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Original Communications.

SCARLET FEVER AND CROUP.

BY WM. KERR, M.D., GALT.

(A revised copy of papers published in the *Edinburgh Med. Journal*, 1870.)

Dr. Copeland has stated that "the treatment of scarlet fever is unsatisfactory, and, in the worst cases, most unsuccessful."* In the greater part of the following instances, I trust that this opinion may be reversed. I do not venture to say what proportion such will generally bear to the whole number, but I cannot allow myself to believe that they will be exceptional. The remedy is the same as I have recommended in this Journal (August, 1873) for dysentery, omitting opium, which is to be added only when diarrhoea is present. When a number of the cases occurred, the bisulphite of soda combination, the bisulphite taking the place of digitalis or squills, was being tried in the hope that it would be adapted to those cases of disease of the mucous membrane where my older combinations displayed no potency; but farther experience has shown that where they fail, it also fails.

I have often been asked—Why use so many ingredients, especially why put together several not previously known in medicine? Suffice at present to say, that the result of this investigation comprising an examination of thirty-two plants or their products, and extending over five to six years, was a conviction, that though a medicine composed of a few of the ingredients might in some instances be adequate to cure, yet that the proportion of failures was very much reduced when all were employed. The acknowledged necessity for more than a single nutritive principle in diet is

suggestive that we may be wrong in relying upon a single medicine in disease. As far back as the year 1812, Dr. Paris, in his "Pharmacologia," insisted that increased power is gained by combination of medicines of the same class; but, possibly owing to the discovery of the vegetable alkaloids, simplicity in prescription has prevailed, and the views of Dr. Paris have been overlooked.

The medicine now recommended is founded upon the principle that power is gained by combination, each component apparently possessing some property not contained in the others, the combined effect of these properties being necessary to combat the disease. In accomplishing this object, another of considerable importance has been obtained; owing possibly to the small quantity of each ingredient, in general no deleterious effect is produced, and the patient is sensible only of relief. In the various affections in which this medicine, or combination of medicines, has been tried by my medical friends or myself, its action is to heal ulceration of the mucous membrane, and the vascular and tender state which precedes it; often in the course of half an hour to induce refreshing sleep, gradually to bring about better digestion, and in scarlet fever to keep the bowels sufficiently open without causing uneasiness, and usually without requiring the aid of any other aperient. The digitalis combination, in some constitutions, produces delirium, dimness of vision, and giddiness; in others, pain or oppression in the region of the heart. The squill gives rise to no unpleasant effect, and, as a general rule, is suited to children.

The mucous membrane being affected in dysentery, and also in scarlet fever—diarrhoea likewise being a not unfrequent attendant of the latter—I entertained a hope that a medicine which has now for many years been eminently beneficial in dysentery, in the hands of my medical friends as well as my own, would also be valuable in scarlet fever. Excepting, however, a few slight cases at an early stage of the investigation, I saw none till the combination had reached its maturity. Thirteen years ago a young woman, on the second day of the eruption, had vomiting of fluid like coffee-grounds—always regarded as a fatal symptom—together with ulcerated sore throat, headache, and sleeplessness. In a few hours, after two doses of six grains each (without opium), she was asleep, and every symptom relieved; recovery was rapid.

*In the year 1864 there were 40,000 deaths from scarlet fever in the United Kingdom.

Dr. Philip, of Galt, in a communication to me, says: "In eleven severe cases of scarlet fever, in the autumn of 1860 and spring of 1861, I gave to some the digitalis, and to others the squill combination. Whether administered for the first time on the second day, or not till the fourth or fifth, relief uniformly commenced in a few hours at farthest. Soon after the first or second dose, sleep ensued, pain and vascularity of the fauces abated, frequency of the pulse and feverish heat diminished, and vomiting ceased. Diarrhœa and vomiting were present in a few of the worst cases, but were always stopped by one or two doses containing a minute quantity of opium. A crisis might therefore be said to have taken place, and the disease to have been cut short, within twelve or twenty-four hours from the administration of the first dose; the eruption, notwithstanding, continuing the usual time. In some, there were glandular swellings beneath the ears; and though I dreaded suppuration in one or two scrofulous children, the swellings gradually disappeared. No patient, whether slightly or severely affected, was afterwards seized with anasarca, and all recovered except one of my earliest, to whom, from want of confidence at that time, the medicine was not administered till after the failure of ordinary remedies; even then relief and benefit were most marked, and the patient died from exhaustion, and not strictly from scarlatina. To my earlier patients I likewise gave chlorate of potash, but gradually trusted altogether to your remedy."

From the notes of Dr. Mackintosh, of Hamilton, I extract the following cases:

No. 1.—1863.—A girl, eight years of age, was seized in school, and sent home complaining of sore throat; she was much flushed, and vomited repeatedly. During the night, diarrhœa, delirium, and high fever were superadded. Next morning, when first visited by Dr. M., her face was flushed and congested, throat inflamed, almost purple, deglutition difficult, pulse very frequent; one grain and a half of the digitalis combination was directed to be given every three hours. She was quickly relieved, and spent a good night; next day, the third of the illness, all the symptoms were considerably improved, and on the succeeding day she was almost well. Dr. M. remarks that this was a very severe attack, and the action of the medicine speedy and most satisfactory.

Nos. 2 and 3.—Two severe cases, which occurred at this time; both were rapidly relieved and cured. Of one of these it is said that she was first seen on the third day, and in four hours after two doses, was much better in every respect.

No. 4.—This patient was not visited till the disease was far advanced, and extensive abscesses had formed in the neck. Died.

No. 5.—18th October, 1864.—A stout boy, aged four years; initiatory symptoms severe; digitalis combination prescribed. After some days' treatment, all the symptoms were favourably modified; the recovery was good, without sequelæ.

Nos. 6 and 7.—23rd October.—Two children, aged respectively three years, and fourteen months. The former, a very severe case, was under treatment for fourteen days, but ultimately did well under the digitalis combination, followed by quinine and iron. The latter, mild; after each dose sounder sleep always ensued; cured in a few days.

Nos. 8 and 9.—25th November.—Two children aged seven, and five years; the former mild, and recovery rapid; the latter as severely and dangerously affected as Dr. M. ever witnessed; was nearly two weeks under treatment, but had a good recovery under the digitalis combination, followed by quinine and citrate of iron.

No. 10.—27th November.—A child four years of age; moderately severe attack; did well under the same treatment.

Nos. 11 and 12.—1st December.—Two children, aged three and five years; the former, a neglected case, not seen till very late in the disease, died; the latter did well under treatment with the digitalis combination.

No. 13.—19th December.—A boy aged twelve years; a severe attack; treatment as above; recovered.

No. 14.—A girl aged three years; a pretty severe attack; did well under the same treatment.

Nos. 15-20.—Six of Dr. Mackintosh's own children were almost simultaneously seized, three slightly, and three severely; indeed, so severely, that Dr. M., with ordinary remedies, would have looked upon the attacks as necessarily fatal. He trusted all to the digitalis combination, no other medicine, except gargles, being given.

May, 1869.—Dr. M., in reply to a letter requesting a statement of his continued experience, says: "For the last four years I have preserved no record

of cases, on account of the uniform success attending the administration of your medicine; the result, to the best of my recollection, having been in every instance successful. In malignant cases, I also kept the apartment well ventilated, and the air slightly impregnated with sulphurous acid."

Dr. Howitt, of Guelph, in five severe cases, gave the digitalis combination; all were speedily relieved and cured.

A child of Dr. Ogden, lecturer on *Materia Medica*, Toronto, aged eighteen months, was seized with scarlet fever, which at first was mild, but as the eruption was passing away the fauces became swollen, livid, and ulcerated; at the same time, cough and oppressed breathing from the secretion of viscid mucus came on; she was restless, and slept little. There was a copious discharge of matter from the mouth, and in a lesser degree from the nostrils and meatus auditorius externus, which, possibly owing to the acrimony of the matter, excoriated the lips, nostrils, and lobes of the ears; there was also diarrhoea. Chlorate of potash was the medicine chiefly relied upon; and on the accession of diarrhoea, Dover's powder was added, but no improvement took place. The danger being evidently great, and Dr. Ogden, having previously successfully treated one or two cases of scarlet fever with the squill combination, now gave it along with opium. Diarrhoea and the bronchial symptoms were at once relieved, better sleep was enjoyed, the ulcers began to heal, and recovery went on from almost hopeless symptoms.

In February, 1864, Dr. McIntyre, of Hespeler, C. W., applied to me under the following circumstances:—Three children of a family had died of scarlet fever, and a fourth, nine years of age, was dangerously ill. It was the seventh day of the disease, pulse 150, glands beneath the angle of the jaw swollen, and the throat very painful. In fifteen minutes, after a dose of the digitalis combination, was asleep; on awaking, two hours afterwards, pain was evidently lessened, and the pulse had fallen to 140. Four doses were given daily, recovery was rapid, and the swollen glands diminished, without suppurating.

The following fatal case occurred in my own experience:—An unhealthy child, two years of age, who had just recovered from a severe attack of measles, treated successfully by the squill combination, thirty-six hours after seizure had a pulse at

180, eruption dusky red, ulcerations in the back of the fauces, and breathing oppressed from the secretion of viscid mucus. She had been fretful and without sleep from the commencement. In ten minutes, after two grains of the squill combination, was asleep, and by three such doses daily, slept without oppression in a comparatively comfortable manner nearly the whole of the following six days, the stuffing and tenderness of the nostrils and the phlegm in the fauces becoming less. On a few occasions the administration of a dose was inadvertently postponed some hours, when restlessness took place, which, on a dose being given, was always allayed, and in a few minutes the child was asleep. Neither was the benefit confined to the promotion of sleep; in six hours after the first dose, swallowing, which previously had been very painful, became comparatively easy, feverish heat declined, eruption became bright red, and the child passed through the disease with little suffering. One unfavorable symptom continued, notwithstanding—the pulse hardly abated in frequency. At an early period, two discharges of half-digested blood took place, producing great weakness, and indicative of extreme danger. Petechiæ gave a similar indication. She was supported by brandy, and, as soon as appetite began to return, by nutritious food; I may also add, by long and sound sleep during the whole treatment. The period of desquamation had passed, but her strength did not rally, and she died exhausted on the eighteenth day, the only diseased appearance, as shown by a post mortem examination, being slight ulceration of the fauces, still unhealed.

In contrast with the persistent frequency of the pulse in the preceding case, caused, I apprehend, by weakness, are the following:—The medicine was first given to the patient, a boy of ten years, on the second day of the eruption; the pulse was then 156; on the third day 120; and on the fourth, when the eruption was at its height, 96; all the symptoms which indicated danger having diminished in severity along with the decline of the pulse. In my notes of another case in a boy of 15 years, on the first day, when treatment commenced, the pulse was 108, next day 96, and on the third 76.

25th May, 1868.—A child, fourteen months old, previously attended by another practitioner, who this morning had been under the necessity of going to a distance, and who had treated her with ordin-

ary remedies. The symptoms having this day become much worse, I visited her at 5 p.m. The pulse was 188, breathing difficult, and swallowing painful; glands on both sides of the neck, especially on the left, swollen; tonsils inflamed and swollen, and a white slough on the left; eruption nearly gone; lips and cheeks somewhat livid; space around the mouth pale; restless, constantly pushing her mother (on whose knees she was lying) with her hands and feet; drowsy, but unable to sleep on account of difficult breathing. I gave three grains of the bisulphite of soda combination, and waited an hour to witness the effect. At the end of this time she was sensibly easier, and sleeping somewhat soundly.

9 P.M.—A second dose of three grains was given an hour ago; at present pulse 148, swallows with little difficulty; breathing easier; sleeping more calmly; bowels moved once, the first time to-day.

26th.—10 a.m., Sixth day.—Last night slept well, except for a short time about 4 a.m., when the effect of the medicine began to wear off, but another dose restored sleep and tranquillity; slough gone; glands less swollen and less painful; swallows easily; pulse 144.

9 P.M.—Had a fourth dose at 11 a.m., and a fifth at 7 p.m. Bowels moved once to-day.

27th.—Seventh day.—Slept well last night; sixth dose at 5 a.m. Appears now to have made up lost sleep, as a dose is not followed by drowsiness as formerly.

28th.—Though the swelling of the glands has disappeared, this forenoon pus commenced to flow from the left ear.

1st June.—Tincture of the digitalis combination has been dropt into the ear daily since last report, and pus is now little more than visible. Bisulphite of soda combination was given for five days in whole.

26th May, 10 A.M.—A sister of the preceding, three years of age, was seized during last night with vomiting. At present is unwilling to swallow on account of pain in the throat, which is reddened internally, but there are neither slough nor swelled glands; breathing is noisy; she tosses in bed, her eyes are half open, and her appearance indicates distress; pulse 160. Skin, especially of face and neck, red. Three grains of the bisulphite of soda combination were given; in fifteen minutes she was asleep, and breathing more easily.

9 P.M.—Two hours ago, restlessness having come on, a second dose was given, which was followed by tranquillity; indeed she has slept almost the whole day. At present swallows easily, pulse about 150. Bowels not yet moved.

27th, 10 A.M.—A third dose was given last night, and a fourth early this morning. Slept well; no soreness of throat; eruption abating; at present is playing with her toys in bed.

1st June.—Well. Bisulphite of soda combination was given for five days.

It may be remarked of both patients, that from a very short time after the first dose there was little suffering, evidenced by continuous comfortable sleep, and diminished pain in swallowing.

An elder brother had an attack of scarlet fever, which ran its course very mildly. Bisulphite of soda combination was given from the commencement, and continued five days, each dose giving relief.

Another brother, who had had the disease about the beginning of May, had been out of bed, and often out of doors, for a fortnight, when he began to complain of pain in swallowing; at the same time the glands at the angle of the jaw were discovered to be swollen and painful. Six grains of the bisulphite of soda combination were given twice a day. In twenty-four hours he could swallow easily, and in ten days the glands had returned to their natural size—a common result likewise under the digitalis or squill combinations, as may be seen in several of the preceding cases. I am glad to say that in no case has deafness followed,* and anasarca in only one.

May, 1869, Dr. Vardon, Hawksville, now of Galt, says:—"I have taken notes of thirty-five important cases of scarlet fever which have occurred within the last two months in the epidemic prevailing in this locality, but want of leisure compels me to give merely the result of my observations. I deem myself fully justified in stating that the combination used—that containing bisulphite of soda—when administered in the early stage, produced in twelve to eighteen hours a decided amelioration of the symptoms; even where pain in the throat had been so severe that patients swallowed with great difficulty, they were so much relieved as to be able to drink with comfort, the pulse, losing its

* According to statistical tables, scarlet fever adds from one-fifth to one-third to the number of those who become deaf from disease.

tension, having become fuller and less frequent, and the skin having also become cooler and more moist; in fact, the disease was conquered. In several of the severe cases—I had none of the malignant variety—there was diarrhoea; in treating these I added a small quantity of Dover's powder to each dose. I have seen no ill effect from the medicine, and have not lost a patient."

A month afterwards Dr. Vardon writes as follows: "The epidemic of scarlet fever in this locality has now terminated. I have treated 43 cases with the bisulphite of soda combination, to which, when the patient was plethoric, I added a portion of the digitalis. The greater part would, in all probability, have got well under ordinary treatment; nine, however, had *very severe* attacks, yet I am happy to say that every one has recovered.

"To afford a better idea of the severity of some of the onsets, and of the effect of treatment, I shall give two which were complicated with convulsions.

