

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers /
Couverture de couleur
- ☐ Covers damaged /
Couverture endommagée
- ☐ Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- ☐ Cover title missing /
Le titre de couverture manque
- ☐ Coloured maps /
Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- ☐ Bound with other material /
Relié avec d'autres documents
- ☐ Only edition available /
Seule édition disponible
- ☐ Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- ☒ Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☒ Showthrough / Transparence
- ☒ Quality of print varies /
Qualité inégale de l'impression
- ☐ Includes supplementary materials /
Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

- ☒ Additional comments /
Commentaires supplémentaires:

Continuous pagination.

CANADA MEDICAL & SURGICAL JOURNAL

FEBRUARY, 1885.

Original Communications.

ON SUBSTITUTES FOR DIGITALIS.

By JAMES STEWART, M.D.,

Professor of Materia Medica and Therapeutics, McGill University; Physician to the Montreal Dispensary, and Director of the University Dispensary for Diseases of the Nervous System.

I.—CAFFEINE.

The alkaloid *caffeine* has been known to the profession for a number of years as an agent possessing more or less cardiac tonic powers. Neither it or any of its salts have come into anything like general use, however. This appears to be owing more to the very general trustworthy effects obtainable from digitalis, than from any positive knowledge that caffeine is not a powerful cardiac stimulant. The excellent results obtainable from the judicious use of digitalis in cases of heart failure were fully set forth by the writer in a lecture published in the December number of this JOURNAL.

In the present article, it is proposed to describe the physiological action and uses of caffeine, and to compare it with digitalis. The salts of caffeine hitherto in use—the citrate and the hydrobromate—are unstable combinations, and, therefore, not to be relied on. The alkaloid itself is, on the other hand, so insoluble that it is not well adapted for therapeutic purposes. This unsuitability of the preparations hitherto in use for therapeutic purposes is another reason why this drug has not been more generally employed. Recently there have been introduced a number of new caffeine salts which appear to possess all the

advantages, with none of the disadvantages, of the alkaloid. Tanret has recently shown that caffeine is very soluble in aqueous solutions of the benzoate, cinnamate and salicylate of sodium. The first dissolves it in chemically equivalent quantities, so that the natro-benzoate of caffeine will contain 50 per cent. of caffeine. The natro-cinnamate and the natro-salicylate of caffeine each contain as much as 62.5 per cent. of caffeine. All three salts dissolve in two parts of hot water, and they remain in solution after the water cools. This discovery of Tanret's has given a decided impetus to the employment of caffeine, and already we have the published results of a number of accurate observations made with them in cases of heart failure. By far the most important observations made in the pharmacology and therapeutics of these salts is that of Prof. Riegel of Giessen. The great advantage of Tanret's salts is their stability and easy solubility. They can also be used hypodermically without giving rise to any but the slightest irritation.

Pharmacology of Caffeine.—The action of this drug on the heart is, in many respects, similar to digitalis, except that it has a more powerful action in influencing the circulation of healthy persons than the latter drug. That digitalis has very little influence in slowing the heart or raising the blood-pressure in a normal condition of the circulation is a matter of almost every day observation. Prof. Riegel has recently published the results of several experimental investigations that he made on six healthy young adults, with the view of determining what, if any, influence caffeine had on the normal circulation. In all these experiments the drug (the natro-salicylate) was administered hypodermically, in doses of 0.50 ($7\frac{1}{2}$ grains). In every case he found—1st, That the action of the heart was slightly slowed. 2nd, There was increase in the tension of the pulse. These effects were manifested half an hour after the injection, and lasted several hours. The slowing of the pulse generally amounted to about 10 beats per minute.

The fact, however, that caffeine has a considerable effect on the healthy circulation, does not necessarily imply that its effects on a diseased heart would be more pronounced than that of a

drug which has little or no influence in a healthy state of the circulatory organs. If we compare the action of caffeine with that of digitalis in pathological states, we shall find that the action of the latter is more marked than that of the former. The only remaining action of caffeine that lends importance to its usefulness as a cardiac therapeutic agent is its power of increasing the quantity of urine. It has *marked* diuretic powers. It acts as a diuretic, first, because it increases the blood-pressure when this is lowered; and, secondly, it has a directly stimulating action on the secreting structures of the kidneys.

It is in their actions on the kidneys that digitalis and caffeine differ so much from each other. The former acts solely as a diuretic owing to its power of influencing the blood-pressure, while the latter, in addition to this action, increases the secreting powers. When digitalis is administered to a patient with cardiac dropsy, it usually takes three, or it may be four, days before its diuretic powers are made manifest. Caffeine, on the other hand, increases the secretion of urine in a few hours. The cause of the slow diuretic action of digitalis is due to the fact that its primary action is first to increase the pressure throughout the whole arterial system, including that of the kidney arterioles, and it is not until the dilatation of the latter takes place that the urine commences to be excreted in greater abundance. To hurry the diuretic effects of digitalis, it has been proposed, when giving it in cases requiring a quick effect, to combine it with some drug that has the power of preventing the blood-pressure in the kidneys from being raised, while, at the same time, no influence would be exerted on the pressure in the arteries of other areas. Sodium nitrite has been suggested by Lauder Brunton as a drug likely to fulfil this purpose. Whether this suggestion will ever become of practical utility remains to be seen.

Given a case of asystolic from organic disease, we can rely on digitalis always (except in the very advanced cases of fibrofatty degeneration) of doing good; but then we have often to wait three days before these results are obtained. Now, it is claimed for the new caffeine salts that they act with great

rapidity ; that, in the majority of cases, inside of six hours, they relieve the distressing subjective symptoms of cardio-paresis.

The following case, reported by Riegel, illustrates the usual action, according to him, of Tanret's salts of caffeine, when given in doses of about 20 grains in the 24 hours, in cases of heart-failure :—

The patient, a man aged 50, was admitted into hospital suffering from great breathlessness and oedema. There was physical evidence that the cause of these symptoms was regurgitation through the bicuspid and tricuspid orifices. The pulse was 120, and irregular ; the urine contained albumen, its specific gravity was 1018, and its quantity did not exceed 300 c.cm. in the 24 hours. After a two days' rest, without any perceptible difference in his state, he was ordered 1.00 (15 grains) of the natro-benzoate of caffeine in the 24 hours. On the following day the urine had increased to 600 c.cm., and the patient expressed himself as feeling somewhat relieved. For the following day he was ordered 1.5 (23 grains) of the same salt, with the effect that the urine had increased to 2200 c.cm., and the pulse had fallen to 88 and ceased to be irregular. The patient could now sleep in the recumbent position, which previously he was quite unable to do. The drug was then intermitted for a few days, with the result that the pulse rose to 116, the urine fell to 850 c.cm., and he was again compelled to sit up in bed. The same salt was again ordered, in the same dose, and on the day following the urine excreted amounted to 3000 c.cm. The pulse fell from 116 to 98. The discontinuance of the drug for a second time was followed by quickness and weakness of the pulse, increase of the dyspnoea, and other subjective symptoms. The quantity of urine fell to 850 c.cm. The natro-cinnamate of caffeine was now administered in place of the natro-benzoate, and with very satisfactory results. The pulse fell from 108 to 88 within the first 24 hours, and the quantity of urine increased from 850 to 2000 c.cm. The patient expressed himself as feeling once more greatly relieved.

The most pronounced action of the caffeine salts in the case related was (1st) a very considerable increase in the quantity

of urine, and (2nd) a slowing and steadying of the heart's movements. Prof. Riegel reports a number of very similar cases, where the results were invariably very satisfactory. In only one instance did it fail to produce the wished-for effect, and that was in a case where it was combined with morphia. A subsequent administration without the latter drug was followed by an increase in the quantity of the urine and a slowing of the pulse. Binz has pointed out that there exists a marked antagonism between caffeine and narcotics, especially morphia. It is difficult to explain how this alleged antagonism is brought about. It is, however, well to remember the possibility of its occurrence when prescribing caffeine. It is extremely seldom that the occasion can arise for the administration of morphia or other direct narcotic to combat the sleeplessness frequently present, and due to a failing heart. The best treatment for this form of insomnia is not a narcotic, but a cardiac stimulant like caffeine or digitalis. In other words, the sleeplessness due to ruptured compensation is best treated by an agent that restores the compensation to its previous state. When using caffeine especially, it is unnecessary to prescribe a direct hypnotic, seeing that in a few hours one may attain a better and more permanent result, because we remove the cause of the trouble.

The actions and uses of caffeine, when used in the form of the recently-introduced double salts may be summed up as follows :

1. It strengthens, slows, and steadies a weak, fast and irregular heart.

2. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (a) raising the blood-pressure and (b) of stimulating the secreting structures of the kidneys.

3. It is of marked use in the same class of cases as digitalis is. It differs, however, from this drug in the following particulars : (a) It is less powerful as a cardiac tonic ; (b) It is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure.

It is probable that results obtainable from neither of these drugs when given singly, could be brought about if caffeine was

given first and its effects kept up until the cumulative action of digitalis could be made manifest. By combining the power of digitalis with the rapidity of action of caffeine we may get the advantages of both drugs with little of the disadvantages of either. There is no published evidence relating to these points, however.

Dose and mode of administration of Caffeine.—The dose of any of the double salts should not exceed 30 grains in the 24 hours, this quantity being equal to about 20 grains of the pure alkaloid. Usually half the above dose will answer all purposes. The double salts are prepared by Merck of Darmstadt, but have not, as yet, found their way to this side of the Atlantic. They, however, can be prepared extemporaneously. The following formula contains in each tablespoonful about 1.00 (15 grains) of caffeine :—

R	Caffeine	- - -	15.00 (gr. 225)
	Benzoate of Soda,		15.00 (gr. 225)
	Water,	- - -	250.00 (℥viij)

The doses of caffeine (2 or 3 grains) usually ordered are quite inadequate to act either as diuretics or cardiac tonics.

(To be continued.)

QUARTERLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WILLIAM GARDNER, M.D.,

Professor of Gynæcology, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

Electricity in Parturition.—At the meeting of the London Obstetrical Society on April 2nd, 1884, Dr. Kilner read a paper on the use of the induced current during labor. He claimed to have observed that it relieved pain, prevented fatigue and post-partum hæmorrhage, equalized the pulse, increased the frequency and strength of the pains, and prevented vomiting. The pain from distension of the external parts was not relieved, and it had no effect on the pain of instrumental labor. In 300 cases, he had hæmorrhage only twice. But it sometimes failed to in-

crease the contractions when most needed. After its use for an hour and a half it exercised its sedative action, and no longer increased the contractions. The contractions were sometimes violent and continuous. It did not diminish after-pains.

During the discussion which followed, Dr. Playfair said he had tried it and failed to get any result worth mentioning.

Dr. Walter had used the current for more than seven years for inertia of the uterus after the expulsion of the placenta, and found it in some cases superior to ordinary means.

Dr. Murray said that if the electric current had as powerful an effect on the pains as described, the possibility of rupture of the uterus was to be thought of. He had used it for hæmorrhage, but was not convinced of any great value it might possess.—(*Brit. Med. Journal.*)

The *Treatment of Uterine Hæmorrhage* is a subject which must always be of interest to medical men. At the last meeting of the British Medical Association, Dr. Richard Richardson of Rhayader (since dead) read a paper on iron alum in the treatment of this condition. There are two iron-alums—the ammonio-ferric and the potassio-ferric. Richardson used the ammonio-ferric. He had a record of 82 cases in which it was used, without a single failure. Of these there were: menorrhagia, 10 cases; metrorrhagia, 18; abortions, 15; accidental hæmorrhage, 7; unavoidable hæmorrhage, 4; post-partum hæmorrhage, 22; secondary hæmorrhage, 6. He claims that it is antiseptic, as he has removed the clots on the fourth or fifth day after its application, and found them free from offensive odor. It is also, he asserts, free from danger. His method is to introduce with the finger up to the os uteri, but not into it, a crystal of the size of a pea to a hazel nut, according to the severity of the case. It has the merit of being simple, and applicable without instruments or apparatus. I wish to recommend it for trial by our readers. No remedy can be more easily carried in the obstetric bag.—(*Brit. Med. Jour.*, Sept. 27, '84.)

Alcoholic Injections in Uterine Hæmorrhage.—In the *Brit. Med. Journal* of October 11, '84, Mr. Cameron of Liverpool has a note on the injection of brandy or whiskey, which he has

found to be most efficacious. He injects one or two fluid ounces with a small quantity of oil of turpentine. In the same journal for Oct. 25, Mr. Hopgood of Sunderland reports a case of most alarming post-partum hæmorrhage, in which he passed a napkin saturated with whiskey into the uterus, with immediate arrest of the bleeding. It may be well to remind our readers that vinegar is one of the best remedies for the same condition, and that it may be used in the same way either by injection or introduction of a saturated sponge or napkin.

The Management of the Third Stage of Labor.—Dr. Wm. J. Smyley of Dublin read a paper on this subject before the obstetric section of the British Medical Association. He first briefly discussed the methods of delivery of the placenta. These are mainly three—1st, The expectant method. 2nd, The Dublin method of gentle friction and pressure, and if this do not succeed very soon, in making firm pressure, by grasping firmly the fundus and pressing in the axis of the brim. 3rd, The Credé method, which consists in placing the hand over the region of the uterus, making gentle stroking movements until it is felt to contract, then, as the contraction reaches its acme, the organ is grasped in one or both hands, the fingers being spread out over it; thus its walls are squeezed together, and pressure is made towards the coccyx. Dr. S. concluded his paper as follows:—“My own belief is that a mixed method, combining the advantages of the Dublin with those of Credé’s method, is the best possible. The following are the most important points to attend to: Follow the contracting uterus as it expels the child, and, by pressure and friction, make this contraction energetic and permanent. Never let it go, unless compelled to do so; and then always provide a substitute, the nurse, a friend, or even the patient herself. It is wrong to resign such a function simply to tie and divide the navel string. During a contraction, press the uterine walls together and the entire organ toward the coccyx. When sudden flattening of the uterus shows that the placenta has been expelled from it, then by strong pressure downwards drive it out of the vagina. The placenta should not be shot out upon the bed or into a vessel held against the but-

locks, since the membranes are thereby liable to be torn across, but it should be received in the hand at the vulva, and rotated so as to twist the membranes into a firm cord, which is easily withdrawn, without, as a rule, leaving any portions behind. Should this accident, however, occur, I think it is less dangerous to leave them than to introduce the hand for their removal; but should they prove a cause of hæmorrhage, they must be taken away. Finally, I quite agree with Dohrn, Runge, and others, that beneficial as is the active method when properly employed, just so injurious is it when unskillfully carried out. The hasty and violent expression of the placenta from an imperfectly contracted or relaxed uterus is a frequent cause of retention of the membranes and portions of placenta, as well as of violent hæmorrhage and fever."

