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CANADA

MEDICAL AND SURGICAL

JOURNAL.

A

Monthly Record

OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY

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AND

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CANADA

MEDICAL & SURGICAL JOURNAL

AUGUST, 1879.

Original Communications.

EMBOLISM OF BOTH EXTERNAL ILIAC ARTERIES DURING TYPHOID FEVER—GANGRENE—DEATH.

BY T. G. RODDICK, M.D., Prof. Clinical Surgery, McGill University.

On the 16th June of this year I was called to see N. B., aged 18, a clerk. He had been ailing for some days, and at the time of my visit the thermometer showed a temperature of 102°. He had many of the symptoms of impending fever, and as such I diagnosed it.

For the first fifteen days the case ran the ordinary course of typhoid; no complication of any moment occurring beyond a diarrhœa, which was readily controlled with kino powder. A large dose (twenty grains) of quinine was administered every second day for the first twelve days. The highest temperature (104°) was recorded on the evening of the tenth day of my attendance; pulse 94; very slight tenderness on pressure over right iliac region; sleeps well; takes abundance of milk, and when the bowels will permit, a small quantity of beef-tea. He is cheerful, and makes no complaint.

Early on the morning of the sixteenth day (July 1st) he awoke with a piercing scream, and informed his mother that in a race he had just been running (in a dream, of course), he had injured his left leg in some way. The mother found the limb blanched and cold, and exquisitely tender in places. She

rubbed it energetically, and applied hot water bottles. When I arrived, about three hours after, I found the limb in the condition described. By the most careful examination I failed to find any pulsation in the femoral artery, or any vessel down the thigh, leg or foot. Even above Poupart's ligament for a distance of at least two inches I could feel no artery pulsating. The limb was cold to the middle of the thigh; veins empty; blanching extreme; great pain, very much increased on pressure, chiefly about the apex of Scarpa's space, and in the calf. His features had a pinched appearance, eyes sunken, and altogether the patient gave the idea of one suffering from shock. Temperature 103°; pulse 120, weak and intermitting; tongue and lips dry. A tablespoonful of brandy was ordered to be given at short intervals, the limb to be wrapped in cotton wool and a flannel bandage. I ordered also a draught containing chloral and bromide of potash. In the evening I found him much calmer, having slept a little, and not so haggard in appearance; temperature 103 2-5°; pulse 120, with volume much improved; has had three characteristic stools during the day; very little tenderness over right iliac region, more on the left side; the limb has still a blanched appearance, but is decidedly warmer, and the painful spots of this morning are tender only on pressure; the toes are very tender, and have to be handled with great tenderness; there is no discoloration of the skin in any place. I now examined the heart for the first time, and found it perfectly normal.

July 2nd.—Passed a fair night, but would at times start with sudden pain; temperature 102 1-5°; pulse 116; tongue dry in centre; sordes on teeth; no pulsation in vessels; limb warm to below knee; with the surface thermometers I find a difference of five degrees between the feet, while in the upper third of the thigh there is a difference of barely one degree. Dr. Howard saw the patient in consultation with me to-day, and being naturally very much interested in the case, examined him most carefully. He found no heart lesion, and with the stethoscope placed over the course of the external iliac, failed to find pulsation lower than one inch and a half above Poupart's

ligament. The circulation in the opposite limb was unimpaired. The same treatment is to be continued.

July 3rd.—Condition unchanged.

July 4th.—Passed a very restless night, and towards morning was seized with pain in the opposite limb, which became also cold and blanched, and on examination I am astonished to find absence of pulsation in the femoral and up to about the same point in the course of the external iliac artery as that on the opposite side. He is again very irritable, and the same pinched appearance has returned. The right foot (the last to become affected) is now colder than the left. The latter has, however, a more congested appearance than before. Temperature 104°; pulse 130, and very shabby.

July 5th.—Temperature 101 4-5°; pulse 124, and fuller; passed a fair night, with the assistance of a morphia draught; had four stools in the past twelve hours; condition of circulation unchanged; sensation in left foot decidedly impaired; right foot warmer than left.

As I was obliged to leave the city for a couple of days, my friend Dr. Osler kindly took charge of the case for me, and on my return furnished me with the following report:—

July 6th.—Has passed a restless night, although he is easier to-day; pulse 116; complains of great pain in left leg, chiefly about foot and shin; limb is warm to the ankle; foot is cold; no pulsation to be felt in femoral or posterior tibial; in pressing back the stream in veins of ankle, it returns with great sluggishness. Right leg also a little painful, but foot warm; no pulsation to be felt in femoral or posterior tibial arteries; circulation in ankle veins very feeble.

7th.—Has had a bad night—kept awake by the pain in left foot; four stools; pulse 128; tongue red and dry; fever moderate. Left foot from ankle is cold, and has a somewhat livid, purplish look; on pressure with finger, the blood can be squeezed from capillaries, but returns very slowly. On the instep and inner surface of the foot are several purplish spots,

from which the colour cannot be driven by pressure. No pulsation in arteries of either limb; right is warm to the toes.

8th.—Restless night again; foot very painful; three stools since visit; temp. 101°; pulse 112; left foot somewhat darker, quite cold, and insensible to the touch as far as middle of ankle; purple ecchymosis has not extended much. No pulsation in arteries of either limb; right foot is a little cold; sensation in it not much impaired.

9th.—Passed a better night, but suffered great pain in left foot at times this forenoon; pulse 108; temperature by the touch somewhat higher than yesterday.

11th.—I find that he has changed very much for the worse; emaciation extreme; great restlessness; fits of screaming; rapid, irregular, and intermitting pulse; temp. 103 2-5° at noon; left foot has an irregular gangrenous-looking patch extending along the inner side of dorsum, being about four inches in length by two in breadth; the toes and foot generally have a very congested look, which is much increased when placed in a dependant position. Right leg and foot warmer; no discoloration of skin; no pulsation in femorals of either limb. Bowels still inclined to be relaxed and of characteristic typhoid hue.

13th.—Very little change in condition; the temperature is still high, and the pulse constantly ranges in the neighborhood of 130. The discoloration in the dorsum of left foot is increasing both in depth and superficial area, and blebs are forming in places; the great toe is now implicated; complains of a constant feeling of dull pain or weight about the ankle. Right leg still retains a fair amount of heat, and the skin of foot is natural in appearance, with the exception of a distended condition of the veins and sluggish circulation through them. The diarrhœa is less troublesome; takes an occasional large dose of quinine, and either brandy or champagne very freely.

16th.—Temperature 102 3-5°; pulse 134; diarrhœa rather troublesome; yesterday had a syncopal attack, which nearly proved fatal; right leg retains heat and normal appearance; no pulsation in vessels anywhere in the limb; left becoming

generally gangrenous, but no attempt at formation of line of demarcation; is much troubled with aphthous ulceration of mouth and tongue; slight epistaxis; cannot sleep without morphia; delirious at times.

20th.—Nothing remarkable to note. Constant delirium, high temperature, and rapid, irregular and intermitting pulse; gangrene slowly extending.

24th.—Has an occasional fit of uncontrollable screaming, which alarms the entire neighborhood; no pulsation to be made out in either limb below the point originally indicated, namely, about two inches above Poupart's ligament; nor can any collateral vessels be discovered; notwithstanding the right leg holds its own fairly as regards color and temperature, although to-day is seen for the first time a bruised-like spot on the instep; both knees are slightly bluish. Left foot quite gangrenous up to the malleoli on either side, and bullæ increasing in size and number, but no attempt at the formation of a line of demarcation. He refuses all food but champagne. There is a constant nausea. He passes urine and fœces in bed. Is incoherent.

28th.—Died this morning, having been unconscious for the past four days. The physical condition has scarcely altered since the last note was taken, with this exception, that the bruised-like mark on the right instep has increased to the size of a half-crown piece, and is unmistakeably gangrenous.

Unfortunately an autopsy was not allowed.

Remarks.—This case will doubtless be recognized as one of more than ordinary interest. In fact, as far as I can learn it is unique of its kind. That the original seizure was produced by a sudden blocking of the left external iliac by an embolus there can be no doubt—the symptoms were most strikingly typical. The difficulties which have to be explained are: the origin of the embolus, and how it came that it was of such large size as to completely occlude a great vessel like the main iliac artery. I regret extremely that an autopsy could not by any persuasion be obtained, to have enabled us to arrive at some definite conclusion on these points. We are therefore left to conjecture.

There was entire absence of any valvular affection. This was confirmed by repeated examinations and by several physicians. The only possible explanation, therefore, which I can offer is, that from some unknown cause a fibrinous clot was formed in the left side of the heart, which, having attained some size, passed into the aorta, and was arrested in the left iliac artery. The subsequent occlusion of the corresponding artery was no doubt due to extension of the clot by constant deposition of fibrine until it extended past the bifurcation and down the right side.

A CASE OF DIPHTHERIA—TRACHEOTOMY—RECOVERY.

BY JAMES DORLAND, M.D. (McGILL), MILWAUKEE, WIS., U.S.

On July 15th, 1879, was called to see George D., aged 6 years. The previous morning he had had a slight chill, followed by severe headache and fever; he now complained of his head and throat. His pulse was 130, eyes suffused, temperature 102° F., tongue heavily coated with a creamy fur, and bowels constipated. Examined the throat, and found the fauces covered with a brownish pellicle, which on the right side extended up on the same side of the soft palate. There was also a small patch on the posterior wall of the pharynx. The patches were almost leathery in appearance. Ordered a saline cathartic, and to be kept in bed. Chlorate of potash and iron every two hours, and a gargle of carbolic acid, one to forty.

July 16th.—Headache better; fever less; pulse 120; bowels moved twice. Exudation on the fauces not so dark. Ordered quinine to be added to the mixture, and gave wine liberally.

July 17th.—He passed a good night, but his mother said he was croupy, but that he was subject to that complaint. Examined his throat, and found that the pellicle had extended downwards, but still thought the croup spurious. Ordered whiskey instead of wine.