"A boy, aged eight years, on the 14th April was seized with convulsions, and had five fits before I reached his residence at 5 p.m. His pulse was then 140, skin very hot, constant vomiting, conjunctiva injected, delirium, the throat so much swollen, and, together with the nares, so filled with frothy mucus, that respiration was hurried, and performed with difficulty; eruption well out. I ordered a warm bath, mustard to the throat and epigastrium, and gave ten grains of the bisulphite of soda combination, to be followed by eight grains every six hours.

"15th.—After swallowing the first dose yesterday, an hour elapsed without vomiting, which has ceased altogether since the second; during the night slept five hours at one time, and had several short naps; swelling in throat very much lessened; skin moist; pulse 100; bowels once moved.

"Next day his father called upon me and reported him well. Three days afterwards I was requested to visit another child in the same family, and found my late patient sitting in bed, free from fever and out of danger.

"16th April.—A child, aged 18 months, was seized with convulsions, which had continued eleven hours before my arrival; throat very much swollen, and clogged with mucus; fluids in part returned by nostrils; no eruption. Ordered warm bath, followed by friction with warm flannels; gave five grains of the bisulphite of soda combination

with two of the digitalis, and ordered a similar dose every six hours.

"17th.—After second dose, slept for four hours; has had no more convulsions; throat very much better; can swallow with ease; scarlet eruption general over the body; skin moist.

"Recovery was completed in four days.

"In only one instance did anasarca follow recovery from scarlet fever."

"20th April.—A girl, aged fifteen years. Indisposed for five days. Eruption well out; skin hot and dry; pulse 140. Has vomited constantly for four hours. Considerable delirium. Throat much swollen, and covered with ulcerated patches. Directed ice to be taken instead of water, mustard to be applied to the epigastrium, and five grains of bisulphite of soda combination to be given every six hours.

"21st.—First two powders were rejected; slept three hours after third dose; not so thirsty; skin inclining to become moist; pulse 130; no delirium; bowels moved once.

"22d.—Since yesterday has slept half of the time; eruption pale; swallows with ease; little thirst; pulse 90; medicine continued.

"Well in five days from commencement of treatment."

"A child, aged two years, had diarrhoea for three days before eruption appeared, at which time I first visited him; the throat was then very much swollen, with muco-purulent discharge from nostrils and mouth; swallowed with great difficulty; tongue covered with dark fur; eruption pale and not well out; pulse 150. As the discharges were frequent about once every three hours, and exceedingly foetid, I gave one-eighth of a grain of opium with three grains of bisulphite of soda combination every six hours; directed ice to be frequently placed in the mouth and warm fomentations to the bowels.

"On the following day I learned that he had had only two discharges from the bowels, and had slept well; skin cooler; pulse 130; discharge from nostrils and mouth much lessened, but there was little improvement in the state of the throat. As diarrhoea had ceased, opium was discontinued, but three grains of the bisulphite of soda combination were given every six hours, and solution of the chlorate of potash applied in a sponge to the throat every twelve hours.

"The affection of the throat healed slowly ; but he was cured in eleven days without any other remedies."

I have so often mentioned sleep following the administration of the combinations, that I may say sleep thus procured seems to come more from relief to uneasiness or pain than from a directly soporific effect ; because, when distress has terminated, and the patient no longer requires unusual length of sleep, drowsiness no longer follows a dose. By consulting Dr. Brown's case in my first paper on Dysentery,* it will be seen that sleep from opium in that instance nearly approached to narcotism, but sleep from the digitalis combination was sound and refreshing. I may say that in all instances which have come under my notice, such is the character of the sleep so procured. Moreover, in scarlet fever, the respiration, previously oppressed from the presence of viscid secretion in the fauces, becomes easy while the patient is sleeping ; and by a repetition of doses, sleep may be maintained as long as exhaustion caused by the disease demands it. The reader will observe that out of at least ninety cases there were only four deaths, and of these only one seen at an early period ; therefore, though he may not bring himself fully to approve of the various components of the medicine, he must admit that in the meantime success justifies my confidence in it.

The cases related in this paper are at variance with the received opinion that scarlet fever must run its course, and that the utmost which medical treatment can accomplish is to mitigate symptoms, though very often failing to do even this. I trust that I may venture to say that these cases show that the disease may be arrested in any part of its course, if no complications have formed. Referring to the reports, the patient, though previously tossing and restless was asleep in an hour from the first dose ; in a few hours pain of the throat was lessened, and, consequently, swallowing was easier ; by this time the pulse was found to be less frequent, and each succeeding day generally witnessed a progressive decline both of the pulse and of feverish heat. By what name are such changes to be called, but an arrest of the disease ?

Looking back through a series of years, it will

be found that epidemics of scarlet fever differ considerably in their character, at one period inflammatory, almost every patient benefitted by bloodletting, and where this remedy was not employed severe cases terminating fatally. In a year or two perhaps the illness had ceased to be inflammatory, and bloodletting had become inadmissible. In the following cases of croup it will be seen that a disease, in the greater part of instances requiring bloodletting, usually yielded readily to the Squill or Digitalis combination, hence perhaps it may be inferred that even an inflammatory epidemic of Scarlet fever may be similarly manageable. But there are cases, as I experienced two years ago, which yield neither to these combinations, nor to bloodletting, and possibly belong to the same variety of affection of the mucous membrane as the exceptional cases in Dysentery, and may require the same remedy.

Croup, as is well known, soon passes the stage in which remedies are of any avail, and medical men are forced to be mere spectators of agony which they cannot relieve, and which they and the parents are constrained in kindness to long to see terminated by death. To one of such hopeless cases I was called in December 1859, on the fourth day of the disease. The breathing was distressingly difficult and croupy ; the skin near the lower insertion of the sterno-cleido-mastoid muscles were sucked down during inspiration ; cough croupy ; tongue white ; pulse frequent ; lips and tips of the cheeks livid ; other parts of the face chalky white. Emetics and calomel had been given, and the time for bloodletting had passed away. Possibly, some might have advised tracheotomy ; but as this at best is a doubtful remedy, condemned by our most judicious writers, I resolved to try the digitalis combination without opium. A few hours were lost in ascertaining the necessary dose, but fifteen minutes after two and a half grains (the age being four years), she was asleep, and in other fifteen the croupy breathing suddenly ceased, without the child having awaked or expectorated. On awaking, two hours afterwards, the breathing became more noisy, but another dose procured sleep, and restored easy breathing. Next day she was better in every respect, and in a few days was quite well. The greatest quantity given in one day was seven and a half grains, and

* Canada LANCET, August, 1873.

the total quantity thirty-seven and a half, or fifteen doses.

In the next instance, I was called, on the second day of the disease, 6th January, 1860, to a child of fourteen months, brother of the preceding, to whom an emetic and purgative had been given, without, however, procuring relief to breathing. The respiration and cough were croupy, but the color of the countenance and its expression were natural; pulse 156. He was a robust-looking child, yet the veins of the hands and feet were thready in diameter. I opened one on the wrist which, for its size, bled freely; and though, by immersion in warm water, bleeding was prolonged for two hours, the total quantity of blood lost was trifling, and did not produce faintness, or the marked remission in the symptoms which blood-letting usually causes. A powder containing nearly two grains of the digitalis combination was given, but it was not till the third was administered, six hours afterwards, that a decided effect was observed. It had not been swallowed many minutes when he fell asleep, and his breathing soon after became easy—indeed, so suddenly, as to warrant the belief that the difficulty of breathing had not proceeded from the accumulation of mucus, or the formation of a false membrane; there was no expectoration to account for the change. In the next sixteen hours six powders were given, and between nine and ten hours of sleep obtained. The breathing, though still croupy, was much improved; the skin over the spaces near the lower insertion of the sterno-cleido-mastoid muscles was not sucked down in inspiration, as at the commencement of the treatment, and for a short time he played with the other children. This, however, was his best period, and for six hours he did not require a dose, but difficulty of breathing with cough returned; and though in the following twenty-two hours eleven doses, several of them the squill combination, were given, it is stated in my notes that the general character of this period was a short amount of sleep, owing to difficulty of breathing and frequent cough. I had now given thirty-six grains, of which the twenty last administered had not prevented the disease from gaining ground. The bowels had been kept sufficiently open and the child had been put into a warm bath without benefit. Disheartened by want of success, I abandoned all treatment, and he died twenty-seven hours afterwards.

A subsequent case has possibly thrown light upon the cause of failure. A full-bodied child of sixteen months, twenty-four hours ill, though treated with ipecacuan, calomel, and tartrate of antimony, was getting worse. In consultation with Dr. Pipe of Berlin in this neighbourhood, two grains and a half of the squill combination were given; in fifteen minutes sound sleep ensued, and croupy breathing ceased. Return of croupy breathing required three doses in the next thirteen hours, each dose being followed by sleep and easy breathing. Another return, somewhat worse in its character, indicated that the disease, though checked, was not subdued. The child's fatness obscured every vein, except the external jugular, which was opened, and a considerable quantity of blood extracted in a full stream, without, however, producing faintness. When the flow of blood was stopped, the breathing had become easy, and a few doses of the squill combination completed the cure. In my notes of the fatal case preceding this, it is remarked that the child's countenance remained ruddy, and his eyes clear, till twenty hours before death. These circumstances, together with the result of the case just related, incline me to think that I ought to have proceeded to open the external jugular, undeterred by the apparent want of blood in the veins of the wrist and feet.

I have met with no other cases, so inflammatory as to require bloodletting; the others readily yielded to the squill or digitalis combination, premised in some by an emetic.

Dr. Mackintosh of Hamilton reports four cases of croup in 1864. They were seen in an early stage, and were cured by either the digitalis or squill combination alone; the relief in all was most marked, and almost immediate. In the winter of 1865, a stout boy, aged three years, was seized with croup; there was high fever, flushed face, and rapid pulse. Two and a half grains of the digitalis combination were given every three hours; relief was speedy and permanent, and in four days he was quite well. A child of twenty months had an attack more urgent than the preceding, but by the same treatment was cured in a few days. Dr. Mackintosh, in a letter dated 30th July, 1869, says, "I have not kept notes of cases for the last four years, but I always use the digitalis or squill combination in croup. I am not aware that they have ever failed."

Dr. McIntyre of Hespeler was called to a boy,

seven years of age, who had been ill for twenty-four hours, during the last four of which respiration was most difficult, the skin near the lower insertion of the sterno-cleido-mastoid muscles being sucked down at each inspiration; the lips and tips of the cheeks livid; the other parts of the face chalky white. An emetic gave considerable relief, but breathing being still difficult and distressing, a dose of the digitalis combination was given; in fifteen minutes he was asleep, and soon after croupy breathing ceased. Four doses were administered daily, and in a day or two he was quite well.

In the several cases of croup, cessation of dyspnoea was unaccompanied by expectoration. I was much surprised when I first witnessed a child with loud croupy breathing, and every symptom of air entering the lungs with extreme difficulty, breathe easily, and without noise, in the course of half an hour, no mucus having been brought up to account for the change, and only a trifling amount coughed up during recovery; but I have now been long familiar with the fact. Relief given by bloodletting, when this remedy is successful, is equally rapid and great, and cannot be accounted for by expectoration, which, unless the child vomits, seldom occurs. It is therefore chiefly to the abatement of the inflammatory condition of the lining membrane of the trachea and bronchiæ that the benefit derived from both remedies is to be attributed. These facts confirm the opinion of Dr. Cheyne and others, that dyspnoea in croup does not arise so much from the exclusion of air by the secretion of mucus, or the formation of a false membrane, as from the inflamed state of the respiratory passages.

Most cases of croup, and possibly all in the advanced stage, having not only the larynx and trachea, but also the bronchiæ inflamed, and containing a considerable quantity of viscid mucus or muco-purulent secretion, bronchitis in such cases forms a portion of the disease, and the conclusion is inevitable that the same remedy is adapted to both. Several of my correspondents report to me generally their success in bronchitis unmixed with croup, a success which corresponds with my own experience. The dyspnoea diminished, the livid countenance regained its natural color, the cough became less frequent, indicating that the copious mucus or muco-purulent secretion was

lessened, and likewise more easily expectorated. When cough is incessant and severe, a tincture of the digitalis or squill combination is preferable to any other form, owing to the whole dose entering the system at once, thus overpowering the cough, which speedily ceases, and the patient falls asleep. The returns of coughing become less frequent, and, possibly in consequence of longer intervals of rest, and the direct influence of the medicine in healing the tender mucous membrane, recovery goes on, and, in this, I am satisfied, in some instances averted.

Dr. Clarke, of Paris, in this neighbourhood, in a case of severe confluent small-pox, occurring in a vaccinated person, reports that the condition of the throat and upper portion of the respiratory passages, and of the function of respiration, rapidly improved when he commenced the use of the digitalis combination, which for several successive days was the only medicine given. This case was likewise seen by Dr. Dickson, who was equally satisfied of the benefit derived.

A young gentleman with confluent small-pox, in whom the early appearance of the eruption, gave reason to expect a dangerous illness, was treated with the tincture, to which a small quantity of hydrate of chloral was added. He passed through the disease without distress from bronchitic symptoms, and almost without distress of any kind, enjoying a considerable amount of sleep, and always retaining some appetite.

I have seen a very severe attack of whooping cough yield to the tincture alone; generally, however, the addition of chloral is also necessary.

During the hottest weather of a Canadian summer, an affection of the lips and gums occasionally prevails, in which these are swollen and painful, with numerous small ulcers upon their surface. Dyspepsia is frequently an accompaniment. Left to itself the complaint may continue for weeks, producing considerable distress, but without danger. In every instance which has occurred to me, relief and speedy cure followed the administration of the digitalis or squill combination. I mention this affection because its decline under medicine is as patent to the eye as an experiment in a laboratory, and because I am not aware that it has been noticed by any author.

In the second volume of the Transactions of the Provincial Medical and Surgical Association of

England, 1834, Mr. Grindrod relates a case of hydrophobia, and illustrates it by a colored plate showing great vascularity of the mucous membrane of the trachea, pharynx, œsophagus, stomach and duodenum, accompanied with incipient ulceration in the lower part of the œsophagus. When, fourteen years ago, I first gave the digitalis combination in an apparently hopeless case of croup I relied on the tried efficacy of the medicine in other severe affections of the mucous membrane; and now, guided by conclusions made stronger by longer experience, I would not hesitate to give the same in hydrophobia.

Braehead, Galt, October, 1873.

CASES IN PRACTICE.

BY C. M. SMITH, M.B., M.C.P.S.O.

CASE 1.—TRAUMATIC TETANUS.

A. McD—d, æt 13, seen by me for the first time July 13, 1871. He had received a lacerated wound of the index, middle and third fingers, caused by the picker in a woolen factory four or five days previous. He began to complain two days ago of stiffness of the neck and limbs, and inability to open the mouth, along with a difficulty in swallowing, which had been treated by another practitioner with permanganate of potash gargles. When I saw him, his appearance was that of tetanic suffering; the jaws firmly set; *risus sardonius* well marked; perspiration profuse; rigidity of back and knees; abdominal muscles like a board. He had slight opisthotonic attacks every fifteen minutes; tongue had been wounded.

Administered a turpentine injection, which not producing sufficient action, was followed by a second. After this had acted, an opiate enema (Tr. opii ʒi.) was given, followed by considerable relief.

July 14th.—Patient had some ease for four or five hours after last night's injection, but is worse this morning; pulse 120, perspiring profusely, opisthotonic spasms occur every 5 or 10 minutes. Another injection (turpentine) was administered, and after the bowels had responded, xx minims of a morphia solution (gr. i. ad. ʒi.) were given by means of the hypodermic syringe. This relaxed the trismus sufficiently to allow of ʒii. of beef tea

being given every half hour, and also reduced the frequency and severity of the spasms. Continued the hypodermic injection every six hours.

