medical Society. By means of an ordinary hypodermic syringe, from fifteen to twenty drops of a mixture of alcohol and water, in equal parts, are injected into the cellular tissue beneath the vein, which, together with a fold of skin, has been previously raised by the thumb and forefinger. The injection gives rise to a small swelling, and on close observation the vein may seem to contract. More or less infiltration is observed on the third day, and in very sensitive patients the skin is apt to become red, and even a small abscess may form, the vein itself not becoming involved in the suppuration. As the infiltration becomes firmer and smaller the vein also diminishes in size, and gradually becomes hard and cord-like. In some cases one such injection may suffice to effect a cure of the varix, but in the majority the operation has to be repeated several times. The results are most successful when the dilated veins form a plexus, but the treatment is more difficult when there are many branches. The pain during and after the operation is very slight; the length of time required for the subsequent treatment varies according to the gravity of the case. In cases where the result is not entirely successful, the operation appears to be a valuable auxiliary to other palliative measures. Dr. Englisch claims for his method that it is absolutely free from danger. He was induced to make trial of it for the cure of varix in consequence of the excellent results he obtained from the use of similar injections for the radical cure of Hernia. (*Medical Examiner*, No. 112, 1878.)—*Practitioner*, May, 1878.

THE CANADA MEDICAL RECORD,
A Monthly Journal of Medicine and Pharmacy.

EDITOR:

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

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MONTREAL, APRIL, 1879.

The issue of this number has been delayed by want of paper. We use a special size which is manufactured especially for us, and, although a new supply was ordered, we failed to receive it when promised.

AMERICAN HEALTH PRIMERS.

It is one of the chief merits of the Medical Profession in modern times that its members are in the fore-front of every movement to prevent disease. It is due to them that the Science of what has been happily called "Preventive Medicine" has its existence. Not only in large cities, but in every town and hamlet, the doctor leads in every effort to eradicate the sources of disease. These efforts have been ably seconded by intelligent and public-spirited citizens of many callings.

But the great mass of the public scarcely recognize the importance of such efforts, or, if they do, are ignorant of the facts of Anatomy, Physiology, and Hygiene, and of their practical application to the betterment of their health and the prevention of disease. Such knowledge does not come by nature. In most cases, in fact, it is a direct result of the most laborious research and the highest skill. Accordingly, it is the object of this series of American Health Primers to diffuse as widely and as cheaply as possible, among all classes, a knowledge of the elementary facts of Preventive Medicine, and the bearings and applications of the latest and best researches in every branch of Medical and Hygienic Science. They are not intended (save incidentally) to assist in curing disease; but to teach people how to take care of themselves, their children, their pupils, and their employes.

The series is written from the American standpoint, and with especial reference to our climate, architecture, legislation, and modes of life; and in all these respects we differ materially from other nations. Sanitary legislation especially, which in England has made

such notable progress, has barely begun with us, and it is hoped that the American Health Primers may assist in developing a public sentiment favorable to proper sanitary laws, especially in our large cities.

The subjects selected are of vital and practical importance in every-day life. They are treated in as popular a style as is consistent with their nature, technical terms being avoided as far as practicable. Each volume, if the subject calls for it, will be fully illustrated, so that the text may be clearly and readily understood by any one heretofore entirely ignorant of the structure and functions of the body.

The following volumes are in press, and will be issued about once a month by Lindsay & Blakiston, of Philadelphia:—I. Hearing, and How to keep it; II. Long Life, and How to reach it; III. Sea Air and Sea Bathing; IV. The Summer and its Diseases; V. Eyesight, and How to Care for it; VI. The Throat and the Voice; VII. The Winter and its Dangers; VIII. The Mouth and the Teeth; IX. Our Homes; X. The Skin in Health and Disease; XI. Brain Work and Overwork. Price, 30 cents; flexible cloth, 50 cents.

ANNUAL REPORT OF THE WOMAN'S HOSPITAL,
 MONTREAL, FOR THE YEAR ENDING
 OCTOBER 31st, 1878.

The Medical Committee to whom is entrusted the management of this institution beg to present the following report in regard to the work performed during the past year and the general condition of the affairs of the Hospital. In the Lying-in department the number of cases admitted is in excess of that of last year. At times the entire accommodation of the Hospital has not been sufficient to meet the demands made upon it by the cases on hand, and the Hospital attendants have had to relinquish their apartments temporarily to furnish the extra room required. It is proposed by the Committee, if funds permit, to extend the present apartments by securing a part of the adjoining house, or, at the termination of the present lease, to procure a more commodious building. The unfavorable condition of the treasury is at present, however, a barrier to this and other contemplated acquirements, but we confidently expect that, with the assistance of the renewed efforts now being made by the Ladies' Committee and increased liber-

ality on the part of the friends of the institution, we shall be able to carry out these necessary improvements, thus enlarging the Hospital's sphere of action, and better adapting it for carrying out the object for which it was instituted.

The splendid opportunities afforded in the public wards for gaining a knowledge of midwifery and nursing has during the past year been taken advantage of by a large number of medical students, and women studying with a view to becoming midwives and nurses. Instruction in these branches is given by the competent matron of the Hospital, and the visiting physicians.

This department is under the supervision of the Ladies' Committee and is visited frequently by its members.

In the *Out Door Department*, where females suffering from diseases peculiar to women receive medical attendance free of charge, there has been a large number of applicants, and the number is gradually increasing, as the advantages of this institution and its facilities for treatment are becoming more widely known and appreciated.

One or more members of the medical staff attend daily at 11 a.m.

The private wards of the Hospital are open to cases where special treatment and constant attendance is required and to patients from a distance; and during the past year a number from different parts of the Dominion and adjoining Union have availed themselves of this privilege. The Committee are anxious, as soon as means will permit them, to make this department complete in every respect, and make needed additions to the present supply of gynecological instruments and appliances.

The Committee acknowledge with sincere thanks the receipt of the annual grant of \$500 from the Provincial Government, and the contributions and donations from the friends of the Institution.

LYING-IN DEPARTMENT.

Remaining in Hospital at last report.....	11
Admitted during the year.....	85
Total.....	96
Number Confined.....	86
Remaining in Hospital.....	10
	90
<i>Religion.</i> { Protestants.....	58
{ Catholics.....	38
	— 96

<i>Sex of Children.</i> {	Males.....	43
	Females.....	44
		— 86
<i>Presentation.</i> {	Vertex.....	82
	Breech.....	1
	Transverse.....	2
	Foot.....	1
		— 86
<i>Position.</i> {	1st.....	84
	2nd.....	1
	3rd.....	1
		— 86

Forceps used in eight cases. Turning in two. Convulsions occurred in one case.

<i>Died.</i> {	Children.....	3.—One was still born.
	Mothers.....	3.—One from Typhoid Fever.
		Two were very ill when admitted.

OUT-DOOR DEPARTMENT.

Number of cases treated, 233. Religion, Catholics, 121. Protestants, 112. Total, 233.

Diseases. Ovaritis, 7. Amenorrhœa, 6. Vicarious Menstruation, 1. Hernia, 1. Uterine Fibroid, 1. Adenitis, 3. Leucorrhœa, 61. Prolapsus Uteri, 8. Retroflexion Uteri, 7. Antiflexion Uteri, 1. Antiversion Uteri, 1. Ulcus os Uteri 50. Hyperplasia Uteri, 10. Ulcus Perinei, 1. Mammary Abscess, 1. Encainte, 4. Metritis, 3. Ulcer of Rectum, 1. Abrasion of Cervix, 1. Vaginitis, 1. Proccedentia Uteri, 1. Menorrhagia, 8. Cystitis, 1. Ovarian Tumor, 1. Miscarriage, 1. Stricture Ant. os, 1. Endometritis, 4. Periostitis, 1. Peri Uterine Cellulitis, 1. Chlorosis, 1. Total 233.

