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THE CANADIAN DUPLICATE

Journal of Medical Science

PUBLISHED MONTHLY.

TERMS:—YEARLY SUBSCRIPTION, \$3; SINGLE NUMBERS, 30 CTS.

VOL. 1.

TORONTO, OCTOBER, 1876.

No. 10.

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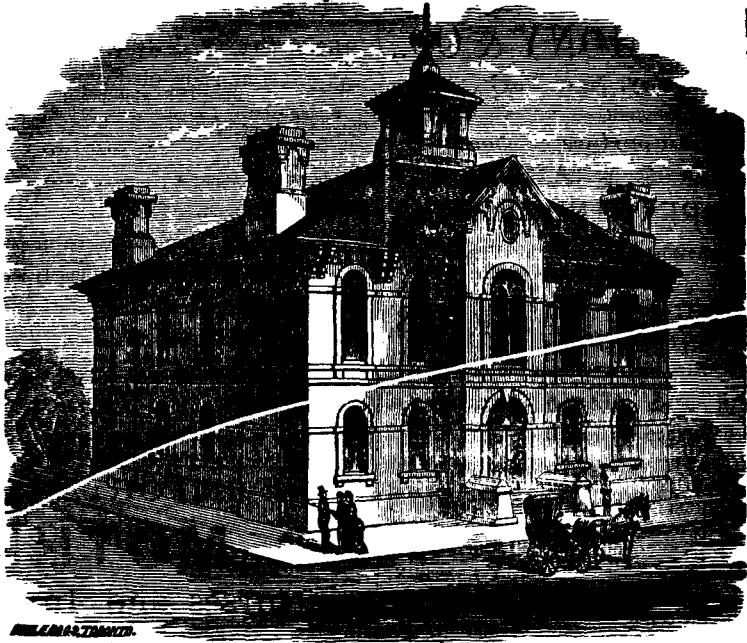
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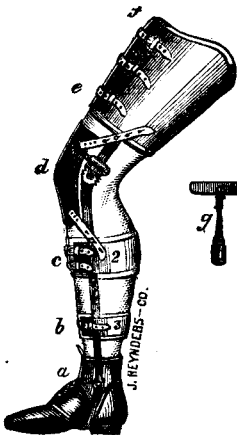
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TORONTO, OCTOBER, 1876.

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BY STANLEY HAYNES, M.D.

(From *The Practitioner*.)

The topic of these observations is one in which the majority of psychopathic physicians place little reliance, from the numerous difficulties met with in the satisfactory treatment of the insane outside of asylums; but there are many patients who can be efficiently attended to in private dwellings, other than their homes, thereby avoiding entry into an asylum, while the prejudicial influences of home treatment are escaped; and there are some cases in which removal from home is neither necessary nor proper, supposing the circumstances of the patients are sufficient to ensure the necessary care.

Dr. Yellowlees points out that "insane patients treated at home are apt to get—1. *Too much narcotic medicine and too little general treatment*; 2. *Too much depression and too little support*; 3. *Too much confinement and too little open-air exercise*," and says, "these unfavourable conditions are rendered still more so by—4. *Too much interference and too little tact*. . . Where such evils are really inevitable no one should undertake the treatment, and the sooner the patient is sent to an asylum the better; but they are not always inevitable, even when they seem so at first, and many insane patients can quite well be treated at home."

Much irritation is often produced in patients when they find they are not supported by their families in any orders they may give, and are not obeyed by their domestics; they find themselves watched, that those about them are suspicious of them, that their liberty is curtailed, that they are no longer free agents where they have been accustomed to do as they like. It often results that they become moody, fretful, suspicious, impatient, and revengeful, and resolutely refuse all kind offices and treatment; that they decline their meals, form strong prejudices—not to say hatreds—against those they have loved, and quietly watch for an opportunity of evading their friends or retaliating for their supposed wrongs. Removal from home and friends becomes necessary whenever strong antipathies are taken; the sooner the better, for all concerned. Insane antipathies are in inverse ratio to the former sane amount of affection, the revulsion of feelings being, too frequently, most marked: how often do we not hear of some unusually fond and affectionate husband and father killing his wife and children, and then attempting his own life, during a paroxysm of insanity?

By considering, briefly, the *classification* of insanity as delineated by Skae or Batty Tuke, we can, to a certain extent, estimate whether a given patient may be treated at home, or if he should be sent away. Taking the pathological nosology suggested by Dr. Batty Tuke as a basis, it will be found that his Class I, Idiocy, congenital or acquired, can, and should usually, be treated outside of an asylum for the insane, either at home, in some institution for imbeciles, or in poorhouses, according to the posi-

* Read before the Worcester Medical Society, 10th April, 1872.

† *British Medical Journal*, 5th August, 1871, p. 151.

tion of the patients. Moral imbeciles involve themselves and their friends in so many difficulties that it often becomes necessary to place them in asylums, where their deficient moral organization cannot act prejudicially on others. In his next Class—*Idiophrenic Insanity*—we find most of the dangerous patients, and, therefore, the largest number of those for whom asylum care is requisite. *Sthenic idiopathic insanity*, *phrenitic or inflammatory insanity*, *general paresis*, *traumatic lunacy*, and many cases of *epileptic insanity*, are so frequently accompanied by aggressiveness and destructiveness that the majority of those suffering from these forms of disease must be placed under asylum control. *Asthenic idiopathic insanity* very often needs asylum precautions on account of the melancholic tendencies of the patients inducing them to obstinate refusal of food and to suicide. *Senile insanity* can usually be treated at home, when the patients are above the pauper class, but poor ones are best attended to in asylums. Coming next to Dr. Tuke's third Class—*Sympathetic Insanity*—we find many cases of madness, due to epilepsy, ovarian and uterine changes, pregnancy, the puerperal state, and hysteria, which are much better treated out of asylums than in them (supposing the means of the patients are sufficient); while insanity originating in masturbation, pubescence or change of life (in either sex), and post-conjugal insanity should be treated at home whenever it is possible, but the majority of those suffering from climacteric insanity are so suicidal, while some are also dangerous to others, that they cannot be treated safely outside of an asylum. In Class IV—*Anæmic Insanity*—are placed those disordered states of the brain consequent on starvation, fever, or lactation; these can, nearly always, be successfully managed at home. Class V—*Diathectic Insanity*—comprises the madness from tuberculosis and from syphilis: these demand asylum care in nearly every case. Class VI—*Toxic Insanity*—due to erotinism, delirium tremens, alcoholism, and opium, should not be sent into lunatic asylums for treatment, although it is at present often necessary to do so, from our urgent want of more suitable hospitals. I sincerely trust we may shortly have inebriate asylums, like those which have

been so successful in the United States, for the reception, detention, and cure of cases of delirium tremens and alcoholism, and for "habitual drunkards" as defined by Mr. Dalrymple's excellent Bill, which deserves the energetic support of our profession and of all political economists. With regard to Class VII—*Insanity due to metastasis*, as from rheumatism, podagra, and cessation of long continued discharges—the type assumed by the cases must be our guide, as in all the other forms of mental disorder. In all of them we must be influenced by the homicidal, suicidal, or other dangerous tendencies of the patients. Sometimes powerful sexual feelings, and often the persistent refusal of food, render it highly advantageous that the patients should be cured for in asylums. Whenever the patient takes strong, unnatural dislikes to his relatives or those about him, or has delusions about his home, he requires to be removed to other persons and surroundings.

Half of the cases of mental infirmity are either produced or favoured by hereditary transmission. It is frequently found that disease passes over a generation or affects collateral branches of a family. As the danger of transmitting hereditary tendencies is much increased if one of the parents be insane at the time of procreation, it is our duty to prevent, as far as possible, all such chances of disease being propagated: hence there is the necessity of continence whenever insane patients are treated at home.

Intoxication in parents is a fertile cause of mental and physical imperfections; it is probable the larger proportion of criminality and lunacy in our poorer classes is, to a vast extent, the result of drunken parentage: this is a powerful reason for the restriction of drunkenness.

Prophylaxis.—When there is insomnia, more or less marked, with the sleep disturbed by distressing dreams, when we find exaggeration or impairment of sensations, inability to collect thoughts, and a feeling of confusion in the head, we must be on our guard; such a state often succeeds long continued watching and nursing, severe afflictions or disappointments, losses of property or position, intense mental application, long continued exertion or worry,

anemia, excessive venery or masturbation, uterine functional disturbances, or any depressing disorders, and can frequently be cured at home by producing sleep and by removing the causes as far as practicable.

By careful watching for and treatment of nervous symptoms, and by attending to the general health, we may often prevent attacks of insanity, and many slight cases can be cured, without the patients having any knowledge of the object of our care.

In the treatment of insanity, sleep, mental rest, change of associations, (the absence of the two latter is the great objection to treating patients in their own homes), and easily digestible aliment, are the chief things to be held in view.

The etiology of a case under observation is the best indication we have for the kind of treatment most likely to be of benefit: hence it is that the history should be ascertained as fully as possible. When the malady is idiopathic medicines will be found to occupy a very secondary place to moral guidance; but when it is referable to abnormal physical causes it is evident our chief reliance must be in remedies which act on the unhealthy organs. Many cases appear to be produced by moral influences which have been originally due to physical disorders: nothing is known of the latter because the patient has lost the consciousness of them.

We require to be watchful in the treatment of all patients who become demented; their nervous sensibility is so deficient that dangerous disease frequently does not cause any reflex actions or indications of its presence.

In treating insanity it is expedient to bear in mind that a considerable proportion of patients, when they become better, remember all that occurred to them and was said in their hearing during maniacal attacks.

Moral treatment is difficult to describe. It consists of all those means calculated to soothe the irritable, calm the violent, cheer the melancholy, and rouse the demented. Exercise is absolutely necessary. The maniac should have abundance of space and air; if he be violent and destructive he can often be quieted by having something to pull to pieces.

Delusions must not be combated. Argument on them only serves to fix them in the patient's belief. They can be listened to for a little and their expression replaced by gradually changing the topic of conversation to a more healthy one. A patient should not be led to express any delusions or to suppose they are sneered at, or amusing, or not believed in, and they should never be spoken of to other patients. The patient should be offered some useful occupation, and stimulated to the exercise of healthy thought. Delusions are frequently referable to physical states, e.g. a patient with abdominal disorder often believes he is full of devils, serpents, glass, whales, &c. So that their expression leads us to investigate their source.

The practitioner will usually find it necessary to impress upon the custodians of his patients the vast importance of strict veracity, careful fulfilment of any promise, conscientious watchfulness, unwearied patience, absolute control of temper, unflinching firmness, and steadfast kindness. Once deceived the patient will be long suspicious, a broken promise will rankle in his disturbed mind, a lack of vigilance may result in loss of life, irritability with his whims will sacrifice moral control, want of decision will give the mastery to the patient, and any deficiency in kindness will be bitterly remembered. The patient must never be threatened, made fun of, or contradicted. The application of force will cause obstinate resistance.

The benefits of labour and of education in the treatment of insanity are so widely known and practised that it is unnecessary to dwell on them here.

Patients with hereditary predisposition, "demoniacal possession," with puerperal mania, who imagine their food is poisoned, that they are to be killed, and all those who express themselves, or are known, to be suicidal, must be guarded in such a manner that they cannot injure themselves.

This leads me to say a few words concerning nursing and attendance. It is a difficult matter to obtain proper care and control for poor patients, who should be sent to an asylum directly their insanity can be certified. I am convinced this is the best step that can be taken,

for the benefit of all, the patient, the friends, the doctor, and the public. On no account, where it can be prevented, should a recent case of insanity be detained in a poorhouse. Those whose friends can afford the expense can obtain one or more experienced nurses or attendants on application to a private asylum superintendent: by doing this they have the satisfaction of knowing the patient will be kindly and judiciously attended, and that they and their household will be relieved of a considerable amount of anxiety and trouble and of some responsibility.

As change from hot and dry to cold and wet weather is frequently found to be concurrent with an increased number of suicides, melancholic patients, predisposed to abdominal disorders, should at all times be well protected by non-conducting clothing.

(To be Continued.)

ON *FILARIA SANGUINIS HOMINIS ÆGYPTIACA*.—In a communication to the London *Lancet*, August 26th, Sir J. Fayer, M.D., states that, when in Cairo, last March, on his return from India, he had demonstrated to him, by Drs. Sonsino and Sachs, the existence of a new parasite, "a nematoid hæmatozoon," a "filaria," discovered by Dr. Sonsino in the blood of a young Egyptian Jew, aged about 15, who had, for some years, been under his observation for hæmaturia depending on bilharzia, and cachexia due to that and the presence of intestinal worms—*ascaris lumbricoides* and *oxyuris*. "The worm seemed closely to resemble that recently discovered by Dr. Lewis, of Calcutta, in the blood of persons suffering from Chyluria, lymph Scrotum, Elephantiasis Arabum, and which, very probably, plays an important, if not a chief, part in the production of these diseases and pathological changes," but is wanting the external envelope. Dr. Sonsino proposes to call it *Filaria Sanguinis Hominis Ægyptiaca*. "It is further interesting to know that Dr. Sonsino has recently discovered a new form of bilharzia in the portal vein of a young bull, aged 3 years, killed in the shambles at Zig-a-zag." He terms the parasite *bilharzia bovis*, and thinks the discovery may be useful from a medico-hygienic and prophylactic point of view.

TREATMENT OF ACUTE ALBUMINURIA.

BY F. DE HAVILLAND HALL, M.D.

Directly any albumen was detected in the urine, the patient was ordered the perchloride of iron, and was allowed no solid food except a little bread and milk, and as much water as he liked to drink; this treatment, together with keeping the skin gently acting, sufficed in the majority of cases, but in a certain number the urine was almost suppressed, and in some there were uræmic symptoms. Whenever either of these contingencies occurred I forbade all food for twelve hours, the child to have nothing but water and a drink made of acid tartrate of potash (ʒi. ad. Oj.) in sweetened water with a little lemon-juice. If at the end of this time the kidneys were beginning to act I allowed a little milk, but not more than a pint in the twenty-four hours; if, however, the uræmia continued with little or no urinary secretion, I persevered with the water and bitartrate of potash, and in severe cases nothing else has been given for thirty-six hours. Dry cupping, mustard poultices over the loins, and a purgative were the only additional remedies employed. The explanation of the good effects of abstinence from solid food, and especially meat, during the course of acute desquamative nephritis, is that if a patient is entirely deprived of nitrogenous food the work of the kidneys is lessened and the urine is rendered less irritating, and the mild diuretic action of the bitartrate of potash seems to be useful.

Dr. Andrew, in his paper "On the Treatment of Rheumatic Fever by a Non-Nitrogenous Diet," points out a way in which the treatment I advocate may be extended, inasmuch as by the addition to this diet of arrowroot biscuits and thin water arrowroot, the patient will be able to exist for a longer time without injurious depression than he could on water alone; this plan of treatment has also the effect of rendering the urine alkaline and less irritating.

Mr. Churton, in the *British Medical Journal* (March 4, 1876), has reported some cases of puerperal convulsions which were treated by keeping the patient almost entirely on non-nitrogenous articles of diet.

In September, 1875, I had an interesting case under my care in the Westminster Hospital.

The notes are as follow :—

Alfred Trott, aged 9, admitted into Westminster Hospital on September 14th, 1875. His mother stated that three weeks previously he had scarlet fever.

Edema first appeared four days ago. On 13th September he passed about half-a-pint of urine in twenty-four hours.

September 14th. Slight œdema of face, desquamating all over, has only passed about two tablespoonfuls of water since last night. Ordered milk (half-a-pint) with water.

Potass. Bitart. ʒj.

Aquæ. ʒxxx. fiat. Potus.

15th. Pulse 80, very small, feeble, and irregular. Tongue moist, slightly furred. Has not passed any water since admission. Heart and lungs healthy on physical examination. No ascites. Intellect quite clear; very drowsy. No headache or complaint of any kind.

Pulv. Jalapæ. Co. gr. xxx. statim.

16th. Pulse 68, same character as yesterday. Bowels not acted, but moved after enema of tepid water. No urine passed. Perspiring freely. Sick yesterday afternoon. Is very sleepy. Has had a pint of milk and the drink in the last twenty-four hours. No headache or other discomfort. At 1 p.m. he passed half a-pint of clear urine (Sp. gr. 1,015 acid, $\frac{3}{4}$ alb.), the first water he has passed since he has been in the hospital (fifty hours.)