July 15th.—Spasms not so severe, but deglutition so difficult as to oblige me to give the beef tea by enema. Succeeded in obtaining a few grains of Ext. physostig. V. of which a solution containing grs. iv. ad. ʒi. was administered in M. xx doses every four hours until pupils were contracted. As deglutition was impossible, I gave M. xx. of the same solution hypodermically at 11 p.m.

July 16th.—Had rather an easy night, although he slept little. Patient continued to improve under the administration of from ½ to 1 grain of the Ext. daily in divided doses, but the trismus and rigidity continued, although the spasms were checked. During a couple of days the Ext. could not be had, and morphia was substituted, with the result of a relapse of all the most severe symptoms. At the end of this time, the bean was obtained, and M. xx. to M. xxx of a tincture containing ʒi. ad. ʒii. Sp. rect. were given sufficiently often to keep up the condition of relaxation. By the end of the month the patient was able to swallow pretty well, and complained of nothing except the general soreness.

By the 15th of August he was fully recovered, and was going about.

CASE 2.—EXTRAVASATION OF URINE.

On the 10th of Dec., 1871, I was called to see Peter L.—b, a sailor, who was said to have 'fever and ague.' On examination, I found the patient evidently affected with extravasation of urine.

History:—Patient had gonorrhœa about 12 years ago, and more or less of a gleet discharge had continued ever since. He had also since that time considerable difficulty in voiding urine, but was never obliged to use a catheter. About ten days ago he had a chill, and felt a throbbing pain in the perineum; the scrotum then commenced to swell, reaching at the time I saw it the size of a child's head.

Present appearance:—Scrotum, red, swollen and œdematous; penis in a state of paraphimosis, and distended like a contorted bladder; the hypogastric region also red and tender, pitting slightly on pressure; the perineum does not seem much affected.

Patient micturates at present without much

straining, but has simultaneous liquid motions from the bowels. On attempting to pass a No. 6 catheter, it stuck at the scrotal angle, where a hard gristly state of the urethra could be felt externally. Having nothing smaller than a No. 4, I was not able to reach the bladder. I made several small incisions in the penis, giving exit to almost pure urine, and two large incisions on each side of the scrotal raphe, and enveloped the whole in cotton wool impregnated with carbolic oil. Ordered grs. x. P. Doveri, at bed-time.

Dec. 14.—Penis no longer œdematous, scrotum much diminished in size, and discharging sloughs and shreddy pus from the incisions. Two sloughs have formed at each side where the scrotum rested against the thighs; abdomen not so tender, bowels not so loose since commencing to take Oi. whiskey daily. Applied a linseed poultice sprinkled with carbolic lotion (1 in 50).

Dec. 16.—Sloughs have separated, with the exception of a small one on the left side. The tunica vaginalis is exposed on each side, and the epididymis is visible through the lateral openings; the whole inferior portion of the scrotum is lost. The prepuce again becoming œdematous, was incised. Patient voided urine this morning by natural passage; does not think that any escaped otherwise, except a small quantity from the lower portion of the left side. After an hour's manipulation, I succeeded in passing a No. 2 gum elastic catheter into the bladder. The strictured portion seemed about an inch in length. No urine escaped, in consequence, I suspected, of the eyelet being plugged. I withdrew the catheter and cleared the eyelet, and again introduced it, giving exit to a small quantity of healthy looking urine. The catheter was left in for about half an hour, when the patient complaining loudly, it was withdrawn. Patient's appetite improved, pulse 84, sleeps two or three hours at a time. There is still a brawny feel in the subpubic region.

Dec. 17.—Some discharge from the openings, which are skinning over fast. Drew off a small quantity of healthy urine morning and evening. Found him in a rigor at my evening visit, and complaining of pain in the right lumbar region; it had attacked him after supper. Ordered a hot sling, and left P. Ipecac co. grs. x., to be taken at once.

Dec. 18.—Had slept a little and had passed

some urine; had a couple of chills this morning. Tongue furred, appetite not so good, thirst considerable, pulse 90, small. Drew off about 4 oz. of urine of normal appearance, after which patient felt easier.

Dec. 19.—Openings in scrotum closing rapidly; feels well every way. Continued to improve from this date; a good healthy skin formed over the testicles, and gradual dilatation of the stricture was kept up until I was able to introduce a No. 12. The patient then left town, since which I have not heard from him.

This case forms a striking example of the reparative power of the skin of the scrotum, as where the sloughs had separated there was only a narrow bridge along the raphe, the whole of the side and bottom of the scrotum having disappeared.

CASES IN PRACTICE.

BY JAMES HENRY, M.D., ORANGEVILLE.

CASE I.—PUERPERAL CONVULSIONS OF AN EPILEPTIC CHARACTER, TREATED AND READILY SUBDUED BY CANNABIS INDICA AND BROMIDE OF POTASIAM.

The Patient Mrs. S., aet. 26, of anæmic habit and anasarca of both legs—seven months' advanced in pregnancy; was seized suddenly with convulsions; had six, and was in the midst of another one as I arrived, which for severity and duration I never witnessed. On enquiring, I found that the paroxysms were becoming more frequent and severe within the last 3 or 4 hours. When able to swallow, I administered, Tinct. Cannabis Indica, M. xxx., Potas Bromidi, grs. xxv., Aquæ puræ ʒiiss x., repeated the dose in 40 minutes. The next paroxysm came on in about 2 hours; was much milder, and lasted but a short time. The 9th and last was very mild. At this stage I injected $\frac{1}{4}$ gr. morphine into the arm, and was pleased to see my patient drop into a sound sleep, from which she awoke in about 2 hours, and partook of some broth, quite unconscious of what had transpired. From what I could learn of the previous history of the case, (not being a patient of mine before the present time), she had been treated for some affection of the Kidneys. I examined the urine at my leisure, and found it loaded with albumen; this, no doubt, being the predisposing if not the exciting cause of the attack,

Nearly 4 hours after the last paroxysm I delivered her of a still-born child, evidently not long dead, (in fact she had remarked to her mother 2 hours before being seized with the convulsions, that the child was very strong), consequently, I consider that premature labour was induced by the violent convulsions she had. I am not aware that there is anything unique in the treatment, but certainly it served me well that night, and you may rest assured I will resort to it again the first case that occurs.

CASE II.—EXCISION OF THE ELBOW-JOINT FOR COMPOUND COMMINUTED FRACTURE OF THE BONES OF THE ARTICULATION.

The above operation was performed for an extensive wound entering the elbow-joint, and completely shattering the articulating ends of the bones. The Patient, Daniel Clark, æt. 16, a very healthy boy, in attempting to remove lumber, was thrown with great force on a circular saw which was in motion, inflicting the above injury. On examination, six hours after it occurred, I found an extensive transverse wound, greatly lacerated, over and extending into the joint on its posterior surface. The ulnar nerve, ligamentous and muscular attachments were completely torn. The greater portion of the *brachialis anticus muscle* was cut through, but not sufficiently deep to injure the brachial artery. The bones entering into the formation of the joint were greatly comminuted, with the exception of the radius, which had only a small piece removed from its articulating end. It appeared to be a very favorable case for endeavoring to save the limb by excision. In arriving at this conclusion I was supported by my friend Dr. Lawrence, of Mong Mills, who fully concurred with me in the propriety of the operation.

The patient being thoroughly under the influence of ether; I made a longitudinal incision, and dissected freely all muscular attachments; the bones were then sawn across at a distance from the extremities sufficient to include all the comminuted fragments. Very little hemorrhage occurred. The edges of the wound were brought together with sutures and adhesive plaster. A splint was adjusted retaining the limb in a semi-flexed position, resting on a pillow; carbolized oil being constantly applied. On my visit, 3 days after, considerable swelling, and more or less constitutional disturbance were present; the wound was apparently

quite healthy, and no indications of pus. At my next visit, 7 days after the operation, purulent matter was being discharged freely, but of a healthy character; and the surface of the wound was granulating nicely. From this time the case progressed most favorably.

CHARLATANISM.

BY GEORGE GRENIER, M.D.

Translated from *L'Union Medicale du Canada*, by Thos R. Dupius, M.D., etc., Kingston.

(Continued.)

Aggrieved at seeing charlatanism lifting its head higher than ever in our city for some time past, we directed attention, in our last number, to it as an evil which threatens to assume still larger proportions.

It seems as though we must have touched upon a deep-seated plague which has invaded all parts of the Province, for we have since then received a number of letters from professional brethren acquainting us with the existence of the same trouble, under forms more or less similar, in their localities.

The medical profession ought to take a hearty interest in abolishing abuses that can effect the public health in a prejudicial manner, and we are pleased at seeing them apparently decided about using means to accomplish this object. Laying this question aside for the present, but intending to return to it in a short time, we will allow some of our correspondents to speak.

One writes to us that a certain Dr. (?) Teasdill, who used to perform the most astonishing cures by the sole imposition of his hands, died recently in Buffalo. The following articles, namely—a horseshoe, a stuffed frog, a hazel nut, and an old English shilling, all carefully wrapped up in cotton, were found hung about his neck. This noble representative of the progress of enlightenment, above all else, possessed a special power of dislodging frogs, serpents, lizards, and other animals from the stomachs of his dupes; and, according to his showing, these were a very common cause of the diseases from which they suffered. He exhibited, moreover, a great number of certificates signed by persons who, by his power, had been relieved

ed of these unpleasant guests. This fact serves to show how void of reason man must become, when his own conceit impels him to fall into the hands of deceivers of this class. This poor devil himself was more honest than many others, however, for he appeared to possess an amount of confidence in the power of his amulets.

We shall next quote from a letter that was addressed to us by Dr. C. A. Lesage, of St. Clair:—"Allow me to congratulate you upon the seemingly growing success which your publication has met with from its commencement. Isolated as we are from each other, struggling with our own resources, against empiricism and quackery which overwhelm us from every side, and without any efficient protection, we should oftentimes feel our courage fail, and our faith in the dignity of our profession be lost, did not a friendly voice, now called *L'Union Medicale*, come to us in the strife.

In this age, when we behold all classes of society forming themselves into associations for self-protection, we alone remain the slaves of that society, without having yet received from it adequate protection in return.

Remodelling the systems of registration, of examinations, of license, &c., are spoken of, and these are all so many subjects of vital importance as far as they are actual encumbrances to the profession; but, in my opinion, the question of charlatanism surpasses all the others in point of importance. The matter I conceive to be urgent, for this is an evil which is constantly making progress; and so far from encountering obstacles, it is, on the contrary, too frequently encouraged by the very ones whose duty should be to take an interest in its suppression.

. . . . All the members of the profession, no doubt, will respond to the appeal which you are making through the columns of your journal, and will render you, I hope, effective aid in securing the desirable end.

Dr. J. Leclair, of St. Lin, sent us the following communication.

"I have read your article on Charlatanism, with pleasure, and as I hold the same opinions on the subject, permit me to hazard a few observations.

"We constantly hear persons talking of, boasting of, and exalting the exploits of, a certain class of beings, who might, according to Berry Saint Vincent, be called 'Anthropomo-

phites.' "On examining these individuals we perceive that they assume an important air, occasionally a rare politeness, and a great deal of good nature. "What will be invariably noticed among them is, that that *peculiarly agreeable* possesses something of the Monkey, the Ass, the Magpie, and the Fairy of the good old times.

"They appear to be largely furnished with the spirit of imitation and pliability, to have an empty head, an irrepressible loquacity, and a pretention to mystery and inviolable secrets. And we know that these defects and failings among men are looked upon as so many accomplishments, by a certain class, unhappily, so numerous and so varied, that we are justified in saying with the poet,

"De Paris au Japon, du Japon jusq' a Rome,
"Le plus sot animal, a mon avis, c'est l'homme.

"Somebody, moreover, has said, and I think it was Voltaire, that 'true talents fly away discouraged when ignorance takes their place,' and 'that quacks will never discover that the same remedy can cure to-day, and kill to-morrow in the same disease.'

"Although that man of genius was not a physician, he was, most assuredly, not a quack. "Furthermore, all authorities, all the faculties of medicine, and all men of understanding proclaim the same principle." And then to say, that in our age, some physicians so degrade themselves as to be put in a lower rank than these ignorant and shameless fellows! Is it not disgusting?

"Not long since an old physician of the north presented to the country physicians a balsam, possessing all the properties of healing, being carefully and scientifically prepared; but not, for example, approved or analyzed by competent authorities." "Unluckily for the celebrated inventor of that famous balsam, it obtained scarcely any sale, and did not acquire popularity; still, this did not hinder the old fellow from shrugging his shoulders whenever he saw a funeral passing by, as if he would say, no doubt, that if the dead person had partaken of his balsam, he would not now be seen carried to his grave.

Miracles would be performed and parts of the body torn piecemeal, would be stuck together again, by the *vulnerary* virtue of this precious remedy."

"Hence, as you have well said it, in your last number, charlatanism is an inconsistency, a nuisance, and an opprobrium in society.

"This detestable *public favourite*, should be abolished as soon as possible; and for this end, it is necessary that all our intelligent and devoted brethren of the profession should unite together.

"The inexperience of society in medical matters should be guarded by true medical science, and not by physicians that are proprietors of famous balsams, (and we may add, *or of Shoshonees, or Depew's Medical victory, or Victoria Wine bitters,*) nor by those who style themselves "root doctors," the handbill of one of which we had the humiliation and grief to observe in the great city of Montreal, in which are included, doubtless, a large number of the cream of society and many intelligent and accomplished physicians."

"One of the most effectual means of putting an end to this irregular practice, is the establishment of Medio-chirurgical Societies in every district of Lower Canada, similar to those in the cities," (*and let Ontario follow such example.*)

"By the influence resulting from association our object may, perhaps, be obtained; that is to say, we shall have conferred a great benefit on society and taken a long step in the way of progress. We should then be able to succeed, I hope, in destroying the unlawful and always pernicious sale of the thousands of pretended specifics, universal panaceas, elixirs of long life, &c.

"For us, indeed, the present state of things is not particularly injurious, but for society and for suffering humanity, it is worse than one of the seven plagues of Egypt.

Kingston, Oct. 30, 1873.

(*To be continued.*)

Correspondence.

(*To the Editor of the Lancet.*)

SIR,—Although you have assumed the impersonal "We," I cannot in my mind separate the Editor of the *Lancet* from he who so faithfully endeavored to inspire myself and fellow students with that love for the study of Anatomy which so fully possessed himself, and I therefore write familiarly as though addressing a personal friend.

Well, as you are aware, I fulfilled the conditions of our Medical Act in Ontario, and then visited the N. Y. hospitals to more fully fit myself for the prac-

tice of my profession; paid by post that *Strange* man in Hamilton \$10, and then before I could get either my degree back, a certificate of registration, or even an acknowledgment of the money, had to visit the city from a distance, and remain 2 or 3 days, at an expense of \$20 besides time. That, of course, is no new story, but merely for the sake of contrasting my difficulties in becoming a Member of our College, and the benefits I have derived from being so constituted. Having been armed with power to collect *reasonable* charges for my services, I settled in a village of 400 people. On an opposite corner lives a man who was at that time, and is now practising medicine in all its branches. This person is one of Her Majesty's Justices of the Peace, and is now, and has been for nearly 20 years, occupied nearly every week in acting as administrator of Her Majesty's laws, and yet possesses no qualifications as a medical practitioner except what he received in the natural way at birth, and by rubbing against medical men.