18th.—Rested well during the night, and crouped very little. When I visited him, the hoarseness seemed to have almost ceased, so that I felt confirmed in my opinion that it was spurious croup.

19th July.—Was called by telegram in the morning, and learned that he had had a very restless night, and about five o'clock became very much choked up. I arrived at nine and found his breathing labored, respirations quick, pulse 130, lips and finger nails blue. Gave an emetic at once, which operated nicely and gave considerable relief. Telegraphed to Dr. Lann to bring tracheotomy instruments. He arrived at eleven, and agreed with me that an operation was the only chance. I proceeded at once, after the administration of chloroform, to open the trachea. The final incision was made above the thyroid gland. Used a hard rubber canula, with smaller one inside to facilitate cleaning. Very little hæmorrhage. He rallied nicely from the effects of the chloroform, lips and fingers soon assumed a natural hue, and the breathing became quiet and regular. The fauces seemed to be improving so fast that I did not consider any more applications necessary. Put him in a warm room, with a pot of boiling water containing lime and carbolic acid. Ordered brandy in the form of egg-nog, and increased the dose of quinine. Two hours after the operation his pulse was 100. Examined his urine and found it highly albuminous (about 20 per cent by bulk). In the evening a hard plug of mucus got into the tube, and he was almost suffocated before I got there. I took the canula out and cleaned it. Had no difficulty in returning it.

20th July.—Pulse 96; wound covered with a diphtheritic membrane. Increased the amount of stimulants. From this time forward he recovered rapidly without a bad symptom.

25th.—Gave him some animal jelly and small pieces of bread, and began placing the finger over the tube to make him breathe through the natural passages. On removing the tube to cleanse it, some little difficulty is experienced in replacing it.

28th July.—Removed the tube and allowed the wound to close by granulation, which it did in four days, so that no air escaped from the trachea. Eats and sleeps well, and at the end of the week the external wound was healed.

The points of interest to me were—the dark brown color of

the patches which some authors assert is indicative of a severe type, the rapidity with which he recovered, and the slight degree of prostration, for at no time during the course of the disease was he unable to walk across the room.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. OSLER.

V. *Concussion af Brain—Temporary Hemiplegia—General Convulsions—Rapid Recovery.*

(Reported by DR. IMRIE.)

J. O'C., female child, aged 23 months, admitted 31st of May. It had fallen from a balcony (2nd story) on its head, and after having been picked up, was again dropped—from a considerable height it was stated—in an altercation which took place between the mother and the careless attendant. When admitted at 1.30 P.M. it was semi-comatose, and the muscles of the right side of the face were twitching rapidly. On examination a large blood tumour was found in the right occipital region; no fracture could be detected. At 2 P.M., temperature in axilla was 97°. Eye-balls turned to left side, pupils equal, widely dilated. Left arm and leg quite limp; those of right side exercise some resistance to motion. At 2.30 P.M., child began a series of general convulsions, in which the extremities of the left side were most affected; these lasted until 4 P.M., after which she became easier. Put upon potas. bromid. and potas. iodide, and ice to head. Towards evening passed a considerable quantity of urine. Pupils regular, medium sized.

11.30 P.M.—Continues quiet, appears sleeping; moves limbs of both sides when touched, and starts when a loud noise is made, or a bright light brought near. Temperature 101°.

June 1st.—Child is much better, appears quite bright, and has complete control over all parts of the body. Blood tumor fluctuates distinctly. Pupils natural. Temperature 98°.

No further brain symptoms developed, the tumor gradually subsided, and the child was discharged well in a few days.

VI. *Aggravated Stuttering, following fall on the head.*

P. A., æt. 19, a sailor, admitted with bronchitis, May 29th. About a month ago, shortly before his vessel left Glasgow, he fell for a distance of about 10 feet, striking his forehead on a stone. He was unconscious for some time, and had pains in the head for three days, but was not paralysed. Skin of forehead was not broken, and there is now no trace of any wound. The day after the fall, noticed that he could not speak distinctly, and the impediment has persisted ever since; is quite sure that he never stammered previous to the fall.

When he begins to speak, the eyebrows are elevated, the forehead wrinkled, the depressor muscles of the lower jaw and platysma contract strongly, drawing the chin down, and the depressors and levators of the mouth become rigid. During this contortion, which lasts from five to ten seconds, or even longer, the tongue is sometimes suddenly and rapidly protruded. When a sentence is begun, he generally gets through it quickly and without further hesitancy. He can repeat a word or sentence that is told him much more readily than utter one composed by himself. He is shy, and does not like to be "put through" before the students.

VII. *Extreme Irregularity of the Heart.*

(Reported by Mr. E. J. Rogers.)

W. T., æt. 64, tar-roofer by trade, admitted June 17th with great palpitation of the heart.

Patient is a bronzed, healthy-looking man; has led a regular life, never done very hard work, and never had rheumatism. Has a slight arcus senilis. For some years has noticed occasional palpitation when at work, but the attacks were never severe, and passed off on sitting down. Three weeks ago caught a severe cold; cough was constant, but with very little expectoration until after the first week. At this time the heart began

to give trouble by beating very fast at times; had to stop work, but has not been confined to bed. On 13th had an attack of severe hiccup, which persisted on and off for three days; applied at the Hospital Dispensary on 16th and got some medicine, which relieved him, and was advised to enter the ward.

On examination, thorax moderately well formed; no visible pulsation; area of heart's dullness small, being covered by emphysematous lung. On auscultation, action weak and extremely irregular, so much so that it is impossible to follow the rhythm or distinguish the sounds from each other; indeed, the latter are almost inaudible. No murmur detected. Pulse weak, rapid, and remarkably irregular—hardly any two beats following each other with the same rhythm. It was extremely difficult to count, but was somewhat over 100. Lungs present no evidences of disease; percussion-note is clear and full—no *râles.*

Urine clear; no albumen. No nervous symptoms. Cough has disappeared, has had no appetite for some time, and does not care for food. Says he does not notice the palpitation when lying down, but only when up and about. Ordered Tr. Digitalis M. v. every six hours.

21st.—Heart's action much steadier, but still rapid; sounds more distinguishable. Pulse feeble: can hardly be counted.

22nd.—Sounds more distinct; no murmur; action weak, but not so irregular. The effect of the ℥ i of digitalis which he has taken is very marked, and he says that he feels quite well.

24th.—Action much stronger; beats more regular—often three or four follow in succession, and then a sudden rat-tat-tat, representing irregular rapid pulsations, which do not reach the artery at the wrist. Pulse 85. Wants to go out, but advised to remain a few days. Appetite has returned.

27th.—Heart's action has got stronger and steadier, but there is still a little irregularity every 10 or 12 beats. Sounds are louder. No uneasy sensations on exertion. Discharged.

Reviews and Notices of Books.

Diphtheria: Its Nature and Treatment, Varieties and Local Expressions.—By MORELL MACKENZIE, M.D., Lond., Senior Physician to the Hospital for Diseases of the Throat and Chest, Consulting Physician to the North-Eastern Hospital for Children, and Lecturer on Diseases of the Throat at the London Hospital Medical College. Philadelphia: LINDSAY & BLAKISTON, 8vo., pp. 104.

As Dr. Mackenzie very justly remarks, "A malady which under various names, has existed for so many thousand years, which has been so widely diffused, and which has caused such dire havoc, must always be of interest to the Student of Medicine." Although so much has been written lately on this subject in the English Medical papers, yet no monograph on Diphtheria has appeared in that country for the past twenty years. This fact affords a very sufficient *raison d'être* for the present volume. The disease is treated of as usual in systematic treatises under the headings of Etiology, Symptoms, Paralysis, Diagnosis, Pathology, Prognosis and Treatment—and three special chapters are added upon Laryngo-Tracheal Diphtheria, Nasal Diphtheria, and Secondary Diphtheria.

In discussing the Pathology, the writer contents himself with fairly laying before the reader the German views (Oertel, &c.) of the origin in and spread by bacteria, and the English views (Beale, &c.) which are opposed to these. He himself does not express any very decided opinion in this still controverted question. Conciseness is evidently aimed at, and is obtained without the omission of what is essential, by avoidance of discussion upon these often quite theoretic, or at any rate, unproven points. Chapter ix. is on "Laryngo-Tracheal Diphtheria (formerly called Croup)." Dr. Mackenzie, therefore, is one of those who believe in the identity of the two diseases. We know there are equally good men who think otherwise, and perhaps with better reason. This fact makes none the less

valuable this section of the work. It is illustrated by tabulated statistics of the tracheotomy operations during several years at two of the largest Parisian Hospitals for children. The conclusions arrived at are very clearly expressed, short and distinct—just what the practitioner should bear in mind in such cases—"It is at the close of the second stage of croup, when inhalations and emetics have failed, that tracheotomy is called for. Marked recession of the sternum and chest-walls is the indication for its performance." "The cases most favorable for the operation are those in which the symptoms of general infection are slight or absent, and the strength of the patient is unimpaired." This is just what one would naturally expect, but it is certain that not a few exceptions will occur. We have sometimes been much disappointed at the failure of the operation in apparently the most favorable cases—and equally surprised and pleased at having a successful result in those presenting the most unpromising symptoms. We think that any surgeon having much experience in Tracheotomy will confirm this statement. "The operation is not contraindicated even when the apnœa is extreme, and the patient is apparently on the point of suffocation, provided only that the heart's power is still good." One must admit that perhaps a life may very occasionally be thus plucked as a brand from the burning, and that duty commends us to try; but the repeated failures in these desperate cases is very disheartening. This is a useful, practical book from a specialist of great experience and should be extensively read.

Hints in the Obstetric Procedure.—By WILLIAM B. ATKINSON, A.M., M.D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia, Lecturer on Diseases of Children, Jefferson Medical College. Philadelphia: D. G. Brinton, 115 South Seventh Street.