17th. He passed about a pint of pale straw-coloured urine in the last twenty-four hours. Sp. gr. 1011 acid, $\frac{1}{2}$ alb. Bowels have not acted. Getting hungry. Has had some beef-tea and some bread and butter this morning. Pulse 72, still irregular, better volume.

18th. Fair quantity of urine. Sp. gr. 1,015 acid, the faintest trace of albumen. Pulse 76, still irregular. Appears quite convalescent. Ordered Tr. Ferri. Per. mx. ter. die.

20th. Normal quantity of urine. Sp. gr. 1,002 neutral, no albumen. Pulse 92, irregular.

21st. Urine, sp. gr. 1,004 neutral, no albumen. Pulse 116. Slight otorrhœa.

22nd and 24th. Urine, sp. gr. 1,015, faint cloud of albumen.

29th. Urine, sp. gr. 1,002 neutral, not a trace of albumen.

30th. Urine 1,000, nearly colourless. After this date the urine increased in sp. gr., but there was no more albumen detected, and the boy was discharged on October 22nd quite well, he would have gone before had it not been for a troublesome attack of otorrhœa.

The points which are specially noteworthy in this case are:—1st. The long time which elapsed before the boy passed any water after admission, namely, fifty hours, and from his mother's account he had made very little before he came under my care. 2nd. The entire absence of any of the symptoms of uræmia in spite of the suppression of urine, which I attribute in part to the fact that all articles of nourishment, except a little milk and free supply of water, were withheld. 3rd. The rapid way in which the albumen disappeared; and lastly, the low sp. gr. of the urine which was registered on several days.

I take this as a very fair illustration of the cases I have had under treatment, and as I was able to watch this patient more carefully than I could in dispensary practice, I feel certain that all the particulars recorded are absolutely true. In hospital practice it is comparatively easy to keep the patient on a particular diet, but, of course, when friends are about the sick-room it is impossible to say to what extent one's orders may have been transgressed.

If any one will take the trouble to compare the treatment of acute Bright's disease as laid down in the various text-books on the subject, he will be much puzzled as to what course he had better pursue, for "when doctors disagree who shall decide?" and it cannot be said in this instance "that in the multitude of counsellors there is safety." The great point of dispute is as to the employment of diuretics. Dr. Johnson, who is the great opponent of this plan of treatment, gives as his reasons that there is "first a morbid condition of the blood, which has excited disease in the kidneys, and that as a secondary consequence of the renal disease the blood has become contaminated by the retention in it of urea and other excrementitious matter," and he therefore advises that the kidneys should have as little work to do as possible,

and that the other excretory organs should be called upon to assist in carrying off the waste products to the utmost of their power.

His treatment consists of—1. Warmth in bed. 2. Diet. "The food should be scanty, consisting of gruel arrowroot, milk, or weak broth." 3. The use of the warm water or the hot air bath, and antimonials to cause diaphoresis. 4. The bowels to be kept freely open. "The circumstances which indicate the necessity of additional remedies are a very scanty secretion of highly albuminous and bloody urine, with, occasionally, severe pain in the back, more or less pain in the head, some degree of drowsiness or delirium, at length, perhaps, convulsions or coma, or an alternation of these two formidable symptoms." For these he recommends cupping on the loins. As regards diuretics, he says: "I mention the subject only for the purpose of deprecating their employment."

Dr. W. Roberts, on the contrary, writes:—"Objections have been made, on theoretical grounds, to the saline diuretics (acetate and citrate of potash) in acute Bright's disease. Experience has proved, however, that they may be employed with great advantage. They become changed in the primæ viæ into alkaline carbonates, and these diminish the acidity of the urine and render it more bland, as it percolates the renal substance.—In a considerable number of cases of acute Bright's disease, coming under treatment early, I have obtained almost invariably the best results by the free administration of the citrate of potash." His treatment is as follows:—"An endeavour should also be made to allay the fever and restore the action of the skin, by a citrate of potash draught, given every two hours, in effervescence, or a mixture of the Liq. Ammon. Acet. in two or three drachm doses, with fifteen drops of tincture of henbane in an ounce of Inf. Lini. The diet should be composed of light farinaceous substances with milk, beef-tea, and broths. Flesh meat in any form is objectionable in the early stages."

Dr. Dickinson bases his method on the necessity there is for an abundant flow of fluid through the kidneys to wash out the extravagant growth of epithelial cells and prevent them

blocking up the tubes. "Hydragogue purgatives and vapour-baths, while tending comparatively little to remove the elements especially belonging to the urine, divert the water which is wanted for this purpose. Of all diuretics waters is the most valuable. The patient may be restricted to a fluid, but nutritious diet; while pure water is taken freely. In children, when the kidney responds readily to this simple stimulant, the disease will generally recover without further treatment. In grown persons, or in children when the disease is severe, digitalis is a most valuable adjunct." He strongly condemns the employment of hard purging and sweating, and he would reserve the repeated use of hydragogue purgatives for obstinate and hopeless cases only. Dr. West thus criticises Dr. Dickinson's treatment by the administration of a large quantity of water:—"Nothing whatever that was observed during its use among my patients at the Children's Hospital seems to justify one's regarding the drinking of two or three pints of cold water in the twenty-four hours as more than a useful adjunct to the treatment."

From what I have seen of this disease I am inclined to agree with Dr. Dickinson rather than Dr. West, but I cannot too strongly enforce the opinion of the latter as to the inutility of cathartics in the treatment of acute albuminuria, there is the risk of checking perspiration and thus throwing additional work on the kidneys, and sometimes obstinate diarrhoea is set up.

Dr. F. Roberts says:—"The most important object in treatment is to endeavour to get the skin to act freely and persistently," but goes on to say that the experience of many practical observers proves that some diuretics may often be given with great benefit.

Dr. Tanner, after quoting Dr. Johnson's remarks, already given, writes:—"Our double object must therefore be to rest the affected glands while we purify the blood by means of the other excretory organs," and recommends diaphoretics and free purging.

Dr. Copland advocates the employment of diuretics only after the more active symptoms have passed, and says:—"Of diuretics the nitrate, tartrate, or super-tartrate of potash,

conjoined with nitre and the spiritus aetheris nitrici, are amongst the best," and he quotes M. Rayer's statement that "he has found a milk diet, continued for some days after the subsidence of the acute symptoms, of great service."

The authorities to whom reference has been made are sufficient, I think, to show the difference of opinion in reference to the use of diuretics in the treatment of acute Bright's disease, for while all are agreed that the more powerful and irritating drugs of this class should not be employed, some advise the use of the milder diuretics, whereas others say most emphatically "Diuretics are not to be given." The diuretics which are usually recommended as the least irritating are the sweet spirits of nitre, cream of tartar, and infusion of digitalis; if the stomach rejects the digitalis, an infusion four times the strength of the pharmacopoeial one may be applied to the abdomen as a fomentation.

Dr. Southey attributes the success of the employment of the tartrate of potash in Bright's disease to the "abundant diuresis of alkaline urine;" and goes on to say, "I am speculative enough myself to imagine that an alkaline fluid, passing through the urine tubes, has some similar action to that of weak soda or potash solutions upon sections of dead kidney-tissue under the microscope. I mean, that fat granules are saponified, cells rendered more translucent, the interstitial tissues become more loose, and the circulation is thus facilitated." It was some such idea as this which first induced me to try the plan of treatment I advocate, and the success attending it has induced me to call the attention of the profession to it, in the hope that a more rational plan of procedure may be adopted than the hard purging and sweating which is still too much in vogue. As a general rule, far too little attention is paid by the medical attendant to the diet of the patient, that is to say, the directions given are vague in the extreme, but in acute albuminuria, as in typhoid fever, any indiscretion in the food may be visited with the most severe punishment,—an attack of convulsions may be caused by excess in the first, just as I have seen perforation result from taking solid food

too early in typhoid fever. I would sum up the treatment of acute Bright's disease in the following words:—

1. Milk and water with arrowroot, no solid food.
2. Mild diuretics, such as the citrate or bitartrate of potash with a free supply of water.
3. The skin kept just moist.
4. A daily evacuation of the bowels.

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MODE OF PRODUCTION OF SYMPTOMS OF DISEASES OF THE BRAIN.—I will give here the following propositions, each of which simply constitutes a summary of facts. 1st. A lesion in one-half of the brain may produce symptoms either on the opposite or on the corresponding side. 2nd. A very small lesion, whatever be its seat, can produce most extensive and violent symptoms. 3rd. A lesion occupying the same extent on the two sides of the middle line of the brain may produce symptoms only or chiefly on one side of the body. 4th. Symptoms may appear suddenly from a slowly and gradually-developing lesion. 5th. Symptoms may appear slowly from a suddenly-produced lesion. 6th. The greatest variety of symptoms may proceed from a lesion in the same part of the brain. 7th. The most various parts of the brain can give rise to the same symptoms. 8th. Permanent lesions may produce symptoms by attacks, just as they produce epileptiform seizures. 9th. Symptoms may cease suddenly or rapidly notwithstanding the persistence of the lesion. 10th. Symptoms of brain disease may appear from an irritation of visceral and other peripheral nerves. 11th. Considerable lesions anywhere may exist without the appearance of symptoms. To sum up all these propositions, I will say that there is no necessary relation between the seat, the extent, the kind of a lesion, and the symptoms that may appear from its influence. According to the criterion above mentioned, symptoms being so inconstant and so variable from the same lesion in the same part (whatever it be) of the brain, must be considered as effects of irritation, and not as effects of loss of function. Besides, their variety, even when they proceed from a lesion in the same place, is too great for our considering that those which are clearly due to an irritation, such as convulsions, vomiting, &c., are mere manifestations of the special properties or powers of the part where there is a lesion.—*Extract from Dr. Brown-Séguard's Lectures.*

WARM WATER INJECTIONS IN THE TREATMENT OF UTERINE HÆMORRHAGE.

Extracts from a lecture delivered before the Berliner Gesellschaft für Heilkunde, by Dr. Windelbrand, and published in the Deutsche Medicinische Wochenschrift, No. 24, 1876.

If I claim your attention to-day in the discussion of a plan of treatment which seems in direct contradiction to the generally accepted views of the correct course to be adopted by physicians, it will be to direct you to a careful consideration of a course heretofore almost unknown, but which will, in my humble opinion, produce a revolution in the treatment of uterine hæmorrhages and the pathological processes producing them. My object will be to induce others to adopt my plan, and thus bring into general use an important and valuable means of treatment.

In the first place, I wish it distinctly understood that I do not claim any merit of originality, but that this belongs to Dr. Mann of Rhode Island, who made exclusive use of hot water injections in two cases of hæmorrhage following abortions, and succeeded in both cases in checking it. He claims that these injections not only effectually checked the bleeding but greatly diminished the severity of the pains. I will not enter into any further particulars, but will merely state that the idea struck me as so novel, and at the same time reasonable, that I resolved to resort to it at the first opportunity. This soon offered itself in the case of an abortion to which I was summoned after another physician had in vain applied the tampon, ice injections and compresses, ergot and acids internally, &c. The ovum could be barely reached through the open os; the lower segment of the uterus was very much relaxed and did not show the slightest disposition to contract; the patient was in a state bordering on collapse, and the most decided measures seemed necessary to be taken. I decided, before trying the tampon a second time to employ the warm injections, which I did by means of an ordinary syringe with an uterine nozzle, the temperature of the water being 38°-39° R. (about 117°F.) Almost at the moment the stream of hot water entered the vagina the cervix began to contract; after 8 or 10 of these injections at intervals

of 5-10 minutes, the ovum and its adnexa were forced into the vagina and were readily removed. The case then progressed without further trouble. Since this positive demonstration of the effect of heat on the contractibility of the uterus I have employed it in all subsequent cases of abortions, and indeed, in all hæmorrhages dependant upon relaxations of the uterus during delivery, whether premature or at term; also in case of inefficient pains and always with excellent results, as I have never yet seen the slightest ill effects follow their use. Very shortly after the first case in which I resorted to the warm injections I was summoned to a woman faint from repeated hæmorrhages, with frequent pulse and cold extremities, and on examination found the os slightly dilated, through which could be felt the border of a placenta laterally attached, and the shoulder of the fœtus. Even this examination caused profuse bleeding. I attempted to introduce my hand, dilate the os and turn, but was prevented by the rigidity of the neck. Besides, there were scarcely any pains. I now made several injections and had the satisfaction of seeing the uterus take on energetic contractions; after several of these a large amount of amniotic fluid was expelled and the head of the fœtus presented. The bleeding had ceased, and within a short time the head was delivered in the normal position.

I have likewise stopped the hæmorrhage in two other cases of placenta prævia at seven months, and with recurrence to the same plan when necessary have conducted the women safely to full term. * * * * * I have seen the same result of the hot injections on the contractile fibres of the uterus even in cases in which a large portion of the organ was occupied by neoplastic growths, such as carcinomata, and a considerable part of the fibres are rendered useless. Even in such instances they often checked dangerous hæmorrhages. * * * * *

It is my custom to make the injections with the simple irrigator with my patient occupying the dorsal decubitus. In this way I get a continuous stream. I begin with a temperature of 38° and gradually increase it according to the severity of the case up to 41° R. This can be

very readily done as the sensitiveness of the sexual organs is very quickly lessened by heat.

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I do not attribute this action to any coagulating effect of the water or heat upon the blood, but to the irritability of the uterus, excited by the hot injections.

ANTAPHRODISIAC PROPERTIES OF TOBACCO.

BY MARTIN-DAMOURETTE.

(*Jour. de Méd. et de Chir.*, May, 1876.)

The anaphrodisiac properties of tobacco have long been known, as Foussard has well shown in his work, and have induced its use in the numerous convents of Italy. When the cause of impotence is obscure, it is well for physicians to remember this noxious property of tobacco, as the following cases observed by the author show :

A young man who smoked more than twenty cigars per day, complained of loss of digestive power, weakness, feeble memory, and impotence. As he was about to marry, he consulted a physician. The latter, aware of the habits of his patient, ordered him to discontinue the use of tobacco, which was followed by restoration of the genital function.

A young physician had complete genital frigidity, for which he had taken strychnia till he consumed thirty-six centigrammes daily, without either injurious or remedial results. The author found upon investigation that he smoked cigarettes only, but used them constantly throughout the day. His muscular vigour and power of resisting fatigue were thus sensibly diminished; and the author concluded that the incredible tolerance of strychnia was due to profound paresis of the motor nerves, occasioned by the excessive and gradually increasing use of tobacco. By abandoning its use, this patient was perfectly relieved, without resorting to medicine or hygiene.

A young and robust student of the polytechnic school became inspector at a tobacco manufactory. He soon experienced considerable loss of genesic power and finally became impotent. Both the patient and physician agreed as to the probable cause of the disease, and after vainly making trial of other remedies, the inspector of tobacco engaged in another business, when he speedily recovered his generative power.

IDIOPATHIC PYROSIS.

A Lecture delivered in Hospital de la Pitié, by Professor Lasegue.—From the *Allgemeine Wiener Medizinische Zeitung*, July 18, 1876.

Pyrosis is a trivial affection of the stomach which generally lasts but a short time and rarely necessitates hospital treatment. Nevertheless, as it is quite frequently met with in ordinary practice it should receive our careful attention and study.

As a text for my remarks I present to you, to-day, a labourer 38 years of age, otherwise in excellent health, who for about ten years has had very painful attacks of a peculiar gastric neuralgia, which last on an average 10-12 days and recur three or four times a year. The pain does not radiate toward the spine as in simple ulcer of the stomach; it is not a cutting or piercing, but a burning pain, a feeling of internal heat, and at times of an unbearable fire within. When it spreads at all it is upward, following the course of the œsophagus.

The pain is often accompanied by sour vomiting, and sometimes, when the attack is particularly severe, the patient vomits ropy mucus similar to that of drunkards, but never vomits blood or food. Another resemblance between this vomiting and that of the inebriate is that it always occurs in the morning before the introduction into the stomach of food, and not immediately after eating or an hour or two after, as in round gastric ulcer or in carcinoma of the stomach.