He is well instructed, and in conversation will tell you that "There is no trouble in curing Pleurisy if you get at it before it (the Pleurisy) gets scattered through the system." His instructions to a patient with Varicose Veins of the leg were, "to bandage from the toes up, making the bandage loose about the toes and drawing it tighter as you go up the leg."

On one of the other corners lives another man practicing as a dentist, who in a flaming advertisement dubs himself Doctor some four or five times, and privately informs his patients "that he knows *all* about the Eye and Ear, which ordinary doctors (like myself,) do not."

In the same block with myself is now located a "CELEBRATED" Doctor, who advertises to cure many diseases which ordinary doctors (like my city *confreres*) sometimes confess their inability to cure. He warrants a cure. I believe he is a *brother* member of the College of Physicians and Surgeons.

Now, Mr. Editor, I have endeavored like my father before me, to build up a practice in the regular way by announcing myself by card as an M.D., and my willingness to attend upon those who might favor me with a call. Is it not astonishing that I have not died of inanition when you consider that when I came here there was already, besides the above, an established regular practitioner? I still live and find my business on the increase, and it

would be a great pleasure to me if some one would show me wherein I have profited by the act. I seem to have learned by my short experience that "free trade in physic" has done me no harm; but as a majority of my brethren say a law is required, I have nothing to do but submit. But when I am asked to submit to a new burden in the shape of a yearly tax, to be collected by civil process in the Division Court of Toronto, I think I might, under the circumstances, be allowed to enter a protest. To use classic language, the present law is "a grand fizzle;" for, fortunately, most medical men know better than to prosecute their neighbor, and thus give him the chance of securing the position of not only a person prosecuted, but persecuted, and that by an opponent in business. It would be simply ruin for me to prosecute the aforesaid magistrate. What do we (and when I say we, I mean the profession) care for money if we get the money's worth?

I agree with the LANCET that the gentlemen sitting in the Council should be paid for their time, and I contend that they are well paid, in more ways than one; and if they demand more money for the use of their brains, as well as their time, for Heaven's sake give it to them, and let them use their brains in perfecting amendments to the Medical Act.

Let us have a public prosecutor for each division, if we must have protection. Let him be the best lawyer in the division; pay him well for his work, and somewhat in proportion to the number of quacks he makes *quake*; and when he once accepts the office make him liable to punishment if he does not do his duty.

I protest against paying money for nothing, but do the work thoroughly and I would willingly pay a yearly fee of \$20. If we must have legislation, give us something that will snuff out quackery totally, and there will be no trouble about the money.

Yours, &c.,

PRO BONO PUBLICO.

Queen's Bush, Ontario,

Nov. 6th, 1873.

(To the Editor of the Lancet.)

SIR,—In a late issue I noticed an article from Dr. Washington, complaining bitterly respecting my ungentlemanly conduct towards him as a

"medical man," and also regarding an "inquest" held by me on the 24th of August. If Dr. Washington was as well known to all the readers of the LANCET as he is to me and the other members of the medical fraternity in this section of the country, I would be inclined to treat the article with silent contempt, as it merits, and I am confident that silence would be a sufficient refutation; but as all have not the honor of his acquaintance, I feel it a duty to defend myself against the false imputations contained in said article.

He complains that I used means unfair and unprofessional to injure him. This is not correct: but if I had, as he alleges, I assure him that he would only have himself to blame; for, certainly, he acted in every other capacity but that of a gentleman and professional man towards me, * *

* and I resolved not to recognise him as a medical man until such time as he would make some reparation for his conduct towards me and the profession.

Respecting the "Child and Inquest." On Tuesday, the 19th of August, I was sent for to see this child. I found her suffering from a severe attack of inflammatory diarrhoea. I left the treatment and promised to call the next day; did so, and found an amendment for the better; left her further treatment, and mentioned to Mrs. Hammond that I did not think it necessary to call again unless the child got worse, and if so, I was to get word. On Thursday they sent again for me, but as I was not at home Dr. Washington was called in. The following day I called to see the child, not knowing that Dr. Washington had been there. I saw that the child's head was fearfully blistered, and asked Mrs. Hammond what this meant. She replied that as I was away from home they had to call in Dr. Washington, who was treating it for "water on the brain." I said no more, but left the room. I saw Mr. Hammond the same evening, and had a conversation with him about the child. He said that Dr. Washington blistered the child's head for water on the brain. I merely replied that it was monstrous treatment. Saturday morning the child died. Mathew Hammond, guardian of the child, came down to my drug store and informed my druggist of the death of the child, and said that he was dissatisfied and courted an investigation, and hoped that I would take it up and investigate the matter, and cautioned him to be

sure and inform me of the fact on my arrival home. It was not long after this information when I received notice from another respectable party, demanding an inquest and post mortem on the body of the child. The following is the notice I received :

" To Dr. Taylor, Coroner:

"As I have reason to suspect malpractice on the child of Mathew Hammond, I request a post mortem examination by you.

"Yours, &c.,

"JOSEPH DRINKWATER."

It was no business of mine what induced this Joseph Drinkwater to suspect unfair means towards the child. Dr. Washington expresses his belief that I was at the bottom of the whole affair ; but I positively affirm that I knew nothing about Mr. Drinkwater's desires until he placed the document in my hands. With this information I concluded that I was obliged to hold an inquest, &c. I proceeded to the house of Mathew Hammond, a jury was summoned and sworn, but, through the solicitation of some of the friends, I consented to adjourn the case until the next evening at six o'clock, to allow time for the father to get home. Mathew Hammond was still willing and anxious for the examination, and expressed a desire that I would procure Dr. Douglass, of Port Elgin, to assist Dr. Stirke.

Respecting those spicy and sensational items which the Dr. most lavishly intersperses his article with—such as "calling Mr. Hammond a liar," the "dining table and cover," "falling over Mr. Hammond's dead body," "cost of my own life," &c., they are unmitigated falsehoods. The jury entered the room and viewed the body. Mr. Hammond offered no opposition. Mrs. Hammond did not refuse her table, as all I wanted of it was to do a little writing ; and neither did I call Mr. Hammond a liar. But Dr. Washington was not there at the time, for he says he met us leaving the house ; so that his excited brain must have either dreamt or imagined it. I acceded to Mr. Hammond's request and notified Dr. Douglass to be in attendance. At the appointed time Drs. Douglass and Stirke, with the jury, assembled, but the doors were barred against our entrance. I demanded an entrance, but Mathew Hammond refused, as the father was not home yet. There were two ways by which I could have forced my authority, but I concluded that it might be as well

not to use my official position in forcing the inquest, as I received a telegram from the father desiring that I would further postpone until the next day. Dr. Barnhart and C. McFayden, the lawyer, were brought out to persuade Mr. Hammond not to allow the examination to proceed, in case it might prove disastrous to Dr. Washington. But Mr. McFayden was also there for purposes of litigation. He wished to know my object in holding the inquest. I replied that it was to ascertain if "malpractice" had been committed. A few days after this, Dr. Washington caused a writ to be served on me for five thousand (\$5,000) dollars, damages for the above expression. The case was tried at Walkerton a short time ago, and decided in my favour, throwing Dr. W. in for all the costs.

He took good care not to mention this in his article, as he desired to convey the impression that his "hands were clean." There is a considerable amount of amusement in connection with Dr. Washington's "diagnosis" of cerebro-spinal meningitis. The first that any person heard of this diagnosis was in the LANCET. He took great pains to prove to the Hammonds that it was "hydrocephalus," for he read from his book the symptoms of water on the brain to prove his diagnosis correct at this time. He also told Dr. Douglass that he thought it was congestion of the brain, and the cause of death was registered "brain disease." The truth is that Dr. Washington did not diagnose it cerebro-spinal meningitis, but it was the father of the child, who was in Boston at the time of its death, that informed Dr. Washington that he thought that it might be cerebro-spinal meningitis.

It was a genuine case of inflammatory diarrhoea, and I am confident that the Dr. made a mistake in mistaking the disturbance of the nervous system, so common in inflammatory diarrhoea, for active cerebral disorder. I was attending at the same time six other cases of the same disease, all of which had the same symptoms, and convulsions, as he describes ; one was comatose and unconscious for two days, but with proper treatment they all recovered.

I have endeavored to give the true facts of the whole affair, and I am perfectly willing that the readers of the LANCET should be the arbiters.

I remain yours, &c.,

JAS. TAYLOR.

Tara, Oct. 23d, 1873.

TORONTO EYE AND EAR INFIRMARY.

To the Editor of the LANCET.

SIR,—My attention having been drawn to certain letters published in the LANCET for October, from Dr. Reeve, addressed to me and others, relating to the Toronto Eye and Ear Infirmary, I deem it to be my duty in reply, to say, it is a matter for sincere regret that, from any cause, the Charity should have been brought before the public so unpleasantly, more especially by a gentleman who has rendered to it such lengthened and valuable professional services.

Dr. Reeve has a number of grievances of which he complains, and which he evidently regards as traceable, either directly or indirectly, to Dr. Rosebrugh's unfriendly and unprofessional treatment.

While the Infirmary is not the ostensible object of attack, it cannot fail to be seen, that anything which reflects on the conduct of the Chief Medical Officer of the Infirmary, must, if well founded, reflect on the character and management of the Infirmary itself; therefore, in vindication of both, it must be emphatically said, that at the Infirmary Board, at the Annual Meeting, and on all occasions, Dr. Rosebrugh's conduct towards Dr. Reeve has been generous and conciliatory, he being willing to yield position and privileges more favorable to Dr. Reeve's views and wishes than the Board thought it wise to concede.

In defining the relative status of the surgeons, the question with the Board of Directors was one of principle, not of individual preference; and accordingly the Board did not deem it to be conducive to the interests of the Infirmary, that the surgeons should hold co-ordinate responsibility.

When this matter was discussed, Dr. Rosebrugh leaned to views favorable to Dr. Reeve; but the Board decided that while such concessions might probably work well, so long as he and Dr. Reeve continued together in office, it would not be found to do so in the event of a change.

Whether the Board was right or wrong in this, is not now the question, and the reason for advertising it, at present, is to take occasion to exonerate Dr. Rosebrugh from the stigma, which is sought, I venture to believe, through misapprehension, to be fastened on him.

All of the muds thrown out, as to the motives actuating Dr. Rosebrugh, are unworthy, as, while they leave him the onus of proving a negation, they afford an easy, though unenviable shelter of attack.

If pecuniary advantages accrue to Dr. Rosebrugh from his professional connection with the Infirmary, they are only such as are incidental to whoever, for the time being, might happen to be Chief Medical Officer of the institution, and should not therefore excite either the jealousy or envy of any one.

As to certain articles which have lately appeared in the newspapers, and which furnish the ostensible ground of complaint, it may be safely stated that Dr. Rosebrugh has no responsibility whatever for them.

The recently appointed Superintendent, in his earnest zeal on behalf of the Charity, was desirous of having its advantages brought before the public, and his former connection with the press offered him the opportunity, for which he and the editors are solely responsible.

In these articles there are expressions of personal eulogium, which no right-minded person would think of prompting in regard to himself, and nothing is risked in saying, that no one would have been more pleased than Dr. Rosebrugh, if they had not appeared.

Yours truly,
W. T. MASON,
Secretary.

Toronto, Nov. 21, 1873.

To the Editor of the LANCET.

SIR,—I have seen Mr. Mason's letter, addressed to the LANCET, with reference to the Medical Officers of the Eye and Ear Infirmary. I write these few lines, simply to corroborate Mr. Mason's statements, which I believe are the views of the Board of Directors. Dr. Rosebrugh, on all occasions, was both just and generous towards Dr. Reeve. And I would state further, that had it not been for the influence of Dr. Rosebrugh in behalf of his relative, Dr. Reeve would not have been appointed by the Board to any position higher than that of Assistant Surgeon.

Your Obt. Servt.,
A. T. McCORD,
Pres. Eye and Ear Infy.

Toronto, Nov. 25, 1873.

To the Editor of the LANCET.

SIR,—I have an extensive country practice in one of the rural districts of Ontario. Surgery was my forte, midwifery is my stay, and, alas ! I fear that I am drifting into the unknown realms of disease, and rather, I fear, with reference to its cure than its cause.

To prove that I am one above the common, it is necessary to state that I take, and have taken, for a blank number of years, "Braithwaite's half-yearly Retrospect." I have also had the honor to introduce to the notice of an admiring crowd of unfortunate patients, the varied virtues of chloral and bromide of potassium.

Of chloral, in my experience, the less said the better ; it is pretty showy, but electro-plate in the fullest sense of the word.

But bromide of potassium, what can I say too enthusiastically of thee ? dear "pot. brom." of my soul ! over and over again have I hugged thee to my bosom, seeing, in the first instance, that thy elder sister iodide is a coy creature in the commercial world ; and, in the second, you look so well, and your name alone betokens your philosophic descent. You dear "brom. pot." who were the thunderbolt hurled at the head of the country practitioner by the Metropolitan Jove, now are gradually degenerating into the rotten staff of the Braithwaite Practitioner. No matter what the disease may be, my frail fair one is ordered, with a certain triumphant air ; and after every course of therapeutical poisoning has failed, then we are informed that brom. pot. has been tried.

And yet ! And yet !! we are being constantly humbugged with this, that and the other virtues of some new remedy, and we, unfortunately, because we can do no better, become empirics in our practice and toadies medico-socially.

I fear that I have transgressed the "usual amenities" of medical etiquette ; but there is an intellectual wail in the profession, throughout the world, that medical journals must assist, not by introducing new faces, but by brushing up memories of old friends, such as the Solar Plexus or the Cœliac Axis, is, rather than flaunting in our presence such brazen-faced hussies as the above-named therapeutical wretches.

Yours truly,

ALPHA.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Paper read by A. MALLOCH, B.A., M.D., on the 5th Nov.

MR. CHAIRMAN AND GENTLEMEN,—Some time after my return from Great Britain it was suggested by one of your members that a report of what I had seen in the way of improvements in the practice of our profession, would not be uninteresting to you. As all my time was not devoted to "walking the Hospital" there seemed little to bring before your notice, but remembering the late dearth of papers I have compiled the following from my note book :

I will devote the greater portion of the time to a consideration of the Antiseptic System, but will touch on other subjects which will not, I hope, prove devoid of interest.

In Aberdeen my attention was directed to this instrument, the Microtome, with which exceedingly fine sections of specimens, either hard or soft, such as the brain, spinal cord, or the glandular tissues, can readily be made for microscopical examination. I may state, that the knack of cutting sections with the razor, which in trained hands, is superior to this—Valentine's knife—is most difficult of acquiring, and this difficulty is the great bug-bear to all beginners, and one that can only be overcome by constant practice. The Microtome consists, as you see, of a hollow cylinder with a moveable bottom, enclosed in a cell, into which a freezing mixture (usually powdered ice and salt) is placed, by the action of which, the specimen or specimens to be cut, are hardened. By means of the screw attached to the moveable bottom, the hardened specimen can be forced up, and thin sections of it cut with a razor. We are indebted to William Rutherford, M.D., Professor of Physiology, Kings College, London, for this exceedingly simple and efficient instrument. You will find a full description of it in the *London Lancet* of the 26th of July of this year.

Acu-pressure is still the common method of arresting hæmorrhage in the Aberdeen Infirmary, but I learned from an "eye witness" that, in not a few of the cases, secondary hæmorrhage occurs, and that primary union is not, as was at first claim-

ed for this method, the usual result. This practice has fallen into disuse in all Scotland, with the above exception, and nowhere in England is it generally employed; torsion and the ligature, either the silk or the antiseptic catgut one, have wholly superseded it.