UNIVERSITY OF BISHOPS COLLEGE.

FACULTY OF MEDICINE.

The eighth annual convocation of Bishops University Faculty of Medicine was held on the 16th of April, in the Synod Hall, Montreal. The chair was occupied by the Vice-Chancellor of the University, the Rev. Canon Norman, supported by the Principal of the University, the Rev. Mr. Lobley, and Edward Chapman, Registrar.

The attendance was very large, the hall being filled in every part.

Dr. David, Dean of the Faculty of Medicine, read the report for the past session. It is as follows:—

The session terminated on the 21st March, having opened on the 1st of October. The number of students in attendance was 30. Of these 3 were from the Province of Ontario, 3 from the United States, one from the West Indies, and 23 from the Province of Quebec.

The attendance during the whole session was remarkably steady, and the entire class gave evidence of close application. Hon. Dr. Paquet, of Berthier, and Dr. Gibson, of Dunham, the assessors appointed by the College of Physicians and Surgeons of the Province of Quebec, were present during the examinations. The Faculty

are again pleased to be able to state that they expressed themselves as thoroughly satisfied—both with the written and the oral examinations and the manner in which they were conducted.

The following gentlemen passed their examination as follows; all are given in the order of merit:—

Botany—Ninian Calvin Smillie, Montreal, takes the prize. Frank Merton Robertson Spendlove, Ayer's Flats, Que.; Lewis Henry Ulric Gill, Napierville, Que.; Charles Marshall, Huntingdon, Que.; James Frederick Theodore Jenkins, Brantford, Ont.; Wm. Stephen, Montreal.

Practical Chemistry—Henry Brickles Chandler, Bermuda, West Indies, Honorable Mention. Francis Joseph Euclid Tetrault, St. Pie, Que.; Lewis Henry Ulric Gill, Napierville, Q.; Robert Henry Wilson, Montreal; James Fredk. Theodore Jenkins, Brantford, Ont.; Charles Marshall, Huntingdon, Q.

Materiæ Medica and Anatomy—Matthew Mark Kannon, Montreal.

Anatomy and Physiology—Robert Henry Wilson, Montreal; Edwd. Labré, Chicopee Falls, Mass.

Chemistry—Francis Jos. Euclid Tetrault, St. Pie. Honorable Mention—*Materia Medica*—George Goldsworthy Gale, Quebec.

The following gentlemen passed their primary examination for the degree (Chemistry, Anatomy, Physiology and *Materia Medica*):—

Henry B. Chandler, Bermuda, W. I., prize; James Leslie Foley, Montreal, honorable mention; Lewis Henry U. Gill, Napierville, Q.; George Goldsworthy Gale, Quebec; Jas. Fredk. Theodore Jenkins, Brantford, Ont.; Charles Marshall, Huntingdon, Q.

The final examination for the degree of C.M., M.D., consists of the following branches:—Theory and Practice of Medicine; Theory and Practice of Surgery; Obstetrics, and Diseases of Women and Children; Medical Jurisprudence; Clinical Medicine; Clinical Surgery; Pathology and Hygiene. This examination has been passed by the following gentlemen, whom it will be my pleasing duty to present to you for graduation:—Denis D. Gaherty, Montreal, Wood Gold Medalist; George Washington Nelson, Montreal, prize (this gentleman has not yet attained his majority, so cannot to-day receive his

degree); George Goldsworthy Gale, Quebec, Q.; George Oliver Gernon, St. Benoit, Q.; Rudolph Edgar Connolly Leprohon, Montreal, Q.; Charles Marshall, Huntingdon, Q.; James Frederick Theodore Jenkins, Brantford, Ont.; Charles Edward D. Comeau, River David; Matthew Mark Kannon, Montreal.

The Wood Gold Medal is awarded to the graduate in the Faculty of Medicine who has attended at least two sessions at Bishop's College, and has attained the highest number of marks—all subjects being included. This medal has been awarded to Mr. Denis D. Gaherty, of Montreal. This gentleman passed his four years of study in Bishop's College, and last year took the prize in the primary branches. The prize for the best final examination has been awarded to Mr. George Washington Nelson, of Montreal. The Gold Medalist cannot compete for this prize.

The prize for the best examination in the primary branches has been awarded to Mr. Henry B. Chandler, of Bermuda, West Indies. The senior dissector's prize has been awarded to Lewis Henry Ulric Gill, of Napierville, Que. The junior dissector's prize has been awarded to Ninian Calvin Smillie, of Montreal. The same gentleman has taken the prize in botany. The Faculty have this year again to notice the death of two of their graduates; one of them at the last convocation—just one year ago—received his degree, Dr. Herbert Cooper Fuller. This gentleman gave, while a student, great promise of being a brilliant anatomist, but when his last year came his health began to fail, and eight months after receiving his degree, he died. The other, Dr. Thomas Edward Hayes, graduated in 1877. He crossed the Atlantic in hope of restoring his health but was too ill to return, and he died in Ireland.

Dr. Jenkins, of Brantford, Ontario, delivered the Valedictory Address upon behalf of the Graduating Class. It was well delivered, and was an exceedingly able address. We hope to publish it entire in our next number.

Dr. Wilkins, upon behalf of the Faculty, delivered the parting words of counsel to the Graduating Class. This will be found in the present number of the RECORD.

A most interesting meeting was closed by an able address from Principal Lobley.

UNIVERSITY OF MCGILL COLLEGE.

FACULTY OF MEDICINE.

The Annual Convocation of McGill University for conferring degrees in Medicine was held in the William Molson Hall of the University on March 31st. The attendance was large and fashionable. The report for the past Session was read by Dr. Scott, and is as follows:—

The total number of students enregistered in this Faculty during the past year was 166, of whom there were, from Ontario, 87; Quebec, 53; Nova Scotia, 3; New Brunswick, 7; P. E. Island, 3; Newfoundland, 1; United States, 14.

The following gentlemen, 40 in number, have passed their Primary Examinations on the following subjects: Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany and Zoology. Their names and residences are as follows:

Ayer, N., Woodstock, N.B.; Browne, T. L., Ottawa, O.; Beer, Charles N., Charlottetown, P.E.I.; Cameron, P., Williamstown, O.; Church, F. W., Aylmer, Q.; Cahalan, J., Wyandotte, Mich.; Cowley, D. K., Ottawa, O.; Dibblee, G. O., St. Stephens, N.B.; Edwards, J. S., London, O.; Fielde, E. C., Prescott, O.; Fraser, H. D., Pembroke, O.; Gray, W. L., Pembroke, O.; Heyd, H. E., Brantford, O.; Higginson, H. A., L'Orignal, Q.; Henderson, A., Montreal, Q.; Josephs, G. E., Pembroke, O.; Laurin, E. J., Montreal, Q.; Lang, W. A., St. Marys, O.; Maas, R. L., Negaunee, Mich.; Mignault, L. D., B.A., Montreal, Q.; McDonald, M. C., Montreal, Q.; McDonald, J. A., Panmure, P.E.I.; McDonald, R. T., Montreal, Q.; Mackenzie, K., Melbourne, Q.; Mackenzie, B. E., B.A., Aurora, O.; McLaren, D. C., B.A., Montreal, Q.; McGannon, E. A., Prescott, O.; O'Callaghan, T. A., B.A., Worcester, Mass.; Pringle, A. F., Cornwall, O.; Pulford, F. W., Detroit, Mich.; Ross, G. T., Montreal, Q.; Ross, J. W., Winthrop, O.; Ruttan, A. M., Napanee, O.; Riordan, B. L., Port Hope, O.; Rogers, E. J., Peterboro, O.; Stewart, J., St. Anicet, Q.; Serviss, F. W.; Iroquois, O.; Smith, E. H., Montreal, Q.; Snow, W. H., Dundas, O.; Struthers, R. B., Phillipsburg, O.

