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THE CANADA MEDICAL RECORD.

VOL. XII. MONTREAL, OCTOBER, 1883. No. 1

CONTENTS.

Original Communications.

TREATMENT OF URETHRAL STRICTURE.

By CASEY A. WOOD, C.M., M.D.,

Professor of Pathology University of Bishop's College; Attending Physician Western Hospital, etc.

(Read before the Medico-Chirurgical Society, 12th October, 1883.)

Several years ago I was called to see a male patient, aged 27, suffering from severe pain in his glans penis and about the hypogastrium. He was micturating every hour, and passing urine heavily loaded with mucus and some pus, showing that he had at least subacute, if not acute, cystitis. Being a very intelligent man, and like most patients of the kind who suffer long from disease, he had made a study of his case, and I was able, without difficulty, to get a full history of his previous troubles.

Nearly three years before he had had an attack of gonorrhœa, which he allowed to run into gleet, which gleety discharge, he says, has persisted ever since the acute attacks, sometimes almost disappearing, at other times increasing in quantity, losing its serous character, and becoming quite white from admixture with pus. After having had gleet for some time (several months) he noticed that he had difficulty in passing his urine freely, and that the stream was not only diminished in size but was twisted and split into two portions. This alarmed him, so that he applied for medical advice.

The medical man whom he consulted told him, on examination by catheterization, that he had urethral stricture about the middle of the spongy portion of the canal, which would admit only a No. 5 instrument. He then went under treatment by gradual dilatation and the symptoms were considerably ameliorated. Having learned to pass gum elastic bougies he gave up medical attendance, and went to work to treat himself.

However, he found that the active business he was engaged in at the time, and the consequent amount of walking he had to do, interfered very materially with his recovery, so he left the city he was then living in, and went to reside in the country, when complete rest, proper diet, and regular habits for a couple of months, almost restored him to health, for, as you may imagine, the necessity of using bougies continually, while in active employment, had considerably reduced him in health and spirits. He says at that time he was using a No. 7 catheter, although, by employing a little force, he could introduce No. 8. As time wore on he found that he was obliged to pass a catheter to draw off his urine, and that he could find this habit (for he thinks that it at last degenerated into a habit) was growing upon him, and that urinating without its use was always attended by some straining and pain. He shortly afterwards left the country to live in a small town in Ontario where he came across a doctor who persuaded him to a somewhat original treatment for his trouble, viz.:

the injection into the urethra of a very strong solution of nitrate of silver. The effect of such an heroic remedy may well be anticipated. The most violent inflammation was induced, and he was laid up in bed for more than a week.

I must agree with the patient in his idea that this rough method only aggravated the disease. During this time you must imagine him not only treating himself with various nostrums but as also using the catheter, as much for the purpose of voiding his urine as for dilating the stricture. Being of a roving, energetic disposition his trouble, since it now and then laid him up for days at a time, preyed upon his mind and spirits to such a degree that he at last decided to put himself under the care of a surgeon until he became completely cured. Had he been wise enough to have done this from the beginning there can be no doubt but that he would have been saved all his subsequent trouble.

Falling into the hands of a surgeon living some fifty miles from Montreal he was advised by him to have an operation performed for the relief of the stricture. Coming to Montreal he entered one of our city hospitals, where the stricture was forcibly dilated in the usual way, a No. 10 catheter was passed into the bladder and retained for some time after the operation.

Catheterization was kept up for quite a while after the operation, and the patient left the Hospital inside of six weeks seemingly improved. He was ordered to use injections of zinc. sulphate (5 grs. to ℥ i of water) and occasionally to pass a large bougie, and was further informed that the necessity for using bougies would soon be done away with, and the urethra return to its normal condition. The patient then took a situation in this city that enabled him to keep quiet and attend to himself. Matters progressed very favorably for about two months afterwards, when he found that he could not pass the catheter with the same impunity that he formerly did; that the stream was getting gradually and perceptibly smaller, that he could not enter the bladder readily with the larger sized catheter, and consequently was obliged to use smaller sizes. The discharge, for some time quiescent, now began to shew itself, and he was horrified to see that the stricture, instead of remaining open, as he expected it would, was beginning to contract and cut off the ready exit of urine; some pain was also noticed in urinating. Very unwisely, he began self-treatment again, but matters went on from bad to worse, and in a couple of weeks he found that every time he catheterized himself, which was now at least twice a day, that the penis became hard, rigid and congested, and he says he could feel the corpus spongiosum all the way along harden up like whip-cord. The stricture seemed to remain in *statu quo* for a while, but every time he had to urinate (now about six times in the 24 hours) the whole urethra became rigid and congested, and when he passed a catheter it seemed to be grasped by the stricture, causing him considerable uneasiness. There now appeared pain in the glans penis, some hypogastric tenderness and a dragging sensation in the testicles, all increased on urinating. He had to use the catheter 3 times daily to draw off urine, since neglect to do so caused much straining and pain.