During the discussion which followed, Dr. Mürphy of Sunderland spoke of the importance of the subject, and agreed with Dr. Playfair that the man who was constantly meeting with cases of post-partum hæmorrhage did not know his work. It was a lamentable fact that some men still attempted to remove the placenta by pulling on the cord, though Dr. Matthews Duncan had long ago pointed out that, instead of the placenta doubling up and emerging from the os, the centre protruding first, the placenta folded upon itself and emerged sideways. He always gave ergot a quarter of an hour before he expected the birth. He then held the uterus with his hand, followed it well down, and kept up gentle but firm pressure. To do this he got the nurse to tie the cord. The result was that he seldom saw more than a few drops of blood.

The President, Dr. Godson, considered that very different ideas were entertained as to the meaning of the terms "Expression of the Placenta" and "Expectant Method." He could not overestimate the importance of placing the hand on the uterus immediately after the birth of the child, and keeping it there if possible until the separation of the placenta. Gentle kneading of the uterus to excite contraction was one thing, and forcing out the placenta, which invariably turned the membranes inside out, with a great tendency to leave some portions behind,

was another. He objected to such a plan which could only be proper when there was hæmorrhage or inertia.

Intra-Uterine Medication.—This subject was freely discussed at the last meeting of the British Medical Association. Papers on the subject were read by Drs. Lambe Atthill and T. More Madden of Dublin, and John W. Byers of Belfast. Dr. Atthill is well known as the late master of the famous Rotunda Lying-in Hospital, the author of an admirable little text-book on diseases of women, and a strong advocate of the use of nitric acid to the endometrium in suitable cases. Though fully impressed with the value of intra-uterine medication, Atthill, like all other consultants in this branch of medicine, feels that many practitioners carry on this treatment without sufficient care in the selection of suitable cases, and omitting precautions necessary to avoid troublesome consequences. Dr. Atthill sums up the conditions in which intra-uterine medication is necessary as follows:—"All affections of local origin giving rise to profuse menstruation, menorrhagia, or uterine catarrh, or in which hyperæsthesia of the nerves distributed over the interior of the uterus exists. Polypi, or tumors capable of being surgically treated, are excluded; but certain forms of recurrent growths, and of malignant diseases, are to be included in the category of affections capable of being benefited by this method of treatment. By the term 'local origin,' I mean all affections depending on an unhealthy condition of the uterine walls, and of the mucous membrane lining the cavity, or of that membrane alone. It is of much importance that this definition be borne in mind; for if it be not, and symptoms, dependent for their origin on affections of the ovaries or Fallopian tubes, be treated by applications made to the intra-uterine surface, serious injury may come to the patient." Dr. Atthill uses the following agents: Borax, iodine, carbolic acid, iodized phenol, nitric acid, iodoform, and solid nitrate of silver. He uses these in the following proportion: Carbolic acid in 70 per cent., iodized phenol in 15 per cent., nitric acid in 3 per cent. The latter agent he uses less frequently than formerly. *Borax* is the least valuable—is only a mild astringent—useful when uterine catarrh continues after

more energetic agents have removed the urgent symptoms. The best preparation is a saturated solution in glycerine. *Iodine* he considers the least active after borax, whether the solution be the tincture or liniment. In this respect the author differs from a high authority—Emmet. *Carbolic acid* was first prominently brought forward by Dr. Playfair. It causes little pain when applied to the endometrium; indeed, often relieves pain. It is a mild caustic; causes a slough which peels off in 24 hours. It must therefore be repeated every three or four days, and continued for some weeks. *Iodized phenol* consists of a solution, by gentle heat, of pure iodine in 2 to 4 parts of carbolic acid. Dr. Battey, of Rome, Georgia, U.S., first introduced it into practice. It is one of the best agents for intra-medication—in some, the very best. *Nitric acid*, the most active of all, but causes very little pain. Its direct effects pass off very quickly, causing a superficial slough, which soon passes off. Its use requires especial care, especially in guarding the cervix by a canula of platinum or vulcanite while it is passed into the interior of the cavity; otherwise, contraction or closure may ensue. *Iodoform*, best used in crayons made up with gum. They can be passed into the uterine cavity, and have been used in certain cases of dysmenorrhœa, but Dr. Atthill has not found the drug of much avail. It is useful in certain cases of fœtid discharge from the uterus, as in chronic endometritis in old women. *Nitrate of silver* is useful in menorrhagia, depending on imperfect involution of the uterus. The writer has, however, found it useful in chronic enlargement (subinvolution and hyperplasia) with scanty menstruation. It is painful, however, and sometimes causes other disagreeable symptoms. Atthill seldom employs it for these reasons, and that he usually succeeds by safer measures. It has, however, the advantage that it seldom has to be applied twice.

Dr. Atthill, as is well known, was formerly a strong advocate for the use of nitric acid to the interior of the uterus in all cases of menorrhagia, with an unhealthy condition of the mucosa. He now uses it quite exceptionally for such cases, finding that iodized phenol is more useful, and for this purpose he uses it by injection

with the intra-uterine syringe, using half a drachm to a drachm at a time. Dr. Atthill's conclusions on the subject of intra-uterine medication in general are as follows:—

1. Carbolic acid, in the proportion of one part of spirit to two of the acid, is the safest and most generally useful of all the agents employed.

2. Carbolic acid should always be applied by means of a probe, round the point of which a layer of cotton is rolled, the cotton being carried up to the fundus at least twice on each occasion that the applications are made, which should be on every third or fourth day, till marked improvement takes place.

3. Carbolic acid should never be injected into the uterus, except when combined with iodine, in the form known as iodized phenol.

4. In many cases, iodized phenol may with advantage be applied by means of a probe.

5. In cases in which metrorrhagia or profuse menstruation occurs, depending on an unhealthy condition of the intra-uterine mucous membrane, the cavity being dilated and the uterus enlarged, from half a drachm to a drachm of iodized phenol may be injected with great advantage.

6. In cases in which epithelioma attacks the mucous membrane of the cavity, the injection of iodized phenol promises better results than any other treatment.

7. The success likely to follow the injection of iodized phenol renders the dilatation of the uterus, the use of the curette, and the subsequent application of fuming nitric acid less frequently necessary than has been the case hitherto.

8. The injection of iodized phenol requires to be carried out with so much care, that it should never be injected except by means of a syringe which will not contain more than one drachm.

9. The use of the fuming nitric acid should be limited, as a rule, to those cases in which dilatation has been practised, and it should always be applied through a tube, inserted into the cervix uteri for the purpose of protecting the sides of the canal from the action of the acid.

10. The pain produced by the application of any medical

agent to the intra-uterine cavity does not bear any relation to the activity of that agent, but is due to one of two causes—either to hyperæsthesia or to narrowness of the cervical canal, especially of the os intèrum.

The title of Dr. T. More Madden's paper was *Intra-uterine Therapeutics*. After referring to the methods of dilatation, in which he expressed a preference for rapid dilatation with Hegar's, Godson's, or Barnes' dilators over tents in many instances, and to the use of the intra-uterine curette, which he believed most valuable, he spoke of nitric acid, nitrate of silver, iodoform and other remedies, and concluded by drawing attention to the danger of overlooking the great importance of the general therapeutics of endometritis, and paying exclusive attention to the local treatment. Intra-uterine disease is often related to the strumous and gouty diatheses. In such cases, change of climate, various mineral and thermal waters—chalybeate, sulphurous, iodated and arsenical—may be of great value. From long experience he could speak of the great benefits of such remedies, which do not depend alone on the actual remedial effect of the waters, but also on the moral and physical effects of change of climate, occupation, and mode of living involved in the journey to a distant watering-place. With reference to drugs, some gynæcologists are very sceptical as to any real good to be derived from them, but he believed that the subsidence of intra-uterine hyperplasia would be materially hastened in most instances by a course of perchloride of mercury in minute doses given in tincture of bark. In women, the gouty and rheumatic diatheses show themselves most generally in chronic uterine complaints, rather than in any of these external forms of the same constitutional disorders observed in men. These facts explain the efficacy of alkaline mineral waters, such as Vichy, and the utility of sodated and arsenical mineral springs, as Kreuznach, Wildegg, or Royat and Mont Doré, which he has found of signal use in arresting the course of congestive hypertrophy of the uterus in women of other constitutional proclivities to disease.

Shortening of the Round Ligaments of the Uterus.—This

operation has, within the last two or three years, been performed a considerable number of times, with a view of permanently retaining the retroverted or prolapsed uterus in position. To Dr. William Alexander of Liverpool, it would appear, is due the credit of originating this operation, which he has performed many times, and on which he has written a short monograph. Every gynæcologist is familiar with the fact that there are many cases of retroversion and prolapse which prove very unmanageable in the hands of men the most experienced; for these the operation is proposed. An incision is made over the course of the inguinal canal, exposing the external abdominal ring, where the round ligaments escape. The ligament is pulled out for some distance, the uterus being replaced. Sutures are then passed through the edges of the ring, including the cord of the ligament. By these it is retained *in situ* till adhesion takes place. At the last meeting of the British Medical Association, papers were read reporting cases of the operation by Drs. Wm. L. Reid of Glasgow and George Elder of Nottingham. Dr. Reid reports three cases, and concludes his paper as follows:—

1. It is better to use the spray, and to keep the wound aseptic until it has wholly or nearly healed. There is hardly any hope of its healing by first intention; but, if kept aseptic, it heals more quickly than it would otherwise do.

2. The loose part of the cord should not be folded up in the wound, but the greater part of it cut off so as to avoid the presence of sloughing tissue in the wound. Properly secured by sound stitches, and the uterus supported by a good pessary, there is no danger of the cut-ends being drawn into the abdomen, they being soon secured by adhesion.

3. The ends of the ligaments can be most easily reached by standing on the side on which you are operating, as the outer edge of the ring is more easily felt by the finger when one stands on the same side.

4. Contrary to Dr. Alexander's recommendation; I have found that the end of the round ligament is more easily isolated by grasping it with a broad pair of dressing forceps. The cross fibres which prevent it from running out can then be cut, or torn

gently away, one by one, until it begins to come out freely. In my second case, where the fingers were used, the ligament broke, and the canal had to be opened up before it could be again seized.

5. In this region, an elastic bandage put round the waist and thighs will be found more effective in keeping the wound aseptic than a large dressing with an ordinary flannel bandage, as the former adapts itself to the varying position of the limbs, and prevents air from being drawn under the dressings.

Dr. Reid then goes on to say :—

“ Referring to the results of the cases only, it seems to me that we cannot promise much in the way of certain and immediate relief from this operation. It remedies the *position*, but not the *condition*, of the uterus. I caught at it because, although often using severe means, I have been very unsuccessful in curing chronic hypertrophy of the womb, especially when accompanied, as it so often is, by some form of displacement. The results of this operation, as I have given them, although far from brilliant, are such as to lead me to continue practising it in obstinate cases, in the hope that, the malposition being remedied, the disordered condition may be more readily subdued.”

Dr. Elder's case was most satisfactory in its results. It was a well-marked case, had resisted all ordinary methods of treatment, and was completely relieved of her symptoms.

Mr. Burton of Liverpool stated that he had operated in 14 cases, and was well satisfied with the results obtained, believing that he had produced benefits not to be achieved by any other method in so short a time.

Dr. Alexander, who was also present, referred to several points in connection with the operation. 1, The ligaments were delicate structures, and difficult to find ; and operations might fail in the hands of inexperienced surgeons, from failing to catch them up properly or separate them. 2, The ligaments must be made to adhere to the parts effectually before the patient was allowed to get up. Some had objected to the long time before the patients were allowed to get out of bed. This was intentional, not dependent on the state of the wound. To allow the patients to get up earlier would have destroyed the effects of

the operation. 3, The operation was only designed to put the uterus into position and to maintain it there, and did not promise a cure to nervous symptoms supposed to depend on the displacement. Cystoceles were not cured by it; and he was very sorry that it could not cure that and all other diseases, as some seemed to think it should; but he never thought or said it would.

Dr. Godson, the president of the section, considered that the papers read showed clearly that the operation effected a cure of the displacement; but whether it did good beyond this was questionable, and it required further operations, and more time to elapse since their performance, in order to form a fair opinion regarding it. For his own part, he should wait until he was more satisfied of the benefit before he undertook the operation. —(*Brit. Med. Jour.*, Nov. 15, '84.

Correspondence.

NEW YORK, February, 1885.

In my last, I referred to the different objects kept in view by the men attending the schools for practitioners. But I omitted to mention the apparent object in view of a few select individuals. These give up for a time a large and extensive practice in a country town of two or three thousand inhabitants, and take out a course in one of the schools, for the philanthropic purpose of giving the professors and the members of the class the "benefit of their experience." But such is the depravity of mankind at the present day, that this philanthropy is appreciated by neither the professors nor the members of the class. As virtue, it is said, always receives its reward, no doubt these men obtain theirs, on their return home, when they are enabled to tell an admiring populace that they have just been to New York and have shown the profession there that all the medical knowledge is not limited to the metropolis, and that the McDowells and Kochs of country district fame have not yet all been discovered. Here let me say, however, that the teachers encourage the asking of relevant questions, and take great pains to make themselves fully understood. The greatest courtesy is

shown by the profession of New York to the attendants of either school, and all the leading societies are open to them.