In Edinburgh I devoted most of my time to Prof. Lister's wards, and was more and more impressed with the good results that can be obtained from his system—the antiseptic system of treating wounds and abscesses. The system is still the same, but, in its application, changes, as was to be expected, have been made within the past five years. Some of you will remember that three years ago I reported some cases treated in this way, and entered fully into the method of its application, and now, before enumerating the changes, let me, as shortly as possible, state what chiefly, I think, led Prof. Lister to the idea of this method of treatment, believing that by so doing, the system will be the better understood and appreciated by you.

During the first 24 to 36 hours, after the infliction of a large wound, or after a compound fracture, there is a discharge of bloody serum, which, in all cases, is found to be stinking at the first dressing, and also irritating as the frequent occurrence of little pustules on the parts about subsequently, or in the fingers of the dressers, sufficiently testify. This flow of serum is a physiological sequence to the receipt of an injury. Tension ensues because the blood in the adjoining tissues, becomes stagnant from the newly acquired adhesiveness of the blood corpuscles, and the fluid portion of the blood, is forced through the walls of the vessels, and occurs whether or not the wounded tissues are exposed to the air, or protected by the unbroken skin. The swelling, after a simple fracture, is due to this, as has been shown again and again by actual dissection, but, provided the parts are kept at rest, unattended by local inflammation, whereas, after a compound fracture, there is local inflammation and the system generally, becomes affected.

Prof. Lister, not resting satisfied with the stereotyped saying that this difference is due to the presence of air, was led to believe that the serum, which in the simple fracture was quite bland and unirritating, was rendered by *putrefaction* irritating, and that from its action local inflammation flowed,

especially if the fluid was pent up, and, as a consequence, general fever.

Prof. Lister, believing (and with the subject brought before you in this way, was it unnatural?) that *putrefaction* is the cause of all the evil, and also believing with Pasteur in the presence of *germs* in the air which give rise to decomposition in other fluids, determined, if possible, to prevent *decomposition*, and chose from many antiseptics, carbolic acid as the weapon. The theory thus formed has been tried in practice and has not been found wanting, as the published cases of Prof. Lister and others prove.

It is pretty generally believed that the antiseptic system is to prevent the occurrence of suppuration, but this, as you see from the above, is not the primary object, which is the prevention of decomposition and the irritating compounds produced in the discharges by it. That the prevention of suppuration in addition to the prevention of decomposition has been noticed by Prof. Lister, cannot be denied, but never has the prevention of suppuration been made the primary and important object. Before the introduction of this system, Prof. Lister taught in his lectures at the University of Glasgow that granulations do not naturally secrete pus—that if freed from irritation, cicatrization proceeds without its presence. He was led to this belief from the close observance of the following facts, viz.: that by the process of scabbing, granulations perfectly sealed up, cease to form pus; that two healthy granulating surfaces, if brought into contact, unite, which would be impossible if the granulations continued to secrete pus; and, lastly, that underneath the thin pellicle of newly-formed epidermis, the tissues below which in structure resemble the uncovered granulations, do not secrete pus.

Prof. Lister, believing then that granulations do not secrete pus if unirritated, and believing that *decomposition* is the most common cause of irritation put his theory to the test in the treatment of abscesses—the pyogenic membrane being formed of granulations—and proved by case after case that after evacuation, if decomposition is prevented, the formation of pus ceases.

Prof. Lister never claimed that decomposition is the only cause of suppuration, but stated that as decomposition is present in all wounds treated in the ordinary way, it is the most common irritant.

He has shown that the irritant carbolic acid, if applied sufficiently strong to granulations, will cause them to suppurate, and that without the presence of decomposition. The presence of *suppuration without decomposition* in a case treated antiseptically proves that the wound has been unduly stimulated by the antiseptic, and not that the treatment has failed. In carrying out the antiseptic system, therefore, it is necessary first of all to prevent *decomposition*, and then to exclude the antiseptic from the wound.

You will remember that on the last occasion of my bringing this subject before you I entered fully into the method of its application in the treatment of abscesses, and now let me detail to you a case, not of abscess, but one of greater interest, treated by a similar method :—

July 17th, 1870.—Was asked to see D— M—, a physician of this city, who, ten days before, had received, from a fall, a severe bruise of the left thigh, and found him suffering from a fluctuating superficial tumour on its outer and posterior aspect, extending from the trochanter major, where it measures five inches across, to within three inches of the flexure of the knee. At the time of the accident the skin had been broken and a superficial ulcer, which was not connected with the fluid beneath, was found over the middle of the tumour. A piece of lint, dipped in 1 to 4 carbolic acid and linseed oil, about 6 inches square, called the *guard*, was placed on the skin over the tumour, and its lower edge having been raised an incision was made into the tumour with a knife which had been dipped in the same oily solution. The raised edge of the *guard* was then dropped and the discharge allowed to flow out beneath it. Sixteen ounces of bloody serum with clots were obtained. Under cover of the *guard* a plug of lint, soaked in the same oily solution, was introduced into the wound to prevent union of its edges, and the *guard* removed, and a piece of *shell-lac plaster* as large as the *guard* substituted, which was kept in position by strips of adhesive plaster, by a pad and bandage. Perfect rest ordered.

18th.—No pain. The *lac plaster* was removed and a *guard* similar to that of yesterday applied, and under cover of this the plug was removed. Fluctuation was felt over the region of the trochanter, and by firm pressure ζ ss. of odourless bloody serum was forced from the wound. Between the

knee and the wound the tissues are solid. Dressings as before applied.

To avoid repetition, I may say that similar precautions were adopted each time in changing and applying the dressings.

19th A little serous discharge was found on dressing; none obtained by pressure.

20th. Fluctuation was found immediately above the wound, and ζ i of odourless bloody serum was pressed out, and in the evening ζ ss of a similar discharge was evacuated.

Patient had been walking and had gone out of the house to see his patients.

21st. No uneasiness or pain. ζ ss of bloody serum pressed from wound.

22nd. Complains to-day of pain near trochanter major, but this apparently has no connection with the first trouble as the parts are solid. Only a few drops of serum came from the wound. But fomentations recommended to the trochanter.

24th. Still uneasiness about trochanter with a good deal of swelling. Little or no discharge from the wound.

26th. As there was a suspicion of deep seated pus near the trochanter, I plunged a bistoury into the part (antiseptically) but only blood was obtained.

28th. As the wound made at first is superficial, water dressings recommended.

The cure proceeded to a favourable termination. At no time was there a drop of pus obtained, although the parts were severely tried by exercise. I cannot account for the pain and swelling about the trochanter, but feel certain that it was not connected with the sac that had been opened.

The *guard* described above is now replaced by the spray of 1 to 100 carbolic acid and water, made by modification of Richardson's spray apparatus under which an abscess is opened; and the *lac plaster* by this *antiseptic gauze* made by imbuing ordinary gauze with a mixture composed of 1 part carbolic acid, 5 parts of resin, and 7 parts of paraffin. The *spray guard* is much cleaner, less troublesome, and permits of the parts being seen; the *gauze* with the slight addition noted below is as reliable as the lac plaster, and less irritating to a tender skin. The *gauze* is applied 7 or 8 folds in thickness and large enough to overlap the wound by several inches on all sides. At first the gauze was used alone, but with an

abundant discharge, it is apt to be soaked through at one point only when its antiseptic qualities would soon be lost. So it was found necessary to interpose between the outermost layers, a piece of oiled silk, nearly the size of the folded gauze, to turn the discharge and make it permeate the whole of the antiseptic covering. The *gauze dressing* consists, therefore, of from 7 to 8 folds with a piece of oiled silk between the outer ones.

The abscess in the following case was opened under the spray guard, and lac plaster was used as I was then without the gauze.

July 5th, 1873, Mrs. B., aet. 20. Confined in Woodstock six weeks ago. An abscess which had been forming for some time is found in the upper portion of the left mammary gland. With the spray guard playing on that part I opened the abscess, and gave exit to a quantity of pus; introduced a plug of lint wet with the watery solution, and covered the breast with the lac plaster which was retained in position by a pad and bandage.

6th. With the spray playing on the part, removed the lac and plug of lint, and gave exit to a quantity of serum, with a flake or two of purulent matter in it, free from odour. Dressed as before. Dressings to be left for 2 days.

8th. With like precautions squeezed out about ʒi of clear serum. There is still a hard lump but it is not painful on pressure.

From dressing to dressing—every 2d. or 3d. day—only a few drops of serum was obtained, and by the 17th the wound was superficial. There was no further trouble. After the 2d. day the lac plaster was so much diminished in size that the mamilla was left uncovered and to this the baby was applied five or six days after the evacuation of the abscess.

Compound fractures are treated in the following manner:—At the first dressing the wound and its recesses are thoroughly injected with 1 to 20 aqueous solution of carbolic acid (the cause of decomposition having entered with the air) and then covered with the *gauze dressing*; on the 2d. day the gauze is removed while the spray guard is playing on the part and fresh *gauze dressing* applied with the addition of what is called the *protective*. This *protective* consists of oiled silk coated with a mixture of 1 part dextrin, 2 of powdered starch, and 16 parts of 1 to 20 aq. solution of carbolic acid, and is placed directly over the wound and

of sufficient size merely to cover it, to prevent the carbolic acid in the gauze from irritating the wound. (You will remember that after preventing decomposition the antiseptic must be extracted from the wound.) The protective when moistened in the spray becomes slightly adhesive and adheres without any trouble to the part. (It may be as well to mention here that many surgeons have used carbolic acid much more freely, than Prof. Lister, as an application to wounds, but with far different results. Prof. Lister wishes to *prevent decomposition* and where the germs have or can have entered, he applies the acid freely, but once this source of irritation has been prevented, he excludes the acid from the wound as much as is compatible with the prevention of decomposition. Other surgeons expected to find a charm in carbolic acid which would drive away putrefaction, prevent suppuration and heal the wound, and in this faith applied it freely. Prof. Lister says, "of all those who use antiseptics I suspect that I apply them least to the surface of the wound.")

After the second or third dressing, the discharge, if decomposition has been prevented, is so little that the dressings can be left unchanged for from three to four days. It is not unusual in Prof. Lister's experience to dress a compound fracture for the 2d. time on the 2d. day, for the 3d. time on the 4th day, and for the 4th time on the 8th day: in a case published in the *Lancet* of the 14th of February, 1870, the compound fracture was only dressed 9 times in the course of 5 weeks. It is often said that general practitioners cannot devote sufficient time to their cases to treat them antiseptically, but not one of you probably ever treated or saw a case of compound fracture treated over 4 weeks with so few dressings. I need not direct your attention to the comparative rest to the parts which this mode of dressing gives. During the short time I remained in Edinburgh, I saw two cases of compound fracture treated in this way, and the results as to the prevention of local inflammation and general fever were as striking as an admirer of this system could wish for; and also two cases of ununited fracture treated antiseptically—one of the humerus, and one of the olecranon process. The first of these latter cases had been operated on three weeks before my arrival; the wound was then superficial and the piece of silver wire which held the bones

together was as white and clean as when it had been applied; the patient had not suffered in the least. The case of the olecranon was dressed on the 8th day for the 4th time, when the wound was found to be superficial—the previous dressing had been on the 5th day; there had been no constitutional disturbance.

There are the antiseptic catgut ligatures—the thicker for tying vessels in their continuity, and the thinner for securing the cut-ends of vessels—which are now commonly used; when they are employed the ends are cut off close by the knot. The fine ones are also employed as stitches. They are prepared by steeping catgut in five parts of any fixed oil such as olive or linseed oil, and one part of crystallized carbolic acid rendered fluid by the addition of five per cent of water.

With this ligature is applied antiseptically to a vessel in its continuity, the portion of the vessel included in the knot does not dissolve away—the vessel is never divided as by the ordinary treatment—and the ligature itself becomes organized. These are facts that have been proved on lower animals, and in one case, on man. With this treatment this additional security is given against secondary hemorrhage, that the parts cut heal at once, as they are not irritated by the presence of decomposition on the ends of the ligature, and a firm support is given to the weakened vessel. A sufficient number of cases are now on record to prove the advantages of this treatment. The security thus gained permits of portions of vessels called forbidders, such as the portion of the femoral between Poupart's ligament and the profunda artery of being ligatured in their continuity.

The finer ligature will recommend itself when you learn that if employed as a stitch in a case treated antiseptically or not, it does not require to be cut out, (with wire sutures this, in some hands, would be a painful procedure) as the portion within the tissues separates and the dried outer portion in the course of from 5 to 6 days can be removed with the finger nail.

In the antiseptic treatment of ulcers and of wounds from which the discharge is likely to be small in amount. Prof. Lister now uses boracic acid which is not volatile, and, therefore, more easily excluded from the surface of the wound. This want of volatility, which renders it so useful

in slight cases precludes its use in cases when it would be dangerous to allow of decomposition.

The forms employed are a saturated solution of boracic acid in water and boracic lint, made by steeping ordinary lint in a boiling saturated solution of this acid in water. The meshes of the boracic lint are filled with the crystals, but there is no grittiness as the crystals are very soft. The surface of the ulcer is first well washed with 1 to 40 aq. solution of carbolic acid, to correct the decomposition that is present, and then covered with the *protective*; an over-lapping piece of boracic lint is then applied, which is retained in position by a bandage. In changing the dressings the boracic acid watery spray is employed, or the dressings are removed and the ulcer at once covered with a piece of lint moistened with a weak boracic acid solution. Ulcers or wounds treated in this way can be left without fresh dressing for from 3 to 5 days, and as there is freedom from the irritation of decomposition, cicatrization proceeds rapidly.

Whatever may be said against the antiseptic system, (and it has found many opponents), I think that the fact—it is a fact, and a published one, too—that since its introduction Prof. Lister has only met two cases of Pyæmia (in these decomposition had occurred) and only one case of erysipelas arising in the wards, and only one or two cases of mild hospital gangrene, in wards where these scourges had formerly been almost continuous visitors, should recommend it to all surgeons.

In Edinburgh I saw conical bougies used for stricture of the urethra. The end of the bougie is probe-pointed, and smaller than the blade or staff at the turn by three of the ordinary sizes of bougies. For example, a conical bougie, marked 2-5, has the probe point of a size of an ordinary No. 2 bougie, and the staff at the turn, of a diameter equal to that of a No. 5 bougie. The next larger in size is marked 3-6, and so on. With these, very rapid dilatation without rupture can be effected, and the great advantage of having a comparatively firm staff with the smaller sizes is given.

My attention was directed to a method by which either extremity can be rendered almost bloodless, so that an operation can be performed on what appears to be a dead limb. The main artery is first firmly compressed with the fingers, and the venous blood is then forced towards the heart by raising the limb and by friction when the tourni-

quet is applied and tightly screwed. It is a much simpler method than that of Prof. Esmarch, which has just been noticed in the *Lancet* of October, and is just as efficacious.

And now I must speak of Prof. Lister's new method of treating varicose veins.

The veins are first rendered turgid by slightly compressing the limb by a tourniquet, and when this is accomplished the arterial stream is stopped by a few turns of the tourniquet screw and the following operation proceeded with: The point of a hypodermic syringe graduated to $\frac{1}{2}$ minims, or what is better, with the piston provided with a button, one turn of which permits of the flow of the required amount, is thrust into a vein; the vein and the needle must move as one, and $\frac{1}{2}$ minim of fluid carbolic acid is forced into the vein, and on its withdrawal the wound is closed by the finger of an assistant: after puncturing and similarly treating the veins in several places, the wounds are closed with collodion, and the patient removed to bed. The tourniquet must not be removed for 10 minutes, else there would be danger of the partially formed clots entering the circulation, not to mention the acid itself. Prof. Lister had operated on from 15 to 20 cases successfully, and is quite certain that with the above precautions, the operation is quite a safe one. In the case I witnessed, 7 or 8 openings were made into the veins of the calf of the leg; on the 2nd and 3rd day there was slight local inflammation which passed away by the 6th.