This is a little book which contains short and practical directions concerning the management of a woman before, during, and after labor. These hints seem to us to be full of good common sense, which, after all, is a much better guide than

many of the old traditional rules which generations of nurses successively swear by. The once invariable and mystic "ninth day" rule may often, he thinks, at the judgment of the attendant, be broken through. He recommends grasping the fundus and body of the womb through the abdominal parietes for the removal of the placenta; and justly says, "when the womb does not at once close itself and expel the balance of its contents, there can be no good reason for delay on the part of the medical attendant." Still, many physicians allow an hour or more to elapse before any effort is made to aid in this work. Young men just entering practice want just such hints on a variety of practical points which may escape them in the more voluminous chapters of directions in the obstetric text-books. To all such this handy little volume will prove very useful.

Diseases of the Intestines and Peritoneum.— By John Syer Bristowe, M.D., J. R. Wardell, M.D., J. W. Begbie, M.D., J. O. Habershon, M.D., T. B. Curling, F.R.S., and W. H. Ransom, M.D. New York: William Wood & Co. 8vo. pp. 240.

Another volume of "Wood's library of standard medical authors" which that firm have been issuing by subscription. It will be seen that the articles in this, as in the preceding numbers, are written by the English authors whose names are quite familiarly associated with the subjects of which they treat. Considering that the space occupied by each subdivision is by no means great, it is noteworthy what an amount of ground is still covered. The articles selected cover the ground very fully. Hardly anything of importance can be looked for with reference to the very numerous diseases to which the intestines and peritoneum are liable, but a short account of the most recent views on that subject will here be found. Enteralgia, Enteritis, Obstruction, Ulceration, Affections of the Cœcum, Diarrhœa, Dysentery, Diseases of the Duodenum and of the Rectum, Intestinal Worms, Peritonitis, Tumors, &c., form only a part of the subjects which receive careful attention. This volume makes an excellent addition to the series which,

from its intrinsic goodness and remarkably low price, should commend itself to all.

Physiology: Preliminary Course of Lectures.—By JAMES T. WHITTAKER, M.A., M.D., Prof. of Physiology and Clinical Medicine in the Medical College of Ohio. Pp. 272. Cincinnati: Chancy R. Murray.

The author states in the preface that in the delivery of these lectures he has endeavoured "to put within the reach and comprehension of the first course student the foundation, facts and principles upon which the stately edifice of physiology is built." We congratulate him upon his success, and trust that the work will have a large circulation, as it contains, in very readable form, much matter which does not find a place in ordinary text books. The first chapter, "On the influence of Physiology in practice and upon the practitioner," is very pleasantly written. The second deals with the conservation of force; the succeeding three treat of evolution of life, and contain an excellent exposition of the views of Lamarck and Darwin. The rest of the work is occupied with chapters on protoplasm, bone, muscle, nerve and blood, the histology and physiology of which are given in a most satisfactory manner. The tone and style of the lectures are very good, and the numerous apt quotations and allusions with which the book abounds show that the author has trod the paths of literature as well as science.

The Growth of Children—(A supplementary investigation), with suggestions in regard to methods of research.—By H. P. BOWDITCH, M.D., Professor of Physiology, Harvard Medical School.—(*From the tenth annual report of the State Board of Health, Mass., U.S.,*) *Pamphlet.*

This work has been compiled from the results of nearly 25,000 measurements and weights taken among children attending Boston schools, the author's primary object being to determine whether race or mode of life had the stronger influence on their growth and physical development. Accordingly we find tables, very carefully prepared, shewing the average weight

and height of boys and girls of American parentage from 5 to 18 years of age, and similar tables for those of Irish parentage, the only other nationality in Boston sufficiently distinct and numerous for purposes of comparison. In other tables the effect of mode of life is tested by comparing the children of the non-labouring with the labouring classes, and the children of skilled with those of unskilled labourers. The conclusions to be drawn from his investigations tend to prove that the difference in growth and weight between the children of unskilled labourers and those of parents in easy circumstances is not so strongly marked as might be expected—less than an inch in height, except in the case of boys between 12 and 15, when it is rather more, while the average difference in weight does not amount to more than three or four pounds. In the case of girls the distinction is smaller; indeed, the labouring classes have the advantage from 16 to 17, possibly from the late hours and round of dissipation in which a fashionable American girl is commonly reported to indulge. In England, on the contrary, the offspring of the wealthier classes have a very marked advantage. The effect of race on these Boston boys and girls was more decided, the children of American parents being superior both in height and weight, excepting boys of the non-labouring classes between 10 and 11, and girls of the same class between 9 and 12—a strange departure from the habits of earlier and later life, for which it would be interesting to find a reason.

The latter portion of the pamphlet is devoted to an account of the best methods of anthropometrical research. It is much to be desired that some one would take up this subject, and obtain like observations on the children attending Montreal schools. The contrast in this case could be drawn between French Canadians and children of British descent; or the plan of Dr. Bowditch might be strictly followed—children of English and Scotch parentage taking the place of the American. The result would be of very general interest, since such tables, being hereafter collated with similar work already done in England, would afford information as to the effect of climate on development. As a standard reference for average height and weight at the

growing ages, these Boston tables are valuable to the non-medical reader, while the profession will find the pamphlet suggestive and the statistics worthy of thought.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL—JULY 25TH.

Present: Dr. H. Howard (President), Drs. Perrigo, Hingston, Shepherd, R. P. Howard, Osler, Trenholme, Bell, Roddick, Armstrong, Loverin, Kerry, Kennedy, Wilkins, Finnie, Gardner, Smith, Campbell and Burland.

Drs. Hawes and Ross, of Detroit, were introduced to the members as visitors by Dr. Bell.

Dr. Osler exhibited a specimen of perforating ulcer of the stomach immediately at the pyloric ring. Rupture had taken place during exertion, with a full stomach. The case occurred in the practice of Dr. Finnie, and as it presented many features of clinical interest, Dr. Finnie was requested to make it the subject of a separate communication for the next meeting. Dr. Osler then proceeded to demonstrate by means of specimens and illustrative diagrams the chief points in the medical anatomy of the brain. Dr. Dalton's apparatus for slicing the entire brain was shown. By means of it the whole organ can be divided into 8 or 10 vertical or transverse sections, and the relations of the parts or of a focus of disease very accurately shown.

The interest of the evening centred in preparations of the entire brain made after a process of Giacomini's, of Turin, by means of which the organ retains its form and colour, is firm, can be handled, and looks like a beautiful wax model. The method is briefly as follows: Brain is put into solution of zinc chloride (about 50 p. c.), on second day remove membrane, turn in the fluid two or three times a day. At first it floats in the solution, but gradually sinks. Let it remain until it no

longer sinks (ten or twelve days), then transfer to alcohol of commerce for ten days, after which it is immersed in glycerine of commerce with one per cent. of carbolic acid added. At first it floats, but gradually sinks as the glycerine is absorbed, and can be removed when it gets just level with the liquid. Set aside for several days till the surface is dry, and then cover with gum-elastic varnish.

The specimens exhibited had the convolutions labelled and Ferrier's centres marked out, and the general relations of these parts were discussed. Dr. Osler then explained a diagram illustrative of Flechsig's views on the columns of the cord, and spoke of the connection of various columns with the brain. Our present knowledge had been arrived at by two independent ways,—first, by morbid anatomy, which had long ago shown the course of certain columns of descending generations which follow cerebral lesions; second, by embroyological investigations which have thrown great light on the development of the spinal tracts and their connection with the brain.

In moving a vote of thanks, Dr. R. P. Howard spoke of the value pathological investigations had been, and were likely to be, in the localization of the functions of the brain.

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

Extracts from British and Foreign Journals.

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

A New Paper Spinal Brace.—Dr. Ap Morgan Vance has recently communicated to the New York County Medical Society a description of a spinal support of paper which he believes to possess advantages over the plaster bandages. "A plaster jacket is put on and allowed to harden, when it is removed and filled with plaster mixed with mortar. When the latter has set the external jacket is taken away, and a perfect cast of the body is thus obtained. Dr. Vance stated that successive layers of brown manilla paper, previously

coated with a mixture of white glue and oxide of zinc, were applied to form the brace, the strips being one and a-half inches in width, and long enough to reach a little more than half-way around the cast. More recently he had employed narrow vertical steel springs in connection with these, which added greatly to the strength of the brace, while, as several additional layers could be dispensed with, it greatly diminished its weight and bulk. A number of hours were required for it to dry, and when this had been accomplished it was cut down and removed, after which numerous perforations were made for the sake of ventilation, and leather strips with vental eyelets were then to be sewed half an inch from the edge in front, and laced with double lacing like a corset. Before being worn the brace should be neatly lined with some appropriate material, which could be removed whenever this was desirable on account of cleanliness. When used for the relief of lateral curvature the brace was supplemented by a band of sheet rubber, six inches square, sewed to the anterior and posterior walls in such a way as to keep up continual pressure upon the convexity of the thorax, and thus assist in straightening the spine. The paper brace weighed from eight to sixteen ounces, could be worn for six months or longer, could be removed and reapplied at will, and could be made and well finished for a little over a dollar." —*British Medical and Surgical Journal*, 3rd July, 1879.