One often hears, now-a-days, that the uterus is a much-abused organ, but if that organ could speak for herself I think one would hear her say that she felt herself very much neglected, and that her neighbours, the ovaries, tubes and ligaments, were receiving all the attention. She is not credited now even with an independent catarrh. This will serve as a hint to the direction in which modern pelvic pathology is tending. One specialist of note here is known by his *confrères* as the "ovarian fisherman," for he usually finds an ovary that has strayed away from its *habitat*, thus disquieting the whole pelvic household. There seems to be a pretty general feeling against the use of pessaries except in a very few cases. The treatment for displacements is principally by vaginal tampons, medicated either with glycerine alone or with alum and glycerine. These are left *in situ* for 36 or 48 hours. After removal, a copious injection of hot water is used and fresh tampons introduced. Dilatation of the internal os uteri, either gradual, by Hunt's sounds, or forcible, by Wylie's dilators, is a favourite method of treating dysmenorrhœa, with anteflexion and deficient development of the uterus. Sims' operation for these conditions is very much restricted; none but the mildest operations are now made to the uterine cavity, and that only to the cervical portion.

It may be a source of some pride to Canadians to know that one of their own number (Dr. J. B. Hunter) ranks high among the most eminent gynæcologists in this city, and as an operator he is second to none. He has a decidedly English cast of features, which are considerably furrowed for so young a man. As a practical teacher at the Polyclinic, he is a marked success. The prominent points are concisely brought out in each case, the appropriate treatment given in detail, and, if it is of an operative nature, fully and clearly illustrated on the black-board. He is awake to the necessity, which some of the other teachers are not, of teaching men the use of instruments, getting the patient in the proper position, and how to examine with as little pain as possible to the patient. His depresser, which

is a reflector as well, is the most important addition to Sims' speculum since that instrument was given to the profession. He is one of the few operators that I have seen who performs Emmet's operation on the cervix as it is done by the originator himself. I have seen a very eminent specialist do the operation in a very simple manner. An instrument shaped like a hawk's bill was made to take a piece out of the cervix on either side, and the bitten cervix was sewed together by silk sutures. The operation, which probably would have taken Dr. Emmet nigh an hour to perform, was done in less than 15 minutes. The operator seemed to think some apology was necessary for doing his work in so perfunctory a manner, and stated that one of the duties of the specialist was to take a difficult problem, work it out, and give it back to the general practitioners very much simplified. This is very true, and no one man more than Dr. Emmet has worked in that direction. But to have an operation, whose *raison d'être* exists in being thorough, so that all the indurated and cicatricial be removed, done superficially, is merely to cast opprobrium on it. Can there be anything more disheartening to a great mind who is working, and has worked, hard to alleviate suffering and benefit womankind than to have his methods misrepresented and imperfectly followed? This is not all; the very men who either misunderstand or have never learned to perform the operation rightly, are the first to cry it down and attribute to the operation the incompetency for which they are themselves to blame. It is to plastic surgery that three-fourths of the women suffering from pelvic ills have to look for relief, and because it is not so brilliant in its performance as a rapid and bold laparotomy, most men do not take the trouble to study it thoroughly and apply to it the care and painstaking that it demands. At the clinics, cases are constantly turning up that have been operated upon with only partial relief, because the operation was only partially done.

Most of your readers, no doubt, are aware that the third edition of Emmet's "Principles and Practice of Gynæcology" has just been issued. It has been thoroughly revised, many

chapters have been nearly rewritten and much new matter added. In this its improved and altered state the work forms what an eminent gynæcologist, in speaking of it to me one day, happily styled "The Bible of Gynæcology." When one sees from six to eight Tait's operations weekly, and hears of others being done, the tempting conclusion is that a new plan has been adopted to solve the Malthusian problem of the increase of mankind. But in almost all the cases that I have seen operated upon since coming here, their histories were such as to justify any capital operation that gave promise of any relief. A case in point was operated upon by Dr. B. F. Dawson, at the Post-Graduate Hospital, a short time ago. The history of the case briefly was:—Miss S., æt. 29, a seamstress, had suffered for the past three years from intense dysmenorrhœa of an ovarian character. After a time she began to grow nervous and hysterical, and for the past eight months menstruation, which was profuse, lasting from five to eight days, was accompanied by convulsive seizures. Each menstruation left her very much prostrated, and by the time she rallied the next period would recur. Dr. B. F. Dawson saw her about ten months ago, and directed attention to the ovaries, but an eminent alienist of this city considered it merely a case of hystero-epilepsy, and would on no account give his consent to a capital operation. The various remedies for hystero-epilepsy were tried one after another, but all in vain. Then treatment for ovarian neuralgia was instituted, with a similar result. The patient gradually grew worse, and the convulsive seizures became more severe. She was brought to the Post-Graduate Hospital in a very low condition indeed, very much emaciated and the pulse small, the tongue coated, and unable to talk above a whisper. This was about the time of her expected menstruation. Another menstruation with its accompanying evils would surely kill her. Dr. Dawson asked the members of the class to see the patient, with the view of eliciting their opinion as to the propriety of operating. All unanimously agreed that an operation was justifiable, and that it was the only procedure that held out a ray of hope to the patient. Tait's operation was performed next

morning, in the presence of the class, with the greatest anti-septic precautions. Very little blood was lost, and as little time consumed as the exigencies of the case demanded. The ovaries were found firmly adherent, twice their normal size, cystic, and a hæmatoma in the left one, which doubtless had taken place at the previous menstruation. The patient rallied pretty well for a time after the operation, but died on the third day in spite of transfusion and every effort to sustain life. There did not appear to be sufficient nervous power left to maintain the functions of life. There is no doubt, in my mind, had the operation been performed six months previously her life would, in all probability, have been saved, and a chapter of untold misery, not alone to the patient but to her friends, would have been averted.

Dr. Thomas, a week ago, performed at the Woman's Hospital his third operation for the removal of a sessile fibroid tumour of the uterus. It was of a similar nature to those illustrated in his work, figs. 220 and 221. The os uteri in this case was high up beneath the symphysis pubis, and to reach the tumour he cut through the posterior wall of the uterus. The operation took over an hour in its performance, and the tumour was brought away piece-meal, the spoon-saw being extensively used. It was a matter of surprise to notice the slight amount of hæmorrhage. The patient, I have been informed by the house surgeon, Dr. McLaren, is doing well.

I have received several letters asking me what I think of the Polyclinic, or Post Graduate—some of the inquirers having reference to special work. In general terms, I would say that a full course of three months in either school is useful if the object is merely "to brush up" and get all the latest hints and wrinkles. Both schools are about equally good in gynæcology. In the Polyclinic are Hunter, Mundé and Wylie; in the Post Graduate, Dawson, Skene and Bache Emmet. The methods of teaching are somewhat different, and to anyone intending to pursue this branch as a specialty, I would advise a course in each. Dr. B. F. Dawson has the happy faculty of throwing a great deal of enthusiasm into his teaching. The patient, on a table,

is wheeled into the amphitheatre, and her history read in full by one of the assistants. Several members of the class examine the patient in rotation, and each one is asked what condition he finds, his diagnosis, and the grounds on which he bases the latter. As a general rule, each man has found something different, and makes a diagnosis probably totally at variance with that of his predecessor. When seven or eight have examined, and the excitement has reached its culminating point, Dr. Dawson examines the case himself, and in a few well chosen words states the physical signs. Those who have been furthest from right are asked to examine again, and as they withdraw their fingers from the vagina an expression of wonder is painted on their countenance that they did not detect that prolapsed ovary the first time, or called an antelexion a retroversion. Either school has good teachers in surgery, and there are ample opportunities for seeing operations of every description at the various hospitals—one could put in several hours a day in special surgical work. Skin diseases are only fair, and are better at the Polyclinic, while the Post Graduate has the advantage in nervous ailments, having Hammond, Spitzka and Ramsay. Pathology and obstetrics are *nil*, and there are no opportunities in studying medical bed-cases owing to the hospital regulations prohibiting students from going into the wards. The Polyclinic, however, I notice, has recently begun giving medical clinics at the Bellevue once a week by Dr. Hudson. I can't speak of these personally, but I hear they are good.

H. N. V.

CANADA FIRST.

To the Editor of the CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—I have just read in the January number of *Braithwaite*, 1885, an abstract from the *Dublin Journal of Medical Science*, June, 1884, of a paper from the pen of Mr. Macan, Master of the Rotunda Hospital, "On the Precautions for the Prevention of Puerperal Fever."

The main object of Mr. Macan's paper is to point out the great efficacy of iodoform introduced into the interior of the uterus during an attack of septicæmia, and that it has been

used extensively at the Rotunda Hospital for this purpose with the most gratifying results. I am much pleased that this form of treatment in septicæmia has been so favorably reported upon from that renowned institution, but I regret that Mr. Macan has confined the literature of the subject to himself and the Rotunda. It would appear from Mr. Macan's paper that he had originated this form of treatment, and that the fact was unknown to him that we in Canada have been using iodoform in this manner ever since June, 1882. As proof of this he will see a paper read before the Medico-Chirurgical Society of Montreal, and printed in the CANADA MEDICAL & SURGICAL JOURNAL for April, 1883, "On the Treatment of Puerperal Septicæmia by a New Method,—Intra-Uterine Suppositories of Iodoform." In this paper a full explanation is given of the way in which iodoform acts on the diseased parts and how it arrests the formation of virus. In this respect it is probable Mr. Macan is incorrect in attributing the sudden drop of temperature to iodoform. We have noticed the same pleasing effect, but have attributed it to the removal of residual poison from the absorbing-surface cavity by the sublimate solution, and the arrest of its further formation and absorption by the iodoform. But to stamp the drug "an antipyretic," in the same light as quinine, for instance, would be absurd. Mr. Macan will also see another *brochure* "On Puerperal Fever," read before the same society and printed in the CANADA MEDICAL & SURGICAL JOURNAL of March, 1884, in which a further record of cases is given, showing the curative effect of the intra-uterine suppositories of iodoform. Ehrendorfer of Vienna has been using iodoform in the same manner in puerperal septicæmia, but his results were also reported *after* cases had been published and the success of the treatment generally acknowledged by the profession in Canada.

Without further encroaching upon your space, sir, and with much respect for Mr. Macan's report, I think we may fairly claim for Canada priority for the intra-uterine use of iodoform in septicæmia, and for having first conceived the idea that it would prove a greater boon to humanity in this than in any of the many other diseased processes to which it has been applied.

I am, sir, yours truly,

T. JOHNSON ALLOWAY, M.D.

Reviews and Notices of Books.

A System of Practical Medicine.—By American authors. Edited by WILLIAM PEPPER, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, assisted by LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the University of Pennsylvania. Vol. I—Pathology and General Diseases. Philadelphia: Lea Brothers & Co.

We are in receipt of this the first volume of the Practice of Medicine by Prof. Pepper, the announcement of which has been for some time before the profession. We take the earliest opportunity of bringing this valuable work to the attention of our readers, although, having only just received it, we have been unable to give it such careful examination as its importance and its merits deserve. This work, the production entirely of American and Canadian authors, is no doubt destined, when complete, to become the standard of American medicine, and will present a full exposition of the actual state of the knowledge of the medical art and the mode in which it is practised on this side of the Atlantic. The collaborators of Dr. Pepper include all the names which command the greatest respect and are most widely known throughout America; and the greatest care has been exercised in selecting for the various sections those persons whose previous studies and experience have best qualified them to speak with authority.

The present volume is introduced by an article by Dr. Reginald H. Fitz of Boston, on General Morbid Processes: followed by Dr. Hartshorne on General Etiology, Medical Diagnosis and Prognosis; Dr. Billings on Hygiene, and Mr. Geo. E. Waring on Drainage and Sewerage in their Hygienic Relations. Then follow the General Diseases by various authors. The section upon the fevers is written by Dr. Jas. H. Hutchinson of the Pennsylvania Hospital, with the exception of the article on relapsing fevers, which is from the pen of Professor Pepper himself. We must also specially notice the complete and exhaustive article

on Diphtheria by that able physician Dr. Jacobi of New York, and that on Cholera by Prof. Alfred Stillé. It is well known that Dr. Stillé has long been looked upon as one of the greatest American authorities upon Cholera, and this latest communication of his upon the subject will be read with great interest. Dr. Lusk contributes a very full account of our present knowledge of puerperal fever, its treatment and prevention. We recommend this work most cordially to all, believing that very soon it will be looked upon as one of the first essentials in the library of every well-informed medical man in the country. We may conclude by saying that the publishers seem to have bestowed every attention upon it, as everything about it is of the very highest order as regards proper printing, illustrations and binding.

We append a list of contributors to Vol. I:—Drs. Samuel J. Bemiss, John S. Billings, Reginald H. Fitz, Frank P. Foster, W. A. Hardaway, Henry Hartshorne, Jas. H. Hutchinson, Jas. Nevins Hyde, A. Jacobi, John M. Keating, Jas. Law, Wm. T. Lusk, William Pepper, H. W. Schmidt, Duane B. Simmons, J. Lewis Smith, Alfred Stillé, Geo. E. Waring, B. A. Watson, Jas. C. White, and Jas. C. Ditson.

The Basic Pathology and Specific Treatment of Diphtheria, Typhoid, Zymotic, Septic, Scorbutic and Putrescent Diseases generally.—By GEO. J. ZIEGLER, M.D., late Physician to the Philadelphia Hospital, &c. Philadelphia: Geo. J. Ziegler, M.D.