This man never indulged to excess in spirituous liquors, but inclined to the opposite extreme. Of late the disease has made him almost a hypochondriac. He is afraid of everything which he thinks might produce an attack or increase the severity of his disease, and, knowing that the abuse of alcoholic stimulants often injures the health, he is quite rigorous with himself in this regard. Therefore drunkenness cannot be the cause, although his case seems to have a good deal in common with alcoholic gastritis.

The man's tongue is coated, his appetite is diminished and he is somewhat inclined to constipation,—symptoms quite common among tipplers; he has never, however, presented any

symptoms referable to the brain or sensory nerves. During the attacks he sleeps but little, but his sleep is not disturbed by frightful dreams, nor has he any of the hallucinations common to drinkers.

This idiopathic pyrosis disappears regularly within a few days. Can we attribute this to a rational mode of treatment?

In similar cases we usually begin with the administration of mild laxatives, magnesia, for example, continue it for four or five days, then substitute the alkaline carbonates. Finally we order tonics to arouse the lost appetite.

This medication is, perhaps, rational, but is it effective and useful? This we think we have good reason to doubt.

Although the magnesia and the alkalis would probably tend to neutralize the increased acidity of the gastric fluids, and although under their administration we see recovery follow in numerous cases, it is none the less true, that very often this is not the case and that the pyrosis continues for weeks and months during the administration of these remedies. We are, therefore, justified in asking the question to what extent the duration of the neuralgia can be cut short in this or that individual by the exhibition of the above mentioned agents.

Finally, it must be remembered, that when a pyrosis passes off with or without rational treatment, we do not cure the affection but simply hasten the crisis.

A symptomatic pyrosis, distinct from the affection of this individual, is often observed in men who produce an irritability of the stomach by the continued use of certain articles of diet or certain medicaments. Some of the "imitation" wines, made by the addition of acids, produce a pyrosis, by which several persons of one family are frequently attacked. On changing the wine, the neuralgia passes off in a few days and does not return so long as the wine taken by the patients is good. Every one is aware that the salts of quinine very frequently produce neuralgia of the stomach, as do also various chalybeate preparations and a few other medicines. Such pyrosis is not, however, idiopathic as in the case I have presented to you to-day.

BATHING IN ENTERO-COLITIS.

Dr. C. G. Comegys, of Cincinnati, in the New York Medical Record, says: "Before we are called to these cases tentative measures for the relief of the diarrhoea have already been applied by the friends, so that the inflammatory stage is generally fully developed when we first see the patient. The skin is hot (temperature $102\frac{1}{2}^{\circ}$ to 105°), the pulse rapid (130 to 150), respiration 30 to 50, with frequent purging of semi-fluid, greenish watery, fæcal, and half digested matters; the mouth and tongue are dry; the thirst intense, but the water taken to slack it is quickly thrown off; the eyes are staring; pupils contracted; insomnia and rolling of the head, with utterance of distressing cries, due to headache from hyperæmia of cerebral vessels and unappeased thirst. Such is a general statement of the symptoms.

"I at once proceed to give the little sufferer a bath in hydrant water, which with us in summer is about 75° . I have found it necessary to give this my personal attention at first; the mother or friends will not carry out instructions, on account of the cries and resistance of the child; it seems to them a great cruelty. The contact of the hot skin with cold water is certainly painful for the moment, hence I immerse the body from legs upward gradually, sponging the skin in advance, so as to obtain tolerance.

"When the body and extremities are fully under, holding the head in the palm of my left hand, I pour over its surface cooler water, such as cistern water, which is here about 65° . This is kept up for ten or even fifteen minutes. Meanwhile the child ceases to cry or struggle, and is evidently greatly comforted; more especially when cool water is freely given to drink—the greedy swallowing of which shows how much of its distress is due to thirst.

"After the bath the patient should be wrapped, unwiped, in a light woollen shawl, and laid upon its bed, with a slight additional covering. The pulse has lost frequency, but is quite feeble; the breathing is slower and the skin quite cool, even bluish in hue. The sedation may seem at first too great; but reaction soon begins, a healthy warmth and perspiration are established, and the child falls into a

peaceful sleep. The scene has so changed that one will find no difficulty thenceforth in getting a bath given three or four times in twenty-four hours, if the alarming train of symptoms make show of revival; and they will revive to such an extent as to require exhibitions of the bath from time to time for two or three days perhaps, for the diseased state of the mucous membrane within has not been as suddenly relieved as the abnormal heat of the body.

"In the meantime internal remedies should be freely employed. Quinine, whisky, beef-tea, milk, and lime water are the chief agents. One grain of quinine and a drachm of whisky every three hours, for a child eight to sixteen months old, looks rather formidable, but they will be found admirable while the disposition to fever lasts.

"Subsequently bismuth and pepsin are of great value to restrain diarrhoea and to assist digestion, so greatly at fault, owing to the blow which the mucous membrane has suffered."

THE PROGRESS OF CADAVERIC DECAY.—Physicians are not unfrequently called upon to give an opinion, in the case of the discovery of corpses, of the period that has elapsed since death. The following are the rules of Dr. Caspar, given in his *Medical Jurisprudence*. The temperature is assumed to be moderate, and the body exposed to the air.

(1.) The greenish discolouration of the abdomen and the softening of the eyeballs indicate that the person has been dead from twenty-four to seventy-two hours.

(2.) After three to five days, the green discolouration has become deeper, and extended over the whole of the abdomen, including the genitals; while similar patches have begun to appear on other parts, especially the back, lower extremities, the neck, and sides of the chest.

(3.) In about eight or ten days, the greenish patches have coalesced, and changed to a reddish-green; gaseous products have become developed in the abdomen; the cornea has become concave; the sphincter ani has relaxed; and the ramifications of the subcutaneous veins can be traced on the neck, breast, and limbs.

(4.) After fourteen or twenty days, blisters have appeared on the skin, and the development of gases has become general, distending the whole body.

(5.) Lastly, after this period it is impossible to determine the date of the decease.

THE MANAGEMENT OF DIPHTHERITIC PARALYSIS.

The eminent Sir John Rose Cormack says on this subject, in the *Edinburgh Medical Journal*:—

Iron is particularly indicated in diphtheritic paralysis, as the patients are always anæmic. There are few cases in which its administration does not prove itself in an obvious manner to be useful in a high degree. Sometimes it is only borne in very small doses.

Nux vomica, either in the form of extract or the liquor strychniæ of the British Pharmacopœia, taken daily, with some ordinary combination of laxatives, such as the compound rhubarb pill of the British Pharmacopœia, ought to constitute a part of the treatment in nearly every case. It increases the peristaltic action of the intestine, imparts expulsive and retentive power to the bladder, and likewise has a general influence in improving innervation. The dose ought to be moderate, for large doses prove too exciting to the nervous system, and so tend to exhaust rather than invigorate its flagging powers. From half a grain to two grains of the extract once a day, with or without the occasional or constant addition of from five to ten drops of the liquor strychniæ two or three times a day, are suitable doses.

Local treatment is of the most importance with a view to direct toward the wasted and wasting muscles a greater supply of blood, and thereby improve their nutrition. Occasional blisters act very beneficially in this way; but they must not be relied on to the exclusion of the constant use of stimulating pastes or liniments. I do not know of any local stimulant more efficacious, or better adapted for continuous use, than a ginger and mustard paste. The object of using the paste is to maintain a warm glow in the skin without vesicating it. The potency of the paste must therefore be proportioned to the susceptibility of the skin. By applying too powerful a stimulant to an extensive cutaneous surface, we may be obliged to suspend the local treatment, and so impede the progress of the cure. In some excitable patients who cannot bear long-continued counter irritation of the skin, a gentle kneading of the paralyzed muscles three or four times in

the twenty-four hours will be found useful as a means of directing a supply of blood to them. In such cases, after each kneading, a moderately stimulating liniment containing a small quantity of laudanum may be applied with great benefit. The laudanum prevents an uneasy bruised feeling, which is often complained of after the kneading, and in irritable subjects is apt to induce restlessness and insomnia.

Galvanic excitement of contraction in the paralyzed muscles is often decidedly useful; but it is a measure which requires to be employed with moderation and at intervals of about twenty-four hours. If resorted to too early, or too freely, it exhausts the nervous power of the affected muscles.—*Phil. Med. and Surg. Reporter.*

VOMITING—ITS PHYSIOLOGY.

Dr. T. Lauder Brunton (*Practitioner*) gives the following summary of our knowledge on the subject:

(1) Vomiting consists of two factors—the opening of the cardiac orifice by the contraction of the longitudinal fibres of the œsophagus and the simultaneous compression of the stomach by the abdominal muscles and diaphragm.

(2) When innervation is disturbed, these two factors do not occur together, and thus retching may occur without vomiting.

(3) The movements of vomiting are correlated by a nervous centre in the medulla oblongata, from which impulses are sent down through various motor nerves to the muscular structures engaged in the act.

(4) This nervous centre is probably closely connected with the respiratory centre, but is not identical with it.

(5) It is usually set in action reflexly by irritation of the pharyngeal, gastric, hepatic, enteric, renal, uterine, ovarian, and possibly, also, by the pulmonary and vesical nerves, which come from the periphery towards it. It may also be excited by impressions sent down to it from the brain.

(6) Vomiting may be arrested in two ways: either by removing the irritant which is exciting the vomiting centre, or by lessening the excitability itself, so that the centre no longer responds to the impressions made on it from without.

TREATMENT OF DISEASE OF THE STOMACH BY WASHING OUT BY MEANS OF THE STOMACH-PUMP.

A novelty in practice, which was suggested by Kussmaul, consists in washing out the cavity of the stomach by means of appropriate remedies.

The patient upon whom it was practised was a woman who gave a history of nausea and vomiting. The diagnosis rested between malignant disease and chronic gastric catarrh; but in either case the same treatment was indicated.

The effect of the stomach-pump was to make the patient feel easier, so much so, indeed, that it was frequently had recourse to at her request. After a few days the vomiting, which had been nearly constant, became exceptional, and after a short time the patient left the hospital very much improved.

In using the stomach-pump the method employed was, first to evacuate the stomach, and then inject a weak solution of salicylic acid, which was subsequently pumped out.

—*THE Chicago Medical Journal and Examiner* for June contains a report by an army surgeon of transfusion of defibrinated human blood in a case of tubercular phthisis. The patient was reduced to the last stage of emaciation and exhaustion, and was not expected to live forty-eight hours. Nearly four ounces of blood were injected, when, the patient complaining of a sense of fulness in the head, the operation was stopped. Just before the operation his temperature was a little over 102° F., pulse 105, and respiration 34, and he was in great distress. Very soon after the operation his respiration fell to 27, with a lowered temperature and pulse, and he breathed comfortably. The night-sweats, which had been very severe, ceased on the third night after the transfusion, and the hæmoptysis, which had been frequent, disappeared. "He began at once to gain appetite, strength, and flesh. In less than a month he gained seventeen pounds in weight, and is increasing in weight at the rate of three-quarters of a pound daily. The dyspnoea is now insignificant and the destruction of lung tissue seems to have been arrested."

Surgery.

THE FASCIA LATA: ITS USE IN STANDING AT REST; ITS VALUE IN THE DIAGNOSIS OF FRACTURE OF THE NECK OF THE FEMUR.

BY OSCAR H. ALLIS, M.D.,

Surgeon to the Presbyterian Hospital.

The problem of standing and at the same placing the muscles of the lower or hinder extremities at rest, is one beautifully wrought out in the higher order of animals. Those whose bodies are near the ground, and upon which the necessity of lying down and rising again entails no inconvenience, have no need of such a rest. But the larger and more useful animals would suffer great inconvenience and great fatigue if they had no other way of resting than by lying down. Take the horse for instance. Farriers relate of some of them that they have never been known to lie down; that neither the bedding nor the body of the animal has shown at any time evidence of his lying, night or day. And, what is quite as remarkable, they say that horses accustomed to lie down will never do so when they are sick; and that when a sick horse lies down it is very likely never to rise again.

The remarkable feature of this will be somewhat cleared up if we will but note the attitude of the horse when *resting*. The fore part of the body lies as in a swing supported by large strong muscles, and when the horse is resting these relax until their fasciæ and sheaths become supporting tendons. A horse is *not so tall* when he is asleep or resting as when awake and active. This may be verified by taking the measurement at the shoulders when he is quiet and at rest, and a second measurement after *waking him up with a blow from the whip*.

But it is to the hind legs of the horse that I would call attention, as there is a strong analogy between the manner of standing at rest in the lower animals and in man. If you notice the horse you will see that he throws the weight of the hinder part of his body on one leg, while he seems to balance himself by resting the other limb on the tip of the hoof. In

a few moments he changes his position, throwing the weight upon the other limb. Thus the entire body is rested almost as perfectly and completely as in lying down. Such an arrangement for resting while in the erect posture is possessed by man, though not to the same degree. I have merely directed attention to the most familiar illustration, that in the case of man it might be the better understood.

When we wish to rest ourselves in the erect posture, we first balance the lower extremity upon the foot. This done, we lock the knee-joint *after the fashion of a carriage-top hinge*. With the limb balanced on the foot and the knee locked, we cast the body a little to one side, when we experience a sudden arrest of the body. One thing more, and the act is complete. The unoccupied limb is cast a little in front away from its fellow, as if to poise or balance the body, and we are at rest *absolutely* so far as the muscles of locomotion are concerned. We remain in this position until a sense of weariness comes over us, when we change the limbs and reverse the attitude. Sometimes we vary this by leaning the body against some firm object, but in all these positions the muscles of locomotion are unemployed. In this *resting* posture a portion of the fascia lata takes the place of the muscles in sustaining the body, giving the latter the rest we instinctively avail ourselves of.

This fascia lata forms a sheath for all the muscles of the thigh, binding them up in groups, and bringing them into immediate harmony with one another and the femur. Its thinnest portion is at the inner aspect of the thigh where it forms the deep fascia of the adductors. It is much stronger in the sheaths formed for the special muscles of the locomotion,—*i.e.*, the flexors and extensors. To enable these muscles to act at greatest advantage, this fascia can be made tense by two strong muscles, the tensor vaginae femoris and gluteus maximus, so that whenever we stand erect, walk, or run, these two muscles are chiefly concerned in regulating the tension of the femoral aponeurosis. One can easily verify the accuracy of this if while walking or standing he will place his hand upon the outer side of the knee, just above the articulation. Here he will find a strong firm

tendon, attached to the outer tuberosity of the tibia, that will harden with each step, and become especially prominent.

This tendon-like structure, which is so prominent in the erect but which almost disappears in the sitting posture, is a portion of the fascia lata. If one will carefully trace upward this tendon, he will find that it extends to the crest of the ilium, and in its course passes over the great trochanter. This portion of the fascia lata is the strongest, firmest, and thickest of any part of it, and there is a special reason for its great strength. When a person is obliged to stand for any length of time, he finds himself resting on one limb. This resting is in no respect a muscular act, but is accomplished by *pressing the trochanter against this thickest part of the fascia lata*. If the reader is in the least sceptical upon this point, let him stand up and, resting himself upon one limb, feel the tendon on the outer side of the knee. Let him change to the other limb and see how prominent the corresponding structure becomes. Let him do this quickly, throwing his weight alternately upon one and the other limb, and *notice the suddenness with which he is arrested. If this were muscular, the rest would not be so complete. If muscular, the stoppage would not be so sudden. If muscular, I could not verify the experiment upon the cadaver*, as I have often done. All that is necessary is to secure the knee in splints, and the resting attitude can be perfectly counterfeited in the cadaver.

It will thus be seen that when standing *erect*, walking, or running, the act is purely *muscular*, but that man, like the lower animals, has a means of resting himself while in the upright position.

This curious and beneficent provision can be turned to good account in fracture of the neck of the thigh. Let the patient stand before you resting his hands upon a table or chair. Notice that his *limbs are parallel, and that both feet rest symmetrically upon the floor*. Now, if there is a fracture of the neck, the fascia lata will be tense upon the side of the sound limb, but the *tensor muscles* have no firm *point of resistance* in the fractured one, and cannot make this femoral fascia tense, as in the other limb. Owing to this the examiner will find that the

fascia will offer no resistance to an examination of the head of the great trochanter, as it does in the sound state, but is lax, and can be easily indented. He will also notice that the tendon on the outer side of the knee will possess no corresponding prominence with that of the sound limb.