Salicin and Salicylic Acid.—Dr. Maclagan, who originally introduced these remedies to the profession, has written to the "*Lancet*" arguing in favor of the Salicin. He believes that the acid and its soda salt "not unfrequently give rise to considerable and even alarming depression"—that this is never observed from salicin—the worst effects being "a sense of fulness in the head and singing in the ears." Also, that the former will cure cases which have resisted the effects of the latter. Dr. M. does not agree with Senator that salicin is converted into salicylic acid in the blood. He looks upon these drugs as anti-rheumatic *specifically*, not by reason of any *anti-pyretic* action. The conclusion of the article is of

quite sufficient importance to be given entire as embodying the practical result and outcome of Dr. Maclagan's recent observations. "The practical issue with which we have to deal is thus a very narrow one. Given two remedies which cure acute rheumatism with equal certainty and equal speed, but which, independently of their anti-rheumatic effect, exercise different actions on the system, which shall we prefer—that which has a tonic, or that which has a depressing action?—that which gives rise to no unpleasant effects, or that which may cause alarming, possibly fatal, depression? It may, indeed, be said that such large doses are not necessary. My answer is, that to get the full beneficial effects of either salicin or salicylic acid in acute rheumatism, such large doses *are* necessary. By smaller doses—ten or fifteen grains every hour or every two hours—an attack of acute rheumatism may be arrested in two or three days. But let the remedy be given in the larger dose, and the process of the disease may be arrested in half the time. In a malady which tends to involve the heart and entail on the patient the terrible results of an endocarditis, every hour is of consequence. Cut the malady short in one day, and you may ward off cardiac complications which may appear if it lasts for two or three. It takes about an ounce of salicin or of salicylic acid to cure a case of acute rheumatism. The sooner this quantity is got into, or rather is passed through, the system the better. My practice now is to give thirty grains every hour. By the time that an ounce has been thus taken—that is, in sixteen hours—the patient is generally free from pain, and the temperature at or near the normal. I then give thirty grains every two or three hours till another ounce is consumed. After that thirty grains are given three times a day for a week or ten days, to guard against the possibility of relapse. Not unfrequently the patient feels better after two or three powders have been taken, and is practically out of the attack before the ounce is consumed. In such cases the interval between the doses may be widened after six or eight have been taken. Such is the course of events in favourable cases, and almost invariably their course in young subjects who have not pre-

viously suffered, or have done so only once or twice. In older subjects, who have had frequent and long-continued attacks, the acute symptoms may be as speedily allayed, but convalescence is more tardy and more apt to be interrupted. Cases treated by salicin seem to convalesce and pick up more quickly than those treated by salicylic acid or salicylate of soda."—*Lancet, June 21st*, 1879.

Supernumerary Nipples and Mammæ.—The general results of the present investigation may be summarised as follows:—

1. That 65 cases of supernumerary nipple were observed within a period of three years.

2. That of 315 individuals taken indiscriminately and in succession, 7·619 per cent. presented supernumerary nipple.

3. That 9·11 per cent. of 207 men examined in succession presented supernumerary nipple; and 4·807 per cent. of 104 women.

4. That in the great majority of instances the supernumerary nipple was single; that it was without exception situated on the front of the trunk below and within the ordinary nipple; and more frequently on the left side than on the right.

5. That the distance of supernumerary nipple from the ordinary nipple was very various, and that from the measurements of these distances a series of numbers may be obtained which may possibly suggest the unit of distance between the successive pairs of nipples in the original type.

6. That a supernumerary nipple, though frequently well marked, is more frequently small or deficient in one or more of its elements—papilla, areola, follicles or hairs.

7. That in no case was the supernumerary organ physiologically active; but that in a few cases supernumerary glands appeared to be present (in single women).

8. That inheritance was not traced in any instance.

9. That in more than one instance the anterior abdominal wall was the seat of the abnormality.

Strong though the temptation may be to indulge in speculation upon the origin and meaning of supernumerary mammæ and nipples, the writer will adhere to the resolution expressed in the introduction to this paper, and will rest content with the previous statement of facts. Those who are aware of the value of such facts to the science of biology, and those especially who are interested in the doctrine of evolution, will be better able to deal with the results just obtained than the writer, whose work lies in another direction. The whole subject will be found discussed at some length by Professor Leichtenstern in the valuable paper from which the writer has quoted so freely. Mr. Darwin indicates the significance of supernumerary nipples in a single sentence—"On the whole, we may well doubt if additional mammæ would ever have been developed in both sexes of mankind, had not his early progenitors been provided with more than a single pair."—*Dr. Mitchell Bruce, Journal of Anat. & Phy.*, July, 1879.

Treatment of Typhoid Fever.—Dr. Buss, of Basle, in a recent work on the symptoms and treatment of fever, comes to the following conclusions concerning the use of remedies. He places salicylic acid at the head of the list. He prefers this to the cold water treatment, because it increases the abstraction of heat without at the same time causing an increased caloric production. Quinine he ranks in the third place, because, according to his views, diminished heat-production can never have the same effect as increased abstraction. He believes that the ill effects sometimes observed from administration of salicylic acid are due to impurities in the drug. An unusual rule is laid down by him very absolutely—viz., that the administration of salicylate of soda should not extend over more than two days, and that there then should be a complete intermission of at least two or three entire days. If a very decided effect upon the fever is desired, he advises a combination of quinine and salicylic acid, in the following manner: At mid-day grs. 75 to ʒij salicylate of soda is gradually given; towards evening gr. 30 to gr. 40 quinine; and later on, the

mid-day quantity of salicylate of soda is repeated in divided doses. From this he says a most powerful antipyretic effect is produced, without marked increase of the accompanying disturbances.—*Schmidt's Jahrbucher*, p. 182, No. 4.

Physiology of Turkish Bath.—To sum up, it has been shown that a very large quantity of material can be eliminated from the body in a comparatively short time by immersion in hot dry air, and although the greater part of this is water, still solids are present in quantity sufficient to render this a valuable emunctory process.

The temperature of the body and the pulse rate are markedly raised.

The respiration falls at first, but afterwards is less influenced than would be expected *prima facie*.

The urine is increased in density, and deprived of a large portion of its chlorides, while, if anything, an increase in the amount of urea is produced.

The principal effect upon the arterial tension seems to be an increase produced by the greater rapidity of the heart's action combined with the dilated, we may almost say gorged, condition of the capillary circulation.

From these conclusions we may deduce the following practical observations as to the use of the Turkish Bath in medicine :—

Its most important effect is the stimulation of the emunctory action of the skin. By this means we are enabled to wash, as it were, the solid and fluid tissues, and especially the blood and skin, by passing water through them from within out. Hence, in practice, one of the most essential requisites is copious drinking of water during the sweating.

The elevation of the temperature, and more especially of the pulse-rate and blood-pressure, point to the necessity of caution in cases where the circulatory system is diseased.

Excessive long duration of the bath seems to produce more or less depression, as shown by the fall of pulse and temperature after fifty-five minutes. It is probable that the time at which this occurs varies with individual idiosyncrasy. In my case, it

is accompanied by a distinct feeling, which I can only compare to satiety.

The great use of the bath seems to be the power it gives us of producing a free action of the skin in persons of sedentary habit, or suffering from disease interfering with fluid excretion, and by its means I believe considerable elimination of morbid matter may also be brought about. Besides, and along with this, it is an efficient means, if resorted to sufficiently early, of relieving internal congestion, on the same principle and with much greater certainty than the usual diaphoretics; and in rheumatoid affections, not only does it act in this way, but by the relaxation of muscles permits of passive movements, rubbing, &c. (shampooing), exercising a much greater influence than they would independently exert.—*Wm. Jas. Fleming, M.B., Journal of Anat. & Phy.*, July, 1879.

Nerve-Stretching in Neuralgia.—This practice continues to receive support on the part of many surgeons for the relief of cases of inveterate neuralgia.

Professor von Nussbaum (quoted in *London Med. Record*, March, 1879,) relates an otherwise incurable case of intercostal neuralgia which he succeeded in thus curing. He determined that the affected nerves were the terminal abdominal branches of the 8th, 9th and 10th intercostal nerves on each side. For the purpose of stretching these it was decided to expose them by two vertical incisions in the epigastric region, one on each side, and at the distance of a hand's-breadth from the outer margin of each rectus muscle. This was done, and each nerve "taken between the thumb and index finger, and then slowly and forcibly stretched." During the second incision the peritoneum was wounded, and some omentum protruded. The wound was dressed antiseptically, and healed in three weeks. There was entire relief to the previously agonizing pain, and at last accounts the patient remained perfectly well.

Prof. Grainger Stewart reports (*British Medical Journal*, May, 1879) a case of epileptiform neuralgia which had lasted several years and resisted all attempts at relief. Finally he

resorted to nerve-stretching. The first operation was done on the infra-orbital branch, with temporary relief only. At a second operation upon the same part, the nerve was unavoidably cut through. Still violent paroxysms occurred, originating now seemingly altogether from the mental branch. Dr. Stewart therefore determined to have this division also operated upon. This time relief was complete, and five months afterwards there had been no return of pain whatever. There are two points in the operation upon which Dr. S. would lay stress. 1st, That all the branches affected should be stretched, and not merely the one in which the disease is chiefly localised. 2nd, That the nerve being grasped, not merely should traction be made upon the proximal part, but upon the distal also, the lip and cheek being seized and pulled downwards while the nerve is held at the point of emergence. His conclusion is "whatever may be the *modus operandi*, its utility is beyond all question."

Notes on Diarrhœa of Children.—At a meeting of the Dublin Obstetrical Society, held April 5, 1879, Dr. Kennedy spoke upon this subject, and at the end of some interesting remarks he summarized the ideas therein contained in a series of propositions as follows: (1.) That the morbid changes found in fatal cases of diarrhœa in infants and children do not account for the great obstinacy the disease frequently exhibits. (2.) That we are therefore driven to the conclusion that the cause must be constitutional. (3.) That this constitutional state is frequently due to the strumous diathesis, and more rarely to the state known as rickets. (4.) That we must never overlook the epidemic tendency when it exists, which is a something that acts totally independent of the food, water, or milk used. (5.) That the method of feeding infants, both naturally and artificially at the same time, is to be avoided when possible. (6.) That calomel is a medicine which has fallen too much into disuse, and more particularly in what may be called the acute diarrhœa of infants, marked by greenish discharges, and in which the drug has been found to be of signal benefit. (7.) That hippo (ipecac), used a century since for the

same purpose, will be found a very effective remedy in the diarrhœa of the young. (8.) That astringents are of less value than aperients in the treatment of this diarrhœa. (9.) That tonics, such as the pernitrate of iron or oxide of zinc, are often of essential service, and above all a complete change of air.