The gist of this rather extraordinary production is, that the poisons of diseases of the above classes are *alkaline*, and that it is necessary, for the thorough “jugulating of the basic etiological factor *ab origo* (*sic*),” to employ *acids*. The writer indulges largely in adjectives to describe the properties of the latter remedies. Thus they are called “disinfectant, antitoxic, antizymotic, antiseptic, antalkaline, neutralizing, resolving, and restorative.” Some extravagant statements are indulged in to support this alkaline theory. Thus, tobacco is roundly accused of being a covert fiend, and capable of causing untold ills. “The nicotian miasm is sufficient to induce, both as predisposing and

exciting causes, all forms of choleraic defluxions, as it surcharges the blood and body with ammonia and other alkaline and toxic matters, enervates and depresses the nervous and general system, disorders the stomach, liver and bowels, causing dyspepsia and constipation, with alternations of diarrhoea and nausea, vomiting and purging, or cholera morbus and, doubtless also, cholera infantum, with the most severe form of malignant cholera, independent of all micro-organisms or concomitant agencies, being in itself an active *materies mortis* and cause of intestinal defluxions with other colliquative affections." "The vapor and smoke of tobacco directly enters the blood of pregnant and nursing women, as of others, and causes uræmia, sickness of stomach, miscarriage, uterine hæmorrhage, puerperal eclampsia and fever, with other abnormalities, as seen in the maladies and frequent abortions, and post-partum sickness and death of the offspring of women who work in tobacco factories." Further extracts are hardly necessary to show that, not to put too fine a point upon it, strict scientific accuracy is hardly to be looked for here, and that the author's imagination has been allowed free scope. We hardly think that our knowledge has been much advanced by this exposition of Dr. Ziegler's peculiar theories.

A System of Human Anatomy, including its Medical and Surgical Relations.—By HARRISON ALLEN, M.D., Professor of Physiology in the University of Pennsylvania, &c. Section V—Nervous Diseases. Section VI—Organs of Sense, Organs of Digestion, and Genito-Urinary Organs.

These two sections complete this Anatomy which has been appearing for several years past, and are, perhaps, the best that have been issued. The illustrations of Part V (nervous system) are particularly good, and the description of the brain clear and well arranged. In the description of the liver in Part VI, we were surprised to find no reference to the investigations of Professor His in regard to the position of the liver. In addition to the description of the organs in Part VI, there is a chapter on superficial and topographical anatomy, and one on embryology

and the study of malformations. These chapters are hardly full enough to be of very much use, but are good as far as they go. At the end of Part VI there is a chapter on making post-mortem examinations, which seems to us rather out of place in a work on general anatomy, however valuable it may be in connection with other subjects. The work is provided with a good *general* index and a *clinical* index, which, for reference, will be invaluable to the general practitioner. This is the most ambitious work on anatomy that has yet appeared in America, and does very great credit to the author. The illustrations, which were rather crude in the first parts, have steadily improved. We think it a great pity that this valuable work should have been issued in such an awkward form and at such a high price. Its sale, in consequence, must necessarily be limited, as it is impossible that it can compete with the works of Quain or Gray. We should advise the publishers to issue a cheaper edition in a more compact form, if they want to make this work as successful as it justly deserves to be. We wish to offer our congratulations to the author on having produced such an admirable and complete system of anatomy.

A Manual of Dissection of the Human Body.—

By LUTHER HOLDEN. Fifth edition. Edited by JOHN LANGTON. Philadelphia: P. Blakiston, Son & Co.

The text-books written by Mr. Luther Holden have always been well appreciated by the medical student on both sides of the Atlantic. A good anatomist and a sound practical surgeon, the author possesses in an unusual degree the art of describing in the most simple terms the most complex structures, and of illustrating with his own pencil the faithful picture drawn with his pen. It is by the possession of these rare qualities as a writer that Mr. Holden has succeeded in making the study of osteology interesting and attractive. Holden's Dissector is an old friend, grown a little stouter lately, but quite as pleasant to read and as instructive to study as ever. The old diagrams which we have so often made use of are there, together with many new ones, the latter in no point inferior to their predeces-

sors. We particularly commend the description of the brain. This chapter is well written. The complex structures are clearly described in the simplest language. We have but one fault to find—that for dissecting-room purposes the book itself is rather too large. Probably in the next edition the editor may see the advantage of dividing it into two volumes.

A Pharmacopœia for the Treatment of Diseases of the Larynx, Pharynx and Nasal Passages.—By GEORGE MOREWOOD LEFFERTS, M.A., M.D., Clinical Professor of Laryngoscopy and Diseases of the Throat, College of Physicians and Surgeons, Medical Department of Columbia College, New York. Second edition. Revised and enlarged. New York and London: G. P. Putnam's Sons.

Very much has been accomplished of late years by the specialists in this department to improve our methods of treatment of the many troublesome complaints affecting those organs. The present little volume presents a careful *resumé* of all that it is desirable to know upon this subject. Full directions are given concerning the choice of remedies in the various cases and the best means of applying them. It is fully illustrated, and will form a very useful little guide and assistant to every practical physician and student of throat diseases.

A Handbook of Ophthalmic Science and Practice.—By HENRY F. JALER, F.R.C.S., Junior Ophthalmic Surgeon to St. Mary's Hospital, etc. Philadelphia: Henry C. Lea's Son & Co.

This is a neatly printed and well bound volume, with no less than 125 illustrations, some of which are beautifully coloured, and apparently very truthful. They are all the more valuable, besides, in being chiefly original, because the author, in his preface, states that the coloured plates, with one exception, have been taken from cases met with in the course of clinical work. The contents of the book appear to be arranged with considerable care and judgment. Portion of the first chapter

contains a concise description of the anatomy and physiology of the eye and its appendages. In fact, nearly every chapter which treats of any special structure is introduced by a short account of the anatomy of the part. In the treatment of conjunctivitis the author recommends iodoform and boracic acid as astringents, but doubtless they do good more on account of their remarkable antiseptic properties. A brief account is given of the treatment of granular lids and pannus by means of jequirity, and altogether the author is favourable to its employment. A chapter is devoted to the consideration of colour vision and its defects—a very important subject, and one which should engage the earnest attention of ophthalmic surgeons. The different methods of cataract extraction are well described and suitably illustrated. The appendix contains a number of useful formulæ and selections from the best types of Jaeger and Snellen. To write a book on Ophthalmology is no easy task in our day, and we therefore think that Mr. Jaler is to be congratulated on the very successful completion of his work. The volume is one specially adapted for general practitioners and students, who are always in search of something concise.

Principles of Theoretical Chemistry, with Special Reference to the Constitution of Chemical Compounds.—By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Second edition. Thoroughly revised and enlarged. Philadelphia: Henry C. Lea's Son & Co.

An excellent work by an accomplished author, having the gift of placing the subject very clearly before his readers. It will no doubt be found a useful addition to the handbooks of all students of and workers in chemistry.

Books and Pamphlets Received.

THE RETROSPECT OF MEDICINE. By W. Jas. Braithwaite, M.D. Vol. XC, July—December, 1884. London: Simpkin, Marshall & Co.

HOOPER'S PHYSICIAN'S VADE MECUM. Tenth edition. Revised by Wm. Augustus Guy, M.B., Cantab, F.R.S., and John Harley, M.D., Lond., F.L.S. Vol. II. New York: Wm. Wood & Co.

ELEMENTS OF PRACTICAL MEDICINE. By Alfred H. Carter, M.D. Third edition. New York: D. Appleton & Co.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery by authors of various nations. Edited by John Ashurst, Jr., M.D. In six volumes. Vol. V. New York: Wm. Wood & Co.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, including a sketch of Aural Anatomy and Physiology. By D. B. St. John Roosa, M.D., LL.D. Sixth edition, revised and enlarged. New York: Wm. Wood & Co.

INSANITY AND ALLIED NEUROSES, PRACTICAL AND CLINICAL. By George H. Savage, M.D., F.R.C.P. Philadelphia: Henry C. Lea's Son & Co.

INTESTINAL OBSTRUCTION: Its Varieties, with their Pathology, Diagnosis, and Treatment. By Frederick Treves, F.R.C.S. Philadelphia: Henry C. Lea's Son & Co.

ELEMENTS OF SURGICAL DIAGNOSIS. By A. Pearce Gould, M.B., Lond. F.R.C.S. Philadelphia: Henry C. Lea's Son & Co.

A PRACTICAL TREATISE ON MASSAGE: Its History, Mode of Application and Effects, Indications and Contra-indications. By Douglas Graham, M.D. New York: Wm. Wood & Co.

A THEORETICAL AND PRACTICAL TREATISE ON THE HÆMORRHOIDAL DISEASE. Giving its History, Nature, Causes, Pathology, Diagnosis and Treatment. By Wm. Bodenheimer, A.M., M.D. New York: Wm. Wood & Co.

A MANUAL OF THE PRACTICE OF SURGERY. By Thomas Bryant, F.R.C.S. 4th edition, thoroughly revised. Philadelphia: Henry C. Lea's Son & Co.

MALARIA AND MALARIOUS DISEASES. By Geo. M. Sternberg, M.D., F.R.M.S. New York: Wm. Wood & Co.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Nov. 21st, 1884.

T. J. ALLOWAY, M.D., 1ST VICE-PRESIDENT, IN THE CHAIR.

DR. SUTHERLAND exhibited two pathological specimens.

1. *Myeloid Disease*, involving all the tissues of one thigh, in a girl aged 18. When first seen, the symptoms were those of sciatica; a fortnight later a small lump was felt, which, in another two weeks, had enlarged to double its size. A lance was plunged into it, as it felt like an abscess; only blood came away. About a month after, she was admitted into the hospital; but too late for surgical interference, there being no healthy skin left in the neighborhood.

2. *Heart having warty Aortic valves*.—This was removed from a man aged 30, a hospital patient, in whose brain was also found softening of the parts supplied by the right middle cerebral artery. About ten months previous to entering hospital he had recovered from an attack of hemiplegia. In this case there was a history of repeated attacks of acute rheumatism.

Abnormalities.—DR. WM. GARDNER described two abnormalities which he had lately come across in his practice. The first was a case of double uterus, os and vagina, the latter being divided equally by a septum. Patient was a young married woman, not pregnant. The second case was one of absence of the urethra in a sterile married woman. Where the urethra should be is a pit about one inch deep, at the end of which is an opening with a fringe-like border leading into the bladder. The opening was large enough to easily admit the finger into the bladder. She has never suffered from incontinence, except during the past few months, and then only when in the upright position.

DR. TRENHOLME had lately seen a woman with a double vagina, os and bicornuated uterus.

Idiopathic Neuritis of the Brachial plexus.—DR. STEWART showed a well-marked case of this disease. The patient is a man aged 35, and, until seven months ago, when his neuritis suddenly set in, enjoyed perfect health. There is complete paralysis of all the extensors of the fingers and hand, also of all the flexors except the ulnar, which is only in a paretic state. There is complete loss of the thumb movements. He cannot flex his forearm, neither can he pronate or supinate it. Shoulder movements normal. There is marked atrophy of the paralyzed muscles. The deltoid and the spinati are also in a state of atrophy, but it is slight compared with the wasting of the paralyzed muscles. The paralyzed muscles do not respond to the faradic current. There is both quantitative and qualitative change to galvanism. The $A O Z < K S Z$, while the $A S Z = K S Z$. The skin of the paralyzed hand is glossy, and at times presents bluish spots. There is marked anæsthesia in the ulnar region of the fingers and hand. All other parts are perfectly normal in their sensation. Very slow improvement is taking place from galvanism.

Tait's Operation.—DR. TRENHOLME reported six cases of removal of the uterine appendages, with their results. The operations were made during the year ending April 1st, 1884. The similarity of these cases renders it unnecessary to give details of each, the symptoms being intense pelvic suffering directly

connected with the continuance of the menstrual function. In all the cases the ovaries were enlarged and diseased; in some the tubes were also affected. The operations were made without the use of the spray, but the hands, instruments and sponges were cleansed in a weak solution of carbolic acid and water. The ligatures used were of shoemaker's white thread, No. 20, carbolized over night. This ligature has always been the doctor's favorite in abdominal surgery, and although he has tried silk, he would not do so again. The plan followed was to use single ply of the thread, and where the tissues to be embraced were more than could be safely included in a single ligature, he resorted to the application of several ligatures, rather than use double or multiple thread. This thread, untwisted, is a safe ligature, never has failed in his hands, and has never given rise to any perceptible irritation, even when as many as forty or more have been left in the abdominal cavity. Dr. Trenholme also discards abdominal bandages, trusting to the deep silver sutures to secure coaptation. Horse-hair is used for the superficial sutures, the wound is dressed with carbolized gauze, and over all two or three strips of strong adhesive plaster are placed to lessen the tension on the sutures. By carefully dividing the sheath of the rectus muscle (on either side), and not wounding the muscle itself, and also by carefully excluding the muscular tissue from the deep sutures (*a la* Goodell), we secure, as well, perfect union by first intention. This was the case with all the reported cases where this plan was carefully followed. In all these cases a slight metrorrhagia occurred on the second or third day, lasting several days; also, all the patients suffered for several months afterward from flushes of heat and hot perspiration. In one case the patient had a slight bloody discharge on two separate occasions, of about 5i each time. As to the results, cases 1 to 3 have been followed by satisfactory results, the patients being now capable of performing the household duties appertaining to their respective stations in life. In all but one of these cases the cure has been complete, and even in the exceptional one, the return to health continues to advance with progress of time, the chief impediment being due to hernia of the

bowel. Cases 4 and 5 were complicated with mental disturbances. No. 4 has not been appreciably benefited by the operation. Time is still needed to determine what improvement may yet take place. Case 6 is of special interest. Here suicidal mania followed long-continued disease of the uterine appendages. With the supervention of the mania, the pelvic suffering ceased. Both ovaries were diseased, and their removal has been followed by most gratifying results to patient in every way. Her mind has been greatly improved—no more mania—and her physical condition so improved that she is able to take an active part in the duties of a farm life.

In the discussion which followed, Dr. Trenholme advocated the study of mental diseases in connection with disorders of the generative organs, both male and female, and said he believed a great field was opened up worthy of further exploration. He also spoke of the great benefits to society that would result from the castration of tramps and confirmed criminals.

DR. HY. HOWARD said he believed in a physical cause for mania. In case No. 6, operated on by Dr. Trenholme, anæmia of the brain may have been caused by menorrhagia. He said men have become maniacal the first night of their marriage from anæmia of the brain, being produced by peripheral irritation. Good food, air and exercise will cure such cases. Cases of mania produced by anæmia of the brain are more curable than if caused by hyperæmia.