It is necessary that the patient stand while this observation is being tested, for in the erect posture the fascia lata lends its support to the other muscles. In the reclining posture all the muscles are at rest, and hence this feature disappears.

This matter has been under observation for two years, and I am satisfied from repeated verifications that it possesses diagnostic value.

In dislocations the limbs can *never* assume parallelism. The injured limb must *always* stand off from its fellow. Hence I have been particular to state that the observer should note that the limbs are parallel, and that both feet rest symmetrically upon the floor.

One other point of some value. Let the patient lie on his belly. Tell him to press the pelvis into the bed,—*i.e.*, to hug the bed. In doing this the great gluteus of the sound limb will make a great dimple, but, owing to the shortening of the limb and the want of resistance on the part of the femur, this dimple will be absent on the fractured side.

ON TORSION OF ARTERIES.—M. Tillaux, at the conclusion of a paper on this subject, arrives at the following results:—1. Torsion is applicable to arteries of all sizes, but is most applicable to large ones. 2. A single pair of forceps is all that is required to effect the torsion. 3. The artery ought to be seized obliquely, so that the whole width of the vessel is completely in the grip of the instrument. 4. The artery twisted till the end seized separates away altogether. 5. It is useless to roll back the internal tunics on the proximal side, or to limit beforehand the point at which the torsion should terminate. 6. Torsion can be effectively applied to atheromatous arteries and to inflamed arteries. 7. The torsion of arteries favours the immediate reunion of wounds. 8. The torsion is as effective as the ligature in preventing primary hæmorrhage, and much better than the ligature in preventing secondary hæmorrhage. (*Bulletins de la Société de Chirurgie de Paris*, t. ii., No. 3, 1876.)

CASE OF TRAUMATIC TETANUS— RECOVERY.

BY A. W. SHELLEY, M. D., HARRISBURG, PA.

Was asked by Dr. Van Cleef to see a patient in the country for him, as he was at the time engaged.

The patient, a woman, aged thirty-nine, previous health very good, and masculine in appearance and manner.

On June 4, 1877, in the effort to rescue her drowning child from a deep hole in the creek, a stub of wood, an inch in length and of the thickness of a crow quill, penetrated deeply the plantar surface of the great toe, at the metatarsophalangeal articulation. She would not consent to her friends' solicitations to have it removed.

18th.—She complained of a stiffness in moving her jaw, and experienced a difficulty in walking. A quack doctor told her she had rheumatism, and treated her accordingly.

22nd.—She fell, and with some assistance regained her feet, but it was only with an effort that she continued her household duties.

26th.—Stub came out by suppuration.

27th.—In an attempt to walk across the floor she fell, having a general tetanic spasm, which occasionally partially relaxed, but only again to recur with renewed violence. She was now confined to her bed. Becoming alarmed, as well as dissatisfied with her attendant, a regular physician was summoned.

Patient was first seen July 1, 1876. The wound was dry and inflamed. Probed it, but could detect nothing foreign. The muscles affected were those of the lower extremities, back, abdomen, and jaw. The pharyngeal, respiratory, and diaphragmatic muscles were only partially involved. The sphincters retained their contractility. The abdomen was very hard and muscles rigid, and the rigidity of the lower extremities was more marked than of the upper. The paroxysms recurred without apparent provocation, and almost amounted to opisthotonus. The intellect was clear, and the patient entirely rational. Could converse freely, except for the dyspnoea, due evidently to spasms of the respiratory muscles and diaphragm.

Patient suffered greatly from gastric derange-

ment. Tongue was covered with brown fur, pulse full, and 90 or more per minute, urine high coloured, with a characteristic brick-dust deposit on standing, bowels constipated, pain in back, and a general languor. Administered in two powders, three hours apart, twelve grains of calomel and half a grain of ipecac., to be followed in three hours with a full dose of sulph. magnes. Left a solution of tr. aconit., and fl. ext. veratrum viride, to be given every third hour.

July 2nd.—Dr. Van Cleef and I saw her together. Rigidity not so constant, except when patient was moved, pulse softer and not so frequent, bowels freely evacuated, pain in back less, tongue moist and cleaning. Used the tobacco-injection treatment with decided effect. After noting the result we gave directions for it to be used only during a paroxysm, or when one threatened. We gave full doses of morphia until rest was secured.

3rd.—Patient more relaxed, but weaker, and treatment continued.

4th.—Patient weaker, but abdomen^d and muscles still less rigid. Owing to weakness, it became necessary to stop the tobacco or depressing treatment. We now gave her table-spoonful doses of spiritus frumenti and one and a-half grain of quinine every four hours, and morphia in the evening to secure rest.

5th.—Pulse frequent, but stronger; otherwise the condition much the same. To the treatment of the previous day we added hydrate chloral and bromide of potassium, in full doses, until patient slept or rigidity ceased. We gave the medicines alternately, each every fourth hour. The morphia was now omitted.

6th.—Patient had a refreshing sleep during the night; pulse slower and soft; appetite good for the first time; rigidity confined to the lower extremities and jaw, with spasm of the muscles of the back on movement. Abdomen soft, with occasional hardening on pressure.

7th.—All the symptoms improving, and medicines continued.

8th.—Continues to improve; rigidity of lower extremities and jaw gradually yielding. Hydrate of chloral to be given only in the evening sufficiently to quiet the system. Other medicines given three or four times a day.

9th.—Improvement very decided; felt well enough to sit up. Sat on a chair after dinner. The abdomen remained quite soft on being kneaded. The spasms amounted only to an occasional yawning stretch.

10th.—Could turn on to her side herself, and was gaining strength, and again sat on a chair. During the entire sickness the intellect was clear.

16th.—Patient sitting on a chair. Can walk well with a little assistance. Recovery complete. To us the interesting feature of the case consists in the length of time (three weeks) the stub remained before any evil resulted, and its full development only after the source of irritation was removed, and the very marked improvement after the administration of the hydrate of chloral.

TWO RARE DISLOCATIONS.

The *New York Medical Record* (quoting the *Mouvement Medical*; June 10) says: Dr. Gallez recently reported to the "Acad. Royale de Medecine de Belgique" two cases of very rare dislocations. First: Luxation of symphysis pubis, in a man 35 years of age, produced by a slipping of the foot while in the act of throwing a heavy mass. * * * * The left pubis was displaced downwards, outwards, and forwards, and formed a tumour under the integuments. * * * * The pubis moved when the thigh was flexed and adducted. The bladder was not affected. The patient proved refractory, and would not submit to treatment.

Second: A labourer, 53 years of age, fell on the edge of a cylinder, on his epigastric region. Examination revealed a tumour, as large as an almond, over the lower end of the sternum, which, when pressed upon from above, moved downward into the position of the Xiphoid appendix; the pain, on movement, was severe, and a bruit was produced similar to the dry click of the lid of the small box used for wax-lights. Dr. Gallez was able to reproduce and reduce the luxation at will, and finally retained the appendix in position by means of a compress and adhesive plaster. * * * * There are only two other cases of luxation of the Xiphoid appendix on record. They were both reported by Malgaigne, and in both the luxation was inwards, and was accompanied by vomiting. In Dr. Gallez's case, the posterior chondro-xiphoid ligament was ruptured, and the anterior ligament carried the cartilage forwards. This is probably a unique case of *pre-sternal dislocation of the Xiphoid appendix*.

SUBCUTANEOUS OSTEOTOMY.

From the *Medical Times and Gazette*, July 22, 1876.

ON Saturday last, July 15, we were attracted to the London Hospital by a notice that Mr. Maunder would perform subcutaneous section of the femur with the chisel and mallet, to correct an angular deformity resulting from ankylosis after hip-joint disease. Like many of our readers, we had made ourselves acquainted with what had passed at a recent meeting of the Clinical Society (May 12, 1876), when Mr. Maunder read a paper on this subject, and exhibited patients who had been operated upon in this way; but we wished to see the operation done, and the instruments employed for the purpose. These we will now describe as we witnessed them, for the information of those surgeons who are interested in the subject. Two patients were submitted to this treatment on Saturday—one was a young girl who for about seven years had been unable to put her foot to the ground. Disease of the hip-joint had ended in fibrous ankylosis, with the thigh fixed at an angle of 118° with the trunk. Thomas' splints had been tried for several weeks with the view of gradually straightening the limb, but no improvement whatever had resulted. The other patient was a young man of fine proportions and well nourished, who had been sent up from Plymouth with the express object of undergoing the operation. Disease of the left hip-joint had supervened upon fever, and had ended in fibrous ankylosis with the leg at right angles with the trunk. Before commencing the operation, an assistant standing in front of the patient drew forwards the soft parts. Mr. Maunder then measured the distance from the top of the trochanter major to the shaft at a level immediately below the small trochanter—this spot being selected because it is the highest beyond the attachment of the numerous muscles which are inserted into the upper end of the femur. At this spot (and while the soft tissues are well drawn forwards) he inserts a double-edged knife down to and at right angles with the bone on the outer side of the limb, cuts through the periosteum, and then, before removing the knife, introduces the chisel, which is also kept at right angles to the axis of the

shaft of the femur. With a light wooden mallet the chisel is driven well into the bone, then partially withdrawn, to be again driven onwards, inclined somewhat obliquely forwards, and then backwards, so as to divide the bone in the rest of its thickness. While doing this the hand of another assistant is pressed upwards against the inner surface of the thigh, so as to make counter-force to the direction of the penetrating chisel. Finally, the limb is gradually and carefully extended, any small portion of bone which may happen to have escaped the chisel being at the same time broken down; lastly, a straight interrupted outside splint is applied.

The chisel—a separate one for each case—used by Mr. Maunder is three-eighths of an inch in width at the cutting edge, where it is wider than elsewhere; and three inches and a half long in the shaft. The operation is attended with next to no hæmorrhage, and the small wound in the soft tissues through which the chisel has been worked, becomes valvular and air-tight as soon as the tissues themselves are allowed to fall backwards into their natural position. A minute or two was the time required to complete the division of the bone in the case of the girl; in that of the man the process was longer, owing to the greater thickness and toughness of the bone. We are happy to state that up to the present time both patients are doing perfectly well.

Mr. Maunder showed to several visitors who had assembled to see the operation three cases in which it had been performed some weeks previously. All these three patients walked into the theatre—one man without the aid of stick or crutch—with limbs in nearly perpendicular positions, and with little or no lordosis. There necessarily, however, remains some deformity about and around the hip-joint. This is easily understood when it is remembered that there is ankylosis at an angle, and in some cases it has followed so-called dislocation from disease; while, as the division of the femur is made below the small trochanter, there is no attempt to correct the abnormal position of the upper extremity of the bone.

Mr. Maunder stated that in most of his cases there has been no suppuration whatever after the operation, and that it was very limited in-

deed in the case in which it occurred. This entirely coincides with the experience of Professor Volkmann, who also has employed the chisel instead of the saw. Professor Volkmann, however, used three chisels of different thicknesses to prevent the jamming and sticking fast in the deeper parts of the incision into the bone. The superficial part was divided with the stoutest, the deeper with a thinner, and the deepest with the thinnest instrument of all, so that the cleft was slightly wedge-shaped. Mr. Maunder, by a modification of the form of the chisel, finds it unnecessary to use more than one instrument.

A NEW METHOD OF TREATING SKIN DISEASES.

An instrument has lately been introduced by Hebra, jun., of Vienna, called the spoon gouge or scraper; the merits of which have been discussed at a late meeting of the New York Dermatological Society.

DR. BRONSON, who read an essay on the subject, said "That he desired rather to present the method to the Society than to express any conclusions in the matter, as the subject was yet too fresh in his experience to enable him to decide on its own merits. He believed, however, that the implement would eventually prove of much service in many affections of the skin. He recalled that Volkmann first employed the gouge in treating epithelioma and lupus, to separate the morbid from the healthy skin, on the principle that sound tissue would not be penetrated by the blunt instrument, whereas the soft, diseased masses yield readily to it. But this was discovered to be insufficient in the more severe cases, because the new formation is found to run out along the vessels where the scraper would not reach it. It had been rather abandoned, until recently Hebra had revived its use, and lately there had appeared an article by Hans Hebra detailing the experience in its use under Professor Hebra during the past three years, in these and in certain other diseases, as eczema, psoriasis, condylomata, verruca, etc.

The chief value of the instrument was in treating diseases where the morbid product resides chiefly in the epidermal layer or in the

rete malpighii, for a large part of local treatment consists in removing these external elements. Thus in *acne vulgaris* the aim is first to clear the orifice of the plugged sebaceous follicle and to allow it to discharge and heal. This he claims can be more surely and satisfactorily done by the mechanical scraping than by any other measure, it at the same time stimulating and depleting that portion of integument; the quick, irritating action of the scraping is more efficacious than the slow removal of the obstructions by ordinary local means, its action resembling rather that of the actual cautery, where there is a sudden impression on the peripheral nerves. The irritation following the gouge subsides very soon. Dr. Bronson had treated one case of *lupus exfoliatus* with the gouge, scraping out hollows in the skin, he had treated one-half of the surface first, and thought the disease modified and the thickening less. He believed that caustics damaged more sound tissue than the spoon would. He had treated successfully some cases of *acne rosacea*, with marked follicular implication. After laying open the follicles, the discharge escapes and an oily dressing prevents the formation of scabs. He exhibited a case which had been under this treatment and showed good results: the operation of scraping was also shown.

The same had been used by Hebra in non-parasitic sycosis, with good effect, but the procedure was painful. Psoriasis will not be cured by this means but the diseased patches are modified by it more than by caustic applications. A patient with *psoriasis* was shown, and some patches upon the leg were scraped until some bleeding was induced, the pain being but very moderate and easily borne. In stating the further use of this method, Dr. B. said that warts were removed very easily by means of the gouge, also the venereal warts, or *condylomata acuminata* were very successfully treated with it. In cutting off these latter by means of curved scissors as commonly done, there was danger of taking away too much tissue, but when extirpated by the gouge only the diseased parts yield. In a case of *papilloma of the tongue*, the size of an olive, the disease was very readily scooped out, the hæmorrhage was profuse at first, but did not interfere with the treatment."

DR. PIFFARD at the same meeting exhibited an instrument of his own invention, which he called an "epidermic hoe." He has used it for similar purposes as the spoon gouge.

CAN "PORT-WINE MARKS" ON THE FACE BE CURED? YES.

BY BALMANNO SQUIRE, M.B., LOND.

Surgeon to the British Hospital for Diseases of the Skin, London.

Few lesions of the skin are more hideously disfiguring than the congenital "Port-wine mark" of the face. I refer to the flat vascular nævus which may so often be met with in every country, causing the greater part (often) of one side of the face to present a livid, dark crimson colour, and conferring an almost demoniacal appearance on the unfortunate subject of this forbidding deformity. So many adults of all classes of society may be seen going about with this lesion in its pristine condition, that it is clear at once that nothing is commonly contrived for its relief, and a little experience of the views ordinarily expressed by practitioners on the subject suffices to prove that any attempt at interference with this deformity is commonly regarded by the profession with disfavour. By some, the possibly uncontrollable hæmorrhage is the fear entertained, by others, the scar that would ensue from the only means that seems to be free from the objection cited—cauterization—is properly a reason for refraining. However, as I have satisfactorily ascertained, the disfigurement can be removed without leaving any trace of its former existence, or of the means employed for its removal, and that by a very simple, safe, painless, speedy, and easy procedure.

For the purpose in view I employ a cataract needle, the head of which is made about four times the size of that of an ordinary cataract needle. With this needle I scarify the affected skin, making cleanly cut and parallel incisions over the affected area, and even also a little beyond it. The incisions are spaced apart one-sixteenth of an inch. In order to render the operation painless, and at the same time to prevent any flow of blood interfering with the draughtmanship of the lines, I first freeze the skin thoroughly by means of Dr. Richardson's æther spray apparatus. Having performed the operation over a limited area, I press on the scarified portion of skin with the fingers for about ten minutes, gently but firmly. At the end of this time all bleeding has definitely ceased.