Dr. McClintock agreed with Dr. Kennedy with reference to the use of astringents. He himself had changed his practice in this respect. In the case of diarrhœa, there often was an accumulation of fæcal matter that should in the first instance be removed. There was a remedy that he had used of late years, when obliged to employ an astringent, and that remedy was oxide of zinc in half-grain doses in a mucilaginous mixture every three or four hours. The most important point in these cases was to regulate the diet and to give the strictest directions to those having charge of the child. He thought that ipecac was a most valuable remedy, and not as often employed as it should be. As to the use of farinaceous food before children are teething, it is to be shunned and avoided.

The president, Dr. E. B. Sinclair, considered all starch foods injurious to the child before the teeth came. It was then a carnivor, and should get nothing but milk. The use of other foods was a fruitful source of disease.

Dr. Kennedy, in replying, said that Dr. Faussett, of Clontarf, had used shell cocoa boiled and given with half water half milk, with good effect, the child fattening on it well. Ipecac (two grains each dose, and one dose every night for a few nights) does not act as an emetic in the majority of cases, nor is it exactly an astringent; it is sometimes found to act as an aperient.—*Boston Med. and Sur. Journal*, 24 July, 1879.

Chrysophanic Acid in Syphilides.—The *Berliner Wochenschrift*, No. 22, 1879, contains an article by Dr. Reamont, in which he claims to have obtained excellent results from chrysophanic acid, not only in psoriasis (as Balmano Squire and others have reported), but also in all the papular forms of the disease. Obstinate cases of psoriasis are, however, so frequent that the agent has been more fully tested

in this than in any other form of syphilitic skin disease. In this report, the writer claims to have cured twelve inveterate cases which had long resisted purely specific treatment.

The mode of employing the agent is as follows: Each evening, before retiring, a general sulphur bath is administered; immediately afterward, the chrysophanic acid ointment is rubbed in quite energetically. On the next morning the ointment is washed off by means of tar or glycerine soap. If the patient be able to remain indoors this treatment is repeated in the morning; if not, only at night. The ointment is used in two strengths, either *one* or *two* parts of chrysophanic acid to *ten* of vaseline. In most cases it is better to first employ the weaker, resorting later to the stronger. If the parts affected be deeply chapped, he sometimes applies, during the day, a small quantity of mercurial ointment, and at night the usual treatment. In most cases the application of the chrysophanic acid ointment is painless. Reamont warns his readers not to permit the rapid disappearance of the cutaneous affection under this treatment to lead them to a discontinuance of an energetic specific course, or relapses will be sure to occur.—*Cincinnati Lancet and Clinic.*

Osteoclasis.—Dr. A. T. CABOT (*Boston Med. & Surg. Jour.*, 14th Aug., '79,) publishes five cases of Osteoclasis for the remedying of deformed limbs. The instrument used was one made as nearly as possible like that of Rizzoli, who invented it for the purpose of fracturing a sound femur on a young girl who had previously accidentally broken the opposite thigh and suffered much shortening of the limb therefrom. It is said to be not unfrequently used by continental surgeons. The cases operated upon were extensive bending and deformity of the lower limb. A simple fracture was produced by the Osteoclast and plaster bandages applied. The results obtained seem to have been very satisfactory. According to the writer, "These cases go far to demonstrate that in a large proportion of deformities long bones can be better straightened by *simple* fracture without the aid of cutting instruments."

Quebracho, a Palliative Remedy in Dyspnœa.—Dr. F. Penzoldt, of Erlangen (*Berl. Klin. Wochenschrift*, No. 19, 1879), narrates some experiments both on man and animals with a new drug, the bark of Aspidosperma quebracho (*Apocynaceæ*), sent from Brazil, where it is reputed to have antipyretic properties. The form of preparation used throughout was a watery solution of an alcoholic extract of the bark, ten parts of the latter being percolated with one hundred of alcohol for several days, and the liquid filtered, evaporated, dissolved in water, again evaporated to dryness, and the residue dissolved in twenty parts of water.

The main results obtained in frogs were complete motor paralysis of central origin, respiratory paralysis, and diminished frequency of the pulse, independent of irritation of the vagus. In rabbits and dogs, motor paralysis and dyspnœa, increasing with the dose administered, were noticed. The dyspnœa in the rabbit, however, appeared to depend on retardation and deepening of the inspirations; while in the dog the inspirations were accelerated. In the latter, also, there was salivation.

Experiments on animals with artificial fever, produced by injecting putrid fluids, showed no decided reduction of the temperature, and hence quebracho is probably not, as was supposed, an antipyretic. It should be added that it is not an antiseptic, but only temporarily retards putrefaction. The results obtained in actual cases of fever in men were also negative, but Dr. Pensoldt thinks that, considering the close chemical relationship between the alkaloid "aspidospermin" which Baeyer has extracted from Quebracho-bark and quinine, the subject requires further working out in this direction.

By the accidental observation of a patient with pleurisy and emphysema, on whom the antifebrile effect of quebracho was being tried, Dr. Pensoldt was led to try the bark in various forms of dyspnœa, depending on emphysema, bronchitis, phthisis, pleurisy, etc., and obtained remarkably good results. A teaspoonful of the above-mentioned solution was given two or three times a day. The most marked objective phenomenon after its exhibition was a reddening of the previously cyanosed

or livid tint of the lips and face. In a case of emphysema where the patient was blessed with a nose the seat of acne hypertrophica, the ordinary violet-blue colour of the organ became fiery red, and excited the surprise of the other patients in the ward. The respirations generally become deeper and less frequent, and the patients expressed themselves subjectively much relieved. The first feeling after taking the drug was one of warmth in the head; many said that they had less desire to cough, and that they found expectoration easier. Occasionally sweating occurred, and in some cases abundant salivation. No bad effects were noticed with the dose mentioned.

Dr. Penzoldt finds that the addition of quebracho solution to blood, in the presence of oxygen, makes it assume a bright red colour, and he is inclined to think that possibly the blood is rendered capable of taking up more oxygen than usual, and carrying it to the tissues. This is, however, merely a provisional hypothesis, and at present there is no satisfactory explanation of the fact that, while moderate doses of the extract alleviate dyspnœa in man, large doses cause dyspnœa in the lower animals.

As yet, quebracho bark is not a commercial product, but the *wood* is imported in large quantities for tanning purposes. The action of an extract of the wood is similar to that of the bark, but weaker. The alkaloid aspidospermin affects the frog, on the whole, just as the extract of the bark does.—*Medical Times & Gazette*, July 12, 1879.

Nitrite of Amyl in Sea-sickness.—Mr. Crochley Clapham, to whom is distinctly due the credit of introducing this remedy to the notice of the profession, again writes reminding us of the fact, and remarking that "with due attention to details he looks upon the drug as curative in at least 90 per cent. of all cases treated." By a reference to his first article on the subject, published in the *Lancet* of Aug. 21st, 1875, it appears that during several trips across the Pacific, Mr. Clapham treated altogether 124 cases. In 121 of these, he tells us, success was evident and complete. The drug

was administered by inhalation, three drops of the nitrite being poured on a handkerchief held close to the nose of the patient, the inhalation being conducted rapidly. A caution is added, to the effect that not more than three drops should be used in the absence of medical advice. In July, 1878, we published an article on the same subject by Dr. J. Rudd Leeson, who was successful in about three-fourths of the cases treated, the remaining fourth complaining of a feeling of sickness, but without vomiting. One or two cases did not improve in any way. Dr. Leeson thinks that three drops for women and five for men is the minimum dose, but that caution is required. Dr. Clapham says it is not a dangerous drug, except of course in cases where the arterial system is more or less rigid from osseous deposits. In August last Mr. Clapham and Dr. R. Leeson each contributed a letter to our columns, in which the former quotes some favourable experiences of Dr. Crichton Browne in crossing to Sweden, and Dr. Leeson gives a very emphatic proof of the comparative harmlessness of that drug, for the particulars of which we must refer our readers to the *Lancet* of Aug. 10th, 1878. On the 3rd inst. Mr. Dingle, surgeon to the Peninsular and Oriental Company's ship Mirzapore, gives a favourable account of the remedy, saying that in one day he administered it in at least a dozen cases, and that in all the effect was markedly successful, though in some instances it was necessary to repeat the dose, which he limited to three drops. But one of Dr. Dingle's patients has written to us, and says that, according to his observation on the occasion referred to, the drug ought to be administered with very great caution *and always under medical supervision.* Later, as our readers will have observed, one or more favourable reports have appeared in these columns. Under such circumstances, and with such an accumulation of evidence, we consider it right, as Mr. Clapham suggests, to draw the attention of those who often "go down to the sea in ships" to the remedy. And we should recommend ship surgeons to take Mr. Clapham's standard—as a rule, to limit the dose to three drops, and not to take it except under medical advice. He also re-

commends that the patients when under treatment, should be in bed, because a good sleep is generally the first result, from which the person awakes wanting to eat. It is usually better to allow one fit of vomiting to occur before the treatment is commenced, "to insure the *bona fide* character of the seizure." Some, however, do not vomit at all, but are very ill, and with these, he considers the nitrite to be equally successful.—*Lancet*, June 7th, 1879.

Hyrtl on the Anatomists and Histologists of the Present Day.—A prominent characteristic of the anatomical spirit of the present age is: that practical anatomy is always retreating more and more in the background, and the microscope is supplanting the scalpel. Old and young work, or toy, with the microscope; and all anatomical investigations to be undertaken with the unaided eye are left with a sort of contempt to the surgeon; and what trash has been brought to light through perishable literature, in the department of histology. Were everything true that is written, we could then rejoice that such an abundant spring had arisen from ground so long barren. But so many discoveries have passed just as they came. They have filled the pages of a journal—have thereby fulfilled their duty and been forgotten. Surgery alone has remained the friend of solid anatomy and dissecting; but even it cannot be regarded as a grateful friend. Surgery, in everything it does, has in view a prospect of success at healing; whilst practical medicine, great in diagnosis and prognosis, has not the same prospect of making brilliant cures, although it ascribes to itself some of the most successful cases of *bona fide* cure.