DR. GARDNER congratulated Dr. Trenholme on the result of his cases, and on being one of the pioneers of an operation which has attained such a good position in surgery. He had operated in four cases. One, a very difficult case, with numerous adhesions and troublesome bleeding, proved fatal from peritonitis. In two of the remaining three the result was satisfactory, but the recovery slow. The third still suffers very much, probably from pelvic inflammation, set up by a long cold drive on her way home after the operation. There could be no doubt of the propriety of the operation in cases of palpable disease of the appendages, with local symptoms, with or without neurotic symptoms sufficiently severe, and in which other treatment failed to relieve.

As to cases with purely neurotic symptoms, aggravated at the menstrual periods, there is room for doubt as to the propriety of the operation. Hegar and other eminent German authorities, at the last International Congress, had declared in favor of it, while Spencer Wells and others were opposed to it. The neurotic element, in many of the cases, must be recognized and treated. The successful gynaecologist must also be in some measure a neuropathist. It is probable that certain cases reported cured by this operation might have been spared the mutilation, and cured by a treatment mainly tonic and neuropathic. Every gynaecologist must admit that there are cases of enlarged diseased ovaries in women capable of a good deal of activity—mental and bodily. All his patients had suffered more or less from the disturbances, vascular and other, which attend on natural menopause. In none of them had ventral hernia occurred, but he had taken care that each patient was fitted with an efficient abdominal supporter before being allowed to leave her bed.

DR. ARMSTRONG said he had operated twice for the removal of the tubes and ovaries. His first case was a success every way, though recovery at first was very slow. His second case has fully recovered from the operation, but sufficient time has not elapsed to say what will be the permanent effect.

Stated Meeting, Dec. 5th, 1884.

T. G. RODDICK, M.D., PRESIDENT, IN THE CHAIR.

DR. SHEPHERD exhibited a large tumor which he had lately removed from the left parotid region. The patient was a woman aged 47. Tumor appeared as a small lump below the ear four years ago; it increased slowly, but was not painful until lately. The tumor, during the last six months, had grown more rapidly and had produced some facial paralysis. There was no interference with the circulation. The tumor was partly beneath the sterno-mastoid, and firmly fixed by the parotid fascia. The removal was tedious and difficult, owing to tumor not being very well defined. The external carotid artery was tied, and the fascial nerve had to be sacrificed. The patient recovered

rapidly, and had no elevation of temperature. On examination, the tumor was found to be a fibro-adenoma. The second day after the operation an ulcer developed in the cornea, which took some time to heal. This was probably caused by an edge of the bandage coming in contact with the open eye.

Tumor of Bladder.—The PRESIDENT exhibited a cystic papillomatous tumor which he had some weeks previous successfully removed from the bladder. A microscopic section of the tumor was shown. The history of the case is as follows:—Geo. T., aged 53, was admitted into the Montreal General Hospital, Oct. 27th, complaining of much pain and difficulty of micturition, and pain over the region of the bladder, with frequent over-distension. Symptoms began ten years ago with occasional difficulty in micturition. Three years ago, noticed blood in the urine for the first and only time. At this time he made water every hour, with pain before the act; pain chiefly referred to the end of the penis and neck of the bladder. Catheterization now became frequently necessary. When admitted into hospital, made water every hour, but from a bladder distended to the extent of a couple of pints would evacuate three or four ounces. There was constant hyper-distension of the bladder, forming a distinct tumor, extending sometimes to near the umbilicus. There was great pain in the left iliac region, especially during the act of micturition. Prostate very slightly enlarged. The bladder was sounded carefully, but nothing definite could be made out. Dr. Roddick thought the case was either one of encysted stone or tumor of the bladder, so decided to explore the bladder carefully after the manner of Sir Henry Thompson. This he did on Nov. 12th. A staff was introduced, and the membranous portion of the urethra cut down upon. The finger was then introduced through the prostatic portion, and almost immediately something was felt. On examining more carefully, Dr. Roddick discovered a pediculated tumor attached to one side of the neck of the bladder. This he freed with his finger-nail and extracted. The tumor was almost as large as a hen's egg. For a few days the man had some elevation of temperature, but now he was convalescent, and was passing his water by the urethra. Dr.

Roddick remarked that he had several times explored the bladder as in this case, but that this was the first time he had ever discovered a tumor.

DR. MOLSON presented to the Society two large calculi which had been lately passed by one of his patients, who had had frequent attacks of renal colic and bloody urine.

Lead Poisoning.—DR. MIGNAULT then read a paper on two cases. The first case was well marked. Patient, a young woman, came under his care at the Hotel Dieu Hospital, suffering from wrist drop, constipation, colic, and distinct blue line of gums. There was also extreme wasting of the extensor muscles, and also of the muscles of the ball of the thumb; this wasting had been rapid. The source of the lead poisoning had been traced to some pickles which the patient had eaten in large quantities three or four times a day, having been advised to do so for loss of appetite. Lead was found in large quantities in the vinegar used to preserve the pickles. There had been several similar cases in the neighborhood where the woman lived which had all been traced to the eating of pickles. In the second case, the poisoning was also due to the eating of pickles. In this case, besides the wrist-drop, blue line, colic, &c., there was marked melancholia and mental depression.

DR. F. W. CAMPBELL looked upon mental depression as frequently present in lead poisoning. He advised large doses of iodide of potassium to be given—half to one drachm doses.

DR. GURD explained that the common kinds of pickles were kept in glazed earthen jars before being bottled, and that oxide of lead was used for glazing the cheaper earthenware; this, when brought in contact with vinegar, was dissolved out in the form of the soluble acetate of lead, and so poisoned the pickles.

DRS. GARDNER, L. SMITH and MOLSON, each reported a case of lead poisoning. Dr. Molson's case ended fatally, and delirium was a marked symptom from the beginning. The man had been employed mixing paints for some two months, and the attack commenced with colic, later there was constipation and mental depression, then delirium. The wrist-drop only came on during the last three weeks. Patient died of exhaustion.

DR. JAS. BELL said that there were two kinds of lead poisoning—acute and chronic—and he had, whilst medical superintendent of the Montreal General Hospital, seen many cases of both kinds. He believed, in the chronic form wrist-drop was a remote symptom, and not accompanied by colic, as in Dr. Mignault's cases. The blue line could be caused by other sulphides than lead. He thought the rapid wasting of the muscles not a common symptom in lead poisoning, and suggested that Dr. Mignault's first case was not one of lead poisoning at all, but due to some trophic changes. It looked very much like a case of polio-myelitis of spinal cord.

DR. JAS. STEWART asked if the deltoid muscle was affected. He said in any case of paralysis the extensors were the first to suffer, and, last of all, the intrinsic muscles of the hands. If these were affected early, he thought Dr. Mignault's first case might not be entirely due to lead poisoning.

DR. HY. HOWARD wanted to know how the iodide of potassium acted, and the effect of the lead on the nervous system. He said : It is a remarkable fact that in all cases of muscular atrophy and paralyzes of parts from poisons, so much depends upon the poison as to how the nerve centres are attacked. For example, in the case under consideration, lead poison, the highest centres—that is, intelligence—although the lowest organized, is the last attacked ; the first being the afferent or peripheral sensory nerves, rendering the parts anæsthetic. Now, because the trophic nerves are paralyzed, they can no longer perform their function ; and, in accordance with the natural law of waste and supply, or of evolution and dissolution, it is all waste and no supply, consequently atrophy of the part that has been deprived of its supply. The next stage is the natural consequence of the first, the peripheral nerve lesion—that is, motor paralysis—and why ? Because the roots of the motor nerves leaving the spinal cord, as well as the cord itself, are supplied by these trophic nerves, consequently these parts lose their supply, and the waste causes paralysis of the motor nerves. Thus do we account for the atrophy and paralysis of a certain group of muscles from the toxæmia of lead poisons, and, I have no doubt, for other functional

symptoms that we find in cases of lead poisoning, remembering that all functional symptoms are due to structural cause. With regard to toxia from alcohol, it is a fact that the first organs affected are the highest nerve centres—viz., intelligence. A man first becomes a fool from the poison, then the sensory nerves becomes paralyzed, and he is anæsthetic—that is, general anæsthesia ; and the last stage of the poisoning in both is hemiplegia.

DR. MIGNAULT, in replying, said that the symptoms of the acute and chronic forms might exist together, the one passing insensibly into the other. In the first case the deltoid muscle was apparently normal. He was certain that the muscles of the thumb atrophied early and rapidly.

Hydrochlorate of Cocaine.—DR. BULLER, on being asked to give his experience with this new local anæsthetic, said :—On the 7th of November I commenced using the new local anæsthetic (cocaine) in operations upon the eye, and have had an opportunity of testing its merits in quite a variety of cases. Under its influence I have performed iridectomy five times, extracted two senile cataracts, removed four tarsal cysts, discision of capsular cataract twice, opening of the canaliculi twice, and operation for obstruction of the lachrymal duct once. I have always used a four per cent. solution. The results have been gratifying, but not entirely satisfactory. The first iridectomy was for artificial pupil on account of a central leucoma of long standing. . Two instillations at an interval of five minutes. Ten minutes after the first instillation, grasping the conjunctiva with fixing forceps caused no discomfort. The operation was performed in the usual way. In reply to my question, “Did you feel any pain ?” the patient, an intelligent man, said “No, I cannot say that I did.” In iridectomy for lamellar cataract, preliminary iridectomy for senile cataract, and for acute glaucoma, I was equally fortunate. In one case of iridectomy for commencing staphyloma following ulceration of the cornea from purulent ophthalmia, the patient complained considerably of pain during the operation, notwithstanding four applications of the drug at intervals of five minutes. There was in this case an incomplete anæsthesia, ascertained by testing the relative sensi-

bility of the conjunctiva of the other normal eye. Perhaps the still somewhat infiltrated and swollen conjunctiva had been rendered less susceptible to the action of the drug by the recent inflammatory process. In one case of senile cataract, the anæsthesia was all that could be desired; in the other, the patient became restive before completion of the incision, and gave me a good deal of trouble before the operation was satisfactorily completed. In both, the result of the operation was perfectly satisfactory; and I may say that I have not observed the slightest ill-effect from the use of cocaine up to the present time. In one case of discision of a partially absorbed traumatic cataract, repeated instillations failed to produce any anæsthetic effect, and the patient complained of pain quite as much as if no anæsthetic had been used. The same solution had proved perfectly efficacious upon another patient a few minutes previously. It would therefore seem that some eyes cannot be rendered anæsthetic by the use of a 4 per cent. solution of cocaine. For the removal of tarsal cysts, the pain was only trifling after three or four instillations of the solution; so also in slitting the canaliculi, and was certainly diminished even in the operation of opening the nasal duct.

DR. GARDNER had removed a urethral carbuncle without producing pain by means of cocaine.

DR. ALLOWAY had opened a large retro-vaginal abscess painlessly with a 4 per cent. solution of cocaine.

The PRESIDENT reported a painless operation upon himself by means of cocaine. He had, in fact, pulled out one of his own double teeth. He applied a 4 per cent. solution by means of two bits of lint for some 15 minutes before "putting on" the forceps. The tooth was firmly fixed, and he only felt a slight pain towards the end of the operation.

Neuritis of the Brachial Plexus.—The discussion on this case (exhibited at last meeting by Dr. Stewart) now took place.

DR. HY. HOWARD said: Whether the etiology of this case be idiopathic or traumatic, or, more properly speaking, whether it be due to chemical or mechanical lesion, it is a case in proof of my theory that peripheral, or trophic, or sensory paralysis is

followed by muscular atrophy and motor paralysis. This case went to prove the now established physical fact that alterations or change of animal organisms—that is, of structure—creates change of function, and that change of function is necessarily followed by change of conduct. These truisms explain how the sane man of yesterday is the insane man of to-day; how the rascal of yesterday is the saint of to-day; the immoral of yesterday the moral of to-day; the irreligious of yesterday the sanctified of to-day; and how so many people deceive themselves, mistaking structural and functional changes for supernatural cause of effect.

Extracts from British and Foreign Journals.

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

The Use of Carbolic Acid in Purulent Affections of the Conjunctiva and Cornea.—A few years ago, when resident surgeon of the Moorfield's Eye Hospital, London, I introduced into ocular practice the use of the 5 per cent. lotion of carbolic acid in gonorrhoeal ophthalmia. Previous to this, I had tried every variety of treatment then recommended with a success not very encouraging. The deep transparent excavations of the cornea so frequent in this affection so often followed by perforation and prolapse of the iris, or deeply infiltrated ulcers which, through leaking in their floor, give rise to falling forwards and adhesion of the iris to the posterior surface of the cornea not again to be loosened; or other cases in which the ulceration rapidly involved the whole cornea, causing destruction of vision, and at times of the eye itself—all these terminations have I at different times witnessed and seemed powerless to prevent. If the changes did not go so far still I have been kept on the wings of expectation, not knowing, with the arsenal of remedies then at my command, what the outcome might be. These are a few of the considerations which made me anxious to get a better and more reliable remedy. Now, after a considerable lapse of time, I feel that I have secured the desired remedial measure in carbolic acid. I have tested its merits in all the various

forms of gonorrhœal ophthalmia, for instance, in that with much serous chemosis and swelling of the ocular and palpebral conjunctivæ; in that where the œdema is as great, but harder and denser; in that where the conjunctivæ of eyeball and eyelids and the sub-conjunctival tissue, are so fully loaded with exudation as to give the brawny, mottled look of diphtheritic ophthalmia. In fact, quite lately, I had a case, that of a young man, in whom the inflammation was the most violent I had ever witnessed. The partly everted lids had the mottled, white and red look with inability to remove any of the infiltrations so characteristic of diphtheritic ophthalmia. When the tissues began to unload themselves, quite large pieces came away leaving excavated and bleeding surfaces. I value the treatment by carbolic acid so much above all the other varieties that I have ever employed, that I now use no other. Under its influence, the transparent excavations quickly heal, and, moreover, have never, since I began its use, progressed to perforation, as formerly so often the case. The same may be said with respect to the other forms of corneal ulceration brought to our notice in gonorrhœal ophthalmia.