Noticed for some time how turbid his urine was, and how soon it decomposed. At last the patient decided to have a doctor and, disgusted with those of an allopathic nature decided to make trial of a disciple of Hahnemann and Jahr. This gentleman undertook to treat him on what he facetiously termed the "antiphlogistic" plan: gave him some white powders, kept him in bed, but allowed him to treat himself as far as the use of catheters went. Patient, however, got steadily worse, and I was finally asked to see him. I found him in the following state: slightly feverish, pulse 100, temperature 100, pain and tenderness in hypogastric region and some pain in the penis. In urinating, which he does every hour, pain shoots down into perineum, and there is considerable tenesmus. Bladder always feels as if some urine were left in it. Pain also in testes, which are retracted. Examined his urine at once, found it neutral to test paper, laden with mucus, pus and some blood corpuscles. The whole penis seems congested and hardened. Carefully introducing a No. 5 catheter feel it grasped in the canal in what I think two distinct places, one towards the upper fourth of the spongy portion and the other much further back near the neck of the bladder. The spasmodic contraction of the bladder, due to the irritation set up by the catheter, drives the urine past the sides of the instrument, and blood follows the abstraction of the instrument, which gives the patient some relief. Ordered him to begin at once the following mixture:

℞. Tinct. hyoscyami ℥ i
Spt. ether nitrosi ℥ ss
Potass bicarb. ʒ iii.
Aquæ Camphor ℥ ij.

Sig: a dessertspoonful three times a day in a tumblerful of barley-water.

He is to be put on milk diet with porridge, rice and break and milk. No grog, no tobacco. To use warm laudanum fomentations three times a day, oftener if the pain becomes severe, when also he is to have a draught containing mix each of tr. opii. and tr. belladon. Forbade the use of catheter more than once a day for three days, and then to stop it altogether. To take a warm hip bath before retiring. This was about the 16th October.

17th—Passed a very fair night, desire for frequent micturition being about the same. Hot fomentations and opium lessen the pain and relieve the spasmodic contraction of the urethra. Ordered a warm hip bath when pain gets severe.

18th—Patient thinks he will try and dispenes with the catheter altogether, as he finds he gets along so well without it. All the symptoms are improved: less pain; urinates about once every hour and a-half during the day, but, as he sleeps better at night, can go two, and sometimes three, hours without awakening. His bowels are very constipated, so ordered a warm water and gruel enema.

19th—Called in great hurry to see patient. Messenger informs me he cannot pass his urine. Went at once to find him relieved by the use of a hot bath and laudanum fomentations. The small stream he passed at first does not seem to diminish; patient imagines it is larger; not improbable, since the congestion and spasms are much decreased. Urine still loaded with mucus and some pus.

20th—Patient improving slowly: feels much better to-day, and the bladder symptoms much improved. Stream is certainly getting larger, urine comes always more freely, and the spasmodic congestion less marked; spongy body in perineum less hard and unyielding.

21st—Great trouble with patient's bowels. The constipating effects of the opium are not at all pleasant. Ordered to take another warm gruel enema, and to omit the laudanum; other medicine as before.

24th—For past two days patient is steadily improving, appetite better, spirits rise, and he thinks he is going to jump at once into perfect health.

25th.—Called early this evening by his servant to see Mr.——Found him suffering intense pain from retained urine. Marked tenesmus with no results. He tells me that, relying upon his daily improvement, he had walked around the house rather much during the p. m., and neglected to urinate. When he did make the attempt he found urine would not pass, and on re-attempting to use a catheter only succeeded in making matters worse. Got relief when he had been given a hot hip bath and an enema of 3 ss. of tinct. opii. The penis was congested and swollen, and the testes again retracted. There seems to be a state of general spasm, with congestion in all the parts about the bladder.

29th. I think that by to-day patient has gained his old vantage-ground. Says his imprudence has been a lesson he won't forget, and promises not to transgress again.

Nov. 1st—Patient so much improved that I have ordered him to leave off the laudanum fomentations; it is now two weeks since he used a catheter, and yet he finds himself better for not using it, that is, he can urinate more freely, requiring to do so only every three hours, and the straining and painful micturition are vastly better.

Nov. 6th—Have seen patient several times since the first, and am glad to find him getting along so nicely. The acute cystitis has almost gone—no pain in hypogastrium or penis; urine contains but little pus and not much mucus. He sleeps well at night, and has gained flesh rapidly, and in every way feels, as he expresses it, "a new man." I allow him to take short walks when the weather is fine, and tell him he may eat meat at dinner time and eggs for breakfast; no vinegar, and as little sugar and sweet stuffs as possible.

Nov. 8th.—Examined patient's urine to-day: re-action faintly acid; very little mucous deposit, only a few globules of pus; color clear and healthy.