During the pressure a piece of white blotting paper is interposed between the fingers and the skin. The only styptic I employ is that of pressure employed as above described. As to the depth of the incisions, they should be made of such depth as nearly to divide the entire thickness of the cutis vera. Within a fortnight, if deftly performed, the operation has done its work without leaving trace of any kind save a notable and most gratifying improvement. No scars are left by it. However, a precaution needs to be stated. No lateral traction must be made on the scarified skin either during or within half an hour after the performance of the operation. In exercising styptic pressure after the operation, this essential precaution must be kept in view. When, in any case, any traction has been accidentally made on the skin in a direction transverse to the direction of the cuts, they gape slightly in consequence. The gaping cuts become plugged with wedge-shaped clots, and, as an invariable fact, indelible linear scars are thus produced. If traction be avoided no trace is left of the operation. Sometimes one operation alone will not suffice, a second or even a third may be required. In such cases the direction followed by the linear incisions of the first operation should be carefully remembered, and at the second operation the parallel linear cuts should be made to cross obliquely the direction of the original cuts, say at an angle of 45°. If a third operation be needed the cuts should again follow a different direction, that is to say, they should cross the direction of the original cuts at right angles.

After the operation any exudation of clot or scab should be washed off carefully the next day by a soft camel's hair brush and cold soap and water, followed by a soft piece of sponge with cold water only.

The operation conducted as above is absolutely painless. Very slight temporary swelling follows it. No permanent trace is left by it. It does its work finally within a fortnight. No hæmorrhage accompanies it, nor is it attended by risk of any kind. It offers to a number of hideously deformed persons an escape from their misfortune which may be safely recommended, and confidently offered by any practitioner. The results obtained by it are at once gratifying to the practitioner and satisfactory to the patient.

FORK IN THE STOMACH—GASTROTOMY—CURE.

BY LABBE.

(*L'Union Medic.*, April 27th, 1876.)

A young man eighteen years old, desiring to imitate a juggler, swallowed a fork, whose points were held by his teeth. This he did with impunity several times, but finally, in consequence of a sudden movement induced by some pleasantry on the part of his companions, the part between his teeth slipped away and the foreign body lodged itself deeply in the pharynx. Neither he nor his affrighted companions could seize the fork with the fingers. Dr. Lepere managed to seize the prongs with a long pair of polypus forceps, but the patient pushed him violently away in consequence of the pain excited, when the fork buried itself still deeper in the œsophagus. The patient soon became free from pain and even jocose over his predicament.

In a fortnight, intense pain occurred with syncope, after the relief of which appeared a tumour of considerable size over the large extremity of the stomach. Each meal was succeeded by severe pain. A year passed, during which time he had intervals of great pain and comparative comfort. Six months of this period were employed in pursuing his ordinary avocation.

At this time, by means of certain exact manœuvres, he could make the prongs of the fork project between the epigastrium and the hypochondrium, so that it could be very distinctly recognized through the abdominal parietes—the act being more successful when the stomach was distended with aliment. His health and spirits were now profoundly affected.

Gosselin, Larrey and Lepere agreed, after consultation, upon surgical interference by the aid of caustics, but could not succeed in producing adhesions between the stomach and abdominal walls with either the paste of Canquoin or Vienna.

After numerous experiments and studies upon the cadaver, Gosselin, Larrey, Lepere, Coyne, and Mene-Maurice assisted the reporter in performing gastrotomy, April 9.

After anaesthesia by chloroform, L. in-

cised each layer separately, to the extent of 4 ctm., in a line extending parallel to the false ribs of the left side and 1 ctm. distant, and terminating in the imaginary line uniting the cartilages of the ninth ribs. Six successive applications of caustic had been previously made in this locality. The wound was kept open and the visceral and parietal layers of peritoneum were found ununited.

The anterior wall of the stomach was seized and drawn somewhat into the wound by a pair of forceps, then a loop of thread was passed through the fold and the latter brought into firm apposition with the lips of the abdominal wound. Eight points of suture were then made with strongly curved needles, through the stomach and abdominal walls—the point of each needle entering the stomach from without inward and escaping in an inverse direction. Thus the visceral and parietal layers of peritoneum were firmly apposed to the extent of 1 ctm. almost the entire periphery of the wound.

The stomach was then incised, the foreign body recognized (the prongs fastened in a mass of spongy tissue to the left of the wound in the greater curvature), and after exploration with a pair of long polypus forceps, the fork was seized and readily extracted.

Peritonitis was threatened, but a collodium "cuirass" upon the abdomen, with iced champagne internally, was followed by such improvement that in five days solid aliment was ingested. The cure is now complete, save for the existence of a rapidly contracting gastric fistula, which scarcely admits the little finger.

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A SENSIBLE PRECAUTION.—When lunar caustic is used in the oral cavity, and towards the tonsils and larynx, fears may be entertained that the stick may break and cause dangerous symptoms. To make such an unpleasant accident impossible, Dr. Mettenheimer places the caustic in a little bag of gauze, through the meshes of which the former acts completely, the escape of the stick being effectually prevented. Of course the gauze should be changed at each cauterization, as the meshes are liable to get obstructed by moisture, and even to be destroyed by the caustic.—*Lancet*.

METHOD OF TREATING DISLOCATIONS UPWARDS AND BACKWARDS OF THE SCAPULAR END OF THE CLAVICLE.

Dr. Wm. H. Dougherty reports a case of dislocation of the acromial end of the clavicle successfully treated by himself, and quotes Dr. Hamilton, who says in reference to this dislocation,—“As to the maintenance of the bone in its socket for a length of time sufficient to insure a firm union of the broken tissues, this will be found always more difficult, and in a great majority of cases absolutely impossible. Nearly all surgeons who have written upon this subject have made the same observation.” He also alludes to the fact that direct pressure upon the displaced end of the bone has been looked upon as the principal if not the only method of treatment, the chief obstacle to its retention in place being the powerful action of the trapezius. Using his case as a demonstration of the truth of his assertions, Dr. Dougherty proceeds as follows: The true method of treatment then for this injury is to render and maintain a state of high tension of the fibres of the important muscles connecting the humerus and clavicle, making the former, for the time being, the fixed point of action. To do this, you must draw the arm forcibly downwards and backwards in close apposition with the body. Fortunately it involves no painful restraint, no pads in the axilla, or other injurious means; simply a firm, wide strip of adhesive plaster, closely adjusted to the inequalities of the part. The side of the chest becomes a broad fulcrum to add the substantial leverage of the humerus to the direct traction already made, all of which contribute further to the immobility of the scapula, slightly rotated downward. *Mode of Application*—Provide a strip of adhesive plaster (spread on cotton flannel) five or six inches wide, and long enough to encircle the body; then, having reduced the dislocation by the manipulation before described, invest the arm therewith from the insertion of the deltoid to near the elbow, carrying the strip backward and around the body, taking such direction on its front as the inequalities of the person may suggest. The arm thus pinioned cannot be brought forward or elevated, but the security of its position requires the application of another strip over the whole, but not looped around the arm as in the first instance; the latter need not exceed three inches in width.—*Richmond and Louisville Medical and Surgical Journal*.

Midwifery.**OVARIOTOMY — RECOVERY — POST-MORTEM EXAMINATION AFTER SEVEN YEARS.**

Under the Care of Dr. Hime, Hospital for Women, Sheffield.

Patient was forty-eight, married, and had six children. On Aug. 20, 1868, the Dr. made the usual incision in the median line, about four inches long, partially emptied the sac, and then tied the orifice, and explored the relation of the parts. The sac was throughout adherent to the anterior abdominal wall, but was readily detached. The pedicle was thin, about two inches long by one inch wide, growing from the uterine margin of the right lateral ligament. I then drew off the whole of the fluid (thirty-seven pints, clear, straw-coloured) from the single sac. The intestinal adhesions were numerous and strong, and their separation took a very long time; the knife was not used. Very strong adhesions also bound the sac in the neighbourhood of the liver. The pedicle was tied with whipcord and returned to the abdomen. The wound was closed by three deep and three superficial silver-wire sutures. She recovered without a bad symptom. On the twenty-third day after the operation she was up. The patient died, on Aug. 30, 1875, of heart disease with secondary ascites, &c.

The following day I made a post-mortem examination. The body was covered with a thick layer of fat. On passing my hand through an incision in the abdominal wall it was met by a compact, firm mass, filling the whole abdominal cavity. This consisted of the whole of the intestines, omentum, etc., matted together by quantities of lymph. It was impossible to remove even a short piece of intestine separately. On cutting through it the appearance was that of a solid body perforated by large canals (the intestines) in various directions. Yet she never suffered any intestinal inconvenience. The omentum was inseparably connected with the peritoneum above, as well as with the intestines below. No trace whatever remained of the strong whipcord ligature which tied the pedicle; nor could I even find a cicatrix or mark of where the pedicle had been. The left ovary

was in its place and healthy. The kidneys were large and completely disorganised; all trace of cortical structure had disappeared, and the capsules readily peeled off. The liver, too, on section was found diseased throughout, and so soft that the fingers readily penetrated it; fat could be distinguished in it with the naked eye, in patches as large as a pea. The lungs and pleuræ contained a considerable quantity of serum, which escaped on section. The pericardium contained over a pint of bloody serum. The heart was greatly enlarged, its walls fatty; and a rupture existed in the wall of the right auricle, which was not thicker than a leather glove. The mitral and aortic valves were both much thickened, and on the latter were situated several nodules, one as large as a grain of wheat. Still it held water, though this by no means proves, as is often supposed, that it could withstand the blood-pressure brought to bear on it during life.

CASE OF VESICO-VAGINAL FISTULA.

Mr. Lawson Tait brought forward a case in which this condition remained fourteen years after lithotomy, and was cured by a series of plastic operations. In 1862 the patient underwent vaginal lithotomy, after which she went through a series of operative proceedings at the hands of different surgeons. In July, 1874, she came under Mr. Tait's care. Considerable loss of tissue had taken place by sloughing, atrophy, and attempted operations, so that a small pouch at the upper part of the vagina, not much larger than a walnut, represented the bladder. The patient suffered from phosphatic diathesis of the most inveterate description. During the eighteen months she was under treatment she was under the influence of chloroform some twenty-three times, and she had passed nine years of her life on a bed-pan. In July, 1874, Mr. Tait performed the first operation. The ureters were then visible, and the arethra was laid open for a long distance. On the first occasion the edges of the bladder only were pared, and these united successfully. In August the first attempt was made to close the urethra. Linear incisions, parallel to its course, were made

at each side, and the flaps dissected up towards the middle. No catheter was used. All went well for three days, but on the fourth night the urine dribbled away as usual. The wound was covered with an apparent slough, but this was found to be due only to phosphatic deposit. The flaps fell back, but no loss of tissue took place. In October the operation was repeated. By the advice of Mr. Napier, one of his self-retaining catheters was kept in. It soon became blocked, and had to be cleared, and on the fifth day the wound reopened, phosphatic deposit having taken place as before. In January, 1875, the operation was repeated, a metal catheter being used, and again in February, without any catheter. Both ended in failure. For the next nine months the patient underwent a course of mineral acids, and the parts were frequently brushed with strong carbolic acid. In November, 1875, it was considered whether to make a second opening into the bladder above the pubes, or on one side of the urethra, and the latter course was resolved on. A Boudalt's trocar was passed through the left vaginal wall, as far from the urethra as possible, into the bladder, and out on the other side close to the cervix. Through it a nickel wire drainage-tube was passed and fastened in. The operation was then conducted as before, and the result was most satisfactory. The stitches and drainage-tube were removed on the sixteenth day; the wound from the latter, being valvular, closed without trouble. The patient has now complete control over the bladder, and can retain as much as ten ounces of urine, rarely requiring to rise more than once during the night, and never wetting herself during the day, except when nervous.

The President thought this an instance of the most unmitigated perseverance under the most difficult circumstances.

Mr. Spencer Wells had seen the patient operated on by Mr. Tait, and confirmed all that had been said in the paper as to the benefit which had followed the operation.—*Obstetrical Journal.*

COD-LIVER OIL.—One and a quarter million gallons of cod-liver oil have been made in Newfoundland this season.

THE USE OF THE MICROSCOPE IN THE DIAGNOSIS OF OVARIAN CYSTS.

In a paper read before the Harveian Society, Mr. J. K. Thornton makes some remarks on the distinctions between ovarian and ascitic fluids. With regard to rough tests, he pays most regard to the presence in ovarian fluid of paralbumen, which is soluble in strong boiling acetic acid. A fluid which forms a considerable coagulum on heating, which coagulum is either entirely dissolved or turned into a transparent jelly by adding an equal volume of strong acetic acid, and continuing the boiling, is probably from an ovarian cyst. If the coagulum is only partially dissolved or gelatinized by boiling with excess of strong acetic acid, the fluid is probably a mixture of ovarian and ascitic fluid. Mr. Thornton attaches value, as a means of diagnosis in a doubtful case, to the presence in ovarian fluid of what has been called the ovarian granule of Drysdale. This is a little round delicate cell, full of brightly refractive granules, the cell being commonly about the size of a white blood-corpuscle. It may be distinguished from the latter and lymph corpuscles by its resisting the action both of acetic acid and ether, neither making any distinctly perceptible change in its appearance, except that the former renders the granules, which are irregularly scattered throughout its interior, rather more distinct. Certain grape-like groups of cells, found in ascitic fluid poured out around an abdominal tumour, have been described by Dr. Foulis as affording certain evidence of the malignant nature of the tumour, if it be ovarian. Mr. Thornton, however, has found them in the peritoneum when irritated by the rupture of an ordinary ovarian cyst. When, however, they are numerous, and in various stages of growth, he attaches much importance to them as indicating malignant disease, including in this term both the rapidly growing sarcomas and carcinomas, and certain peculiar ovarian papillomata. He thinks that tumours of the latter kind are simple, if removed early, but that, if the fluid escapes into the peritoneum, they become clinically malignant, because universal papilloma of the peritoneal surfaces results. He believes, therefore, that, if such cell groups be found in any ovarian fluid, the tumour should be at once removed.—*Medical Times and Gazette.*

TREATMENT OF PLACENTA PRÆVIA.

In a paper on this subject, published in the *American Practitioner* for June, Dr. Parvin, of Indianapolis, advises, in conformity with the teachings of Greenhalgh and Thomas, the induction of premature labour, and expresses a belief that the mortality of both mothers and children in cases of placenta prævia, will undergo a marked diminution when this is adopted by the profession as a rule of practice. He considers Barnes's dilators to be the safest and best means for the induction of the premature labour, and they moreover bring it on more rapidly than any other means. The vaginal tampon is difficult of application; is uncomfortable to the mother; does not remove the possibility of a dangerous internal loss of blood, and possibly may lead to a separation of the placenta and death of the child. Erget is objectionable, except when the os is well dilated or dilatable and the labour can be speedily terminated, for the tetanic contractions it excites are apt to asphyxiate the child. Puncture of the membranes is obviously dangerous for the child, and as far as the mother is concerned is not free from danger, as it may possibly change an open into a concealed hæmorrhage. Podalic Version increases the risks to the child's life, and probably may be limited almost, if not altogether, to cases of shoulder-presentation. Complete separation of the placenta, as advised by Sir James Simpson, is a method which ignores the child's interests, and has never received any general professional support. Finally, the partial detachment urged by Dr. Barnes does not seem to be a rational mode of treatment, for it simply increases the bleeding surface.—*Medical Record.*

The caution contained in the conclusion of Dr. Thomas's remarks to the *New York Obstetrical Society* should always be kept in mind. He says, "Of course the diagnosis should be correct, and a granular endocervicitis, producing occasional discharge of blood, should not be mistaken for placenta prævia."

The King of Belgium has just placed the Palace in the Rue Ducale at the disposition of the Academy of Medicine of Brussels.

THE WEIGHT OF NEW-BORN CHILDREN.

Dr. E. Ingersley (*Lond. Obstet. Jour.*, March, 1876), from an extended series of researches on the loss of weight in infants, reaches the following results: Every child loses weight during the first days of extra-uterine life. An increase may occur on the first day if the meconium have escaped during birth, or if it have not been discharged before the first weighing, and the child have sucked in the meantime; but this increase is only transient, and the loss of weight shows itself at the second or third weighings.