I, however, met with one form of corneal mischief, which I do dread, and against which I am not as well provided as I could wish. This form is the deep, circumscribed infiltration of the cornea with the external surface unabraded. Here the morbid process goes on extending inwards till hypopyon comes. After this the external surface ulcerates, and then the part is so weak that at once perforation of the cornea and entanglement of the iris, more or less complete, takes place. The powerlessness of carbolic acid in this variety is due to its inability to reach the seat of mischief. The consequences in these cases being such as I have mentioned, have determined me to do Saemisch's operation when the opportunity is given me, and by so doing bring the abscess under the benign influence of this acid. This action I shall take, though well aware of the great danger of incising the cornea in the midst of such a fierce purulent discharge.

As is well-known, in the worst forms of gonorrhœal ophthalmia

mia the lids are so swollen and stiff, that only very partial or no eversion can be made. This prevents the proper application of other forms of treatment, such as strong solutions of nitrate of silver, the mitigated and pure stick. The carbolic acid lotion travels with great ease beneath the lids, and hunts out as it were all the obscure places. The way in which to make such a thorough application can, after a short time, be taught any moderate skillful nurse. These last truths I consider of great moment, and factors telling much in its favor. The course pursued in the treatment of a case of gonorrhœal ophthalmia is as follows:—The patient is ordered to bed; then there is placed at his bedside a large basin of cold water, in which there is always kept a big piece of ice. The eye is to be bathed by the patient, or by the nurse, very frequently so as well to cleanse the eye. In the intervals, cloths wet in the iced water are constantly to lie upon the closed eyelids. The lotion—of a strength 1 in 20—is to be thoroughly applied *every hour*, the lids being as well everted as possible. These applications are to be made day and night. In consequence of this, a nurse must be in constant attendance. The pain and smarting, which ensue after using the carbolic acid, last but a few seconds, and are succeeded by a feeling of comfort and relief. This is another point in its favor, and in direct contrast to the effects of the powerful caustics heretofore employed. As the discharge becomes thinner and more laudable, the 5 per cent. lotion is to be used every second hour, and during the intervening hour the $2\frac{1}{2}$ per cent., or 1 in 40, is to be applied. As the virulence of the affection goes on diminishing, the 1 in 40 may be used altogether. I do not employ the watch-glass protector, the ingenious contrivance of Dr. Buller, of Montreal, for the sound eye. I tell the patient to lie on the side on which the affected eye is, and warn him of the danger of inoculation. I consider these measures to be sufficient precautions, when using so frequently an application of such strong antiseptic properties. I look upon this lotion as the most effective and reliable remedy we have at our command in gonorrhœal ophthalmia; and the more I make use of it, the greater becomes

my faith in its power for good. The great *antiseptic* and *astringent* properties of carbolic acid place it, in my opinion, without a rival in the treatment of this inflammation.

This is its history in my hands with regard to the foregoing affection. I shall now mention it with respect to other purulent affections, especially where the cornea is markedly implicated. One of the most dreaded sequels to a cataract extraction is purulent infiltration of the corneal wound. When this infiltration of the cornea has made its way to Descemet's membrane, and is also spreading in other directions in the corneal substance, and is associated with free purulent discharge, there is a feeling in the mind of the operator that the eye is as good as lost. It is in just such cases that I have more than once been completely successful, and have secured an unimpaired eye. I well recollect one case, that of an old and feeble man, an inmate of Moorfield's Eye Hospital, in whose eye on the third day after the operation, when union had taken place, infiltration of the wound set in. This, under the usual mode of treatment in such cases, got worse and worse. The infiltration alarmingly increased in depth and width, and the discharge became markedly purulent and copious. It was quite evident that improvement must quickly take place, or the eye would be lost. I now vigorously applied the 5 per cent. carbolic acid lotion. The result was that in two days the eye was out of all danger. Then, on examining the wound, there was to be seen a deep, broad excavation reaching to Descemet's membrane, with a ragged but healthy surface. The surrounding cornea was bright and clear. This excavation gradually filled up, and the patient went out with a good, serviceable eye.

In those cases of kerato-iritis, where the corneal ulceration is extensive, this lotion has been used with most beneficial results. Here it is combined with the usual treatment of atropine, warm bathing and constitutional remedies.

I have based all my remarks upon those cases in which the corneal inflammation was extensive, and associated with more or less purulent discharge; and where a new departure in treatment would show its usefulness, and enable a just conclu-

sion to be drawn—in other words, in test cases. If I think a weaker lotion than the 5 per cent. will answer the purpose, I may not at any time use the 5 per cent. I feel that I am fully justified in strongly recommending the carbolic acid lotion in the various and kindred affections laid before you—for it has so often come out victorious in real test cases, and where previously non-success had too often been my lot. It is very necessary to use the *pure* carbolic acid, as any impurities give rise to such irritation and sometimes pain, as not only seriously to interfere with its full and proper application, but also materially to lessen its curative properties.—*Dr. G. Herbert Burnham, in American Journal of Ophthalmology.*

Conduction of Physical Signs in Diseases of the Lungs.—Dr. Markham Skerritt read a paper on this subject before the Medical Society of London. He said (*Lancet*) that it was universally recognized that the lung tissue acted as a conducting medium for physical signs in heart disease, but it was not so fully appreciated that the physical signs of lesions of the lungs themselves might be detected at a distance from their source. It might be stated (1) that physical signs due to disease of a limited portion of lung were liable to be conducted by the adjacent tissue so as to be recognized at a distance from the site of the lesion, as in front when the disease was at the back, or on the sound lung when one lung only was affected; (2) that it was therefore as important to trace to their origin the physical signs dependent upon lung disease, as it was to follow out those of a cardiac lesion. Instances were adduced of the adoption by a consolidated lung of the signs of pneumothorax derived from the opposite side; the transmission to the sound side of the tubular breathing of pneumonia, the interchange of physical signs between the affected side and the unaffected in pleuritic effusion, the conduction of the physical signs of the phthisis from one apex to the other, and the conveyance throughout the pulmonary region of sounds having a strictly localized origin. The physical signs most liable to conduction were those of auscultation; and of these,

chiefly râles and altered breathing. In the localization of a conducted sign in lung disease the process was the same as in the case of a cardiac lesion. In conduction a physical sign (1) retained its special quality; (2) lost in quantity in proportion to the distance from its source. The readiness with which a physical sign was conducted was also of value as an indication of the state of the transmitting tissue. The subject of the paper was one of considerable importance, as instances had been met with where error had resulted from a want of due appreciation of the facts adduced. In the discussion which this paper elicited, Dr. Theodore Williams remembered several instances in which it had been difficult to arrive at a correct diagnosis, from physical signs being conducted away from the place at which they originated. Dr. Kingston Fowler said it was very common to find that the physical signs of a cavity at one apex of the lungs were conducted to the opposite apex.

Treatment of Cancer of the Rectum.—

In a clinical lecture at the Neckar Hospital, Professor Trélat drew the following conclusions with regard to treatment of cancer of the rectum:—(1) Cancers of the rectum should not be touched, unless they cause grave disorders. This rule should be positive, with the single exception that very small cancerous deposits may be removed from the lower part of the rectum and the margin of the anus. (2) In all other cases the treatment should be confined to complications and palliative operations. In giving these rules I am in accord with Professor Verneuil. (3) As palliative operations, rectotomy may be done when the finger can be passed beyond the upper limit of the neoplasm. If the neoplasm is more extensive, the surgeon should abandon rectotomy, and work out a way of derivation; for by performing rectotomy in these cases, the surgeon is almost certain to injure the peritoneum. With the English surgeons, and Labbé and Tillæux, I am in favor of lumbar colotomy, because it is a simple operation, less dangerous, and affords a ready means of exit for the fæces. Other surgeons prefer to make an inguinal anus; but

there is risk of opening the small intestine, with all the attendant dangers and inconveniences.—*Revue de Therap.*, May 15, 1884. *Br. Pract.*

Treatment of Chronic Dysentery by Voluminous Injections of Nitrate of Silver.—At the meeting of the Clinical Society of London, held Nov. 14, 1884, Dr. Stephen Mackenzie stated that extended experience had strengthened his belief in the value of large enemata of nitrate of silver in the treatment of cases of chronic dysentery, or dysenteric diarrhoea. The mode of procedure he adopted was as follows:—The quantity of nitrate of silver to be used was dissolved in three pints of tepid water in a Leiter's irrigating funnel, which was connected by India rubber tubing with an oesophageal tube with lateral openings. The patient was brought to the edge of the bed and made to lie on his left side, with his hips well raised by a hard-pillow. The terminal tube, well oiled, was passed about eight or ten inches into the rectum, and the fluid allowed to force its way into the bowel by gravitation. The injection rarely caused much pain, and often none. It usually promptly returned, but when long retained, it was advisable to inject chloride of sodium to prevent absorption of the silver salt. Various strengths had been used, from 30 to 90 grains to three pints of water, but usually one drachm of nitrate of silver was employed. The treatment was based on the view that whatever the nature of dysentery, whether constitutional or local in the first instance, the latter effects were due to inflammation or ulceration of the colon which was most effectually treated, as similar affections elsewhere, by topical measures. Sometimes one, sometimes two injections were required, and in some cases numerous injections were necessary; but in all the cases thus treated, many of which had been unsuccessfully treated in other ways previously, the disease had been cured. In most cases other treatment was suspended, but in some Dover's powder, or perchloride of iron, which had been previously administered, was continued or subsequently prescribed.

The cases narrated were:—1st, In which the disease had

lasted several years on and off; two injections were used, and the case was cured in six weeks. 2nd, Second attack, duration uncertain; four injections used; cured in five weeks. 3rd, Duration, two months; two injections used; cured in three-and-one-half weeks. 4th, Duration, five years; one injection used; cured in three weeks. 5th, Duration, eighteen months; two injections used; cured of dysenteric symptoms, but remaining under treatment for diabetes. 6th, Duration, fourteen months; one injection used; cured in seven weeks.

The treatment, which laid no claim to novelty, was brought forward to elicit the experience of others who had tried it, or to induce others to employ it in suitable cases.—*Medical Press and Circular*.

The Treatment of Acute Gonorrhœal Epididymitis by the Application of Clay to the Scrotum.—Before describing this method of

treatment of epididymitis recommended by Dr. Loucachévitch, a few words as to the popular employment in Russia of clay as a medicament may not be out of place, particularly as the custom has also the scientific endorsement of Prof. Botkine. In the district of Riazane, according to the *Travaux de la Société Médicale de St. Petersbourg* (published in the Russian language), the peasants frequently employ a mixture of clay and vinegar as a cooling local application in fevers. In Wologda the women soothe the pains of hysteria by the application of clay to the soles of the feet; and the Russian surgeons Zabolzki and Chipoulitzki, as well as the celebrated Pirogoff, often employed clay with success in the treatment of aneurism. Prof. Botkine also used this same remedy in cases of aneurism of the thoracic aorta, in neuroses of the heart and in the treatment of the disagreeable epigastric pulsations in hysteria. After the application to a pulsatile tumor of a paste of clay, there follows not only an improvement in the subjective condition of the patient (diminution in the asthmatic symptoms and cardiac pain), but also in the objective condition; the tumor diminishes in volume and (as seen in the case of aneurism of the thoracic aorta) the pulsation becomes more feeble. So also

in the reduction of the epigastric pulsation in hysteria the applications of clay at the same time cause a notable reduction in intensity of the other disturbances of the abdominal organs ; the vomiting, diarrhoea and abdominal pains disappear. These results Prof. Botkine explains as due to the refrigerant action of the clay, and above all to its metallothrapeutic properties. Recently Dr. Loucachévitch has successfully treated several cases of gonorrhœal epididymitis by the application of clay, employing the white moulding clay of sculptors made into a paste with water. A square piece of muslin is covered with a thick layer of this paste, and, while an assistant raises the tumefied scrotum, the dressing is so applied as to cover all the affected region up to the root of the penis, and is retained in position by a suspensory bandage, the patient remaining in bed during the treatment. As the clay retains its moisture for some time, it is only necessary to renew this dressing twice daily—morning and evening. The author assures us that in ten minutes after the application the pain is reduced in intensity, and soon disappears completely. On the second or third day the swelling rapidly subsides, but the treatment should be persisted in for four or five days. Up to the present time the author has treated 26 cases by this method, without the use of any other therapeutic measures (such as leeches, etc.), and in all he obtained a prompt cure.—*Gazette Médicale de Paris*, Nov. 22, 1884 ; *Therapeutic Gazette*.

Splenic Murmur in Intermittent Fever.

Maissurianz (*St. Petersburg Med. Wochenschrift*) describes a systolic murmur which he has heard over the region of the spleen in patients with acute intermittent. He explains the phenomenon on the ground that it is probably due to dilatation of the splenic vessels following enlargement of the organ ; it is also possible, he thinks, that the arteries may be subject to alternate contraction and dilatation, so that the blood meets with an obstruction in its flow through the spleen. The murmur is analogous to that sometimes heard in the uterine sinuses during pregnancy. The writer maintains that this condition

has never before been described. He has noticed the murmur in eight cases, all of which were acute. In spleens which were affected with permanent or chronic enlargement he has never been able to detect it. He considers its presence a diagnostic sign of considerable importance, and implies that such cases are most benefited by a direct application of the interrupted current over the spleen.