He who wishes to learn of the numerous and instructive uses to which descriptive and topographical anatomy are applied in all branches of the healing art, outside of the writing of German anatomists of a good school, will find them especially in the works of French surgeons. The physician, whose interest it is in the study of anatomy to appropriate what is the best, will not quarrel with our neighbors on the Rhine over their

advantage in this regard. It is, therefore, with no foolish preference for what is foreign, that I thus address those whose contracted views only allow them to be pleased with that which is native to their own country. It will also be granted that for the treatment of internal diseases in the present state of medical science, the knowledge of the topographical relations of organs in the diagnosis of their diseased conditions and the scientific investigation of symptoms of disease, is more useful than a knowledge of the medical controversies about their histological construction.

It may be that the old and steadfast practical anatomist, in shirt sleeves and leather apron, may not appear as elegant as his younger and microscopically inclined brother, with his kid gloves and cuffs; but the practical anatomist, even if the younger generations be dissatisfied with him, will ever receive the thanks and respect of all physicians to whatever school they may belong.—*Topographische Anatomie, p.* 5. (*Cincinnati Lancet and Clinic.*)

Successful Gastrotomy. —At the recent meeting of the Society of German Surgeons in Berlin, Prof. TRENDELENBERG, of Rostock, showed a boy aged 12, in whom an artificial opening into the stomach had been made on account of stricture of the œsophagus from swallowing sulphuric acid. The case was shown for the purpose of demonstrating the good condition of the lad, and the manner in which he took food. Into the gastric fistula a conical horn cannula was introduced, and this was closed by a common cork. In taking food, the cork was removed, and an India-rubber tube, a finger-breadth in diameter, and long enough to reach the mouth, was introduced into the cannula. The boy took the food into his mouth, and chewed and swallowed it; but, as it could not pass down the œsophagus, it was regurgitated, and was pressed down through the India-rubber tube into the stomach. Dr. Trendelenburg has done gastrotomy in two other cases, for cancer of the œsophagus. One proved fatal in fourteen days; the other in ten weeks.—*British Medical Journal*, June 14th, 1879.

Secretion of Urine.—Quincke finds, contrary to a natural supposition, that while there is a diminished secretion of urine during sleep, the reverse takes place immediately after waking, and that for some time afterwards more urine is secreted than during any other similar period of the twenty-four hours. Quincke is unable to furnish a reason for this peculiar phenomenon. Is it not closely related to the period of taking liquid, the amount taken, and the effect of exercise in dressing after the repose of the night?—*Hosp. Gaz.*

Iodoform as an External Antipyretic.—In an article in the *Deutsche Medicin. Wochenschrift* for June 7th, Dr. COLSFELD, of Bremen, describes a case in which he accidently found that the external application of iodoform was followed by a lowering of temperature. The subject was a phthisical patient, whose temperature had risen to 103.4 deg. Fahr. He complained of troublesome ill-defined pain in the left front of the chest, for the relief of which, other means having failed, iodoform collodion (having a strength of 33.3 per cent.) was applied. The next day the temperature had fallen to 98.6 deg. Fahr., and the pain in the chest had entirely disappeared. The iodoform was then omitted, and the temperature again arose; but it fell when the iodoform collodion was reapplied, the strength now used being ten per cent. The odour being unpleasant, the patient discontinued the application for two days; but the febrile symtoms set in so energetically that he again had recourse to it, with marked relief. Dr. Colsfeld says that he did not observe any ill effects to be producted by the application of the iodoform, but he thinks that the expectoration was reduced in quantity. He does not pretend to say that the application would be useful in reducing the febrile process in the purely pulmonary affections of the lungs, pleura, peritoneum, etc.; but he suggests that it might be tried. The author refers to the observations of Binz, who found that the internal administration of iodoform had the effect of reducing the respiration, pulse, and temperature in a cat.—*British Medical Journal*, June 21st, 1879.

Prize Essay on Diphtheria.—A notice, dated July 1st, has been published in the German medical papers by Professor von Langenbeck, stating that Her Majesty the German Empress and Queen of Prussia has, by autograph letter dated April 15th and addressed to him, been pleased to establish a prize of 2000 *marks* (£100) for the best work on diphtheria; and has named as adjudicators Professors Klebs of Prague, Liebreich of Berlin, von Nageli and Oertel of Munich, Thiersch of Leipzig, and Virchow and Langenbeck of Berlin. The subject is formerly declared to be "The Nature of Diphtheria, and the conclusions to be drawn from a knowledge of this with regard to the Treatment of the Disease." The prize can only be given for an essay in which important new facts are established respecting the essence of the disease (the nature of the infective material), and especially its spread and the means of preventing the same.

The Discussion on the Forceps.—The discussion on the use of the forceps and its alternatives in lingering labour at the Obstetrical Society of London has been a valuable one and will bear fruit. The general tendency on the part of the speakers, more especially on the part of those who have had the largest share of difficult midwifery, was to prefer the use of the forceps to ergot, whenever a choice lay between these two; and the extended use of the forceps as the best means of lessening resort to craniotomy; for example, the application of the long forceps to the head above a contracted brim, instead of perforation of the child's head or turning, as was the practice before the era of the long forceps. Indeed, nothing has ever been brought to light more clearly in any discussion, than has the fact that, in proportion as the long forceps has been improved by lengthening it and by adding the pelvic curve, so has its accompanying use supplanted or eliminated ergot, turning and craniotomy. The result of this has been a constantly diminishing ratio of maternal and of fœtal mortality.

Another interesting point which has been brought out and emphasised in the discussion is the fact that, for the growth

and development of the forceps, the murky atmosphere of the large manufacturing and densely populated towns, such as London, with its four million inhabitants, Manchester, Birmingham, and Dublin, has been more beneficial than the clearer atmosphere of sparsely populated districts, like Scotland. Indeed, it is only where large masses of human beings are crowded together under unfavourable hygienic and other conditions, that a large proportion of difficult labours from pelvic deformity and other causes is found. And so it is that the first long forceps appeared in England, and that to-day, when the long forceps is almost universally used in the large towns of this country and in Dublin, the short double-curved forceps of Simpson is still the most widely used in Scotland.

On the other hand, it seems fairly agreed upon, that the practice recommended by Dr. George Johnston of applying the forceps to the head, above the brim before the os is dilated, and sometimes before even the membranes are ruptured, cannot be supported by the mass of obstetricians at large. Most of the speakers, and among them Dr. Graily Hewitt, endorsed the fourth proposition laid down by Dr. Barnes in his masterly address, that "in proportion as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, utility, and safety of the forceps becomes less frequent." Dr. Graily Hewitt admitted that cases in which it is necessary to apply the forceps to the head above the brim do occur, but they are few. As regards Dr. Barnes' first proposition, that "in lingering labour, when the head is in the pelvic cavity, the forceps is better than its alternative," the consensus of opinion was, as might have been expected, almost universal. It was generally agreed that, in such a case, the termination of labour by the application of the forceps was not only a simple and easy operation for the practitioner, but a humane and beneficial procedure for the mother and the child. In other words, the "low operation"—or, as Dr. Barnes more precisely put it, the intrapelvic operation—is now recognised as a safe and justifiable proceeding in all cases of lingering labour. Its chief alternative, ergot, has for some time been dying a natural death; and

it was with considerable satisfaction that we heard Dr. Lombe Atthill state, in the course of the discussion, that its use is abandoned and even prohibited in the Rotunda Hospital. There is nothing that ergot can do that cannot be done more safely and effectively by the forceps. The use of ergot in the arrest of hæmorrhage is of course outside the discussion; no one denies its utility in this respect. The good results attending the substitution of the forceps for ergot are strikingly set forth in the experience of Mr. Alderson. When this gentleman began practice, he never, or at all events hardly ever, used the forceps at all, but he used ergot frequently. During this period, he used to have an enormous number of still-births. Gradually he cultivated the use of the forceps; and, as a natural result, his still-births diminished, until now, when he applies the forceps in all those cases where formerly he would have administered ergot, he has no still-births at all. Similar results to his have been observed in comparing the numbers of the still-births inside lying-in hospitals where the timely use of the forceps is secured, and those outside, where the midwives do not send for assistance, but give ergot.

The discussion has, we believe, given the *coup de grace* to the antiquated idea, prevalent in the days of Dr. Robert Lee, who performed craniotomy in one hundred and eighty-six cases and used the forceps in only fifty-three cases, that the forceps is a dangerous instrument. No instrument in the whole range of medicine has ever saved more lives and more human suffering than the forceps, the invention and perfection of which constitute one of the chief glories of English midwifery.—*British Medical Journal*, July 19th, 1879.

Solvents of Iodoform.—Dr. Vulpius, of Heidelberg, points out that the usual statements regarding the solubility of Iodoform in alcohol and ether are incorrect. He speaks of collodion as one of the most useful solvents. One part of Iodoform, previously shaken up with a little ether, is readily soluble in nine parts of collodion. This will be found a convenient method of applying it in many cases.

Benzoate of Soda in Diphtheria.—Prof. Klebs, of Berlin, recommends this treatment. He prescribes:

℞.	Sodæ Benzoat - -	Gr. lxxv
	Syr. Cort. Aurant - -	ʒiiss
	Aquæ Distil	
	Aquæ menth pip. -	aa ʒx

Infants under one year are given a dessert-spoonful every hour. Children from one to three years old, a tablespoonful every hour, the proportion of the Benzoate of Soda being also increased to ʒiss or ʒii. Adults should take from ʒiv to ʒvi in the same solution, the proportion of the solvents and the syrup remaining the same. The diphtheritic membranes are powdered with benzoate of soda in severe cases once in three hours, in lighter cases from two to three times daily.