The loss corresponds to one-fourteenth or one-fifteenth of the body-weight, and is both absolutely and relatively greater in children of primiparæ. It was greater in boys than in girls, but was more rapidly compensated in them. With regard to the original weight of the body, the loss is greater the less developed the child is, and in the same proportion the increase is more delayed; premature children show a corresponding relation. The increase begins, as a rule, on the fourth day. As regards the conditions influencing the loss, no connection can be found between the detachment of the umbilical cord and the commencement of the increase; but the chief importance must be attached to the relation between the egesta and ingesta. About half the loss can be ascribed to the meconium and urine. The remainder of the loss must be applied to a consumption of the child's structure, to apply the forces needed to live. The child cannot eat enough to compensate for this loss. The consumption of tissue and consequent loss of tissue are a physiological necessity.

INCONTINENCE OF URINE.—Mr. Brencly writes to the *Practitioner*, that he has seldom seen much good done in the above disease by belladonna, iron, or bromide of potassium, but has met with much success with the following combination of ergot and iron:—

R. Tinct. Ergotæ, *mx.*

Tinct. Ferri Perchloridi, *mv.*

Spt. Chloroformi, *mv.*

Infusi Quassie, ad ζi , ter die sumend.

Ophthalmology.

GLAUCOMA.

In a clinical lecture on a case of glaucoma, by Dr. Charles Bell Taylor (*Medical Times and Gazette*), an instance is given of the radical effect of iridectomy in this disease. A needle-woman, *æt.* 50, with progressive failure of sight, coloured vision, inability to use the eyes comfortably with spectacles (asthenopia), contraction of the field of vision, and abnormal hardness of the eye-balls, &c., had a speedy and complete relief by the operation. Hardening of the globe from increased intraocular secretion is the essential feature of the disease. This develops slowly in the simple, chronic, non-inflammatory form, often requiring several years; in the sub-acute or remittent, in a few months; in the acute or persistent, in a few weeks; and in the fulminating, in a few hours. Suspicion of simple glaucoma should be excited when patients from 45 years, especially females; with a fair degree of far vision, have unwonted difficulty or discomfort at near work with suitable spectacles. In simple cataract the vision for distance deteriorates more rapidly than for near objects, and the tension is not increased. Cases of apparent iritis or scleritis or recurrent inflammatory attacks, with more or less hardness of the eyeball, pupil sluggish, or perhaps, dilated, and subjective sensations of the air being foggy, and coloured rings around the flame of gas or lamp, &c., point to the inflammatory forms of glaucoma. The latter may also occur secondarily to diseases of the cornea, as interstitial keratitis, excessive swelling of the lens after keratonyxis, luxation of lens, blows upon eyeball, &c. An early diagnosis is very important. A timely iridectomy in uncomplicated cases will cure, and even when delayed till organic changes have ensued, as a rule, the disease is stayed and failure of sight arrested. A little practice soon enables one to detect abnormal tension of the eye by palpation. In doubtful cases the ophthalmoscope shows recession or "cupping" of the optic disk (due to pressure), which is pathognomonic of the disease.

Translations.

PRIMARY CANCER OF THE SPLEEN.

Translated from *Progres Medical*, Sep. 2, 1876.

John Banelet, a carpenter, fifty-one years of age, was admitted into the Hospital of La Charite, on the 5th of April, 1876. He had been ailing for several months, and had lost strength. He says that at the beginning of his illness he passed blood from the mouth, but is unable to say whether the blood came from the stomach or from the lungs. He suffers from indigestion, but has no vomiting. He is subject to alternate diarrhoea and constipation. There is noticeable emaciation; the complexion is of a leaden hue, and the general appearance cachectic. Auscultation reveals nothing remarkable. The belly is enlarged. Under percussion there is dullness of the epigastric and umbilical regions; on pressure, a doughy feeling is perceptible, suggestive of chronic peritonitis.

DIAGNOSIS: abdominal cancer, situated probably in the stomach. The patient gradually became weaker, and succumbed on the 13th of April.

AUTOPSY:—The cranial cavity revealed nothing remarkable; the colour and consistence of the brain were normal—no excess of cerebro-spinal fluid.

THORACIC CAVITY:—The lungs were healthy, and there were no tubercles. At the apex of the left lung, there existed a slight induration, but tubercular granulations were nowhere to be seen. The pleuræ were intact. The heart was normal as to the consistence of its tissue; the orifices were healthy.

ABDOMINAL CAVITY:—Intestines were distended with gas; small miliary granulations were plainly to be seen on their surface. Adhesions and false membranes existed between the stomach and loops of the intestines, forming a large cavity, which, when cut into, allowed the escape of a considerable quantity of serous pus.

At first it was thought that the stomach had been opened, but this viscus was, in fact, intact and constituted the upper boundary of the cavity.

The STOMACH was now removed and opened. Neither the walls nor the lining mucous mem-

brane showed any alteration ; both its orifices, and notably the pylorus, were perfectly healthy. The intestines were removed and incised as far as the anus ; nothing abnormal was to be seen throughout their entire length ; the rectum and anus were both intact.

In the substance of the liver, a few miliary granules were to be seen ; the diaphragm was adherent to its upper surface, and a small growth, plainly cancerous, projected into the right pleural cavity. The spleen, however, and the pre-vertebral ganglia of the lumbar region, were much altered.

The spleen was greatly enlarged, and measured twenty centimetres, both in length and breadth, and was of wood-like consistency ; it was, moreover, perfectly smooth, and without any ridge or projection. On cutting into it, it had everywhere the same appearance. The tissue was red, almost hæmorrhagic, and embedded in it there were bodies of a yellowish, white colour, difficult to cut, some of them were slightly softened in the centre. They measured from one to one and a-half centimetres in diameter, often less ; they were rounded, and their number was such, that in a given section they occupied more space than the splenic parenchyma. The capsule was strongly adherent to the tissue of the viscus.

The lumbar ganglia formed three groups, of which the uppermost, about the size of a small nut, was situated above the body of the pancreas, on the outside and to the left of the head of the pancreas. The two others were situated in front of the aorta, compressing it, and placed across the vessel so as to form a bilobed tumour, somewhat analogous to the hyper-trophied lobes of the thyroid body, but united by a smaller bridge.

The substance of these ganglia exhibited the characteristics of cancer. The calibre of the aorta, at this point, would not admit the little finger. The tumour thus formed, extended from the pillars of the diaphragm to the bifurcation of the aorta, and was as large as the fist.

Sections made of the sternum, ribs, and vertebræ showed numerous deposits of cancerous matter.

The record of this case, although imperfectly given, has appeared to us to be worthy of publication, because of the rarity of primary can-

cer of the spleen, any previous account of which, it may be said, is entirely unknown.

It is rarely that we find this organ invaded by secondary cancer, and in the present case we must reject the hypothesis of cancer originating in the lumbar ganglia, since the latter are proportionally much less liable to change than the spleen. Primary cancer is even still more rare, since but a single case is cited by Besnier in his recent article upon this subject, in his Dictionary.

Does this cancer rapidly invade the adjoining tissues? We cannot say. We can only state that in this instance it had invaded the lumbar ganglia, the liver, the pleura, the peritoneum, and the bones.

In this case, it is to be especially noted, there was no cancerous alteration of the stomach, or of the rectum. These viscera were scrupulously examined in reference to this, because the determination of this point was a matter of primary importance.

ON THE METHODS OF ELIMINATION AND ON THE ELECTIVE ACTION OF QUININE.

Under this title Drs. Albertoni and Ciotto contribute the details of certain experiments made by themselves to the *Bull. Gén. de Thérap.*, Nos. 8 and 9, 1876. They show—

1. That the presence of quinine in the bile may be demonstrated in from two to five hours after its introduction into the stomach.

2. The elimination of quinine by this path is quite active, since it is found only two hours after ingestion, and after the ingestion of sixty centigrammes (9 grains) only. It is found also that in the dog it produces, in twenty-four hours, an average secretion of 400 granmes of bile.

3. Though quinine may be found in the bile, sometimes, until two and a-half hours after ingestion by the mouth, this is not against the fact that its proper route for elimination is through the hepatic secretion, since, as is known, this is much less rapid than elimination by the urine.

To MM. Albertoni and Ciotto the positive result that the biliary secretion contains quinine administered by the mouth appears

important. The common mode of entrance of quinine, as of almost all medicines, is by the digestive tube. In the stomach its absorption is favoured by the acids present, particularly by the hydrochloric acid, while in the intestine, on the contrary, this is rendered less easy by the alkalinity of the enteric and pancreatic secretions, and still less by the biliary acids which form insoluble combinations with quinine, though these last are soluble in excess of acid. Thus the absorption of quinine in the intestine only takes place sparingly under physiological conditions. Once entered by gastro-enteric absorption into the portal circulation, quinine finds a natural anatomico-physiological route for elimination in the biliary secretion. This fact the experiments of Messrs. A. and C. positively demonstrated.

The presence of quinine in the biliary secretion serves to establish the important fact of its *electivity of action*, since it shows how this alkaloid places itself in intimate contact with the hepatic cells, constituting the functioning element of the liver, of which the bile is the complex product of secretory elaboration. Quinine, therefore, introduced by alimentary passages, appears to stop by preference in the liver and in the spleen.

As regards the question whether quinine introduced into the circulation by other routes than by the portal system is eliminated by the bile or by the urine alone, Messrs. Albertoni and Ciotto find that, hypodermically injected, quinine is eliminated by the urine, an important fact in practice, for it is thus useless to administer the remedy by this method if we expect to affect the liver and spleen. Quinine, taken by the mouth, is in part eliminated directly by the portal circulation without passing into the general venous system. As regards the length of time during which quinine remains in the organism, it has been found in the urine sixty-eight hours after ingestion. Finally, quinine was always found by MM. A. and C. in the spleen, nearly always in the liver, viscera in which it remains for the longest time. In the heart, quinine is found in larger quantity when introduced hypodermically than when taken by the mouth. In the brain it appears very quickly, but in smaller quantity than in the other viscera mentioned.

ON THE POSSIBILITY OF THE MOTHER OF CHILDREN, AFFECTED WITH HEREDITARY SYPHILIS, REMAINING HEALTHY.

By Dr. Caspary, Königsberg.

All investigations made up to the present time leave the question still undetermined, as to a mother remaining healthy who has children suffering from hereditary syphilis. There are many observations in literature, where women have answered in the affirmative, and others where they have answered in the negative. The circumstance, however, that a mother of syphilitic children cannot be infected by nursing them, has never been contradicted.

Caspary relates a very important observation bearing on the solution of this question:—

A recently married man was infected with syphilis. The wife knew of the infection, and guarded herself in every possible way in order to prevent her taking the disease. And, notwithstanding that she nursed her husband through the disease, which ran an unusually severe course, she remained healthy. Two years after she became pregnant, and aborted at the fifth month. The fetus was macerated, and the placenta gummy. The woman wished to know whether she ought to undergo syphilitic treatment or not. Caspary proposed to her to allow him to infect her with syphilitic poison, explaining to both the possible consequences of the infection, and the importance which an unsuccessful result would demonstrate.

The proposal was accepted, and Caspary infected the woman in four places on the left arm with the secretion from a condyloma mixed with blood. The infection was unsuccessful.

Along with this, Caspary made very close observations on a case in which a healthy nurse became affected through a strange syphilitic child. Primary sore on the nipples, secondary syphilis, infection of the healthy child of the nurse ensued. — *Medicinische-Chirurgische Rundschau.*

TRANSPARENT GUM.—A little glycerine added to gum or glue is a great improvement, as it prevents the gum or glue from becoming brittle. It also prevents gummed labels from having a tendency to curl up when being written on.

THE CANADIAN
Journal of Medical Science,

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

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

TORONTO, OCTOBER, 1876.

INTERNATIONAL MEDICAL
CONGRESS.

The International Medical Congress met at Philadelphia on the fourth of September. A large number of delegates were present, not only from the United States and Canada, but also from older and more distant countries. On looking over the names of those who attended, one cannot but notice the absence of many whom one would have expected to have been present, and this, perhaps, was the more noticeable among those from Great Britain. Still, those who did attend were unquestionably representative men, and we think it doubtful if so large a number of prominent members of the profession was ever before brought together on this continent.

We are not by any means convinced that as much advancement in medical science is made at the meetings of large bodies as is accomplished in the weekly meetings of societies, where shorter papers are read, and where the discussions are freer and more open, and are illustrated frequently by the production of cases. True, at these meetings there is not that interchange of thought and experience which is afforded when men from different countries and from different sections are brought together, still we maintain that it is at the meetings of these smaller societies that the greatest progress is made, and it is here, too, that men have a greater opportunity of keeping themselves familiar with subjects in which they are not immediately interested in practice.

In saying this, we do not wish, in the slightest degree, to detract from the good which

the International Medical Congress achieved. Where so many of the leading lights of the profession were brought together from different parts of the world, a number of the papers read could not but be of interest, and the discussions only such as might be expected from men well versed in their profession. Then, too, the mere fact of bringing together men from different parts of the world is undoubtedly of service, especially when, as in Philadelphia, so many opportunities were afforded for social intercourse.

The work of the Congress was divided into nine sections: Medicine, surgery, obstetrics, biology, syphilology, ophthalmology, otology, sanitary science, and mental diseases. These sections met every afternoon in the different rooms allotted to them, and at the same hour. This plan of division has, of course, this objection, that two papers or discussions might be proceeding at the same in which one might be interested, and it would be impossible to attend both. With such a programme as had been arranged by the committee, it would have been impracticable to have accomplished the work in the time allotted.

The morning of each day was devoted to a meeting of the whole Congress—three reports of sections and committees were received, and following came addresses on different branches of medical science, delivered by men, all of whom were authorities in the subjects upon which they spoke.

In the evenings the delegates were not idle. From Monday till Friday evening there was a succession of receptions and dinners, which gave the delegates that opportunity for social intercourse which was not the least object of the meeting. Of the hospitality of the profession and citizens of the "City of Brotherly Love," too much praise cannot be given; they will, at least, have the satisfaction of knowing that their kindness was appreciated by all present, and that their entertainments were in every way a success.

The profession of Philadelphia, and more especially those who had the immediate responsibility of the arrangements for the Congress, are deserving of and indeed received the thanks of all present. They laboured long, and unques-

tionably they laboured well; it must have been a great source of relief to them when the last day drew to a close.

One cannot allow any notice of this Congress to go forth without congratulating those present on the choice made of a President, a more dignified and gentlemanly chairman than Prof. S. D. Gross could not have been selected. It was a fitting tribute to his long life of labour in the cause of medical science. The selection of Vice-Presidents, too, was in every way a happy one, the honour being conferred on many of note from foreign countries.

It will be impossible in the limited space at our disposal to give a synopsis of the papers read and the discussions which ensued that would be of any service to our readers. A committee on publication has the matter in hand and a volume of the Transactions will shortly be issued to which we refer those of our readers who may wish for a report that would be of any practical value. In another column will be found information as to where this report may be obtained.

CANADA MEDICAL ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION.—A meeting of the Joint Committee of Conference appointed by these two organizations was held at the Jefferson Medical College on September 2nd, at 12 o'clock, noon.

Present: Drs. Edward H. Trenholme, J. A. Grant, F. W. Campbell, E. Robillard, of Canada; and Drs. H. J. Bowditch, E. Andrews, Samuel D. Gross, John T. Hodgen, and William B. Atkinson, of the United States.

On motion of Professor Gross, Dr. J. A. Grant, of Canada, was requested to preside; and Dr. William B. Atkinson, of the United States, to act as Secretary.

By request, the Secretary read the following communication, as explanatory of the conference:—

Moved by Dr. Grant, seconded by Dr. Hingston—

“That in consideration of the best interests of medical science, it is desirable that a Medical Conference should take place between the American and Canada Medical Associations, at some central point, to be determined upon, and

that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted, and affording opportunity for the discussion of medical and surgical subjects on a common basis.

“Which motion was unanimously agreed to, when Dr. Hingston, seconded by Dr. Botsford, moved—

“That in the event of such a conference being determined upon, it would be desirable that the Secretary of the Canada Medical Association notify the different members, so that they may take part in a manner worthy of the occasion and in keeping with the best interests of medical science.