Importance of Early Removal of Caseous Lymphatic Glands.—Dr. Geo. R. Fowler of Brooklyn concludes an article on this subject (*N. Y. Med. Jour.*, Jan. 10) with the following summary:—To summarize them I would briefly call attention to these points: 1, That what may appear—and in the opinion of the older teachers was—an innocent cheesy gland, which had become so from an inspissation of its contents, is really the site of an infiltration of material which rapidly becomes propagated and constitutes the so-called caseous lymphadenitis. 2. That this caseous infiltration may be, and in all probability is, either the bearer of, or the soil proper for, the cultivation of the spore or germ upon which the anatomical product known as tubercle depends for its formation. 3. That there is a period of quiescence varying perhaps in different individuals during which no advance in the disease takes place, but during which the patient is threatened with an outbreak of tuberculosis. 4. Whenever such caseation is within reach of surgical art, the same rule that is applicable to carcinoma and sarcoma—namely, early, thorough and complete removal—should be practised; and this rule might be of service in those doubtful cases where a persistent lymphadenitis, without caseation, occurs, and no explanation or reason for its existence can be found, as well as to enlarged and indurated glands found in the neighborhood of the site of caseation.

Management of Miscarriage.—Dr. W. H. Parish teaches that the placenta at the fourth month can remain in the uterus for some weeks without producing serious symptoms, but that it will produce serious trouble before it comes away. He considers it criminal to let the placenta remain until

bad symptoms develop, as has been taught by some authors. As an expert, he would call such action *malpractice*. He related the case of a woman where the placenta was left after a miscarriage. Four weeks subsequently she was seized with severe hæmorrhage; but even then her attending physician failed to remove the decomposing placenta. Four days later, Dr. P. was called in consultation; the woman was moribund; the placenta was removed, but the patient died.

The lecturer considers no practice so fallacious as the use of *drugs* for the purpose of emptying the uterus, more especially of a placenta. The weakest portion of this organ is that to which the placenta is usually attached, the strongest being that which includes the contracting fibres of the cervix. Hence when we give ergot, we close up the cervix and incarcerate the placenta; and we also render the introduction of the finger, for purposes of examination, next to impossible. He would not leave the placenta in the uterus more than an hour after a miscarriage.—*Med. & Surg. Reporter*.

Night Terrors in Children.—The picture which a child suffering with this condition presents is somewhat as follows:—The child, say from three to six years of age, has gone to sleep apparently in his usual health. Two or three hours later he suddenly rises up in the bed, with eyes wide open, and evidently fixed upon some terrifying object; this may be to his imagination a monster, robbers, etc. His cries are pitiful, his words incoherent, and he fails to recognize the friends who are around him. This condition may last for five minutes to half an hour, then comes a period of calm, he falls asleep again, and the next day he is as well as ever, without even a recollection of the experience of the previous night. The condition was first described by Hesse of Altona in 1845. Bouchat considered it a congestive neurosis of the brain. West, Steiner, Deseroigilles, Simon and others have described it with varying minuteness, but Debacker was the first to make a complete study of its pathogeny. No convulsions have ever been observed as accompaniments to it. West relates the case of a child eleven months

old, who was troubled with gastro-intestinal disease attributable to dentition, who was in the habit of having seven or eight attacks in a single night. The accident usually happens several nights in succession during a period of five or six weeks, and cases are related in which it has continued during a much longer period. The phenomena of somnambulism are sometimes observed in connection with this condition. It usually occurs in nervous, impressionable children, and very often in those whose constitution is weak, or who have been brought up in defiance of the rules of hygiene. The author, following the plans of Lesegne and Debacker, divides the sufferers into two classes according as there exists or does not exist a permanent lesion of the brain. In the latter class, the most frequent cause of the trouble is to be found in disturbances of digestion. This reflex disturbance of the cerebral circulation is believed to be more frequent in children than in adults, and this, notwithstanding the fact that insomnia, somnolence, vertigo, vaso-motor disturbances, hysterical and other morbid phenomena are well known results of digestive disorders in adults. The morbid action is directed upon the vaso-motor nervous system, and the author mentioned as causative elements too much or too exciting food, too much alcoholic liquor and constipation. As to dentition, night terrors are much more frequently observed during the first than during the second dentition. Less frequent causes are intestinal worms, the irritation of certain skin diseases, and the absorption of certain drugs—belladonna, stramonium, and quinine mentioned as examples. In the other class, in which cerebral lesions form an exciting cause, night terrors may be a preliminary indication of tubercular meningitis, cerebral sclerosis, cerebral tubercles, epilepsy, and hysteria. The prognosis is usually favorable excepting in cases in which severe cerebral lesions are present. The treatment should vary in accordance with the determining cause. Certain hygienic precautions of both physical and intellectual character should be observed in all cases. All cerebral excitement must be avoided, whether it is caused by the reading of fascinating books, or by listening to stories of a terrifying character. The subject should not be left alone in his bed-room,

and when an attack comes on he should be soothed and sympathized with. Regular and healthful exercise should be insisted upon, and the diet should be light and unirritating. If dyspepsia coexists, alkaline preparations, pepsin, or the tincture of nuxvomica may be given. West is in favor of suitable doses of bromide of potassium and chloral for a calmative effect upon the nervous system. Quinine is also recommended as a useful drug in many cases. If the gums are hot and swollen it will be eminently proper to relieve them by incision.—*Archives of Pediatrics*.

The Treatment of Nerve Exhaustion.—

For the treatment of this disease we are indebted wholly to one of our trustees, Dr. S. Weir Mitchell, and to him we owe a large debt of gratitude for teaching us how to cure cases which had hitherto been the opprobrium of the profession. In the treatment there are five ends to be secured—nutrition, sleep, rest of body and of mind, freedom from pain, and an equable circulation. The question of nutrition is an important one, because these women are either wholly without appetite or they reject wholesome food. Repair not equaling wear, the starved brain cannot repose, and the starving nerves clamor. By beginning the treatment with iron, with malt, and with a diet of skimmed milk, usually, after a week's time, the patient begins to crave solid food. Fixed rations of wholesome food at fixed hours are now given, together with as much new milk between times as the patient can possibly digest, and it is wonderful how much food a delicate woman can soon dispose of. A goblet of milk is always given at bedtime, so as to distract to the stomach the morbid self-attention of the brain. Also for its soothing and hygienic effects the patient's body is bathed every day by the nurse. By these simple measures fat is rapidly made, sleep is induced, and nerve pains are allayed, in invalids who have been reduced to the last degree of emaciation, and who have hitherto resisted every kind of treatment, even a local one, for supposed or for real uterine troubles. Seclusion is indispensable, first, to free the mind from care, and next, to remove the invalid from the injurious home environment. There, surrounded by an atmosphere of injudicious sympathy, her whims

are pampered into an unhealthy importance and her slightest caprices anticipated. There, her counterfeits of uterine disease, her mimicries of organic hurt, are nursed into realities, and there she rules as an autocrat. From this exalted position she must be dethroned. Again, seclusion puts the patient wholly under the control of her physician; a matter of vital importance, for there are no hard and fast rules of treatment for restoring these women to health. Each case stands by itself; each case is a study; each has an individuality to which the mental treatment must be adapted, and the personal magnetism of the physician can alone supply the missing nerve link between will and action. To maintain the needful authority over his patient requires the greatest tact, the greatest alertness on the part of the physician. Sometimes he must soothe, and praise, and comfort. Sometimes, imitating the example of the Good Interpreter, who first pulled Christian out of the Slough of Despond and then scourged him well for getting in, the physician must rescue his patient from a relapse and then scold her for it. When the character is passive and the will limp the task is easy. Far otherwise is it with strong wills, with the willful, when a bright and intellectual woman, as she too often is for my comfort, chooses from the start to set herself in battle array. The treatment then becomes a trial for mastery; it is brains pitted against brains, and the physician has to put more and more of himself into the encounter, until he begins to doubt very much whether he has any *more* left. Often have I lain awake, wondering what next was to be done, to save myself from the humiliation of a defeat or of a drawn battle. Often, when crossing the threshold of some room in my private hospital, have I, with my mind's eye, seen my patient draw her rapier and stand on guard, ready to parry or to thrust. Discipline in the end usually triumphs; but the wear and tear of such a case is telling on the physician. Knowing these facts from personal experience, and acting upon them, I have generally treated my patients away from home. Sometimes I have compromised the matter by putting the patient and her nurse in a third-story room at home, but, as it were, under lock and key.

The therapeutie effect of massage and of electricity on the circulation are very striking in nerve exhaustion ; but, while very analogous in their action, they need a somewhat extended explanation. The four principal movements of massage are :— 1, Stroking, friction, or surface-rubbing ; 2, Kneading or deep-rubbing ; 3, Tapping, or percussion ; 4, Passive and active motion, by movements of flexion, abduction, adduction and rotation, the patient either being passive or resisting. The first two pleasantly stimulate into action the vaso-motor nerves and the terminal filaments of cutaneous nerves. They also exercise the muscles without volition, and therefore without expenditure of nerve force. Electricity does the same thing. Now this is a very important item in the treatment, for all voluntary muscle work is nerve work, and the nerve capital in these cases is too small to be drawn upon. Percussion made by quick strokes with the ulnar margin of the palm, or with a wet towel, or with two rubber balls mounted on whalebone stems, temporarily stuns the nerves ; and these surprises effect molecular changes, by which lax fibre and tissues of loose consistency are strengthened. Again, both massage and electricity raise the body temperature, stimulate the nervous system, promote the secretions, and increase the peristaltic action of the bowels. Also the new and sharp impressions of electricity break up, as Anstie has shown, the mental attitude of morbid concentration on the hysterical or the pseudo-neuralgic pains. Thus these two agents not only act as antidotes to the evils which come out of prolonged rest, but they meet several important indications. Further, the assumption having been made, that in these cases there is disturbed circulation, as well as enfeebled enervation, it follows that when a pathological process is set up by an increased flux of blood to an organ, whatever tends to lessen the amount of blood flowing to it, tends also to restore it to health. Now, both electricity and massage increase surface circulation in the large vascular district of the skin ; they flush its shallow arterioles. Again, by irritation of vaso-motor nerves, they also produce reflex changes in the circulation of deeper parts. But increased capacity in one vascular district causes lessened capacity in another. Hence the flux of blood is

diverted from the blushing or congested organ, and its circulation is lessened. Causing in this manner anæmia of the brain, sittings of massage or of electricity are often followed by sleep. In all my cases the interrupted current was most commonly used, the galvanic current being reserved for stubborn and deep-seated pains. In a large proportion of these cases there was more or less of anæsthesia in one leg—usually the left—accompanied by burning and cutting pains radiating from the corresponding ovary. Faradic excitability was at first always enfeebled on the affected side, but, after several applications, the muscles began to respond to the current, and the motility was restored. In not a single instance did these nerve lesions last long. The ovaralgia was, however, not so readily overcome, but it was very interesting to watch how surely it was rubbed out and faradized out—in fact, extinguished.

The foregoing treatment was the one to which our patient of to-day was subjected, and to which she so marvellously responded. Of local applications she had but four, and these were made more for the moral effect than for any hygienic purpose. This treatment answers admirably also for the spurious womb-ails and nerve perturbations of the climacteric. Nothing so surely controls the heats and chills, the shiverings and sweatings, the nerve tinglings and emotional explosions, so common at the change of life. Of course, it would be unreasonable to suppose that all local treatment is to be excluded from the Rest cure, as it is technically called. Putting a woman to bed cannot cure a torn cervix, or a cervical stenosis, or an acutely bent womb. But what I claim for it is, that it has, in my hands, cured granular erosion, menorrhagia, inter-menstrual ovaralgia, prolapsed ovaries, coccygodynia, and most of the diseases arising from passive congestion. It certainly is a specific for menorrhœa, or for scant menstruation, and also for dysmenorrhœa, when not dependent upon a sheerly mechanical cause. While in the treatment of the reflex uterine symptoms of nerve exhaustion, nothing can compete with it. The lesson, then, which you will take home with you to-day is, that urgent uterine symptoms are not always evoked by uterine disease, and that there exist many nerve counterfeits of uterine disease.—*Dr. Goodell in College and Clinical Record.*

CANADA

Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1885.

MEDICAL CARE OF THE INSANE.

Our contemporary, *L'Union Medicale du Canada*, treats of this subject in its issue for January. We are glad to have the unqualified support of this influential journal on such an important question. We have, for some years, been drawing the attention of the public and of the Government to the lamentable condition of the insane poor as regards the medical treatment of their mental maladies. Great indignation was expressed by some interested parties at the words we employed in describing the existing state of affairs. The words were strong, but no stronger than were called for by the facts. We said there was no medical treatment in the asylum nearest us; and the truth of this, as we meant it to apply to therapeutic means and measures directed against the patients' mental maladies, was admitted by the profession at large. *L'Union* says, under the present farming system "le traitement médical égalera zéro," which corresponds exactly with the estimate we had been led to place upon it. That journal then proceeds to ask what can be expected of one man who lives only in the neighborhood of the Asylum, and whose time is divided between a general parochial practice and the medical supervision of a great establishment containing upwards of 1000 lunatics. Our contemporary calls upon the Government to acquire the provincial asylums and assume the entire direction of and responsibility for them, and believes that no thorough reform can be had until this is done. Our Provincial Parliament will soon re-assemble, and the public will look with lively interest to the steps which may be taken by

the Government with reference to the amelioration of the present condition of our insane population. It has only been by the outspoken condemnation of the asylums by one of the most eminent of British alienists that our rulers have at last been roused from their mediæval lethargy upon these vital questions, and we do hope that independent members and the press generally will see that a renewed somnolence shall not be permitted to again come over them. There are, no doubt, serious practical difficulties in the way of reaching these reforms, *i.e.*, in doing away with the abominable farming system which is at the root of all the evil; but the greater the obstacle, the greater the credit for overcoming it. The scheme suggested by our contemporary may not be in all respects just what we should ourselves prefer, but, all the same, the end we both have in view is identical. "What we desire is that our insane patients receive proper and suitable treatment from a medical standpoint, and that, for this end, they be maintained under the care of men in whose scientific skill and experience we can place the most absolute confidence. As it is, we are far indeed from this ideal (the entire profession of the province admits as much with bated breath); and if we have the courage to proclaim it aloud, we also will have that to work with all our might to attain the desired end."

CITY SANITATION.