W. C. Perks, Port Hope, has passed the written, but owing to illness was unable to present himself for the oral examination.

The following gentlemen, 37 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this University. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bed-side in the Hospital:

Brown, J. L., Chesterfield, O.; Burwash, Henry J.,

St. Andrews, Q.; Butler, Billa F., Sterling, O.; Carman, Philip E., Iroquois, O.; Carman, John B., Iroquois, O.; Chisholm Murdoch, Loch Lomond, N. S.; Case, William, Hamilton, O.; Gray, Thomas, Brucefield, O.; Groves, George H., Carp, O.; Gurd, David F., Montreal, Q.; Hart, George C., Osnabrook Centre, O.; Hanna, Franklin, Harlem, O.; Henwood, Alfred J., Brantford, O.; Imrie, Andrew W., Spencerville, O.; Irwin, J. L., Montreal, Q.; Jackson, Joseph A., Lawrence, N. Y.; Jamieson, Chas. J., Ottawa, O.; Lawford, John B., Montreal, Q.; Lefebvre, John M., Toronto, O.; Lloyd, Hoyes W., Strathroy, O.; Lyford, Chas. C., Roscoe, Ill.; McArthur, John A., Underwood, O.; McCully Oscar J., M.A., Sussex, N.B.; McCullough, George, St. Marys, O.; McGuigan, William J., Stratford, O.; McNe, Stuart, Perth, O.; Menzies, John B., Almonte, O.; Riley, Oscar H., Franklin, Vt.; Rutherford M. C., Waddington, N. Y.; Scott, John G., Ottawa, O.; Seymour, Maurice M., Chesterville, O.; Shaw, William F., Ottawa, O.; Smith John, Torbolton, O.; Spencer, Richmond, Montreal, Q.; Sutherland, William R., Montreal, Q.; Weagant, Clarence A., Dundas Co., O.; Williston, Hedley V., M.A., Newcastle, N.B.

Frank Buller, M.D., M.R.C.S. Eng., Lecturer on Diseases of the Eye and Ear, receives the degree in course, with *pro-forma* examination.

Of the above named gentlemen, Mr. J. B. Lawford is under age. He has, however, passed all the examinations and fulfilled all the requirements necessary for graduation, and only awaits his majority to receive his degree.

The following gentlemen have passed in Anatomy:—

W. Cormack, G. H. Oliver, W. J. Musgrove, M. McNulty, J. H. Carson, F. H. Mewburn, C. M. Gordon, A. P. Poaps, F. Tupper, W. A. Derby, G. C. Wagner, J. C. Shanks.

The following gentlemen have passed in Materia Medica:—

W. Cormack, M. McNulty, * A. Dunlop, * J. J. Hunt, H. Lunam, B.A., W. Moore, A. McDonald, T. W. Reynolds, W. Shufelt, J. C. Shanks, J. Williams, J. B. Harvie, T. A. Page.

The following gentlemen passed in Chemistry:—

A. P. Poaps, W. Cormack, A. McDonald, A. D. Struthers, J. McKay, C. M. Gordon, James Ross, B.A., B. Fritz, A. H. Dunlop, W. T. Derby, T. W. Reynolds, J. Williams, J. J. Hunt, H. Lunam, B.A., R. H. Klock, J. H. Carson, J. B. Harvie, W. A. Shufelt, J. C. Shanks, G. C. Wagner, F. H. Mewburn, W. Moore, T. A. Page.

The following gentlemen have passed in Physiology:—

W. Cormack, H. E. Poole, W. J. Musgrove, A. McDonald, F. H. Mewburn, W. Moore, A. D. Struthers, W. A. Shufelt, C. M. Gordon, G. C. Wagner, T. W. Reynolds, J. J. Hunt, J. H. Carson, E. Fritz, R. H. Klock, A. H. Dunlop, W. C. McGillis.

The following gentlemen have passed in Practical Anatomy:—

W. A. Shufelt, F. Tupper, C. M. Gordon, F. H. Mewburn, J. C. Shanks, J. H. Carson, W. A. Derby, E. Fritz.

Students who have passed in Botany:—

CLASS I.—M. V. Ogden, B.A., prize; G. W. Cameron and F. A. Holmes, equal, 2nd prize; Alex. Shaw, James E. Trueman, Philius Vanier, T. N. McLean, E. J. C. Carter, H. Gale.

CLASS II.—B. W. Burland, Henry O'Keefe, W. T. Duncan, B. F. W. Hurdman, J. H. Edick, Edmund Christie, T. J. Pierce O'Brien, E. C. Bangs, W. A. DeWolf Smith, J. H. Shaver, John Graham, W. H. Shaver, John M. Scott, T. L. Martin.

CLASS III.—W. E. Thompson, J. B. Green, B. D. Pierce, A. McR. Catenach, N. J. Hinkley, C. B. H. Hanvey, C. H. Ormand, W. W. Denver, R. F. Campbell, George Shradly, Albert Cuthbert.

MEDAL AND PRIZES.

The Medical Faculty Prizes are four in number:

1st. The Holmes Gold Medal, awarded to the graduating class who receives the highest aggregate number of marks for the best examinations, written and oral, in both Primary and Final branches.

2nd. A prize in books awarded for the best examination, written and oral, in the final branches. The gold medalist is not permitted to compete for this prize.

3rd. A prize in books awarded for the best examination, written and oral, in the primary branches.

4th. The Sutherland Gold Medal awarded for the best examination in Theoretical and Practical Chemistry, with creditable passing in the Primary branches.

The Holmes Gold Medal was awarded to John B. Lawford of Montreal.

The prize for the Final Examination was awarded to A. W. Imrie, Spencerville, Ont.

The prize for the Primary Examination was awarded to John Andrew McDonald, Panmure, P.E.I.

The Sutherland Medal was awarded to W. L. Gray, Pembroke, Ont.

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

In the Final Examination, Messrs. Shaw, Gray, Sutherland and Williston.

In the Primary Examination, Messrs. Josephs, W. L. Gray, J. W. Ross, Beer, Rogers, Henderson, R. B. Struthers and Heyd.

PROFESSORS' PRIZES.

BOTANY.—H. V. Ogden, B.A., St. Catharines, O.

PRACTICAL ANATOMY.—Demonstrator's Prize in the Senior Class, awarded to Chas. N. Beer, of Charlottetown, P.E.I.

Junior Class prize awarded to James Ross, B.A., Dewittville, Q.

Dr. Fenwick delivered the Valedictory Address on behalf of the Faculty, and Dr. Oscar J. McCully, of New Brunswick, gave the Valedictory on behalf of the Graduating Class.

SCHOOL OF MEDICINE AND SURGERY VICTORIA COLLEGE.

The course of lectures in this School terminated the end of March, when the following gentlemen passed their Examination for the degree of M.D.: Evariste Duquette, G. Aubin, Wilfred Beaupré, J. A. Provost, G. L. Laforest, P. A. Leblanc, Zotique Auclair, Raymond Chagnon, Jean Girouard, Robert St. Jacques, Jérémie Pratte, L. L. Auger, J. E. Mathieu, A. F. Fleury, G. E. Létourneau, R. N. Forté, Napoléon Malo, J. A. Foucher, P. E. Marié, Louis Grandpré, Séraphin Gauthier, Ad. Plante, Louis Boucher, Téléphore Côté, E. C. Lalonde, J. L. Germain, Camille Côté, Joseph Bergeron, E. T. Gaudet, A. A. Lefebvre, J. T. Lafortune, Moïse G. Lafontaine, Albert Laurendeau, Marc Guertin, E. C. Jenigor, L. A. Massé, Ernest Legris, A. Grandpré, Samuel Desjardins, Zotique Laroche, Paul Renaud, Séph. Falcon, F. X. Lafèche, Z. Normandin, A. S. Alain, Oswald Goyer, J. A. M. Elie, Melville de Laval, G. A. Lacerte, James Ward.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROVINCE OF QUEBEC.