The arrest of vomiting in pregnancy.—Dr. L. Rosenthal publishes, in the *Berliner Klinische Wochenschrift* of June 30th, a paper on the treatment of vomiting during pregnancy by Dr. Copeman's method. He distinguishes three forms of the affection: 1. Vomiting in the morning during fasting; this generally sets in early in the period of conception, and may cease when the movements of the fœtus are first perceived; 2. Vomiting at various periods of the day, especially after meals; 3. Obstinate vomiting, resisting all medicinal treatment and dietetic regimen. After a review of this subject, with reference to several British and Continental authorities thereon, Dr. Rosenthal says that the perusal of Dr. Copeman's communications in the *British Medical Journal* led him to try the method of dilatation of the os uteri in two cases which have occurred in his practice. The first case was that of a woman aged 34, who had been much troubled with vomiting during her first pregnancy. In her second pregnancy, which followed a few months after the first, she was again attacked with vomiting after nearly every meal. Although not remarkably prostrated, she was much troubled with the frequent vomiting, and sought Dr. Rosenthal's aid. He found the os uteri capable of admitting the tip of the finger. By means of rotatory move-

ments, he introduced his finger as far as the middle of the last phalanx into the cervical canal. After this, there was no more vomiting; and when he wrote, the woman was expecting to be soon confined, and was altogether in a satisfactory condition. The second patient was a primipara aged 30, suffering from obstinate vomiting; she had been pregnant two months. In this case, a second introduction of the finger into the cervical canal was necessary; this arrested the vomiting, which did not return. Dr. Rosenthal says that, in our present ignorance of the causes of obstinate vomiting during pregnancy, he cannot explain the *modus operandi* of Dr. Copeman's method; but he hopes that it will become more generally known.

Case of early womanhood.—Annie D., aged 4 years, was brought to me as an out-patient at the Children's Hospital here, by her mother, who stated that, since the child was two weeks old, she had suffered from a discharge from the genitals, lasting from two to three days, and returning as nearly as possible every month; the character of the discharge being, to use the words of the mother, "exactly the same as from herself, when she was unwell." The child was a fat plethoric little creature, with well developed breasts, as large as are usually found in young women at the age of 16 or 17, after menstruation has become established; at times, according to the mother, they became quite hard and prominent; the nipples were dark, and rather large, over a *centimètre* long, and standing prominently out in the centre of dark areolæ, two *centimètres* in diameter. The external genital organs were well developed, the labia minora being especially prominent. With the greatest ease, I passed my index-finger two inches and a half up the vagina, without causing the child the slighest pain. The cervix uteri was large; and, indeed, the whole organ seemed fully as big as the average virgin uterus at puberty. The front of the abdomen and the back were covered with patches of ephelis. The child was evidently rickety, genu valgum being marked.

The case seemed to me an interesting one, and worth recording; for, excepting the absence of pubic hair, the child was a

perfect little woman. Strangely enough, her precocity was confined alone in a sexual direction; for whilst of her own accord her mother had seen her frequently "offer her breast to the baby," yet mentally she did not exceed the capacity of her age. The presence of the ephelis, or *taches hépatiques*, is undoubtedly rare in infants; and in this case, being most likely connected with the advanced stage of sexual development of the child, they enhance the interest of the case.—DAVID DRUMMOND, Physician to the Children's Hospital, and to the Infirmary, Newcastle-on-Tyne.—*Brit. Med. Jour.*, July 12th, 1879.

Acute Parenchymatous Nephritis of Pregnancy.—Dr. W. L. Richardson (*Gynecological Societies Trans.*, vol. 3,) makes a valuable contribution to our study of the above subject. He shows: (1) It is our duty occasionally to examine the urine of pregnant women who may have committed themselves to our care during their pregnancy, with a view of early detecting, by chemical and microscopical examination, the invasion of an attack of acute parenchymatous nephritis. This should in all cases be done, even although no noticeable symptom suggests the presence of the threatened complication. (2) When such an examination has shown us clearly that this complication exists, the urine of the patient should be daily measured, in order that we may know whether the kidneys are properly performing their functions and are secreting the normal amount of urine. (3) Whenever we find that the amount of urine daily secreted is falling markedly below the normal amount, we should endeavor, by proper treatment, to re-establish the impaired functions of the kidneys; or, failing in this effort, to supplement, if possible, their loss of action by the increased action of other excretory organs. (4) If, despite all our efforts, the amount of urine is very small and constantly lessening, no matter whether at the same time the general symptoms of danger are increasing or not, we should not hesitate at once to induce premature labor, and thus avoid the occurrence of an attack of eclampsia, which is sure to come whenever the daily urinary secretions fall below a certain

amount. If the patient has reached that period of her pregnancy when the child is viable, then the indications of premature labor becomes still more our imperative duty.

Surgical Notes on the Zulu War.—D. Blair Brown, F.R.C.S., etc., in London *Lancet:*

In every instance the wounds when seen by me, on January 26th, were in a sloughy condition. Large masses of purulent matter could be withdrawn with a little pulling by dressing-forceps. The wounds were unmistakably made by ordinary round bullets fired from smooth-bored guns. The ease with which most of the bullets were turned aside from their straight course after penetrating can, I think, be accounted for by the fact that they were fired, for such weapons, at considerable range; and the charges of powder must have been limited, as the enemy individually carry but one bullock's horn transformed into a powder-flask; this is usually all they have. Their fire is described to be very poor, blazing away and only occasionally hitting. It is with the assegai, however, they can do their deadliest work; but this necessitates very close quarters, what is scarcely likely to occur again. The assegais—a lance-shaped piece of steel or iron, upon a comparatively thin but well-balanced round stick as handle—are of two kinds; the "throwing" assegais are longer and broader in the blade than the "stabbing" kind. The handles of both also differ; that of the first kind is exceeding well-balanced, to allow of its flight through the air, which it traverses like an arrow, the broad blade acting the part the feathers do in the other, only at opposite ends of the instrument. The Zulus hold them in their right hand, their fingers clenched round the handle not far from the blade, and bending their forearm at right angles to their arms, with a backward and forward movement they direct with a sudden jerk the instrument upward into the air, where it is seen coursing like an arrow, and descending in a similar manner. At thirty yards many of them are very accurate in hitting their object. The "stabbing" assegai has a short and stouter handle, has a much smaller and narrower blade, and is

attached to the handle by a continuation of the blade in the form of a steel shaft for about half a foot, and there securely fastened. In stabbing they keep the edge very low, making numerous cuts, stabs, and dashes therewith as they approach; suddenly raising the point they make a direct stab, and, without withdrawing, a rip. It appears to be a thoroughly methodical operation, requiring considerable skill to acquire. It is an error often made to think that, on nearing an enemy, they all at a certain signal bend the handles of their long assegais upon their knees, and break them short. I am told this does not take place except when they have no "stabbing" and all "throwing" instruments with them—a circumstance which rarely occurs, as they always keep close to one of the latter as their chief defense.

The wounds, therefore, received from these different proceedings must also differ in character. My late *confrère* and friend, Surgeon-major Shepherd, was killed by a thrown assegai just as he was starting from the side of a wounded Natal Carabineer whom he was examining. Trooper Muirhead, of the Carabineers, who was with him at the time, informs me that he saw it coming, bent his head down upon his horse's neck, and escaped it. Shepherd was close to him, and received it in his back. He at once fell from his horse with a loud exclamation, and was surrounded by Zulus and finished. The depth a thrown assegai will penetrate is great. In stabbing, the abdomen appears to be the target they aim at, if possible. Assegai wounds of the extremities I have met with none—except the case already recorded—of any interest, no important vessel having been injured. One officer of the Contingent received one through the calf of his leg, "pinning him to his saddle." This healed at once, and he hopped about all the time. I simply kept a bandage upon it.

If we have to retreat rapidly, then a wounded man means a dead one, as the enemy converts the one into the other at once. Assegai wounds of regions not immediately fatal generally require but the simplest treatment.

Without medicines, lint, bandages, or any of the usual

equipment at Helpmakaar, I had to make use of what I could find. A considerable amount of well-tarred tow was found in a box where some wine bottles were packed. This I used as a dressing for all the wounds, and no case did badly. Water or watery lotions were not used, except the former to wash the skin in the neighborhood of the injuries. A few fibers of the tow were used as drains in the wounds, and appeared to serve the purpose as well as any thing else.

Identification of the Prince Imperial.—The circumstances of the Prince Imperial's death have revived a question which has been somewhat neglected by lawyers and physicians—viz., the importance of the teeth as a means of identification of deceased persons. The late Prince Imperial had been so much disfigured, that identification would have been extremely difficult but that the Prince had had four small cavities in the first molar teeth filed with gold by Dr. Rottenstein of Paris, and had met with a slight accident, in April 1876, from a blow on the front teeth, which had made it necessary to file the teeth a little, in order to smooth the enamel. These constituted signs which are unalterable, even by ages; and, as careful dentists keep usually a record of such operations, they afford a means of identification which is unerring, and which, as in the present instance, was of great value, and might, under certain circumstances, be of the highest importance.

Treatment of Cholera-Infantum.—Dr. Charles H. Avery, of New York, writes that he has adopted the following treatment in cholera-infantum with very great success: He first directs that a poultice be made as follows, and applied over the stomach: Take of pounded cloves, cinnamon, and ginger, each, one teaspoonful; add a small quantity of flour, and then moisten the whole with brandy. Spread the mixture on and cover with thin flannel, and so fasten it that it will be kept in position. Occasionally moisten the poultice with brandy, which can be done without removing it.

One teaspoonful of the following mixture is then ordered every two hours for children over three months old.

℞.	Acid carbol.	gr. xxiv.
	Spts. vini	gtt. xxiv.
	Aq. menth pip	℥ iss.
	Mucil. acac	℥ vi.
	Syr. papaver	℥ vi.
	Tr. opii	gtt. x. M.

As a rule the vomiting ceases before the hour arrives for the administration of the third dose; frequently before the second dose is given.

The passages from the bowels are not arrested by the medicine, but within twenty-four or forty-eight hours they begin to change in character, soon diminish in frequency, and afterwards cease altogether. The diet of the child is restricted to barley-water and milk. If it is a nursing child, barley-water is administered before it is allowed to take the breast.

If the vomiting is severe, the child is *not allowed to take anything*, except the medicine, for three hours.