It is universally admitted that the advent of cholera to this side of the Atlantic with the coming spring and the opening of the navigation is by no means improbable. In the United States great consideration has been given to the question of prevention, and precautionary measures on an extensive scale have been widely adopted by the various cities and municipalities. It is satisfactory to find that in the Canadian provinces also attention is being given to this all-important subject. The city of Montreal, being the port of entry for the majority of the shipping of the Dominion, should above all others be up and doing. The Board of Health have not been idle of late, and considerable progress has been made in the right direction. The health officer, on the 13th inst., addressed a special meet-

ing of the Medico-Chirurgical Society called for the purpose of hearing what had recently been done, and what it was proposed to do, to improve the health of the city. The proposed Health bill for the province of Quebec was alluded to, and the importance to the city of having this carried through was made clear. Mr. Archambault, who was present, explained that the bill, which had already been before the society last year, had received certain amending clauses, and it was fully expected that, at the approaching session, the Government will introduce it as a public measure, and that we will therefore soon have a proper sanitary law to cover the whole province. As Dr. Hingston very properly pointed out, Ontario has been saying very little but has in active operation a very complete sanitary regulation. He thought it high time that, after the amount of talk that had been for years expended upon this bill of ours, something practical should quickly follow. The law once in force, it will perhaps be possible to do something to remedy the utter disregard of all the laws of health openly practised in many of the surrounding municipalities. The regular reporting of contagious diseases was also discussed. Certainly this has been successfully carried out, *e.g.* by the Illinois State Board of Health, but we doubt very much its practicability here. The appointment of district physicians is urged as necessary to assist the health officer in case of the presence of an epidemic. The necessity for some such appointments for a large city seems quite evident. The next point alluded to was the abolition of privy vaults, or at any rate the regular emptying of these and disposal of the contents. The City Council has already attacked the latter part of this problem, and will probably soon make a contract for the incineration of all the faecal matters collected from the vaults. Dr. Sterry Hunt spoke strongly in favor of this plan and believed that it could ultimately be made financially successful, owing to the value of the products. This innovation has been forced upon the Council by the action of the surrounding municipalities, who have unanimously refused to allow the deposition of night-soil within their limits. From a purely sanitary standpoint, the scheme has everything to commend it.

The abolition of all cess-pits and privies is a matter of considerably more difficulty, but its importance is no less. To accomplish this it will be necessary to introduce by law some other system, such as the dry-earth closet, and amongst the poor this will be found very hard to do. In the discussion upon this point, several speakers urged the superiority of the water-closet system where the supply of water is as good as in Montreal, and thought that this should be placed within reach of the poor by reduction of the rates. Dr. Godfrey spoke of the introduction of cholera by the river in former epidemics, and urged the importance of quarantine and careful inspection of immigrants. Dr. Campbell spoke of the arrest of the disease in New York harbor in 1866, when imported by the steamship Atlantic. In that case the ship was at once quarantined, and the cholera never appeared in the city itself, though two cases followed in the harbor. The meeting was a very important one, and elicited a good deal of animated discussion. There was too much ground covered by the paper to allow of any one point being thoroughly dealt with; and in view of the widespread interest felt in all sanitary matters at the present moment, we would suggest to Dr. Larocque to have another meeting, say in a month's time, with ample notice beforehand, at which a few special points connected with the Asiatic cholera might be presented to the society for fuller discussion.

THE SCHOOL OF MEDICINE.

It is definitely announced that the Montreal School of Medicine and Surgery is about to apply to the Legislature for a charter granting it University powers, and thus enabling it to grant degrees. It is stated, we know not on what authority, that it is not the intention of Laval University to oppose this application. As far as regards the present aspect of medical education in this Province, it can make but little difference whether our Parliament grants the powers asked for or not. As it is now, the School of Medicine educate and examine a certain number of students every year. Those of the final year who pass—and there are very few who do not—proceed

to Victoria College, Coburg, and receive the diploma of M.D. They return and present the diploma to the Provincial Medical Board, and on it receive their license to practice. If the school itself granted the degree, it would simply save the men a journey to Coburg. The giving of University powers is, however, a matter of which the legislatures cannot be too jealous. It is certainly against the interests of higher education that the number of universities in any country should be multiplied; and no scheme for the introduction of what would practically be a new university should be encouraged until the most substantial reasons can be adduced, showing that there is a clear demand and urgent necessity for it. It remains, therefore, to be seen what are the grounds upon which the school founds its claims to be admitted to rank as a university.

PROF. OSLER, now of the University of Pennsylvania, sailed for England on the 10th inst. He will deliver the Gulstonian lectures immediately upon his arrival in London, and proposes returning at once to Philadelphia. The subject he has selected is, we understand, the "Pathology of Endocarditis."

DR. H. N. VINEBERG, formerly of this city, is at present in New York taking special courses in Gynæcology. We learn it is his intention to proceed to Europe (Berlin and Vienna) to follow up the same branch. He has expressed his desire to devote himself entirely to the practice of gynæcology in the future. He will probably settle finally in this country, where his admitted ability is likely to secure him a good *clientèle* after the special advantages he will have had.

A NEW MEDICAL SENATOR.—It is our pleasing duty to congratulate our *confrère*, Dr. Sullivan of Kingston, upon his elevation to the Senate. The well-known ability of the new senator, his eloquence, ready wit, and skill in debate will be sure to make him a valuable member of the upper house. It is gratifying to know that in Dr. Sullivan the profession have one who has always taken a deep and active interest in all matters which concern its welfare and advancement, and that, from his long

experience, he is most competent to take part in any legislation tending to the promotion of professional interests or to advance measures for securing the public health. The position has been fairly earned, and the selection will be universally applauded.

THE JOHN H. STRATFORD HOSPITAL.—The city of Brantford, Ont., has been the recipient of a most munificent donation from a public-spirited citizen; nothing less, in fact, than a complete, handsome, well-appointed hospital of a capacity sufficient to meet the wants of the city for some time to come. Mr. Stratford, the gentleman in question, aided by Dr. Digby and others interested, made careful investigations into all the particulars concerning hospital construction most suitable for this climate, and the result is the production of a building pronounced by those who have seen it to be perfect for all the purposes required of it, and at the same time elegant and appropriate in all its fittings. It was opened by Lieut.-Governor Robinson on the 10th instant, when suitable addresses were made. Brantford is to be congratulated, and it is to be hoped that such well-directed generosity as that of Mr. Stratford may be widely imitated.

ONE HUNDRED YEARS OF PUBLISHING.—The firm of Lea Brothers & Co., of Philadelphia, have issued a neat little volume to commemorate the centennial existence of their publishing house. It gives a most interesting account of the founding of the establishment by Matthew Carey in 1785. This gentleman had left Ireland owing to political troubles, and immediately upon his arrival in the New World began publishing a journal in Philadelphia. The publication of books soon followed upon journalism, and the medical branch of the business took firm root with the establishment, in 1820, of the *Philadelphia Journal of the Medical and Physical Sciences*, which, in 1827, changed its name to *The American Journal of the Medical Sciences*, and which is now, with the single exception of the *Edinburgh Medical Journal*, the oldest existing medical journal in the English language. The *Medical News* was established

by the same house in 1843. The house soon devoted its entire energies to medical publications, and during a great many years supplied a very large proportion of all its literature to the profession. Founded upon true business principles and with able men constantly at its head, the establishment has maintained for itself the very highest reputation, and enters upon the second century of its existence with every prospect of undiminished usefulness and continued success.

—The authorities of the University of Vermont, U.S., have announced that they will grant the M.D. degree to British registered medical practitioners of good standing, who pass a satisfactory examination in medicine, surgery and midwifery. No residence is necessary, and the examination may be passed in three days. The fee for the examination is only £6. The first examination, under these regulations, will take place in June next, and I have no doubt that a goodly number of English practitioners will be induced to take a trip to the States in order to obtain the legal right to assume the title "M.D." Hitherto Brussels has enjoyed almost a monopoly in granting the M.D. to English practitioners, but in future it will find Vermont a formidable competitor for the English guineas.—*Hospital Gazette.*

Personal.

W. G. Henry, M.D. (McGill, '83), passed the examination for L.R.C.P. on the 24th ult.

The Hon. Dr. Robitaille, ex-Lieutenant-Governor of the Province of Quebec, has been nominated a Dominion Senator in place of his brother, who has resigned.

Dr. H. V. Ogden (McGill), has been appointed Professor of Materia Medica in the Milwaukee Medical College, Wisconsin.

Dr. Jas. Dorland (McGill), has been appointed to the chair of Principles of Medicine in the Milwaukee Medical College, Wisconsin.

Medical Items.

—We are glad to announce that *Gaillard's Medical Journal* of New York will be continued by Messrs. M. E. and E. W. Gaillard and an able corps of collaborators.

—Dr. Ambrose L. Ranney, Professor of Applied Anatomy in the Post-Graduate Medical School of New York city, has been appointed to fill the chair of Anatomy in the Medical Department of the University of New York, rendered vacant by the death of Prof. William Darling.

—The New York Dispensary, the oldest dispensary in that city, is about inaugurating an entirely new system of medical administration. Instead of the thirty-two physicians and surgeons who now attend gratuitously, they are to appoint five medical officers, who shall be remunerated for their services. The chief of these will receive \$1200 per annum, and the others \$800. They will attend four hours daily. The effects of this new departure will be watched with interest.

DR. GAILLARD.—Dr. Edwin Samuel Gaillard, the veteran medical journalist and editor, died at his home in Ocean Beach, N.J., on the 2nd inst. He was born near Charleston, S.C., on the 16th January, 1827. Dr. Gaillard graduated from the University of South Carolina, at Columbia, in December, 1845, and from the South Carolina Medical College, at Charleston, with first honors, in March, 1854.

THE NOBLE ARMY OF MARTYRS.—Of 129 doctors who, as agents of the White Cross Society, devoted themselves to the care of cholera patients during the recent epidemic in Naples, twenty fell victims to the disease. Is it not a little singular that, while the attention which the king showed to the sufferers was heralded throughout the world as an example of rare devotion and heroism, no mention was made of the score of noble men who offered up their lives on the altar of philanthropy?

PROF. COHNHEIM'S SUCCESSOR AT LEIPZIG.—Since Professor Cohnheim's death, the election of his successor has been looked forward to with much interest and curiosity. The University

of Leipzig hoped and tried to secure the services of Dr. R. Koch, but Herr von Gossler, Prussian Minister of Education and medical matters, interfered, and avoided a loss which would have been irreparable for Berlin. The medical faculty of Leipzig has now proposed the following three professors to the Saxon Minister of Education—Drs. Recklinghausen, Ziegler, and Birch-Hirschfeld. As it is not supposed that Professor Recklinghausen is likely to leave Strasburg, the choice will rest between Drs. Ziegler and Birch-Hirschfeld.—*Brit. Med. Journal*.

ARTIFICIAL IMPREGNATION.—This subject has been discussed, and has its advocates. The *Gazette Hebdomadaire de Médecine et de Chirurgie* reviews at length a new novel with the suggestive title of “Le Faiseur d’Hommes.” The romance is nothing more nor less than a plea in favor of artificial impregnation; the *dramatis personæ* are a childless count and countess and a highly scientific physician. A certain abbé is also introduced, in order to fill out the religious side of the picture. Not to enter into the details of the subject, which are better suited for a treatise on gynæcology than for a popular novel, it suffices to say that the experiment is successful, the result being a son, who is afterward known at court as the “child of the syringe.” He should have been called “a son of a gun.”—*Gaillard’s Med. Journal*.

ADMINISTRATION OF ETHER.—The following rules are given by Dr. Burrell in an interesting paper published in the *Boston Medical and Surgical Journal*:—1st, Before etherization, the surgeon should satisfy himself regarding the presence or absence of heart disease. 2nd, The safety of the patient and the comfort of the etherizer largely depend on the use of pure anhydrous sulphuric ether. 3rd, The best medium for the administration is one in which the ether can be given in a condensed form or largely mixed with air. 4th, As a rule, the patient should have a brief, clear description of the sensations he is about to experience. 5th, A room free from bustle and confusion before and after an operative procedure is an essential for quiet etherization. 6th, Ether should be administered on an empty stomach. 7th, The knowledge of the effect of a glass of wine upon a patient is frequently an indication of the exciting or stupefying that ether

may have. 8th, No mechanical impediment should exist to respiration. 9th, The pulse and respiration are the safeguards of etherization. 10th, The less ether used in an operative procedure, the better the recovery of the patient from the immediate effects of the operation. 11th, A little ether in children goes a long way.

THE BOY AND THE BONE-SETTER.—Speaking of bone-setters recalls a good story which occurred in the North of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated for some time by the local medical man without any good result. His mother, who had great faith in the neighboring bone-setter, wanted the lad to go to him, which he declined, preferring, as he said, the “reg’lar faculty.” Eventually, however, his mother’s persuasions prevailed, and he agreed to allow himself to be taken to see Daniel R—, the bone-setter. A bed for the invalid was extemporized on a cart, and, accompanied by his anxious mother, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely, in order, as the bone-setter said, “to get the bone in.” The lad was liberal with his screams while this was going on, but eventually the bone was “got in,” and he was told to go home and in a few days he would be all right and fit for his work. He was lifted upon the cart again, and, with his mother seated beside him, set off for home. “Didn’t Danny do the thing well?” said the joyous old lady. “Yes, he did, mother,” said the lad, “but I was na sic a fool as to gie him the sair leg!” The “reg’lar faculty” will, we have no doubt, appreciate the story.—*Whitehall Review*.

PRURITUS ANI.—A correspondent of the *Brit. Med. Journal* recommends the passing of a pledget of cotton soaked in the following into the anus, leaving until the next defecation, when it is to be reapplied: Acid carbolic, gr. xx; tr. opii, ʒ iv; acid hydrocyanic dil. ʒij; glycerine, ʒiv; aquam ad ʒvj.

PAPINE.—Dr. Geo. H. H. Williams of Philadelphia, Pa., says: From a somewhat extended experience in prescribing Papine, I am led to regard it as the safest and best of all opiates.