We direct attention to the advertisement stating that the Preliminary Examination for the admission to the Study of Medicine will be held in Montreal on the 8th of May, and that the Semi-Annual Meeting of Governors of the College will also take place in Montreal on the 14th of May.

ACCIDENT TO DR. HENRY HOWARD.

Dr. Henry Howard, Medical Superintendent of the Longue Pointe Lunatic Asylum, and President of the Medico-Chirurgical Society of Montreal, having lately been thrown from his sleigh, and sustained a fracture of the surgical neck of the left Humerus, the Society formed the following resolution:—

Moved by Dr. Kennedy, seconded by Dr. Roddick, and carried unanimously:

“That this Society has learned with great regret of the serious accident which has hap-

pened to their respected President, Dr. Henry Howard; that the Secretary be instructed to convey to Dr. Howard the sincere sympathy of the Society, and the gratification it will give to see him once more in his accustomed place. That this Society has learned with pleasure of the action of the Local Government authorities in at once appointing an assistant to relieve Dr. Howard from the anxiety of his charge."

We are glad to state that Dr. Henry Howard is able to be about again, and that he presided at the Meeting of the Medico-Chirurgical Society, held on the 18th April.

WHAT WOMEN CAN DO.

Our attention has been called to a new article for the use of ladies, the invention of which has conferred an everlasting blessing upon every lady. We refer to the Queen City Skirt Suspenders, for supporting ladies' skirts, the most desirable and beneficial article ever invented for the relief of women, many of whom have suffered years of miserable health caused solely by carrying the weight of a number of heavy skirts, completely dragging them down. Something to support ladies' clothing is absolutely necessary. These suspenders are recommended by our leading physicians to all ladies and young girls. Every lady should have them. Thousands will testify to their excellence and the advantages to be derived from wearing them. They are sold only through lady agents. Many ladies in other localities are making from a hundred to two hundred dollars per month, selling these and other new articles made by the same Company, and it can be done here. We have been asked by the manufacturers for the name of a reliable lady to act as their agent for this county. We advise such to write at once to the *Queen City Suspender Company, Elm and Longworth Streets, Cincinnati, Ohio.*

PERSONAL.

Dr. A. Laphorn Smith, B.A., M.D., M.R.C.S., Eng., has been appointed Assistant Demonstrator of Anatomy, and Lecturer on Minor Surgery in the Medical Faculty of Bishop's University.

Dr. Irwin, (M.D., McGill, 1879), and Dr. R. Spencer, (M.D., McGill, 1879) and Dr. W. Sutherland, (M.D., McGill, 1879), have settled in Montreal.

Dr. Robert Craik has resigned the chair of Professor of Chemistry in the Medical Faculty of McGill University. His many friends will regret to hear this. His loss will be a great one to the University, for he was, perhaps, the most popular lecturer on Chemistry in the Dominion.

REVIEWS.

Practical Surgery; including Surgical Dressings, Bandaging, Ligations and Amputations. By J. EWING MEARS, M.D., &c., &c. Philadelphia, Lindsay and Blakiston, 1878.

This little work has much to recommend it, and indeed as far as it goes may be said to be complete. In that part of the section on Surgical Dressings which refers to the antiseptic system two or three errors, of no great moment, however, have crept in, presuming of course that Lister himself is the guide. For instance the bottle of the spray producer is ordered to be filled with a 1-30 solution, whereas 1-20 is the proper strength to be employed here, giving with pure water in the boiler a spray of the strength of 1-40. Again, six layers of the heavy dressings are recommended to be applied wet. Lister's practice is to wet only the deeper dressings in the 1-40 solution. In other particulars this chapter on a subject so important is absolutely faultless, with the exception perhaps that the author rather loosely recommends the ordinary steam atomizer in cases where the regulation boiler is not at hand.

In the section on Bandaging the plates are excellent and the text clear and concise. Among other things we are pleased to see figured Sayre's suspension apparatus for applying the Plaster Jacket, while the description of the method, taken in part from his own work, is very full.

Part 3rd, on Ligation, deals first with the various kinds of incisions, sutures, &c., and then takes up each vessel separately, describing its course, the external guides or surface markings by which it is found, its general anatomical relations, and certain so-called rallying points, which are to be sought for as the operation progresses. We notice that the author prefers reaching the common femoral by a vertical incision instead of that chosen by the majority of Surgeons, namely, an incision a little below and parallel to Poupart's Ligament. His experience no doubt justifies him in the choice, but at any rate this operation is so seldom demanded that the mere form of incision is a matter hardly worthy of dispute.

In the part on Amputations the author goes to some trouble to describe and figure the various instruments required for the removal of a limb or part of a limb. Under the heading "Methods of Controlling Hemorrhage," the ordinary tourniquet of Petit and the elastic band of Esmarch only are described. Mention might have been made of the fact, as demonstrated so conclusively by Lister, that simple elevation of a limb is alone required to make it bloodless, the blanched condition being continued by the rapid application of the rubber band; thus doing away with the necessity for the elastic bandage originally devised by Esmarch.

In connection with the various amputations the surgical anatomy of the parts is fully discussed. In the description of Syme's Amputation the operator is directed to carry the incision across the heel from one malleolus to the other; whereas, from the fact that the inner is so much higher than the outer malleolus, the incision should really extend from the tips of the fibula to the same point on the opposite side, which will fall below and a little behind the extremity of the tibia. Otherwise the flap will present an uneven appearance and the blood supply may be seriously interfered with. It is to be regretted that the very admirable operation through the condyles of the femur, known as Carden's Amputation, has received no notice.

A short chapter on Excisions would have been most acceptable.

Altogether we have much pleasure in recommending Dr. Mears' book to those practising Surgery, but more especially to students of Medicine.

A Manual of Physical Diagnosis. By FRANCIS DELAFIELD, M.D., and CHARLES F. STILLMAN, M.D. New York, William Wood & Co., 27 Great Jones Street. Montreal, J. M. O'Loughlin.

The more than usual attention which has within the last few years been devoted to the subject of Physical Diagnosis has induced the publication of several manuals intended for the use of those who have to teach and learn it. All possess much merit; this one, while not so full as some of the others, and perhaps deficient in one or two parts, seeing that it does not mention anything of Mensuration and Succussion, yet has several points of excellence peculiarly its own. It is, in the first place, very concise; no superfluous words are used; secondly, it is interleaved, so that it may be taken into the wards and used as a note book as well as a guide. Its style of illustration, that of super-imposed plates, while old, is

one that is not sufficiently made use of. There is no better mode of illustrations than this. We like the work, and believe it will well repay the amount required for its purchase.

A Guide to the Qualitative and Quantitative Analyses of the Urine, designed for Physicians, Chemists and Pharmacists. By Dr. C. NEWBAUER, Professor, Chief of the Agricultural Laboratory in Wiesbaden, and Dr. J. VOGEL, Professor of Medicine in the University at Halle, with a preface by Professor Dr. R. FRESSENIUS, translated from the German by Elbridge G. Cutler, M.D., Assistant in Pathology, Medical School Harvard University, and revised by Edward S. Wood, M.D., Professor of Chemistry, Medical School, Harvard University. New York: William Wood & Co., 1879. Montreal: John M. O'Loughlin, St. James street.

The want of a practical manual and suitable text book upon the analysis of the urine in the English language has long been felt. This want has been partially supplied during the last few years by Dr. Tyron's excellent little "Guide to the Practical Examination of the Urine." It is not however, and does not pretend to be, a complete Manual upon Urinary Chemistry. The medical student and the practitioner need to know something more than simply the methods which are required to obtain a knowledge of the chemical composition of the Urine. They should be able to infer from it, to a certain extent, the general condition of the patient when urine is examined. It is hoped that this work will accomplish for the English reader what the original has for the German student, viz., show him exactly what inferences may be drawn from a knowledge of the chemical composition of the urine, and in what way and to what extent a knowledge of the changes going on within the body may be learned by examining the urine.