In the treatment of contracted cicatrices it has been laid down as a rule that they should never be touched with the knife, for the contraction of the cicatrix soon limits the amount of motion gained by the operation, and ultimately restores the parts to their former positions. Prof. Lister found that if cicatrization at the angles of the wound be prevented, which he accomplishes by the pressure of an india rubber band, but allowed to proceed over the rest of the wound, until only the tract of the band remains to be healed, which is then permitted, contraction is very much if not altogether prevented. This method is much improved by the use of the antiseptic treatment; for by the prevention of decomposition, and consequently of local inflammation, an amount of passive motion is allowed from the first which could not otherwise be borne. For further details of this method, and for a report-

ed case, I refer you to the *Edinburgh Medical Journal* for August, 1871.

Remembering that occasionally we have cases of Canadian cholera presenting symptoms which call for transfusion as the only remedy likely to prove at all useful, and remembering that Dr. Hodder had in two or three cases transfused milk successfully, I procured this instrument—Aveling's Transfusion Apparatus—which does equally well for mediate as for immediate transfusion. It consists, as you see, of two elastic tubes, opening directly opposite each other into an elastic ball, and of two nozzles, one round for the giving or efferent vein, and the other flattened for the receiving or afferent vein, which is generally collapsed. In immediate transfusion the round nozzle is placed in the vein, with the point directed towards the fingers, and the flat one filled with water, which is kept full by covering the larger opening with the thumb, in the receiving vein; the elastic portion of the apparatus is then filled with warm water and adjusted to the nozzles, when the cocks that close the ends of the tubes are opened. By compressing with one hand the efferent tube, and the elastic ball with the other, 3ij. of water are forced into the vein: the hand compressing the tube is then changed to the efferent side, and blood flows into the ball, which is forced by repeating the first movements with the receiving vein. The amount of blood transfused can be readily computed by counting the number of times the ball has been emptied. In mediate transfusion the tubing and nozzles are filled with the fluid to be injected, and with the afferent nozzle in the vein and the efferent in the fluid the operation as before is proceeded with. I have tried your patience sufficiently, and will not touch on what I saw in Glasgow, London, and Paris.

Selected Articles.

MEDICAL ELECTRICITY.

A correspondent in the *Boston Med. and Surg. Journal* writes as follows: With your permission I desire to say a few words by way of reply to a communication on the subject of medical electricity by your correspondent Rusticus, who seems equally anxious to get information himself and impart it to others. Electricity is a science of vast depth and

intricacy, and, more especially, that part of it which belongs to animal structures; in proof of which I will mention that even Carpenter, accustomed to those profound researches we admire in his Physiology, confesses himself unable to follow Du Bois-Reymond to the full extent of those investigations he has made on this subject. Difficult, indeed, would be the practice of medical electricity, and confined to the hands of very few, if one had to go to the very bottom of inquiries like these, and might not venture, for example, to send a current from his battery through a nerve until he had first considered how this artificial influence would affect certain numberless electrical circles moving spontaneously within the infinitesimal molecules of the part itself, each pair of which becomes peripolar or depolar, as the nerve is in a state of action or at rest. I question, indeed, whether even those who amuse themselves with such minute speculations, bring them into actual practice, or are not rather guided by those external symptoms, and that ordinary experience, equally within the reach of my friend Rusticus and the great multitude of other practitioners.

Haud inexpertus loquor. When, some years since, my attention was first directed to electricity as a means of curing disease, the instruments themselves, I confess, presented a difficulty at the very outset; they were new to me, and, as a matter of consequence, not understood. I then had recourse to books, which began with abstract, half metaphysical discussion, extended far into the volume before any practical matter was approached. This mass of introductory matter I do not, by any means, mean to say was useless; I would only assert that it was too much labored and remote for a beginner, and that all the essential points are comparatively simple, and such as may be mastered without any unusual share of difficulty. Since this time, many good works on the subject have been written, as those of Althaus, Reynolds, Tibbits, Hamilton, Meyer, etc., and many admirable machines constructed, as those of Remak, Fromhold, Meyer, and the Galvano-Faradic Manufacturing Co. of New York; the latter are those I now use, as being at once simple and efficacious.

While making these remarks, I am not at all to be understood as if desirous of defending those itinerant and other electricians whom Rusticus so justly decries; on the contrary, such ignorant pretenders deserve no countenance, and, as in the instance of the lady with her "primary" and "secondary" who brought on hemiplegia, should be prosecuted and punished by law. All I would advance, is, that the practice of electricity is open to every physician; that the success with which he uses it will depend mainly on his knowledge of disease, and that there is no secret in this, any more than in any other department of medical science. While I would caution the public against

the quack, local, itinerant, male and female, I would also remind the physician of his own ability, and encourage him to make use of electricity himself, if for no other motive than to take it out of the hands of the uneducated. It would, indeed, be a strange thing to see the country overrun with imposters who carry a "box" filled with mischief, like that of Pandora, while a medical man is obliged to look on, or send his patient to a specialist in Boston, New York, or elsewhere.

But I fear, gentlemen, that I have taken up too much of your valuable space, and must conclude somewhat abruptly by advising Rusticus, and others who desire to secure to their patients the benefits of electricity, to procure some such instructive books and some such effective instruments as those above spoken of, when, in a short time, with a little study and a little practice, they may thrust out the empiric, vindicate their own claims, and not trouble the specialist.

OZONE—NEW DISCOVERIES.

The ghost of Schonbein has been caged at last. For a score of years this mysterious agent, half material and half spiritual, perplexed the adepts in chemistry, and evoked theory after theory in the vain endeavour to arrest it and subject it to law. All that its discoverer accomplished was to demonstrate a shadowy existence for it, and to devise some chemical tests of its presence. In the *London Lancet*, for August, is an editorial article, giving a short sketch of its history, and explaining the mode in which Professor Odling and Sir Benjamin Brodie, among others, recently succeeded in bringing it among the tangible substances in chemistry. It appears that Schonbein's investigations were entirely qualitative, and that he never attempted weighing and measuring. By passing electricity through pure, dry oxygen, there is a contraction of volume, amounting as a maximum to one-twelfth of the original measure. That the residual gas possesses certain peculiar oxidizing properties, different from pure oxygen, and that it has a peculiar odor, was everything that could be said of it. Chemists had to content themselves by guessing that it was an allotropic form of oxygen. Its name—ozone—simply indicated that it had a smell—nothing more. But the quantitative experiment, just mentioned, furnished the key to more definite results. When the oxygen thus ozonized by electricity was heated, the gas was restored to its original volume, and again became pure oxygen.

Now, the problem was to extract the ozone from the ozonized oxygen, and thus determine its volume. Advantage was taken of the affinity of the ozone for mercury, and by shaking the gas and the metal together, the latter was oxidized by

abstracting the ozone, and pure oxygen was left as the residue. But the surprising feature of the process was that there was no diminution of volume in the gas by the abstraction of ozone. The mysterious agent had occupied no space. The same result precisely attended the use of iodide of potassium and other agents capable of being oxidized by ozone.

"It was at this embarrassing stage of the investigation that Professor Odling came forward with what has since proved to be the true explanation of the apparent absurdity—the true theory of ozone. He pointed out that these experiments could only be explained by assuming that ozone was a more condensed form of oxygen, and that when mercury or iodide of potassium was oxidized by it, those substances really removed only a portion of oxygen—that portion, in fact, which had previously been condensed. He suggested that, whereas ordinary oxygen contained two atoms in each molecule, ozone might contain three in a molecule of equal volume. Hence, the formula for ozone should be that which is now universally assigned to it—namely, O_3 . When mercury is oxidized it takes up only one atom of oxygen, leaving O_2 , which has the same volume as O_3 .

"If this ingenious theory be correct, it is obvious that ozone should be half as heavy again as oxygen—should have, in fact, a specific gravity of 24, as compared with hydrogen. The verification was not long in coming. Soret, in 1865, lighted on a substance—oil of turpentine—which had the property of absorbing, not one atom, but the *whole molecule* of ozone. Following the imaginary illustration used before, he found that, if the 92 volumes of ozonized oxygen were treated with oil of turpentine instead of mercury, the volume was reduced to 76, showing that 8 volumes of oxygen which had disappeared during the formation of the ozone must have combined with 16 more volumes of oxygen to form 16 volumes of ozone, and that ozone was therefore really half as heavy again as oxygen. Soret also determined the density of ozone by a method of diffusion, with substantially the same result."

Following up the enquiry, Sir Benjamin Brodie, after several years of labor and study, has confirmed the foregoing theory. He discovered that chloride of tin and hyposulphite of soda, as well as oil of turpentine were capable of absorbing the whole of the ozone and the results all agreed in giving for ozone a density of 24. It is surmised that not only will there be discovered some ready applications of the agent to practical purposes, but that it will open the door to new views on the subject of chemical constitution.—*Pacific Med. & Sur. Jour.*

CROTON-CHLORAL HYDRAT.

The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrat, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrat, and then the antecedent causes of the neuralgia may afterwards be enquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrat every hour. In three hours, she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrat in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide gr. 20, and croton-chloral hydrat gr. 1, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the *Pharmacopœia*—strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two grain-doses of croton-chloral hydrat every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have taken croton-chloral hydrat, not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or furred tongue. In several cases, it acted as a gentle laxative.—Dr. Baker, in *Brit. Med. Journal*.

[In an article on this subject in the *London*

Lancet, the above remedy was given in dose of 5, 10 and 20 grs., dissolved in water, with similar results.]—ED.

LIME-BATHS IN MEMBRANOUS CROUP.

In the *Chicago Medical Examiner*, Dr. John Bartlett lately commended the following method of using lime-baths in membranous croup:—

“Having formed a small enclosure by covering a clothes-horse with sheets, or by taking advantage of a favourable relation of a door to the corner of a room, so as with bed-clothes to close in a suitable space, the preparations proceed as follows: To one side of the tent, on a piece of old carpet, is placed a small tub; in it is put a common wooden bucket, one-quarter filled with boiling water; at hand is a supply of unslacked lime, and a kettle of boiling water. The nurse and child, or the child alone, if of such an age as to remain without an attendant, take possession towards the middle of the enclosure, the face of the patient being turned from the tub; by raising the sheet several pieces of lime as large as the fist are placed in the bucket; after a few minutes the evolution of the vapour begins. The physician, through that fold of sheeting forming the door of the tent frequently takes a view of the steam within, estimating its density by the sight, taste, and smell. It is impossible to indicate the proper degree of this density. I should say it should be somewhat less than that of the cloud of steam escaping from the exhaust-pipe of a steam-engine. The smell and taste of lime should not be too pronounced. The nurse should be instructed to give notice if the steam or heat oppress her, so as to produce a feeling of faintness, sense of suffocation, or irritation of the air-passages. Should the vapour be deemed too dense, its intensity may be diminished by opening the flap of the enclosure, or, if need be, by withdrawing the bucket. The pulse of the patient should be noticed from time to time, in view of possibility of exhaustion supervening, an event said to have occurred in the practice of some physicians. More lime and hot water may be placed in the bucket as required. The tub is intended to receive any overflow from the bucket, which, in prolonged cases, will be required to be emptied.”

He further says, “The *modus operandi* of the agent is uncertain; of course, the simplest theory is that it dissolves the false membrane. Some, as Drs. Meigs and Pepper, refer all benefits from its use to the heated steam evolved. Dr. J. L. Smith suggests that the lime-bath may be an improvement on the steam-bath in this, that in the latter, on account of the necessity of keeping the room closed, the air soon becomes charged with exhaled carbonic acid, whereas in the former case the

expired acid is speedily destroyed by the vaporised lime. May it be possible correctly to extend this idea of Dr. Smith's? Thus, the dyspnoea is in great part the result of the inability of the respiratory organs to relieve the blood of its carbonic acid. By using air, as in the lime-bath, charged with a chemical having a remarkable affinity for this acid, may it not be that the pulmonary interchange of gases is advantageously supplemented?

“I have knowledge of four cases of membranous croup treated by lime; of these two were speedily relieved. In a third, recovery ensued, though the lime-baths were abandoned for the potash treatment, when the child, though very near death, was thought to be a little better. In the fourth case, the disease had existed one week before medical treatment was sought; an indifferent article of lime was inefficiently used for a time; death resulted. In the last two cases relief was afforded by the baths; and although they were finally abandoned in one case, and imperfectly used and neglected in the other, there was, in both instances, no reason to question the curative power of the agent. In none of these cases was the lime used to the exclusion of other remedies. So far as observed, however, improvement was in no wise referable to the medication.

“This mode of treatment is useful in those cases in which the attendant is uncertain of his diagnosis; in which, while he believes he has to do with a case of simple laryngitis, he fears membranous croup. In such instances the lime-bath relieves the distress of the patient, and tends to quiet the anxiety of the practitioner, seeing that he is treating the apprehended disease with no danger of injury to his patient from the *nimia cura medici*.”

EDIBLE AND POISONOUS MUSHROOMS.

Some useful advice on the subject of mushrooms, says the *Pall Mall Gazette*, was lately given by Mr. Justice Denman in the Central Criminal Court on the occasion of the grand jury throwing out a bill of indictment against a gardener who was charged with murdering a fellow-servant by giving her poisonous mushrooms to eat. Although there was no reason to suppose that the prisoner had any felonious intention in giving the deceased the mushrooms, yet three persons were dangerously poisoned by them, and one of them actually died; the fungi being so much like mushrooms that even a skilled witness saw nothing in them to distinguish them from those articles of food. Mr. Justice Denman thought it was desirable that these facts should be thoroughly well published and known. It appeared that mushrooms growing under trees were dangerous. That being so, added the judge, “let everybody beware of eating mushrooms which grow under trees.” So many persons have from time

to time come to an untimely end through eating poisonous fungi bearing a close resemblance to mushrooms, that perhaps the most prudent course would be for those who are unwilling to risk their lives to abstain from eating mushrooms altogether. In the meantime, however, as there are many people who infinitely prefer the chance of a painful death to the certain anguish of denying themselves any luxury on which they set their hearts, it may perhaps be as well to call attention to the following tabulation by Professor Bentley of the general characters by which the edible and poisonous species of fungi may, as a rule (but not an unerring one), be distinguished. Edible mushrooms: 1. Grow solitary, in dry airy places; 2. Are generally white or brownish; 3. Have a compact brittle flesh; 4. Do not change colour, when cut, by the action of the air; 5. Juice watery; 6. Odour agreeable; 7. Taste not bitter, acrid, salt or astringent. Poisonous mushrooms: 1. Grow in clusters, in woods and dark and damp places; 2. Usually with bright colours; 3. Flesh tough, soft, and watery; 4. Acquire a brown, green, or blue tint when cut and exposed to the air; 5. Juice often milky; 6. Odour commonly powerful and disagreeable; 7. Have an acrid, astringent, acid, salt or bitter taste. It is best to avoid all fungi which have arrived at their full development or show any signs of change; and by soaking doubtful fungi cut in slices for about an hour in vinegar and afterwards washing them in boiling water, they may, it is stated, be rendered harmless.—*British Med. Journal.*

INTEMPERANCE AND LIFE INSURANCE.

Life Insurance has become so much a matter of course, and so many wives and families have learned to think that if the husband and father should be taken suddenly away, the amount of his life insurance will serve to keep the family together and a roof over their heads, the most people will be startled to learn that intemperance on the part of the insured may vitiate the insurance policy and leave his needy family destitute.