If there is marked evidence of acidity of the digestive tract, teaspoonful doses of the following mixture are given every ten or fifteen minutes for two or three hours:

℞.	Mistura Cretæ	℥ ij
	Syr. rhei.	℥ i. M.

To this he sometimes adds fifteen grains of hydrarg. cum creta.

As a substitute for the above antacid mixture, he sometimes gives ten grains of subnitrate of bismuth, and five grains of pepsin three times a day.

The leading features of the plan which he recommends are: the spice poultice, the barley-water and milk diet, and the medicines according to the first prescription.

For Boils.—

℞	Sulphide of Calcium	gr. i
	Sugar of Milk	gr. x.

Divide into ten powders, take one every three hours.

CANADA

Medical and Surgical Journal.

MONTREAL, AUGUST, 1879.

CHANGE OF EDITOR.

We have already taken occasion to announce to our subscribers by circular that Dr. Fenwick has resigned the editorial management of this Journal. We are quite sure that all will regret that one who has devoted so many years to the advancement of the best interests of the profession by his influence and by his pen, has now felt himself obliged, by multiplicity of engagements, to give up the personal superintendence of the CANADA MEDICAL AND SURGICAL JOURNAL with which his name is so intimately associated. The present Editors hope to continue the publication with satisfaction to their friends and subscribers. They are in a position to promise several papers of considerable interest, and on very important subjects, from writers whose names are well known in Canada. It will be their endeavor to make the selections from home and foreign journals in every department as complete as possible a repertory of the very latest observations, discoveries, methods of treatment, &c. To the special branch of Clinical Reports particular attention will be devoted, believing that a real mirror of Hospital practice will give an idea of the most advanced conditions of the science and art of medicine and surgery amongst us. We trust that our friends, of whom we are happy to count many in all parts of the country, will assist us in sustaining the CANADA MEDICAL AND SURGICAL JOURNAL by sending us occasionally a report of cases occurring in their practice, or some of their thoughts on subjects in which they may be interested.

CANADA MEDICAL ASSOCIATION.

The annual meeting, as already announced, will take place at London, Ont., on the 10th and 11th of September. We trust that the postponement of the meeting from the day originally fixed will not prevent many members from attending. There is no doubt that these meetings do good to all who partake in the proceedings. It shows each one what others are doing in Canada in the various fields of Medical and Surgical science, and thus he can both learn something and also find out where he has been behindhand in acquiring the knowledge of the day. One principal feature of the Association hitherto has been to receive reports from committees named at previous meetings, in Medicine and Surgery. This idea has been taken from the old British Medical Society, which at its annual meetings has an address in each section treating of the advance and progress of that department during the preceding year. The materials for these addresses are drawn from the medical news of the world. With us, these resumés are generally speaking short and imperfect. In fact, the same thing has already been very much better presented to us in the pages of the medical journals which publish such annual retrospects. Of late years the plan has been followed of confining the report entirely to a sketch of all the cases and papers bearing on the Department which have appeared in the Canadian medical papers during the preceding year. Although this plan has had its advantages, yet it is at best but a bare recital of a great deal that is already familiar to many of the listeners. It has been suggested that the time of the Association might be more profitably occupied by a discussion of some previously announced topic. This is a practice followed by the British Medical Association, and it is found that there these discussions are often of a most animated character, are participated in by many of the leading members, and often produce very important results. Of course, much would depend upon the men to whom should be committed the duty of introducing the subject for general discussion. Provided care is taken in the selection of the ablest men we

have, who are willing to take charge of the introductory speech or paper, no doubt a profitable and interesting discussion might be carried on. The subject would be announced from one meeting to another, so that all might have ample opportunity for making themselves fully acquainted with the cognate literature, and also for observing with the greater care cases coming under their notice which might have a bearing upon the questions likely to be raised. We believe that this idea is favorably entertained by many active members of the society, and we commend it to the attention of the president and other officers.

CANADA MEDICAL ASSOCIATION — POSTPONEMENT.— The meeting of the Canada Medical Association is postponed from the first to the second Wednesday in September. Arrangements will be made with the different railroad and steamboat companies for the usual reduction in the fare of members, certificates for which can be obtained from the local secretaries Drs. L. Allison, St. John, N.B.; Lawson, Halifax, N.S.; Burgess, London, Ont.; and Osler, Montreal; and from the General Secretary, A. H. David, M.D., Montreal.

We have been furnished by the General Secretary with the following list of papers to be read at the London meeting 10th and 11th September, received up to the present time. No doubt others will follow:—

1. On Alcohol, by Dr. Bucke.
2. Entropion and how to cure it, by Dr. Alt.
3. Placenta Prævia, by Dr. Workman.
4. Remarks on Uterine Fibroids, by Dr. Roseburgh.
5. Dermoid Cyst of Ovary, by Dr. Grant.
6. Demonstration on the Medical Anatomy of the Brain, by Dr. Osler.
7. Pilocarpin in Iritis, by Dr. Buller.

EMBOLISM IN TYPHOID.—We publish amongst our original articles the clinical history of a very singular case of embolism followed by gangrene occurring during an attack of Typhoid Fever. Rare as these cases are, it will be followed in a short time by a second one, of which we have the report, presenting many similar features, but terminating in recovery.

THE MEDICAL REGISTER OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC (according to the new Act, sanctioned 28th December, 1876.) Levy & Bouchard, printers, Quebec.

We propose to make a few criticisms upon the appearance and contents of this "long-looked-for, come-at-last" Register. In the first place, there is no reason why such a document should not be issued from the press in creditable form. Canadian printing, even in the cities, has not yet reached a high state of development, but the present production looks as if it had been turned out from a third-rate job press of a country town. The cover is of a gaudy color, and deciduous on the second or third opening; the paper is of inferior quality, and the type no better. Turning to the contents, there is even greater cause for complaint. A Register is worthless unless moderately accurate. This one teems with errors on almost every page, and displays an unpardonable carelessness in its compilation. Of course, in a work of this kind there is great difficulty in getting the names correctly, but it must be remembered that this is the Register under the Act of 1876, and as over two years have elapsed since the present officials came into office, there has been ample time for securing accuracy.

To give a few examples of mistakes: Achinson, John H., for Hutchinson. Dr. A. A. Browne has only an arts degree—no medical degree or license. Several names are twice repeated; in one case, on the same page, a well known physician of Sherbrooke has his name extended to an unrecognizable degree. A young Montreal doctor, with no intention of moving, has been *located* at *Shawenegen!* Even the President's name has suffered mutilation. Among the qualifications, the letters *M.D.L.*, McGill, occur in several places; Faculty of *Ply. Cob.* Glasgow; Licentiate Society Apothecary County London, and others too numerous to mention.

A novel feature is a column for the ages. This would be excellent were there any guarantee for the accuracy of the figures, but we notice, in one instance (and, curiously enough, that happens to be the only one in which we can speak with the

certainty of personal knowledge), that an individual is published as stricken in years who has not yet completed his third lustrum. The list is in alphabetical order of a certain kind; *i.e.*, all names beginning with a certain letter are grouped together, but a more careful sorting has not been deemed necessary.

The Register is very incomplete; we looked in vain for the names of several physicians. There should be some means taken to compel registration. No pains have been taken to indicate whether a man is living or dead, and the names of one or two prominent members of the profession who have died within the past two years are returned without the customary asterisk.

We should like to find something for commendation, but it is difficult to do so; perhaps it is not too much to say this Register is better than none. We hope that a new edition will be published shortly, and supervised by some one conversant with the names and qualifications of the practitioners of the Province.

Medical Items.

The *Perineosinuexerecinator* is, in short, the name of a new instrument invented by J. Robinson, Surgeon to the Hospital for Ruptured Vesicles, Member of the Anteversion Society, the Round-Ligament Club, &c. It is claimed to be a modification of the Brown-Jones-Smith probe. No surgeon should be without it!

"A Son of Anak."—The *Maryland Medical Journal* reports the birth (dead) of an infant said to be the largest upon record. Weight, 23¾ lbs.; height, 30 inches; and breast measurement, 24 inches. The father is 7 ft. 7 inches in height; the mother stands 7 ft. 3 inches.

Cause of Yellow Fever.—We have been shown a long letter in a Florida paper on the origin of yellow fever by a Dr. John Westcott. The theory upon which his remarks are founded is as follows: "That mal-adjustment of the organization is caused by electrical environment operating by induction

upon the molecules of the human system. That fevers should be graded—measured by the intensity of the environment instead of the present local means." Yellow fever is clearly doomed to early annihilation, since its cause is so lucidly expounded by Dr. W.

The *Lancet* says: "Extract of red cinchona bark has lately been much extolled as a remedy in cases of drunkenness, and the fact of its efficacy seems well authenticated." Anything really reliable in these untractable subjects would be a great boon. It might be well to try this drug for the cure of these unfortunately only too numerous cases.

ALEXIS ST. MARTIN.—Alexis St. Martin, famous in physiological works for the experiments of Dr. Beaumont, is still alive, and at present a resident of St. Thomas, Joliette county, Province of Quebec, Canada, and is seventy-eight years old. The wound in his stomach has never closed, and at present the opening in his side is nearly an inch in diameter. His general health appears not to have been in any way affected by the curious wound in his side, but has always been excellent. For his age he is now quite strong and hearty. He has been the father of twenty or more children, of whom four are now living. He has always been a hard worker, and never suffered from lack of digestion.

LITHOTRITY.—Sir Henry Thompson reports (*Brit. Medical Journal*, 2nd Aug., 1879) twelve cases in which he has recently removed the entire stone at a single sitting. All cases of less than 80 or 90 grains weight are excluded from the list. Most of the sittings occupied from six to twelve minutes. A thirteenth case is also added, in which, in two sittings of 25 minutes and 13 minutes respectively, he removed a calculus weighing in all 521 grains, or nearly one ounce and one drachm. They all made good recoveries. Sir Henry says: "I have no hesitation in stating that we owe to Professor Bigelow the assurance that so much manipulation is tolerated by the bladder in the process of removing the stone, provided we take it away entirely, or nearly so."