There is no book in the English language which treats the subject of Urinary Chemistry in so thorough and scientific a manner, and in none is the material so arranged as to be readily available to both student and practitioner. The separation of the book into two distinct parts, the first by Dr. Newbauer, being strictly chemical, and the second by Dr. Vogel, being chiefly medical, adds a great deal to its value as a book of reference for both the chemist and the physician.

This work was translated and published by the New Sydenham Society in 1863, since which period vast progress has been made in the domain of organic and physiological Chemistry, so that the first translation does not now correctly represent the present status of Urinary Chemistry. The present volume has been brought down to date, and it should be found in the library of every conscientious practitioner.

In the binding of this work, Messrs. Wood & Co. have made an experiment. Conscious that the best binding for a work of reference was sheep, yet equally conscious that such binding gets dirty and stained by constant use, they have tried to obtain a substitute, as cheap, as enduring, and yet without its faults. In this volume, they present the result of the research. They certainly have succeeded, so far as we can judge, in producing a strong looking binding. It, however, remains to be tested. We confess, however, to a liking to the "old sheep" which, to say the least, gives the work a professional look.

Loss of Weight, Blood Spitting and Lung Disease.

By HORACE DOBELL, M.D., Consulting Physician to the Royal Hospital for Diseases of the Chest. London, J. & A. Churchill, 11 New Burlington street. Montreal, Dawson Brothers.

Dr. Dobell is a name familiar to all who have given even casual attention to the subject of chest diseases. He has for years been a close observer in a field where his opportunities have been immense, and in the present volume he gives the result. It is what might be termed a *pure* clinical work, and therefore, exceedingly practical and valuable. Hæmoptysis is generally considered the forerunner of consumption, but it is quite possible for it to exist or occur, quite independent of that disease. On this point Dr. Dobell contributes some valuable information and numerous cases, which will, we are sure, inspire hope in the minds of many of our profession, who have always looked despondingly upon hæmoptysis, so much so as often to depress the patient. We have had, in our experience, many cases where blood spitting has recurred repeatedly and the patients are to-day well, strong and hearty. We have looked upon these as cases where from some unknown (but not constitutional) cause, the vessels of the lungs have become over-distended, and thus leading to the eruption. To all who feel interested in this class of diseases, and who, we might ask, does not? we specially commend this work of Dr.

Dobell. It can be ordered through the Messrs. Dawson Bros.

Tablets of Anatomy and Physiology. By THOMAS COOKE, F.R.C.S., Senior Assistant Surgeon to the Westminster Hospital and Lecturer at the School of Anatomy, Physiology and Operative Surgery. Being a Synopsis of Demonstrations given during the years 1871-72-73-74 and 75. Longmans, Green & Co., Paternoster Row, London. Montreal, Dawson Brothers. Price \$4.

1. ANATOMY COMPLETE. — *Second Edition.* These Tablets of Mr. Cooke are well known to all students of medicine in attendance at the various London Schools, and are by them prized most highly. Their arrangement is peculiar and somewhat difficult of description, yet a close examination of them proves that the author has grouped all with a wonderful foresight as to what a student requires for the purpose of revision. In Anatomy, especially, there is much which can only be learned by considerable trouble, and which is easily forgotten. It requires to be constantly recalled to the mind, and it is with this class of facts that Mr. Cooke deals. An Appendix is added bringing everything up to the end of 1878. We strongly recommend them to the Canadian medical student.

2. PHYSIOLOGY COMPLETE. — Price \$2.75. The remarks we have made on the Anatomical Tablet apply with equal force to the one on Physiology. Both contain a mass of information arranged with care, and with a clear knowledge of a student's wants.

Physiology. Preliminary Course of Lectures. By JAMES T. WHITTAKER, M.A., M.D., Professor of Physiology and Clinical Medicine in the Medical College of Cincinnati. Chancy R. Murray, 103 West Sixth street, Cincinnati, 1879.

We have to thank Robert Clarke & Co., of 65 West Fourth street, Cincinnati, for a copy of the above book. The subjects embraced are the influence of Physiology on Practice; on the conservation of force; on the origin of life, and the evolution of its forms; and on Protoplasm, bone, muscle, nerve and food. The first is treated in a somewhat free and easy style, which might pass in the lecture room, but is hardly read so well within the stiff covers of a book; still withal we must confess that the little volume affords

entertaining as well as instructive reading; the only fault is that the first part is too entertaining for a scientific book. Students of Physiology will find the other portions not only well written, but containing a mass of facts well sifted, and produced in a condensed form. It can be ordered from the firm who so kindly sent us a copy.

The Cell Doctrine: its History and Present State, for the use of Students in Medicine and Dentistry; also a copious Bibliography on the Subject. By JAMES TYSON, M.D., Professor of General Pathology in the University of Pennsylvania.—Second Edition. Lindsay & Blakiston, Philadelphia; Montreal, Dawson Brothers.

Dr. Tyson has collected in this little volume of almost two hundred pages everything which is necessary to a study of cystogenesis or cell development. For this he is deserving of praise, for he has not only collected and put together the theories of the present day on this subject, but he has clothed them in language so clear that a somewhat difficult and obtuse subject has been made plain. A most interesting portion of the work is that devoted to the evolution, so to speak, of the "cell doctrine." Without burdening his pages too much he has succeeded in giving a continuous history of this doctrine, from its first inception (in a very rude state), which he traces as far back as Aristotle, some three hundred and fifty years before Christ. A wide blank then comes in, and little more is heard of it till, in 1838, Schleiden and Swan promulgated their theory of cystogenesis. The various additions and improvements developed since that time are duly recorded. The volume is one which we especially commend to students of Medicine. A perusal of it will do much to fasten on their memory all the important facts of this most important doctrine. Physicians would also find its perusal most instructive. It is illustrated by one full page plate, illustrative of the views of Dr. Beale, and throughout the volume are several good wood cuts.

A Guide to the Practical Examination of the Urine, for the use of Physicians and Students. By JAMES TYSON, M.D., Professor of General Pathology in the University of Pennsylvania.—Second Edition. Lindsay & Blakiston, Philadelphia; Montreal, Dawson Brothers.

This is just the kind of book that a busy practitioner would like to peruse every now and again. It is full enough to give the information desired, con-

cerning a large majority of cases, when a urinary examination is demanded, and yet concise enough not to occupy too much time. Much new matter has been introduced into this edition, and the illustrations, though not numerous, contribute considerably to the value of the work. Students also will find it a valuable companion in their "Urinary Clinics," now so prominent an institution in all modern hospitals.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 7th, 1879.

A regular meeting of the above Society was held this evening. In the absence of the President, the First Vice-President, Dr. Geo. Ross, occupied the chair.

There were present, Drs. Ross, Kennedy, Kerry, Nelson, Alloway, F. W. Campbell, McConnell, Rodger, Shepherd, Wilkins, Smith, Munro, Ritchie, Gardner, Loverin, Trenholme, Roddick, Proudfoot, Bell, Oakley, Armstrong, Brodie, Guerin, Finnie, Bessey, Blackader and Edwards.

The minutes of last regular meeting were read and approved. Dr. Proudfoot gave notice of motion that at the next regular meeting he would move that Dr. Wm. Fuller, a former member of this Society, be elected a corresponding member of the Society.

A number of interesting pathological specimens were presented.

Dr. OSLER exhibited the following specimens:

1. Pachymeningitis.
2. Cancer of Stomach.
3. Fibroid of Uterus.
4. Endocarditis.
5. Chronic Morbus Brightii.
6. Fibro Sarcoma of the testicle.