A case involving this question has recently been tried in one of the courts of Cincinnati. The administrator of one F. M. D., deceased, sued the Mutual Benefit Life Insurance Company to recover \$5,000 under his policy of insurance.

The company resisted the payment on the ground that D. had died in consequence of intemperate habits; and they set up the following declaration made by the deceased in applying for insurance: "I do not, nor will I practice any bad or vicious habit that tends to shorten life." This they contend was an untrue declaration. In regard to this clause which was made a part of the

policy, the court charged the jury that it was a warranty, and unless it was literally true, and continued to be so, the plaintiff was not entitled to recover.

The terms of the warranty were that the applicant 'did not and would not practice any bad or vicious habit that tended to the shortening of life.' The jury would therefore consider whether or not, at the time of the application, or afterward, the deceased indulged to an extent amounting to a habit in the use of intoxicating liquors, and, if so, whether this was a bad or vicious habit which tended to the shortening of life. In defining the meaning of the word habit the court instructed that the frequent drinking of spirits leads to habits of intemperance, and that if they found from the evidence that the deceased at the time of the application was made, or subsequently, had an appetite for intoxicating drink to such an extent that a single indulgence necessarily incited him to a repetition of it, and led him into sprees, and these sprees were frequent and rendered him incapable of controlling his appetite while they continued, then, although there were intervals in which he remained sober, there was such a repetition of acts of drinking that it amounted to a habit, and if this was a bad or vicious habit which tended to the shortening of life, the defendant would be entitled to a verdict. Other points relating to the habits of the deceased were reviewed by the court, the principle being maintained, that if the person insured had misrepresented his mode of life, or had indulged in intemperate habits, his policy was invalidated. The jury gave a verdict for the insurance company.

This decision, with several others recently made, goes to show that a policy of insurance, as these policies are commonly worded, on the life of a man who drinks to intoxication is worthless.

We see no injustice in this. If ten men out of a hundred who are insured shorten their lives ten or fifteen years by means of intemperance, those who do not shorten their lives have to pay more for their insurance than would be necessary if the others lived and continued to pay. Insurance must pay its way, and if some by wrong living die early, the long livers have to make up the deficiency. Every man who becomes intemperate should be stricken from the rolls of the insured, or belong to a separate company or class, and be required to pay a premium commensurate with the extra risk. There is no fair method of life insurance except by classifying those who are insured, so that those who have excellent constitutions and good habits, shall have the benefit of a moderate annual payment. Brick houses pay but half the rate of fire insurance which is charged for frame houses. Why not apply an equally sensible rule to life insurance?—*Phrenological Journal.*

BELLADONNA PLASTER IN OBSTINATE VOMITING.

Dr. Guéneau de Mussy, recommends, in obstinate vomiting, diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimeters in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncrasy caused some ill effects to result. It is not meant to be asserted that this means always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases, he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so extremely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a young married lady, who never could place foot on a vessel without being tortured by sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having some vomiting on the first day, she, when last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.—*Med. and Surg. Reporter.*

THE TREATMENT OF SKIN DISEASES BY ELECTRICITY.

The (New York) *Medical Record* for August 15th contains a remarkable collection of cases of ob-

stinate skin diseases which have been treated by Eessrs. Beard and Rockwell by means of central and local galvanisation and faradisation. "During the past two years," they say, "we have treated a number of cases of eczema, prurigo, and acne, by *central galvanisation* alone, without making any application to the diseased surface whatever; and under this method of treatment the results have, in some instances, been more satisfactory than under any other method of using electricity in these affections." Their method of applying the galvanism is to place the negative pole to the epigastrium and the positive to the back, moving it by turns along the whole extent of the cerebro-spinal axis, thus, as they say, "bring the whole central nervous system under the influence of the current."

With regard to eczema they say: "At first we used localised galvanisation in eczema, with sponges, cloths, and the metallic brush, and obtained thereby great relief of the itching, and, in time, cure." Latterly, however, they have discarded the local applications, and have confined themselves almost entirely to centric galvanisation. The first case is that of an Irish servant, aged fifty-one, suffering from chronic eczema of the leg of 8 years' duration, which had resisted all the ordinary remedies. Central galvanisation was first employed on April 23rd, with the immediate result of giving much relief, and on June 15th she was discharged cured. Five other cases of chronic eczema are reported, all of which were improved by the treatment, having previously resisted the more ordinary therapeutic measures. It is notable that the application was in every case followed by the immediate alleviation of the itching and burning pains which prove so tormenting in these cases. A case of acne rosacea treated by localised galvanisation is recorded, and two cases of chronic acne are mentioned which were cured, the one by local, and the other by central, galvanisation. This method of treatment has been remarkably successful in prurigo, the itching being almost instantaneously relieved. Psoriasis and pityriasis have not yielded readily to this treatment, but the pains accompanying herpes zoster have been in all cases greatly relieved. The last case recorded is one of elephantiasis of the legs, which was rapidly improved by local galvanisation, the first sign of improvement being, as usual, the disappearance of all pain.

VALVULAR DISEASES OF THE HEART.—In a paper on "Prognosis of Valvular Diseases of the Heart," published in *Saint Thomas' Hospital Reports*, Vol. 2d, by Thomas B. Peacock, M.D., F.R.C.P., the following observations are made: In reviewing what has been said as to the sources of danger in different forms of valvular disease, it will be seen that incompetency of the valves is regarded as a more serious defect than obstruction; and

of the affections of the valves of the left side of the heart, incompetency of the aortic is more dangerous than the similar condition of the mitral valves. Not only does incompetency of the aortic valves occasion great impediment to the circulation, and especially an imperfect supply of blood to the brain, but as the power of the left ventricle becomes rapidly exhausted, there is danger at any moment of death by syncope. In the corresponding condition of the mitral valves, though it seriously obstructs the pulmonic circulation and occasions great visceral congestion, death is brought about more slowly as the result of the imperfect aeration of the blood and its impure condition from the state of the parenchymatous viscera, and by dropsical effusions, as sudden death is less likely to occur. As regards obstructive disease of the two sets of valves, he would reverse the order in which they are regarded as serious, obstructive disease of the mitral being apparently a more important defect than the same affection of the aortic valves. In the former condition the combined power of the left auricle and right ventricle is unable adequately to propel the blood through the left auriculo-ventricular aperture, and hence the lungs and other organs soon become very greatly engorged; while in cases of aortic constriction the left ventricle long resists the impediment, and it is only when the obstruction has become extreme, and the power of the ventricle is impaired, that the more distant organs are involved.—*N. Y. Medical Record.*

INTENTIONAL FRACTURE OF FEMUR TO PRODUCE SHORTENING.—Those who have heard of the surgeon of this city who not long since excised a portion of femur from the sound thigh of a young man having shortening of the other limb, in consequence of caries of the head of the femur, and who by this means gave him limbs of equal length, will be interested to know that he has a rival in the person of Professor Rizzoli, of Bologna. From a paper read before the Medical Society of Bologna, we learn that he has recently had a fourth successful case in which he has intentionally fractured the femur in order to produce shortening of the limb. This case was in a girl of thirteen, who had inflammation of the cotyloid cavity when one month old, and resulting dislocation of the head of the femur. At the time of the operation the limb was so short that, when standing, the great toe hardly reached the ground. Professor Rizzoli fractured the right femur, and caused the fragments to override to an extent sufficient to equalize the length of the two limbs. Union took place in twenty days, and the patient left the bed at the end of five weeks.—*Medical Record, New York.*

A VICTIM TO SCIENCE.—The Berlin medical journals record the death from cholera, on August 20th, of Dr. Otto Obermeier. Dr. Obermeier was

in a fair way of gaining, and indeed had to a considerable extent gained, a high reputation as a scientific investigator of disease. Within the last few months he published some interesting researches on the blood in typhus fever (maculated); and, when seized with his illness, was engaged in researches on cholera. Having too great confidence in his power of resisting infection, in consequence of having not taken fever during his investigations on that disease, he kept in his bedroom pathological specimens taken from persons who had died of cholera, and also portions of their excreta; and it is believed that in this way he became infected. According to one account, he injected some blood from cholera patients into his own vessels. He was so devoted to his inquiry that, after he had become aware of the condition in which he was, he made some microscopic examination on his own blood. His death occurred after an illness of seven hours, in the thirty-first year of his age.—*British Med. Journal.*

REST IN LOCOMOTOR ATAXY.—In the July number of the *American Journal of Medical Sciences*, Dr. Weir Mitchell insists on the great benefit of rest in the above disease. In cases of locomotor ataxy in which the occurrence of various accidents, such as fracture of a leg, had compelled the patients to take absolute rest in bed during some time, the symptoms, and especially pain, were considerably amended, and in some instances the course of the disease was impeded or slackened. One case was experimentally conducted. A sufferer from an intense attack of the disease was subjected to absolute rest without any other kind of treatment, and considerable amendment of all the symptoms was the result.

GONORRHOEA, GLEET, ETC.—We have recently known a number of very obstinate cases of gleet relieved by the introduction of a catheter, smeared with mild zinc ointment, once or twice per day. Many recent cases of gonorrhoea are much relieved by the same means, with the addition of a little carbolic acid, sulphate of zinc or nitrate of silver. An injection, containing about 2 grs. of sulphate of zinc to the ounce of water, and the whole made thick as cream, with finely-powdered goldenseal (*Hydrastis Canadensis*), is deemed worth from \$500 to \$1000 by those who have been very speedily cured by it.—*Med. Times.*

TREATMENT OF BURNS AND SCALDS.—Dr. de Breyne highly recommends the following treatment in *L'Union Pharmaceutique*:—Hydrate of lime (newly precipitated), forty-five grains; glycerine, five ounces; chloric ether, forty-five drops. It makes up a transparent, colourless liquid, with an agreeable odour, and an alkaline reaction, according to the dose of hydrate of lime. It calms the pain, and prevents or abates inflammation.

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TORONTO, DECEMBER 1, 1873.

SUPPRESSION OF INTEMPERANCE.

We would fain hope that at the approaching session of the Ontario Legislature our brethren in the House will submit some practical and capable-of-accomplishment measure for the suppression of the monster evil of the day—Intemperance. In our judgment it is a loss of time to endeavour to accomplish total prohibition, a pleasant but Utopian dream; but very great good would result from a Bill having for its features the appointment of government inspectors of all places where wines or liquors are licensed for sale. The time for the visit of these officers, as in the case of Bank inspectors, to be unknown; violation of rules to be instantly visited with deprivation of license, or heavy fine; sale of liquors to be confined to taverns, drug stores, and exclusively wine and spirit shops; number to be determined by travel and population; a government analyst to be appointed, who, like the inspectors, would visit and examine the liquors at indeterminate periods; the punishment for adulterated liquor to be deprivation of license, and ineligibility for obtaining it in the future.

The causes which engender and increase the disposition to indulge in intoxicating liquors may be attributed to the bad example which youth from their infancy see before them. The habits of debauch and disorderly life, induced by frequenting saloons, billiard rooms, and other social meetings, and the destitution of moral and religious feeling and practice. The habit of drinking is usually at first acquired by invitation, and a silly desire to do as others do; but too quickly a pleasant sensation takes the place of indifference and irresist-

able desire, and increasing passion enslaves the degraded victim. The quarrels this practice give rise to, the vices and crimes of which it is the parent, the ruin of health and strength and debasement of mind which it occasions, imperatively call for more effective government restraint than is now to be found in our statutes.

The effectual remedy would be total prohibition; but would the strictest statutory enactments for the accomplishment of so sweeping a reform be equal to the overcoming of long-ingrained habit? We think not; and as we despair of the possibility of the axe being applied to the root, we would like to see a measure involving a vigorous initiatory pruning, trusting to time for the education of the people up to the standard of passiveness necessary for submission to a sumptuary law.

Tolerate in the meanwhile "cakes and ale with virtue," and in an optimist mood look forward to future complete disenthralment.

Confessedly we cannot dispense with the use of alcohol as a stimulant in many forms of disease, and if its sale, as the advocates of total prohibition propose, is to be limited to druggists, what a deluge of prescriptions would overwhelm them, formulated somewhat in this manner:—

R—Spiritus Vini Gallici, ℥vj.
 " Lavandulæ, ℥iv.
 Syrupi Aurantii, ℥iiss.

Fiat mistura. Sumat sextam vel quartam partem pro re nata.

PROFESSIONAL APHORISMS.

(Translated from the *Gazette Medicale*.)

1. The "savoir dire," the "savoir faire," an agreeable exterior and good manners, the knowledge of the world, a certain "Je ne sais quoi," which pleases and attracts, are turned to excellent account by some physicians. But it will not do to examine such gentlemen too narrowly. We must not blow too strongly on this froth; for the prestige quickly vanishes. These qualities are indeed to the character, what embroidery is to a garment, whose web is of no great value.

2. "An enlightened ignorance." These words, although seemingly contradictory, express an important truth. It is given to but very few to reach this high degree of philosophic truth. What study,

what watchings, what meditation, how much judgment and modesty are required, to know that we know but little, to estimate at their real value the acquisitions of science, to arrive at length at those limits where it is written "unknown." Montaigne, with much truth, distinguishes "the abecedarian ignorance" and the "doctoral ignorance." The latter requires a whole lifetime's labour to attain to.

3. What is the cause of the bitterness of one physician against another? Why does he blame him in every thing, and on every occasion? The truth is, he has been occupied with the same subject and has been less successful. Do you not see the caterpillar abusing the work of the silkworm? and yet the caterpillar can spin also. Oh, my friends, guard against medical envy: it is a case of cancerous pathology, which eats its way deeper and deeper, until the whole system is contaminated.

4. It is really absurd and ridiculous to see ourselves so often outstripped in the medical race by dolts and fools; and yet it is a disgrace and reproach to succeed after the fashion of some people.

5. There are some writers whose language, by being strong, compressed and profound, exacts so much from the thought, that it is called obscure and unintelligible. A physician once said to Barthez, "Your book is much too difficult to be understood." "Patience," replied Barthez; "I am preparing an edition which will be so clear that every ass will be able to drink from it."

6. The "genus irritabile" is found not only among poets and artists; a very large proportion of medical men belong to the same category. Nowhere is "amour propre" more ticklish, more sensitive, more galvanic, than among them: hence the endless disputes, the petty malice, and the secret love of spite, and even calumny, so prevalent amongst us. We must manage and accommodate truth itself to these irritable vanities, as we do the light of the sun to very delicate eyes. My dear brethren, be kind and charitable to each other. The public, not overbenevolent at any time to you, only laughs at your squabbles, and quacks all the time reap a rich harvest. Remember that you are the apostles of humanity: be also the sages of time.

7. It is a noble thought, and nobly expressed:

"Pulchra sunt quæ videntur. Pulchriora quæ sciuntur, sed longe pulcherrima quæ ignorantur." How true of physiology, and indeed of every branch of physical science! At present we see but in a glass darkly. Will it ever be permitted to man, in his present state of existence, to penetrate the mysteries of Nature more deeply!

8. "I was dogmatic at twenty, an observer at thirty, an empiric at forty, and now at fifty I no longer have any system." So said Bordeau; and he is quite right; sooner or later in science, as in life, we arrive at that wisdom which almost resembles the effect of disenchantment. But it is not given to all to reach in practice this high point of medical philosophy. An acute sense, much knowledge, a superior reason, and a rare talent of distinguishing truth, from fiction, and from mere probability, are necessary to enable us to form a just appreciation of theories and principles, and of their application to practice. Whoever has not acquired these qualities is condemned like the crowd, to follow the standard of another, and to fall into, either an irrational scepticism, or an empirical routine, which is too often dignified with the appellation of experience.