“Which motion was also unanimously adopted.

“A true copy from the minutes.

“S. H. DAVID, M.D.,

“*General Sec. Canada Medical Association.*”

Dr. Grant, in an able speech, explained more fully the desires of the Canada Medical Association.

The subject was then discussed by Drs. Bowditch, Andrews, Campbell, Trenholme, and Gross.

Dr. Andrews then offered the following resolution, which was unanimously adopted:—

Resolved, that in the opinion of this Committee, the interests of medical science will be promoted by a consolidation of the American Medical Association and the Canada Medical Association in one body.

On motion of Dr. Gross, seconded by Dr. Andrews, it was unanimously

Resolved, That the President of the American Medical Association and the President of the Canada Medical Association be requested to embody this idea properly and emphatically in their addresses before their respective Associations.

On motion the Conference adjourned, with thanks to the President and Secretary.

Medical men desirous of possessing the forthcoming volumes of Transactions of the International Medical Congress, can obtain them by forwarding \$7.00 to Dr. Caspar Wister, 1303, Arch Street, Philadelphia.

Communications.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

THE OPHTHALMOLOGICAL CONGRESS.

The International Ophthalmological Society held its Quadrennial Congress in Chickering Hall, New York, on Tuesday, Wednesday, and Thursday of the week following the Congress in Philadelphia. In addition to members of the profession, scientists interested, directly or indirectly, in ophthalmology were eligible for membership. It was expected that the interest of the meeting would be heightened by the presence of Helmholtz, the inventor of the ophthalmoscope, Donders of Utrecht, author of the classic work on "Anomalies of Refraction and Accommodation," published by the Sydenham Society, and other notables from Great Britain and the Continent. The dangers of the deep, unfortunately, deterred many from attending, whose disciples would have gladly welcomed them. Their absence was the more to be regretted as, *on dit*, the American Ophthalmological Society, who entertained the foreign members as guests, had, with characteristic enthusiasm and generosity, raised a fund of \$10,000 to meet contingent expenses. The profession of Great Britain were, however, worthily represented by Dr. Argyll Robertson, of Edinburgh, and Mr. Brudenell Carter, of London, Ophthalmic Surgeon to St. George's Hospital, &c., and lately appointed Hunterian Lecturer on Surgery to the Royal College of Surgeons. The latter was elected 1st Vice-President, Dr. Williams, of Cincinnati, being President. The papers and discussions were of a high order, and largely practical. The former were referred to a publishing committee, with Dr. Knapp, of New York, late of Heidelberg, as chairman. The discussions were reported by a stenographer. To mention all the papers and readers, &c., would be merely uninteresting, and a full review of the work of the Congress must be deferred until the Transactions have appeared.

Various ingenious instruments and apparatus were also shown. Argyll Robertson showed a beautiful little trephine, modified from Bowman's, for trephining the sclera, a procedure he

advocates in certain cases of glaucoma in lieu of iridectomy; and also fine carbolised catgut ligatures, which are absorbed in situ without suppuration.

Dr. Knapp showed patients from whom a portion of the optic nerve with investing tumour had been removed, the eyeball being saved.

There seems to be a mania for specialism; witness the number in this department from all parts of the Union, New York and Brooklyn alone, having thirty oculists, more or less. Those who do not care to discover a new disease, or a new departure in treatment, contribute their quota with provoking prodigality in new instruments and costly apparatus. So that one would require to exact large fees, and plenty of them, to get one-half of the formidable array now at the disposal of the specialist.

Of course, the social element was a prominent feature of the Congress. Drs. C. R. Agnew and H. Knapp gave receptions on Tuesday and Wednesday evenings, respectively, and on Thursday, the American Ophthalmological Society entertained their guests at a dinner served in the famous Delmonico's best style. Amongst other celebrities, Mr. Walter, proprietor of the London *Times*, represented the laity, and happily expressed himself in terms of cordial interest and appreciation, which were doubly pleasant to one accustomed to the deliverances of a certain would-be-oracle. It was also highly gratifying to hear Dalton, the physiologist, give his testimony of respect for the well-earned, advanced position of ophthalmology. The successful working of the Congress was largely due to the indefatigable efforts of Dr. Roosa, of New York, secretary of the provisional committee of arrangements. On invitation of the Mayor, an opportunity was afforded the members to visit the important charities on Blackwell's Island.

The International Otolological Congress was organized on the day following the adjournment of the sister society. Dr. Roosa, whose reputation as an author and teacher fully entitled him to the honour, was elected the first president. Several papers of interest were read, to which I shall probably refer hereafter.

R. A. REEVE.

Toronto General Hospital Reports.

ANEURISM.—REPORTED BY MR. ORR AND MR. LANGSTAFF.

Enoch Baker, aged thirty, married, parents, brothers and sisters all living, always a strong healthy man, never had any sickness, except an abscess on his neck several years ago. On the 1st of January, 1876, he received a blow from the end of a crow-bar, while lifting a heavy stone, on his right inguinal region. It caused great pain for the time, but he continued work for four or five days longer, when he had to desist on account of the pain and stiffness in leg and impediment in walking. Shortly after injury two small lumps were noticeable, which gradually increased and amalgamated, and by first of February, were about the size and shape of a pig's kidney, according to his wife's statement. From this time his limb commenced to swell, the pain about the knee was most intense, sometimes shooting down into the foot. As the swelling increased the pain became more referable to seat of injury. There was also considerable constitutional disturbance. After he had been under medical treatment for some time, Dr. McCollum saw him on the nineteenth of April, when he pronounced it an aneurismal tumour, it now being somewhat larger than a goose-egg. He gave aconite and put the patient to bed and had the foot elevated. During May his leg swelled to an enormous size, the pain at times, both in leg and tumour being almost unbearable. As he was now forced to keep in bed all the time, swelling in limb decreased considerably. During the middle and latter part of his illness he was attacked by several paroxysms of violent delirium, during which he was almost uncontrollable, on recovering from which he would be deathly pale, and the pains in limb much more severe. He entered Toronto General Hospital, under care of Dr. W. T. Aikins, June 18th, the aneurism had extended across the mesial line, the aneurismal bruit of which could be heard over the greater part of the abdomen. Pulsation was quite perceptible when standing a considerable distance from the bed. The aconite treatment was continued with other remedies to relieve symptoms as they appeared, the foot of the bed being elevated

about fourteen inches, his limb still continued much swollen, with very severe pain in aneurism. The sac now increased to an enormous size, and during the last week became somewhat thickened. During the month of September he was seized by a paroxysm similar to former ones, recovering himself for a moment, he placed his hand between his legs, lifted it up, looked at it, and exclaimed, "I am bleeding to death!" and in a few minutes he was no more. Post-mortem was performed by Messrs Langstaff and Stuart, and presented the following appearances:—

Before cutting down upon the tumour it presented a very large extent of surface, covering the greater part of the pelvic cavity, but principally its right side, extending upwards between two and three inches above the umbilicus, and downwards about four inches below Poupart's ligament. The surface seemed very much hardened and thickened, and the right leg much larger than the left. On making an incision the intestines, stomach, and liver had to be removed before any progress could be made. The tumour then appeared to extend up as far as the diaphragm, principally on the right side, filling the right iliac fossa and the greater part of the left. On the surface, over the left iliac fossa, appeared an elevation about the size of a hen's egg; its walls were very thin. There was no rupture to be detected throughout the whole sac. The under-surface of the sac was closely adherent to the bodies of the two last lumbar vertebræ, the anterior surface of the sacrum, and partly to the anterior surface of the inner extremity of two or three lower ribs. The tumour was easily removed from the right iliac fossa, the periosteum coming away readily with it. The inferior spinous process of the ilium was eroded from caries, and a greater part of the body of the pubis. The whole sac was filled with a large firm clot which had to be removed in portions; the clot, after removal, filled a large wash-basin.

CASE OF SPONTANEOUS FRACTURE OF ULNA.—
REPORTED BY MR. ORR.

James Madden, aged 42, single, Irish, in Canada since 1856. Father died from some form of fever while he was but a boy. Mother

still alive. aged 70. Had four brothers and five sisters, all of whom are living. Never had any sickness until he was seventeen years old, when, a short time after joining the army, he had a bubo on his left inguinal region, which was lanced forty-eight hours after it was noticed, and was entirely well in thirty days. Had no other disease, no eruption on skin at any time. Had the olecranon process of left ulna fractured during the Crimean war. During October, 1874, felt unwell; had rheumatism through all his bones, sore throat, &c. Entered Hamilton Hospital about first November with intermittent fever and liver complaint, which place he left, being tolerably well, in February. His general health continued good, with the exception of rheumatic pains, until July 1875, when he got a wetting which increased the severity of the rheumatism. He also noticed his right arm commencing to swell just below the elbow, and about ten days after his hand began to feel numb, he then ceased work, and entered Toronto General Hospital, in October, 1875. The forearm now became greatly enlarged, skin over which was white, tense, and smooth to the touch, no pain on pressure, and nearly all the movements lost. He lost flesh rapidly until he had to take to his bed. These general symptoms continued until last March, when he came under the care of Dr. J. E. Graham, who prescribed:—

R Potass. Iodidi, ℥iij.
Syrup Ferri Iod., ℥i.
Aq. ad. ℥viii. Sig. ʒss ter. in die.

Under this treatment he seemed to improve rapidly. The shooting pain up and down his right arm became less severe, the arm also decreased in size and became nodulated, a similar node presenting itself at same time on the inner side of left tibia. These all went away gradually, though right ulna still continued somewhat enlarged. His general health was so much improved that he considered himself almost well. The different movements of the forearm could be performed almost as well as ever and considerable power had returned. He was, however, doomed to disappointment, for on the tenth of August, while standing quietly in the ward, he felt a "dead blow," strike

him just below the elbow, which was followed by something snapping, he then looked on the floor to see what struck him, there being nothing, he went to the door of the ward, but no person was there, now examining his arm he found it was swelling fast, that he had lost nearly all power over it, and that he heard a peculiar sound in it when it was moved. Dr. Graham examined it shortly after and found the ulna of right arm fractured about the junction of upper with middle third of bone. At present his general health is improving, pulse 75, feet and legs œdematous, tongue clean, appetite moderate, thirsty sometimes during the night, bowels inclined to be loose. In the early part of his sickness they were very costive sometimes, ten days passing without a motion, slight tympanitis, urine very acid, albuminous, and contains hyaline casts, rheumatism still continues in all his bones.

Although there is some difficulty in finding out when the initial lesion took place, there is no doubt but that the patient is now suffering from tertiary syphilis, and the spontaneous fracture is due to disease of the bone.

POPLITEAL ANEURISM—CURE.

J. O., aged 15. Always a very healthy boy. On the 24th February, 1875, received a wound from an old knife, thrown by one of the scholars while playing at school. It entered on outer side of right knee, anterior to tendon of biceps. Passing between tendon and bone to a considerable depth into popliteal space, Bleeding not very profuse. Spurted for a few minutes but was readily controlled. Knee and leg became considerably swollen. Leg partly flexed, and could not be straightened. First seen by Dr. Pattullo (Brampton) on the 28th February, who, from the appearance of the part and the situation of external wound, considered it merely a slight inflammation, and treated accordingly. Swelling continued, pain increased, and came on in paroxysms, which were almost unbearable. Dr. P. saw him again on March 5th. An aneurismal tumour was now readily detected in popliteal space, about the size of an acorn, pulsation and bruit in which were most marked. The leg was partially flexed

upon the thigh, increasing the flexion little by little, on account of the intense pain it produced. The tumour gradually increased in size, laterally to hamstring muscles, vertically about $2\frac{3}{4}$ in. in extent. Leg was bandaged to remove swelling which was increasing so rapidly. Circumference of knee was $2\frac{1}{2}$ inches greater than left. Pain very severe in region of patella. To relieve which a chloroform liniment was applied. Chloral hydrate and morphia to procure sleep. His parents removing to Toronto, he came under the care of Dr. W. T. Aikins, who continued former treatment (flexion), he was progressing so favourably. On the 22nd the knee was 2 inches larger than left, and on 26th, was only $1\frac{3}{4}$. Tumour was considerably reduced, especially in its lateral dimensions. From this time nothing more, seemingly, could be gained by flexion. The swelling having almost entirely subsided, the tumour seemingly took advantage of it to again increase in all directions. Pain became much more severe. Patient's strength was failing rapidly, scarcely any appetite. Dr. Aikins now thought it best to resort to digital compression of femoral, which was commenced on the 2nd of April, at 8.30 a.m., and kept up continuously for 80 hours. The bruit and pulsation decreased gradually until the evening of the fourth, from which time until the following evening, there was no perceptible change, except that the coagulum, formed on walls of sac, was becoming much firmer. The leg, which all along had been flexed at nearly a right angle, was now straightened out by means of continuous extension. On April 8th, Dr. Aikins administered chloroform, and broke up the clot which was now quite firm, *digital compression* being immediately resumed on femoral. In less than five hours neither bruit nor pulsation could be detected; but to make assurance, doubly sure, pressure was continued until 12 noon, the following day. No bad after-symptoms occurred. Circulation still continued in leg and foot as formerly. Pain and redness continued in popliteal space for few days, but gradually subsided. In two weeks the patient was able to sit up. In three, was able to use his foot a little. In five, to use it entirely, though the leg was not quite straight. The tumour, which was still a considerable size, was gradually decreasing, and had entirely disappeared by January, 1876.

Miscellaneous.

Dr. Grenier, editor of the *Union Medicale du Canada*, is dead.

Prof. Hermann Eberhard Richter, editor of *Schmidt's Jahrbucher*, died in Dresden, on the 24th of May, aged 68.

SIXTY-FOUR DEATHS FROM SMALL-POX occurred in Madrid in January. Only five of the individuals had ever been vaccinated.

Dr. Geo. H. Napheys, author of "The Physical Life of Woman," "The Transmission of Life," and a work on "Therapeutics," died in Philadelphia, on 1st July.

The doctors of Melbourne have passed a resolution in their medical society, affirming, after a long debate, the utility of Prof. Halford's intravenous injection of ammonia in cases of snake bite.

Mr. Victor de Meric and Dr. Sibson of London, England, died last month. The number of deaths among the Profession during the past two months has been unusually large.

VINCENT DUVAL, the distinguished French orthopedist, died in April at the age of 80 years. He was the first in France to perform tenotomy of the tendo Achillis. Joulin used to ridicule him by the description "grand homme, grandes moustaches et grand couleur."

Dr. Walter Channing, for forty years Professor of Obstetrics and Medical Jurisprudence, in Harvard University, died near Boston on the 21st of July. He was, probably, the oldest physician in the United States, having been born in Newport, on the 15th of April, 1786.

REMOVAL OF FIBROID TUMOURS BY GASTROTOMY.—Professor Hegar reports two cases in which large fibroid tumours were successfully

removed, by taking away with them the uterus and ovaries; utilizing the neck of the uterus as a pedicle, and fixing it in the lower angle of the wound, as recommended by Pean.

POISONING BY CARBOLIC ACID.—As this acid is now so extensively used, it may be of some importance to make known the antidotes which have been proposed. M. Ferrand advises the following:—White sugar, 15 parts; water, 40 parts; quicklime, 5 parts—forming a saccharate of lime.—*Lancet*.

SPINA BIFIDA.—In the *Annali Universali di Medicina* for April, Dr. Parona narrates a case of cervical spina bifida which he successfully treated by Prof. Rizzoli's method of applying a constrictive forceps at the base of the tumour. It makes the fourth successful case recorded. Dr. Parona gives full particulars of the other three cases.

WE much regret to announce the death of Professor Rainy, M.D., LL.D., of Glasgow, at the advanced age of eighty-three. In 1842 the deceased was appointed to the Chair of Forensic Medicine in the University of Glasgow, which he occupied up to the time of his death. He practised his profession as consulting physician with signal success.

IODIDE OF STARCH.—Bellini suggests the employment of the Iodide of Starch as a medicinal agent. He states that it forms with some poisons, as with strychnia, insoluble compounds; and with others, as with alkalies and alkaline sulphurets, it forms compounds which, though soluble, are not deleterious.—*Edinburgh Medical Journal*, August, 1876, from "*L'Imparziale*."