Dr. T. J. ALLOWAY read a paper on "Tracheotomy in Laryngeal Diphtheria," giving a detailed account of two cases both of which had proved successful.

Dr. A. L. SMITH stated that in the cases he has had to do with in a Hospital for children in London, England, the children affected were kept in the general wards and no case of contagion occurred. Tents were made about the beds, and the air in the tents kept at a temperature of 70°, and a spray of carbolized steam was passed into the tent. Dr. Smith thought the medical treatment, especially the exhibition of iron, should be carefully kept up.

Dr. WILKINS asked on what day Dr. Alloway had noticed the granulation appear which had occasioned the trouble of the re-introduction of the tube. In a case of his own it was the 15th day before he attempted to remove the tube, but the patient nearly strangled. About six weeks after the operation it was kept out for twelve hours, but the breathing became so bad it had to be re-inserted; four or five months passed before it could be safely removed. He also stated that after the eleventh week the child was allowed to go into the general ward, and regretted to say that two or three of the children took diphtheria.

Dr. F. W. CAMPBELL said he had had two cases of tracheotomy in membranous croup, both of which had proved fatal. He considered that there was a decided difference between the diseases diphtheria and croup. The tube in his opinion should not be removed for the first time before the 12th day.

Dr. KENNEDY had experience in three cases of tracheotomy for membranous croup, all of which had resulted in death. Two of the children died of pneumonia and the third of renal disease on the 5th, 6th and 7th days. Dr. Kennedy asked if chloroform had been administered by those who had operated in such cases. He had used it in his own cases with good result. Dr. Kennedy asked what was considered the best tube.

Dr. FINNIE had had three cases, one of which had been successful. He considered that the great mistake in the past was using too small a tube, the largest tube possible should be used. He carried on the medicinal treatment throughout, and also the free use of stimulants.

Dr. GARDNER said he had operated in one case and in a second case Dr. Fenwick had operated for him. His own case had been successful, the tube was removed on the 11th day; had used no medicine, but stimulants had been administered. Temperature of room kept at 70°, and water was kept constantly evaporating with carbolic acid added. Carbolyzed glycerine was applied to the wound. Trousseau's tube was used.

Dr. RODDICK had operated a number of times, but had only one successful case among those done for diphtheria. There was difficulty in taking food, as it passed into the larynx and out through the wound. He agreed with Dr. Finnie that the larger the tube used the better, and

considered Trousseau's double tube by far the best. He considered that a mistake is often made in not placing the fenestra sufficiently far back in order that the air may have free passage.

Dr. NELSON had one successful case in membranous croup. He thought the tube made by Walters of London the best. The tube was removed on the 12th day.

Dr. ROSS remarked that he agreed with the remark made by Dr. Campbell that croup and diphtheria were two distinct diseases. Till diphtheria became prevalent in the city, contagion did not take place. It may occasionally happen that albumen in the urine may come to be a diagnostic mark. A case was admitted to hospital who had been cauterized over the tonsils, and the question of its being diphtheria arose. Albumen was detected in the urine, and the case proved to be one of mild diphtheria. In regard to conveying the disease in accouchement cases, he states that two years ago he attended a lady in confinement who subsequently had vulvar diphtheritis, and at that time Dr. Ross had not been near a case of diphtheria.

Dr. OSLER said in a number of cases in which post-mortems were performed, the membrane had been found to extend as a uniform layer down the trachea, and even to the smaller bronchi.

A vote of thanks to Dr. Alloway was moved by Dr. TRENHOLME, seconded by Dr. RODDICK, and carried.

The Secretary was instructed by the Society to prepare a tabulated statement of the tracheotomy operations in diphtheria and croup by members of the Society and present it to the Society.

OLIVER C. EDWARDS, M.D.,
Secretary.

BIRTHS.

At Toronto, on March 28th, the wife of Dr. A. H. Wright of a son.

At Toronto, on March 18th, the wife of W. Oldright, M.A., M.D., of a daughter.

MARRIED.

In Montreal, on the first of May, at the Church of the Messiah, by the Rev. John Cordner, William Ross Sutherland, M.D., C.M. (nephew of the late William Sutherland, M.D., of Montreal), to Mary Julia, daughter of O. S. Wood, Esq.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

We are in receipt of a communication asking our opinion regarding a scheme for the affiliation of our Canadian Colleges of Pharmacy with some of our Universities, whether it would not tend to elevate the Colleges, and give them a social status, which would be of benefit to them, and whether the lectures could not be preferably given by persons whose time was not, for the most part, taken up by the demands of daily trade and commerce. Although we agree with our correspondent in many of his conclusions, yet, knowing the objections that have already been made to an affiliation of this kind, and the desire of the pharmacutists to separate themselves as much as possible from the medical profession in general, we scarcely think it advisable to bring the subject forward, as it would only lead to an almost endless as well as aseless discussion.

MONTREAL COLLEGE OF PHARMACY.—The examinations of the candidates for the different degrees conferred by the College of Pharmacy was held in the rooms of the Pharmaceutical Association, No. 628 Lagachetière street, on Tuesday and Wednesday, the 29th and 30th instant. The result will be given in our next number.

Ladies in the Laboratory.—Prof. Attfield reported at the March meeting of the London (Eng.) Pharmaceutical Council that there were now three ladies in the Laboratory, and that no difficulties had arisen in regard to their accommodation.

Hanbury Gold Medal.—It has been decided to establish a memorial gold medal in honor of the late Daniel Hanbury; the fund having been raised for the purpose, it is proposed to award a gold medal biennially, "for high excellence in the prosecution or promotion of original research in the natural history and chemistry of drugs." The Presidents of the Chemical, the Linnean, and the Pharmaceutical Societies, and of the British Pharmaceutical Conference, with one pharmaceutical chemist to be nominated by the two last-named presidents, are to be invited to accept the office of adjudicators. The medal itself will be 2½ inches in diameter, with a like-

ness of Daniel Hanbury on one side, and the words "Daniel Hanbury, born 1825; died 1875," and on the obverse a space for the name of the recipient within a wreath, with the words "Awarded for Original Research in the Natural History and Chemistry of Drugs."

TAYUYA AS A REMEDY FOR SYPHILIS (*Allg. Wien. Med. Zeitung*, No. 3, 1878). Tayuya, a plant from Brazil, has been highly recommended during the past few years as a remedy for syphilis and scrofula. It has been used chiefly by the Italian surgeons. All parts of the plant are used, but the most efficacious in syphilis is the root, either as a watery infusion, or a tincture made by adding 1,000 grammes of 80 per cent. alcohol to 339 grammes of the powdered root. The strong tincture thus obtained is to be diluted by the addition to it of 1,000 grammes of rectified spirits. Of this, fourteen drops is the maximum dose for an adult.

Ambrosoli, who has used it freely in the Maggiore and Sifilo-comio hospitals of Milan, reports favorably on its use in syphilis, and states that the skin affections, ulcerations and swellings of the glands are promptly relieved by it. Veladini reports "brilliant results," as do also Magri, Strambio, Bazzoni and others. Gamba, however, in the syphilitic hospital for women in Turin, has not had such satisfactory results. Ziessl, of Vienna, states that he has seen no injurious results from tayuya, and after giving it a fair trial, he greatly prefers it to mercury in the early stages of syphilis. He is not yet prepared to express a positive opinion as to its value in the later stages of the disease.

SUNSHINE AT NIGHT.—Self-luminous dials have recently attracted some attention. O. Mathey, chemist, Neufchatel, states that the dials are usually made of card enamelled like visiting cards, and covered with adhesive varnish or white wax, mixed with a little turpentine, upon which finely-powdered barium sulphide is dusted through a fine sieve. This salt retains its phosphorescence for some days. Its luminosity is restored by exposing it to sunlight for an hour, or by burning near it a few inches of magnesium ribbon. Calcium and strontium sulphides possess a similar property, but lose it more quickly. Professor Henry Morton, of Stevens Institute of Technology, U.S., asserts that calcium sulphide is used, and suggests that if the walls of rooms were coated with the sulphide, enough light would be absorbed during the day to avoid the necessity of artificial light, and that, if houses were painted with it, street lamps would be unnecessary.