PROLONGED UTERO-GESTATION.

The following is an extract from a paper on the above subject, read before the Yarmouth (Nova Scotia) Medical Society some time ago, by the President, Dr. Bond:—

"Although it was, many years ago, a matter of controversy whether or not a pregnant woman ever carried her child much beyond nine solar months, it is now, as you know, universally admitted that although a very large majority do not vary much from two hundred and seventy days, it sometimes happens that the term of foetal life is very much prolonged. All the plans hitherto recommended for recognizing such cases have proved very unsatisfactory. If the following cases shall have the effect of pointing out a means more worthy of credit my object of bringing them before the Society will be accomplished.

In the year 1849 I was sent for on March 29th, to see Mrs. W., who felt quite sure she had been pregnant some weeks more than nine months. I found her very large and very "clumsy"; but

without any signs of labour. On May 9th I was sent for again. She had, when she sent for me, some slight pains, but they had entirely subsided before I reached her place of residence, more than ten miles in the country.

On May 16th (between her eleventh and twelfth month, according to her own reckoning), I was again in attendance. I found the os dilated the membranes ruptured, and a natural presentation. After a long and painful labour, she was delivered of a very large male child: it had perished during labour. On examination, I found encircling the umbilicus of the child, just where the *funis*, joins it, a *bright red ring*, less than two lines wide.

Since 1849, I have observed this red ring in other cases, in all of which there were good reasons for believing that the children had been retained *in utero* beyond nine months. Only one was still-born. Judging from my own experience only, I believe it always indicates retardation, and that in such cases it may always be found if carefully looked for."

The above case together with a similar case occurring in the practice of Dr. G. J. Farrish, of Yarmouth, N.S., have been published in the *London Medical Times and Gazette*. Dr. J. R. Dewolf, Medical Superintendent of the Hospital for the insane at Dartmouth (Halifax) also reports a similar case occurring in his practice. Dr. Dewolf's case is a very interesting one and goes far to prove that the red "ring" always indicates retarded utero-gestation. The subject is worthy the attention of the profession in a scientific point of view, and may also eventually prove of great service in determining what has hitherto been a very troublesome question in medical jurisprudence.

SPITEFUL JEALOUSY.

The October number of the *Canada Medical and Surgical Journal*, which, with its characteristic lateness, came to hand a few days ago, contains an article headed "Wholesale Pilfering," in which the editor appears greatly chagrined because we published, amongst our original communications, two articles from the pen of Dr. Howard, of Montreal, which, it is alleged, first appeared in the *Canada Medical and Surgical Journal*—the one in December, 1872, and the other in July, 1873.

Some time during the month of August last Dr. Howard sent us printed copies of the following articles, "Scarlatinal Pleurisy," and "Fibrous Tumors of the Uterus," which we published in the September number. On the title page of these articles it was stated that the former was read before the *Canada Medical Association in September, 1872*, and the latter before the *Medico-Chirurgical Society of Montreal in June, 1873*; but there was no evidence that they had ever appeared in the *Canada Medical* or any other journal, and consequently we considered them as original articles. We confess that we do not often read the *Canada Medical Journal*, as it is generally so late and stale that it is of very little service to us; besides, we never received the number for December, 1872, and the number for July, 1873, did not come to hand until the LANCET for September was printed; and even if it had, we would not have thought of crediting it with an article, the original of which we had in our own hands; so that to charge us with "pilfering" from its columns is a gratuitous insult, which we have no disposition to pass by unnoticed. Any articles we have ever copied from its columns we have given full credit for.

It was perfectly competent for Dr. Howard to send duplicate copies of his articles to the CANADA LANCET for publication, and that is what it appears to us he has done. We might as well, if we felt disposed, charge the *Canada Medical Journal* with "pilfering" from the LANCET, inasmuch as an article appears in its last issue from the pen of Dr. Hingston, which appeared in the LANCET two months ago. If the articles sent us were reprints from the *Canada Medical Journal* (of which there was no evidence) the editor is himself to blame for not crediting his journal with them. We apprehend the chief cause of grievance, and we have this on good authority, lies in the fact that Dr. Howard should appear to patronize the CANADA LANCET, and that these articles should have been first read and noticed by the majority of the profession and cotemporary journals as appearing in the LANCET, and that excerpts were generally credited to us.

During the three years the LANCET has been in existence we have never once stepped out of our way to attack any of our cotemporaries, except in self-defence; and we regret that we have been called upon the second time to defend ourselves

against the baseless insinuations of the *Canada Medical and Surgical Journal*. Medical journalists should have higher aims and nobler ends in view than endeavoring to traduce their *confreres*. We have done in this matter only what our conscience tells us is right, and we will not swerve from the path of duty or yield humble submission to the dictum of any one.

SMALL-POX.

This loathsome disease is at present very prevalent in Toronto, and it is high time that some more effectual means than has heretofore been taken to prevent its spread, should be adopted by the Board of Health. We would suggest that at least two vaccine stations should be at once established, one in the east and another in the western part of the city, where the poor may be vaccinated free of charge. The Board of Health should also obtain a good supply of thoroughly reliable vaccine virus to begin with, and see also that a constant supply is kept on hand for those who require it.

The appointment of public vaccinators in each of the Wards is all very well in its way; but will be of very little service unless some systematic means are adopted of carrying into effect the object the Board has in view. All infected houses and districts should be isolated as much as possible, and some method adopted of designating such infected places so that they may be shunned. A strict enforcement of the act relating to vaccination should also be demanded, and all infected tenements thoroughly disinfected as soon as they can be vacated. A determined effort on the part of the Board of Health in the direction briefly indicated in the above would tend at once to lessen the spread of the disease, and if persevered in, would sooner or later stamp it out entirely. Spasmodic efforts are of very little avail in arresting small-pox, and we trust the Board will see the necessity of persistent and determined action in reference to this matter.

HAIRY MAN.

The history and portraits of a Russian peasant and his son, of most remarkable appearance, now on exhibition in Paris, are given in the London

LANCET of October 25. The father, Andrian J. f. tichjew, aged fifty-five, was born near Kostroma, in Russia. He is called by the French "L'homme chien." Below we give his portrait, specially engraved for the CANADA LANCET. It will be observed that the entire face—nose, forehead, cheeks and ears—are covered with long brown hair, which also extends down his back for some distance. The skin upon which it grows appears quite healthy, no nævoid discoloration being present.



His son, Fedor, is only three years old, and bears a striking resemblance to the father; but the hair being lighter in color and thinner, the skin is more perceptible. Both father and son are nearly edentulous; the father had no teeth up to the age of seventeen, and then only four in the lower jaw and one in the upper. The son has only four incisor teeth in the lower jaw. They were previously on exhibition at Berlin, and were examined by Prof. Virchow. Other instances of hirsute growth, similar in character, are mentioned as occurring among the Russians or Burmese, in all of which the same edentulous condition was observed. Hairy men are also said to exist in some parts of Japan; but neither in the condition of the teeth nor the arrangement of the hair, have they any analogy with the Russian or Burmese hairy men.

CYSTITIS.—The following combination has been found very successful in acute cystitis:

R—Ext. Buchu fluidum.
 " Uva Ursi " aa ʒj.
 Sp. Æth. Nit., ʒss.
 Tr. Gelsemini, ʒj.
 Pot. Bromidi, ʒij.
 Aqua Cinnamoni ad. ʒviii.—M.

Sig.—A tablespoonful every four hours.

ORANGEVILLE MEDICAL ASSOCIATION.

The medical men in Orangeville and surrounding country met a short time ago and organized an association. The following officers were appointed:—Dr. Thos. Henry, President; Dr. Jos. Carbert, Vice-President; Dr. James Henry, Secretary-Treasurer. The following TARIFF OF FEES was adopted by the association:—

MEDICINE.

Day visits within a mile.....	\$ 1 00
Each additional mile.....	0 50
Night visits, from 9 p.m. to 7 a.m.....	2 00
Each additional mile.....	0 75
Consultation (mileage extra).....	2 00
Advice at office.....	1 00
Stethoscopic examination of the chest.....	1 00
Administration of chloroform.....	2 00
Certificate of lunacy.....	4 00
Certificate of cause of death in cases of life insurance.....	4 00
Certificate as to state of health.....	2 00
For unusual detention in ordinary medical or surgical cases after the first two hours, per hour.....	0 50

SURGERY.

Adjusting fracture of thigh.....	\$15 00
Adjusting fracture of leg.....	10 00
Adjusting compound fracture of leg.....	15 00
Adjusting fracture of arm.....	8 00
Adjusting fracture of clavicle.....	8 00
Reduction of dislocation of upper extremity.....	5 00
Lower extremity.....	10 00
Excision of larger joints.....	50 00
Excision of smaller joints.....	20 00
Amputation of thigh.....	25 00
Amputation of leg.....	20 00
Amputation at shoulder joint.....	25 00
Amputation of arm.....	15 00
Reduction of dislocation of the thigh.....	20 00
Reduction of dislocation of the knee.....	5 00
Reduction of hernia by taxis.....	5 00
Excision of mammary gland.....	25 00
Removal of tonsils.....	3 00
Removal of ordinary tumors.....	5 00
Removal of malignant tumors.....	10 00
Operation for club foot.....	20 00
Amputation of toes and fingers.....	5 00
Bleeding, plugging nares, and opening abscess.....	1 00
Introduction of catheter.....	2 00

OBSTETRICS.

Ordinary cases within four miles.....	\$ 5 00
Cases protracted beyond twelve hours, extra per hour.....	50
Each additional visit (mileage extra).....	1 00
Instrumental or complicated cases.....	10 00
Extracting placenta.....	5 00
Uterine diseases requiring use of speculum for each introduction, mileage extra.....	2 00

PHOSPHORUS MIXTURE.—The *Medical Archives* gives the following formula: Dissolve a grain of phosphorus in six drachms of chloroform, add two ounces of glycerine, and shake well. Dose: a teaspoonful in water three times a day.

PROLONGED URETO-GESTATION.—Dr. Park, in the *Glasgow Medical Journal*, gives the history of a case of prolonged utero-gestation, in which the period of gestation was 331 days. The foetus was anencephalic, and there was only a very small quantity of liquor amnii. The writer states that the most likely explanation of this prolonged gestation seems to be, that the cephalic extremity being flat on the crown and about the size of the palm of the hand, was incapable of being moulded and so filling up and pressing equally upon the dilated neck of the womb. The small quantity of liq. am. is noticeable as bearing upon Rudolph's theory as to the causation of the anencephalic monstrosity. A somewhat analogous case was published in the *British Medical Journal* of Feb. 22, 1873, in which the duration of pregnancy was 350 days.

In response to our appeal in the last issue, on behalf of a medical confrere in distress, we have received the following contributions: Drs. J. & C. E. Barnhart, Owen Sound, \$5; Dr. W. H. Oliver, Petrolia, \$2; Dr. William O'Dell Robinson, St. Jacobs, \$1. Our appeal has not met with that generous response which we ought to expect from a liberal profession. No class of men in Canada bear a larger share of other men's burdens, or exercises a more constant spirit of active practical benevolence than medical men; and when poverty and want overtake one of our own members we should, with that generous *esprit de corps* which should ever characterize a noble profession, come to the rescue in the most liberal and beneficent manner.

SCARLET FEVER.—Some very severe cases of scarlatina have been successfully treated by the following:

R—Acid Mur.,	ʒj.
Syr. Simp.,	ʒij.
Pot. Chlor.,	ʒiij.
Aqua Rosæ ad.,	ʒiv.—M.

Sig.—For a child 6 years of age, a dessertspoonful every two hours.

DEATH.—The death of Sir Henry Holland, Bart., in the 86th year of his age, M.D., D.C.L., F.R.S., is reported in the English journals.

APPOINTMENTS.—Irwin Bridgman, of the city of Toronto, Esquire, M.D., to be an Associate Coroner within and for the County of York. Duncan Marquis, of the village of Mount Pleasant, Esquire, M.D., to be an Associate Coconer within and for the County of Brant. William Philp, of the village of Waterdown, Esquire, M.D., to be an Associate Coroner within and for the County of Wentworth. Robert McDonald, of the village of Fullarton, Esquire, M.D., to be an Associate Coroner within and for the County of Perth. John P. W. O'Falvey, of the village of Maidstone, Esquire, M.D., to be an Associate Coroner within and for the County of Essex.

FREAK OF NATURE.—Dr. W. H. Bent, of Argyle, N. S., sends us the report of the following peculiar case of monstrosity occurring in a child whose parents reside in Pubnico. It has three legs in perfect use, two complete sets of sexual organs (male). Two perfect arms, and two imperfect ones—the latter growing from the middle of the back and curving in a line with the lower ribs. The head is finely developed, and what appears to be a second one is situated half way down the left side of the neck. It is considered a great wonder among the French acadians.

The medical practitioner who now allows a patient to die from hemorrhage, whether the case be medical, surgical or obstetrical, without giving him or her a chance of life by pouring in fresh blood, incurs a grave responsibility, and we believe that the neglect to transfuse blood in such cases will ere long be looked upon as malpractice.—*British Obstetrical Journal.*

Book Notices.

VEGETABLE PARASITES, AND THE DISEASES CAUSED BY THEIR GROWTH UPON MAN. [From the Third Annual Report of the State Board of Health of Massachusetts.] A Pamphlet. By James C. White, M.D., Prof. of Dermatology Harvard Univ'ty. Boston: Wright & Potter.

ON THE ACTION OF RHUS VENENATA AND RHUS TOXICODENDRON UPON THE HUMAN SKIN. By the same author. [Reprinted from the New York Medical Journal, March, 1873.] New York: D. Appleton & Co.

CHEMISTRY, INORGANIC AND ORGANIC. With Experiments. By Charles Loudon Bloxam, Professor of Chemistry in King's College, London, &c. With 295 illustrations. From the Second and Revised English Edition. Philadelphia: Henry C. Lea, 1873; pp. 700. Price, \$5 50; sheep. Toronto: Willing & Williamson.

The first edition of this work was published five years ago and was well received. The present edition has been considerably changed and remodelled to adapt it to the new nomenclature. The design of the author has been to give a clear and simple description of the elements and their principal compounds and of the chemical principles involved in some of the most important branches of manufacture and this he has succeeded in doing in an admirable manner. The work contains a description of a number of interesting experiments and is well illustrated.

CONTRIBUTIONS TO PRACTICAL SURGERY. By George Norris, M.D., late Surgeon to the Pennsylvania Hospital: Vice-President of the College of Physicians of Philadelphia, &c. Philadelphia: Lindsay & Blakiston, 1873; pp. 318. Toronto: Willing & Williamson.

This is a very excellent and highly practical work. Dr. Norris has had thirty years experience in hospital service and should be able to show something as the result of so extended a practice, and no one who reads this work will doubt that he has accomplished that object. The subject of ununited fractures has received his most careful attention; deformities after fractures, compound fractures, statistics of fractures and ligation of arteries are among the subjects treated of.

THE CEREBRAL CONVOLUTIONS OF MAN. Reported according to original observations, especially upon their development in the Fœtus; intended for the use of Physicians. By Alexander Ecker, Professor of Anatomy and Comparative Anatomy in the University of Freiburg, Baden. Translated by Robert T. Edes, M.D. New York: D. Appleton & Co., 1873; pp. 87. Toronto: Willing & Williamson.

THE PHYSICIAN'S VISITING LIST FOR 1874. 23rd year of its publication. Published by Lindsay & Blakiston, Philadelphia.

We prefer the Visiting List of Lindsay & Blakiston to any other.