The resistless tide of time has swept away another ancient landmark in the history of medical science in the person of Christian Gottfried Ehrenberg, Senior Professor in the University of Berlin, who died in that city on the 27th of June, aged 81. He collected the materials for his great work on the "Infusoria" during his travels with Von Humboldt and Rose.

The California millionaire, Mr. James Lick, demanded a bill of particulars of the physician who sued him for services amounting to \$55,000, and got one specifying three thousand and eleven visits, extending over a period of twenty-one years and eleven months. The judge thought this was enough, evidently, for he denied a motion for a further bill.—*Phil. Med. and Surg. Reporter*.

PREMATURE MENTAL DECAY.—Dr. Routh, in his recent work, gives an interesting interview with Dr. Golding Bird, six weeks before the death of that gentleman, in which he spoke of his full waiting-room and large professional income as being no matter for congratulation, seeing that he (Dr. B.) felt himself a wreck at a little over forty. "My parting words of advice to you," said Dr. B., "are, never mind at what loss, take your six weeks' holiday."—*New York Medical Record*.

SIR WILLIAM FERGUSSON.—We are very glad to be able to state that Sir William Fergusson is continuing to improve in health, and that he is enjoying the late beautiful weather at his country seat in Scotland. There is, probably, no one more deservedly popular with the profession than Sir William Fergusson, and it will sincerely rejoice if he regains his health so as to return to those labours in which his admirable dexterity and judgment have so long enabled him to give effect to his benevolent objects.—*Lancet*.

CACHETS DE PAIN—MEDICATED WAFERS.—A popular method of smuggling bitter powders into the stomach is by wafers, a modification of the "rice paper" plan. The powder is snugly ensconced between an upper and an under crust, and the wafer thus prepared is dipped in water and swallowed like an oyster. Five or ten grains of quinia, or any other bitter powder, may be slipped into the stomach in this way without the knowledge of the gustatory nerves. We are indebted to Messrs. Painter & Calvert, druggists of this city, for some specimens made by them, about as large as the bowl of a teaspoon, and which serve the purpose admirably.

UREA—ITS RELATIONS TO WORK.—From an extended review of Dr. Pavy's investigations into the amount of nitrogenous excreta eliminated by Mr. Weston during two days of his extraordinary walking feats, the *British Medical Journal*, Mar. 17, 1876, concludes "that the amount of urea excreted corresponds to the general tissue change, and not to the amount of muscular exercise; and that we work at the expense of our non-nitrogenous food, and not at the expense of our albuminous tissues."

POISONED BY A HAT.—A man having bought a felt hat at Stettin, after wearing it for two days found himself suffering from headache, which was followed by swelling of the forehead and the appearance of an eruption, which terminated in some small suppurating ulcers. His eyes became also inflamed and swollen, the rest of the face more or less participating in the inflammation. On submitting the hat to a juridical chemist it was found that its brown "sweat-leather" (an expressive, if not a very elegant designation) had been coloured with poisonous aniline dye. The matter was then put into the hands of the police.—*Deutsche Woch.*

EASY METHOD OF EXTRACTING A BROKEN CATHETER FROM THE URETHRA.—Dr. Young was recently called to a patient, about eighty years of age, who was suffering from retention of urine, caused by the breaking in the urethra of a No. 8 silver catheter, which he had been in the habit of using. The point of breakage was beyond the beginning of the curve, and it presented two sharp pointed spicula, three-eighths of an inch long. On external examination, the urethra was tender; the broken portion of the catheter lay about seven inches from the meatus, and was movable only in the direction of the bladder. Dr. Young took the eyes off a No. 11 catheter and passed it down to and over about an inch of the broken end, when, on making an angle with No. 11, No. 8 became locked, and was easily withdrawn.—*New York Medical Record*, September 16th, from *British Medical Journal*.

LOCAL SUBCUTANEOUS INJECTION OF CARBOLIC ACID IN POLYARTHRITIC RHEUMATISM.—Such injections have been recommended by Kunze. A solution of 1:100 should first be used, which can be increased to 3 per cent. The solution employed by the author is one of 2 per cent. The effect is only one of local anesthesia, which lasts five to six hours. These injections are also efficacious in neuralgia and sciatica; in lumbago they are more beneficial than in neuralgia.—*New York Medical Journal*, September, from *Lyon Medicale*.

Mr. A. Bergeron, *Comptes Rendus Acad. des Sci.*, October 26th, 1875, undertook some researches to show what occurs in veins denuded—or simply isolated—for the cure of varices, with the following results. "The isolation of the vein destroys the cellular envelope, in which are the vasa vasorum. First, the external tunic, and then the middle tunic sphacelate, and finally, the internal tunic and its endothelium; the blood, which up till this time had continued to circulate, as it found in its path a regular epithelium, smooth and absolutely normal, becomes coagulated on contact with the altered internal tunic, the necrosis of which renders it a foreign body.—*Brit. & For. Med. Chir. Rev.*, July, 1876.

COMPOSITION OF THE HUMAN BODY.—A complete analysis of man recently made by Dr. Lancaster, of London, has been described by him in a chemical lecture. The body operated upon weighed 158.4 lbs., and the lecturer exhibited on the platform 23.1 lbs., carbon, 2.2 lbs., lime, 22.3 ounces phosphorus, and about 1 ounce each of sodium, iron, potassium, magnesium and silicon. Dr. Lancaster apologized for not exhibiting 5,585 cubic feet of oxygen, weighing 121 lbs., 105,000 cubic feet of hydrogen, weighing 15.4 lbs., and 52 cubic feet of nitrogen likewise obtained from the body, on account of their great bulk. All of these elements combine into the following: 121 lbs. water, 16.5 lbs. gelatine, 52 lbs. fat, 8.8 lbs. fibrin and albumen, 7.7 lbs. phosphates of lime and other mineral substances.—*American Gas-light Journal*.

RECIPE FOR CURING A TASTE FOR LIQUORS.—

At the festival of one of our reformatory institutions a gentleman is reported to have said: "I overcame the appetite by a recipe given to me by old Dr. Hatfield, one of those good old physicians who do not have a percentage from a neighbouring druggist. The prescription is simply an orange every morning half an hour before breakfast. 'Take that,' said the doctor, 'and you will want neither liquor or medicine.' I have done so regularly, and find that liquor has become repulsive. The taste of the orange is in the saliva of my tongue, and it would be as well to mix water and oil as rum with my taste." The recipe is simple, and has the recommendation that it can do no harm even if it does no good. —*Boston Journal of Chemistry.*

In the *Boston Medical and Surgical Journal*, July 27th, we find the following:—We have to record a death occurring during the administration of ether in the practice of Dr. A. D. Sinclair, of this city. The patient, a young school-teacher, had suffered for some time from dysmenorrhœa, for which incisions of the os were advised. The operation was performed on Wednesday, July 19th, ether having been administered by Dr. Vogel. The patient was placed upon the left side with the left arm behind her, as in Sims's position for a vaginal examination. The first steps of the operation had scarcely been completed when, to use Dr. Sinclair's expression, the patient suddenly died; we shall hope to obtain a detailed account of the case at an early day. It is hardly necessary to add that the unjust suspicions of foul play which have been thrown around this case have not been borne out by the testimony thus far given at the inquest at the time of writing, and have had no weight in the minds of the professional brethren of Dr. Sinclair.

USE OF DRAINAGE TUBES IN THE TREATMENT OF AMPUTATION OF THE BREAST.—Five cases of amputation of the breast for scirrhus cancer have been recorded in this hospital since June of 1875. Of these cases, four were of the right mamma, one of the left. In three cases, the tumour was removed and the wound brought

together by wire sutures, and allowed to heal by first intention, small pledgets of lint being placed at the most dependant part to allow drainage. There was much sloughing, and in only one case did the wound unite by first intention. In the two remaining cases, after removal of the entire breast and tumour, every vessel ligated and all oozing ceasing, the surfaces were allowed to glaze, and a small elastic tube, perforated every half inch with eyelet holes, was laid along the floor of the wound, and the flaps drawn over the tubing were united by wire sutures.

Each day a current of carbolized water was passed through the tubing by the use of a syringe, and all decomposing matter removed. Pus was drained away freely. The flaps united at once by first intention, and as soon as all drainage ceased the tube was withdrawn. Each patient recovered within three weeks from date of operation. There is no comparison as to the good results of this plan over the other.

ON GIANT CELLS.—Dr. Hermann Beigel, in a paper (*Virchow's Archiv*, April, 1876) on the pathology of cauliflower excrescences, directs attention to the almost universal part played in morbid anatomy by giant-cells. He quotes the observations of Johannes Müller on their appearance in cancers and enchondromata; of Kölliker, in the bones of the normal skeleton; of Wagner, in the arterial coats; of Rustizsky, in the re-absorption of callus; of Virchow, in the lymphatic glands, and in the omentum in tubercular peritonitis; of Paget, in marrow tumours; of Schuh, in epulis; of Groh and Lancereaux, in other tumours; of Langhans and Klebs, in tubercle, and in the early stages of elephantiasis by the latter; of Brodowski, in the granulations of chronic ulcers; and of Alexander Jacobson, in the healthy granulating wounds of soft parts. He thinks these researches prove that these cells cannot be considered as peculiar to any normal and pathological tissue, and that it may be said that under favourable conditions, any cell may degenerate into a giant-cell; and he believes these conditions are present wherever a more rapid development or degeneration of tissue, or both together, are present.—*London Med. Record.*

PROFESSIONAL EXAMINATIONS.—The following were the questions on Surgical Anatomy and the Principles and Practice of Surgery submitted to the candidates at the pass examination for the diploma of membership of the Royal College of Surgeons on Friday and Saturday last, viz. :—1. Describe the boundaries of the popliteal space; and name the structures met with in its dissection, and their exact relations. 2. Mention the parts divided or exposed in the operation of ligature of the common iliac artery. 3. Give a brief account of such tumours as depend upon the formation of cysts; mentioning the chief varieties, and the modes of origin of such growths. 4. Mention the forms of polypus nasi; describe their structure and attachments, the symptoms to which they give rise, and the treatment. 5. Describe the conditions of the eyeball requiring its excision, and the method of performing the operation. 6. Give the treatment suitable to penetrating wounds of the elbow joint, and the possible results in an unfavourable case. Candidates were required to answer at least four, including one of the first two, out of the six questions. The following were the questions on the Principles and Practice of Medicine, viz. :—1. Describe a case of acute pneumonia in the adult; giving the causes, symptoms, and physical signs of the different stages, and the sequelæ of the disease. 2. What are the various parasites found in the human body? Describe them, give their habitat, and the usual treatment. 3. Give the indications and counterindications for the employment of opium and its preparations. State the constitution and average dose of the following pharmacopœial preparations:—*Acidum nitrohydrochloricum dilutum, confectio opii, decoctum aloes compositum, pilula conii composita, pilula hydrargyri subchloridi composita, pulvis kino compositus.*

THE TEACHERS OF PHYSIOLOGY AND THE CRUELTY TO ANIMALS BILL.—The teachers of physiology in England, Scotland, and Ireland have unitedly drawn up and signed a very important memorandum of facts and considerations relating to the above Bill, which ought to go some way towards dissipating the clouds of ignorance and prejudice by which

the subject is surrounded. After tracing the origin of the existing agitation to the appearance of certain letters in the public journals, describing alleged cruelties in a physiological laboratory at Florence, to misconceptions connected with the publication of the "Handbook for the Physiological Laboratory," and Dr. Klein's evidence, the physiologists aver that after more than two years' agitation, supported by organised societies and ample funds, no abuse of the practice of experiment has been proved; and they repeat the statement most of them made before the Royal Commission, "that within their personal knowledge, the abuses in connection with scientific investigation, against which it is proposed to legislate, do not exist and never have existed in this country." After indicating the nature and purpose of scientific experiments on animals, the reasons why the exemption of cats and dogs for all such experiments (even when rendered absolutely insensible to pain) would be detrimental to the progress of discovery, in those very diseases, too, of which these animals are themselves often the subjects, and after pointing out that experiments for research should not be exclusively restricted to registered laboratories, the memorandum concludes by dwelling upon that one point on which it says scientific men and those who assume to be the vindicators of humanity are in complete agreement—viz., the necessity of putting trust in trustworthy persons. The signatures of sixteen professors of physiological science are attached to the document, and include the names of Professors Sharpey, Dr. Wm. B. Carpenter, Professor Humphry, Rutherford, Burdon-Sanderson, Pavy, Foster, and the other teachers of physiology in the United Kingdom.

EXAMINATION OF THE MILK OF WOMEN DURING THE EMPLOYMENT OF MERCURY IN THE FORM OF OINTMENT.—O. Kähler examined the milk of two syphilitic women who had been subjected to the inunction cure, and was unable to discover the faintest trace of mercury in them. The positive statements made in regard to animals he refers to errors in the mode of analysis, the mercury being derived from the battery itself. Even when the patient was mercurialised he was unable to discover any mercury in the urine. The improvement occurring in children, which he does not dispute, when syphilitic mothers are placed under the influence of mercury, he attributes to the improvement in the general condition of the mother and the consequent improved quality of the milk. (*Präger Vierteljahrschrift*, B. cxxvii. p. 39.)

The *Medical Examiner* says that an official inquiry into the results of gymnastic exercises has recently been instituted at a military gymnastic school in France. The results of the inquiry, which extended over a period of six months, established:—1. That the muscular force is increased, on the average, 15 to 17 per cent., and occasionally from 25 to 30 per cent., while the force has, as we might expect, a tendency to become equal on both sides of the body. 2. That the capacity of the chest is increased by one-sixth, at the lowest. 3. That the weight of the individual is increased from 6 to 7 per cent., and occasionally from 10 to 15 per cent., while the bulk of the body is diminished, thus showing that the profit is confined to the muscular system. The increase of muscular force was generally confined to the first three months of the course. During the last moiety a serious diminution usually occurred, and here the dynamometer gave positive indication of the necessity of moderating or suspending the exercises.

APPOINTMENTS.

George Boddington, of the village of Sparta, Esquire, M. D., to be an Associate Coroner, in and for the County of Elgin.

John Richard Reece, of the village of Huntsville, Esquire, M. D., to be an Associate Coroner, in and for the District of Muskoka.

Robert Wilson Forrest, of the village of Mount Albert, Esquire, M. D., to be an Associate Coroner, in and for the county of York.

Robert Wilson Forrest, of the village of Mount Albert, Esquire, M. D., to be an Associate Coroner, in and for the county of Ontario.

Births, Marriages, and Deaths.

MARRIAGES.

At Tilsonberg, on the 14th September, in St. John's Church, by the Rev. Mr. Wray, Incumbent, J. T. Moore, M.D.C.M., to Frances, eldest daughter of Dr. S. Joy, of the same place.

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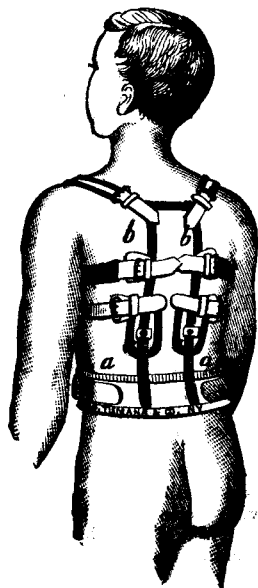
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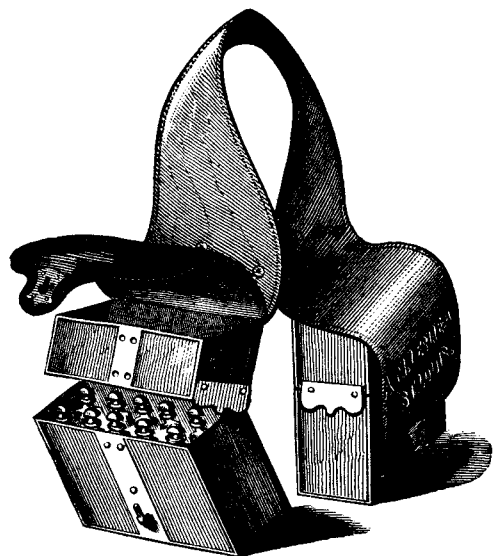
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