PITCHERINE—A NEW STIMULANT.—The *British Medical Journal* has a long account of a new stimulant, which has been lately described by

the papers of Australia. It is called by the natives pitcherine, and is used as we use tobacco, for both smoking and chewing. The effect is that of pleasant exhilaration; when long continued, intense, and continuous excitement follows. It is used, when, on long foot-journeys, to invigorate and keep up the strength or excite them to courage in battle; large doses are said to infuriate all the passions. Some of the natives make a plaster of this plant, and place it back of the ears, believing they are influenced by it.

ON CERTAIN DISINFECTANTS.—Mr. G. B. Longstaff, M.A., M.B. Oxon, and Mr. E. H. Hare, M.A. Oxon, M.R.C.S., report in the *Sanitary Record* a series of experiments made by them with a number of popular disinfectants. They took a quantity of urine, diluted it with water, and measured 100 cubic centimetres into each of 34 jam pots. They then added to each part the one-thousandth part of its weight of a disinfectant, making each experiment in duplicate. In two cases they added water only. The results were as follows:—

Antiseptic, 0.1 per cent.	Day on which mould appeared.		Day on which putrefactive odour was distinct.	
	I.	II.	I.	II.
Water only.....	9	9	14	13
Terebene (Dr. Bond's)....	10	10	13	18-23 ? *
Carbolic Acid (Calvert's No. 5).....	None by	75th day	None by	75th day
Burnett's Fluid.....	9	9	12	12
Condy's Red Fluid.....	10	10	15	10
Turpentine.....	13	14	18-23 ?	18-23 ? *
Chloralum.....	8	8	10	11
Borax.....	8	9	18-23 ?	18-23 ? *
Cupralum (Dr. Bond's).....	8	8	12	12
Ferralum (Dr. Bond's)....	None by	14th day	8	8
Sodium Salicylate.....	10	10	14	14
Sanitas (Aromatic, No. 3).....	8	9	9	10
Sanitas (Inodorous, No. 3).....	9	9	15	11
McDougall's Fluid.....	12	9	13	12
Sanitas (Aromatic, No. 1).....	9	9	14	14
Sanitas (Inodorous, No. 1).....	9	8	15	11

* Some uncertainty as to exact day, owing to absence from home.

—*Chemist and Druggist.*

THE TELEPHONE.—One of the most interesting and valuable applications of Professor Bell's telephone in the United States was seen in a recent railway disaster near Hartford, Connecticut. An excursion train, returning from one of Moody and Sankey's revival meetings, plunged through a bridge, killing some and wounding many other passengers. Brought by telegraph wires to Hartford, the news was taken up by a system of telephone wires connecting a chemist's shop with the residence of twenty-one physicians; and so prompt was the summons that in half an hour the physicians, fully equipped, were at the railway station, from which they were rapidly conveyed to the scene of death and suffering. Thirteen thousand telephones are said to be in operation in the United States.

THE TAPEWORM.—In a recent German publication we are told that black oxide of copper is the surest and best cure for tapeworms. It is given in pills made according to the following formula:—

	Grammes.
Cupri oxydati nigri.....	6
Calcarie carbonicæ.....	2
Boli albi lævigatæ.....	12
Glycerin.....	10

Make 120 pills. Take 2 four times daily.

It is said to have this disadvantage, that the patient is denied the pleasure of exhibiting his tormentor.—*Chemist and Druggist.*

SALICYLIC ACID AS AN ANAPHRODISIAC.—This fact was asserted not long ago by Dr. C. T. Jewitt, and has had recent confirmation in the case of a New York city veterinary surgeon, whose patient had been taking soda salicylate for some time. Damiana restored the sexual appetite promptly.

CORK WOOD.—Australia gives us another valuable medicine, namely, the leaves of the cork wood (*Duboisia myoporoides*), from which an extract is yielded having similar (though more speedy) action to belladonna.—*Chemist and Druggist.*

OZOKERINE.—This is a smooth yellowish substance prepared from earth wax, and resembling some of the paraffines in appearance. It appears bland and non-irritating, and likely to prove useful as a dressing for wounds and excoriations.—*Cincinnati Lancet and Clinic.*

INVISIBLE INK FOR POSTALS.—John H. Nelson gives in his "Hand-Book of Formulæ" the following:—

- Oxide of Cobalt, ½ ounce.
- Muriatic Acid, sufficient to dissolve it.
- Water, 4 ounces.
- Mucilage of Gum Acacia, . . . 1 drachm.

Characters written on paper with this solution are invisible, but on the application of heat they instantly appear in blue: on cooling they become invisible again.—*Phil. Druggist and Chemist.*

PHOSPHORUS IN SCIATICA.—Dr. Volquardsen, in a Pesth medical journal quoted by the *London Medical Record*, reports a case of sciatica which lasted for two years and defied all treatment. He then arrived at the idea of trying the internal use of phosphorus, which he prescribed in doses of 15 milligrammes (about one-fourth of a grain) three times a day. Three days sufficed to obtain a marked improvement, and three weeks brought a complete cure.

MEDICINAL EFFECTS OF ONIONS.—Dr. G. W. Balfour, in the *Edinburgh Medical Journal*, records three cases in which much benefit was afforded patients by the eating of raw onions in large quantities. They acted as a diuretic in each instance. Case first was a woman who had suffered from a large white kidney and constriction of

the mitral valve of the heart. Her abdomen and legs had been tapped several times, but after using onions as above she had been free from dropsy for two years, although still suffering from albuminuria. Case second suffered from heart disease, cirrhotic liver, and dropsy. Case third had dropsy depending on tumor of the liver. In both of them the remedy had been used with good results. Both had been previously tapped, purgatives and diuretics alike having failed to give relief. All other treatment having failed, recourse was had to the onions. Under their use the amount passed steadily rose from 10 or 15 ounces to 78 or 100

A NEW FORM OF DIALYZER.—Mr. Huizinga, of Groningen, has published a method for preparing dialyzing apparatus which seems to have various advantages. Parchment-paper is cut so as to form, when folded together, a conical bag. The edges are glued together by means of chrome-glue, which is made by adding to a solution of gelatine of 15 per cent. a solution of potassium chromate of 3 to 5 per cent. This mixture must be made in a room lit by artificial light, and it must be carefully kept from daylight, as this makes it insoluble in water. It should not be prepared in large quantities, as it will gradually become tough, especially when often re-melted for use, although it may not have been exposed to sun-light. The edges of the moistened parchment-paper having been treated with the chrome-glue, the bags are exposed to day-light, and when dry are suspended, kept open and circular by a small hoop placed inside, and filled with water to test their tightness. Any small leak may be stopped by a further application of chrome-glue. A number of these conical bags may be placed into one vessel at the same time.—*Weekbl. f. Naturwet.*

JELLY FROM OLD BOOT.—The reader may stare, but Science smiles superior and asserts very emphatically that a toothsome delicacy can be made from a dilapidated foot covering. Some time ago, Dr. Vander Weyde, of this city, regaled some friends not merely with boot jelly but with shirt coffee, and the repast was pronounced by all partakers excellent. The doctor tells us that he made the jelly by first cleaning the boot, and subsequently boiling it with soda, under a pressure of about two atmospheres. The tannic acid in the leather, combined with the salt, made tannate of soda, and the gelatin rose to the top, whence it was removed and dried. From this last, with suitable flavoring material, the jelly was readily concocted. The shirt coffee, which we incidentally mentioned above, was sweetened with cuff and collar sugar, both coffee and sugar being produced in the same way. The linen (after, of course, washing) was treated with nitric acid, which, acting on the lignite contained in the fibre, produced glucose, or grape sugar. This roasted, made

an excellent imitation coffee, which an addition of unroasted glucose readily sweetened.—*Scientific American.*

ERGOT IN TRICHINA DISEASE.—Dr. Rhode relates, in the *Berliner Klin. Woch.*, a case of trichinosis in which severe bleeding of the nose occurred, and in which he prescribed extract of *secale cornutum* as a styptic. The hæmorrhage was immediately arrested, and with this rapid improvement of the general symptoms also occurred. This result led him to prescribe ergot in other cases of the disease; and in all instances distinct improvement followed. He believes, therefore, that we have, perhaps, in ergotin a means of treatment which, without having any marked effect on the human economy, may prove fatal to trichina and their offsprings.—*The Doctor.*

THERAPEUTIC ACTION OF IODOFORM.—Dr. Moleschott states that he has used iodoform with good result in the treatment of exudation into the pleura, pericardium, and peritoneum, and of the acute hydrocephalus of children. He generally applied it in the form of ointment (one in fifteen of lard) or with elastic collodion (or one in fifteen of collodion). Large glandular swellings were caused to disappear under the use of the iodised collodion. It was found useful as a means of assuaging pain in gout, neuralgia, and neuritis. Syphilitic myocarditis was cured by iodoform inunction, combined with the internal use of the drug in doses of from three-fourths of a grain to a grain and a-half daily. Iodoform appears to act like digitalis upon the heart, increasing the strength and reducing the frequency of its beats, and was hence used successfully in uncompensated valve disease. Its action depends probably on its ready decomposition, by which the iodine in the nascent state is brought into action upon the tissues.—*Wiener Medicin. Wochenschrift.*

TREATMENT OF STRYCHNIA POISONING BY APOMORPHIA.—R. Gilsan, M.D. (*American Journal of Medical Sciences*, April, 1878), was called in December, 1877, to see a man who had taken probably about six grains of sulphate of strychnia with suicidal intent. The man when first seen was in spasms; all the muscles seemed tense, and in fact in such condition that a stomach pump could not be used or anything administered by the mouth. About one-third of a grain of muriate of apomorphia administered hypodermically gave prompt emesis, and relaxed the muscles so fully that there was very little spasm at all after it had taken effect. The poison had been swallowed about half an hour.

The doctor is of the opinion that apomorphia will be found the remedy in all cases of poisoning by nux vomica or any of its preparations, but he would not recommend it in cases of narcotic poisoning.

COLOCYNTH IN MINUTE DOSES.—Dr. Tucker

(Chicago *Medical Journal and Examiner*, Oct., 1877) extols the virtues of colocynth in allaying the pain caused by excessive peristaltic action of the intestines; he says it excels opium itself. Enough tincture of colocynth is added to a glassful of water to impart a slightly bitter taste; of this, teaspoonful doses are to be given every few minutes; speedy relief from violent griping is afforded.

ATROPIA POISONING.—J. C. Mackenzie, M.D. (*Cincinnati Lancet and Observer*, February, 1878), reports a case of poisoning by sulphate of atropia where two grains had been taken through mistake, followed by grave symptoms and finally by coma, but terminating in recovery. The treatment resorted to was morphia hypodermically, hot water alternated by ice, and the Faradic current.

The minimum fatal dose of atropia is not determined, but cases have died from an amount as small as one-seventh of a grain, while some persons have lived after much larger than two-grain doses have been swallowed.

A REMARKABLE CASE OF MORPHINE TOLERANCE BY AN INFANT.—James S. Little, M.D. (*American Journal of Obstetrics*, April, 1878), reports the case of a child about eight months old that was suffering from an inflammation of the knee-joint, who had become so very tolerant of opiates from long use that it was able to consume and did actually take two fluid ounces of a solution of morphia containing sixteen grains of morphia to the fluid ounce in twenty-four hours, and for nearly a month the average was an ounce each day.

PLATINUM PLATING.—Professor Böttger announces that a concentrated boiling solution of neutral sodium citrate will dissolve large quantities of freshly-precipitated ammonio-platinic chloride. This solution decomposed by a couple of Bunsen's cells will deposit "a handsome, lustrous, perfectly homogeneous, and very tenacious coat of the purest platinum" on articles suitably prepared. The ammonio-chloride is the only platinum compound which can be used for plating, and its slight solubility has hitherto made it impossible to obtain a satisfactory coating of the metal by electro-deposition.

MEDICAL SCRAPS.—"Well, Mrs. Grumblyn, what's the matter with your grandson?" "Why, Doctor, his throat's very bad. Mr. Parsons, the druggist, says as how there's something wrong with the *borax*; but ye can see for yourself that he have three or four big *ulsters* in his throat, besides which the *jubilee* is much *inflated*."

At the outbreak of the American war, when patriotism was somewhat more abundant than knowledge of anatomy, the question was put to a candidate for surgeon's position in a Cincinnati regiment, "What is Scarpa's triangle?" To which he replied: "What is the use of asking

a man fool's questions like that, when his country's flag is trailing in the dust?"

A FRENCH DOCTOR advertised a cosmetic—"the balm of a thousand flowers." It finally got him into court, charged with swindling the purchaser, because it would be impossible to collect and combine the odour of "one thousand flowers." But the witty Frenchman, with a ready smile, put them down with the reply "Honey,"—which was one of the ingredients in the "balm."

GEO. S. PEDUZZI, a prominent Brooklyn druggist, recently made a successful balloon ascension from the Capitoline grounds. Professor Peduzzi has an idea that the air may be successfully navigated. The New York *Telegram* thinks that "it would be a good thing if the majority of the druggists would follow the Brooklyn gentleman's example and go to ballooning. The sick people would miss that opportunity they now enjoy of getting arsenic for magnesia or laudanum for paregoric."

"TO PUPILS IN ELOCUTION."—These lines, by Mr. Charles A. Prince of Boston, originally appeared in the *Harvard Advocate*:

The human lungs reverberate sometimes with great velocity

When windy individuals indulge in much verbosity,
They have to twirl the glottis sixty thousand times a minute,

And push and punch the diaphragm as though the deuce were in it.

CHORUS—

The pharynx now goes up;

The larynx, with a slam,

Ejects a note

From out the throat

Pushed by the diaphragm.

—*Scribner's Monthly*.

THE DRUG MARKET.

Since our last issue there is no marked change to report. A fair amount of business is doing, and prices are without particular alteration.

Camphor.—As usual at this season of the year, there is a pretty active demand for this article, and the stock in New York having run short the price of American camphor advanced a few cents in the course of the month. The arrival of some expected cargoes of crude had the effect of reducing it, however. In London the stock of crude is unusually large, 11,446 packages, 3,577 at same date in 1878; 7,118 in 1877; 6,123 in 1876; 9,646 in 1875.

Opium.—Is very firm, maintaining the recent slight advance, with a corresponding advance in morphas. Stock of *Opium* in London 970 cases against 1,801 cases same date 1878.

Cardamom Seeds.—Are higher than they have been for years, and likely to remain high. Stock in London 279 packages, same date 1878, 407 cases.

Ipecac Root.—Continues firm, and the stock in New York being almost entirely held by one house there is little prospect of a decline. Stock in London 194 ceroons, same date 1878, 217 ceroons.

Sulphate of Quinine, and bark alkaloid generally, remain high. The high price of sulphate of quinine has developed an active demand for sulphate of cinchonidine, the therapeutic efficiency of which is pronounced to be almost identical with that of quinine, while it is less than half the price.

Iodine and its preparations continue high, without any immediate prospect of a decline, as the manufacturers who recently formed a combination regarding advance continue harmonious in their views.