Passed a No. 6 bougie with some trouble; find two well-marked strictures; one, the smaller of the two, is in the centre (or about it) of the spongy segment, and the other, considerably larger, is situated in the membraneous portion. The first stricture can be felt, over the bougie, to be about the thickness of a No. 1. English bougie; the second one, from the resistance offered to the bougie, is, I should judge, considerably larger possibly three times the size. The question now arises, since the patient has recovered entirely from the acute cystitis and the urethral fever, leaving only the strictures to deal with, what method shall be adopted in treating them? Whatever opin on

I may have on the subject is over-ruled by the patient's fi m refusal to be operated upon; happily I agree with him *in toto* as to the proper course to pursue. He is to take every second night a tepid bath, and after being rubbed down well with a rough towel to retire early to bed, to be regular in his habits, careful in diet, and abstain from excitement of every kind. I am to begin treatment by gradual dilatation at once, beginning with a No. 6 gum elastic bougie, which I introduced to-day, and left in for five minutes. To leave off his other mixture, and take instead of it, three times a day, twenty drops each of liq. potassæ and tinct. hyoscyami,* in a tumbler of barley-water, to allay irritation caused by the introduction of the bougie. These latter are to be anointed with a mixture of five grs. of muriate of morphia in benzoated lard.

Nov. 10th—Patient is remarkably well; has walked down town and done considerable business, with no bad results unless a little fatigue. Introduced No. 7 gum elastic bougie, remaining there five minutes. No trouble in passing first stricture, but some difficulty in getting through second.

Nov. 12th—Patient passed very fair stream of urine to-day, which deposits little or no sediment. The bougies do not cause spasm or congestion. Passed No. 7 again to-day, with greater ease. Has had a slight discharge of pus.

Nov. 14th—Passed No. 7 again to-day.

Nov. 16th—Managed to get No. 8 through first stricture to-day, but some trouble in passing the second.

Nov. 18th—Passed bougie No. 8. Patient still continues to improve, and goes about the city with the greatest ease. He says the old swelling in his perineum has about disappeared, and his testes are again in their proper place.

Nov. 21st—No 8. bougie goes through even second stricture with but little trouble. Some discharge of pus to-day, and some uneasiness in the stricture when urinating.

Nov. 25th—Tried bougie No. 9, which has passed the second stricture with some resistance. The first stricture is readily dilatable, and gives no trouble whatever; it is moreover, from its position, easily under control. No. 9 bougie was introduced on the 27th, and because it caused no irritation was again passed on the 30th.

In May of the following year my patient was able to pass himself No. 12 English bougie, and one year afterwards and until to-day has dispensed with such artificial aids to micturition, nor has he been troubled with any of his old urinary difficulties, and as his general health is in every way good, and he has passed a searching life insurance examination, I regard him as cured.

My experience of the treatment of stricture of the male urethra, slight as it has been, inclines me to the advocacy of rupturing or incising the obstruction in all cases not readily and shortly overcome by the plan of gradual dilatation for, if the evidence of such men as Perrève, Sir Henry Thompson, Holt, and other surgeons, be worth anything, the final results of the immediate plan are, on the whole, quite equal to those obtained by the tedious method of gradually restoring the normal calibre of the canal

I must confess, however, that I have only come to think so after six years' strict observance of the rule so confidently laid down by certain authorities on the subject, that dilatation is advisable in most cases where it is possible to introduce a bougie; that even where recourse is had to rupture or urethrotomy still dilatation is necessary to stretch the recent fibrinous deposits (the result of the operation) or to cause absorption of the fibro-plastic material still left after the use of the divulsor or urethrotome.

Moreover, respecting the dangers of this apparently rough usage of so delicate and susceptible a canal as the urethra, I do not see that gradual dilatation has as much to commend it on this score as might at first appear, for I have myself seen patients attacked by urethral fever, cystitis, orchitis, perineal abscess, and by obstinate prostatic gleet during the most careful treatment of ordinary cases of stricture by the gradual plan.

The case I have related seemed to me to call for the milder and more careful method; and in acting as I did I simply followed the hint which the patient himself furnished by his previous experience. In concluding, I venture to suggest that the failure to cure my patient by the use of the divulsing instrument may have been due to the insufficient use of it. It is in the manner of using the divulsor that there is such great divergence of opinion.

* Note. This prescription was given before the profession had the benefit of experiments upon the effect of caustic alkalies on the mydriatic alkaloids. It may, however, be doubted whether, when diluted with a sufficiency of water, a mixture of liq. potassæ and tincture of hyosyamic is rendered inert in a short time.

Sir Henry Thompson declared its object to be that of overstretching the morbid tissues as much, and to rupture them as little, as possible, in order to destroy, or, at all events, to greatly impair, the natural tendency of the stricture to contract.

Other surgeons, like Packard, with an opposite theory, contend that it is only by actual rupture of the diseased tissue that good results can be had, and that if the stricture be simply stretched there is no reason why it should not in time return to its first size. Bearing in mind the fate that commonly awaits mere theorizing, I would ask what is the practical experience of members of the Society on this question?

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, July 6th, 1883.

THE PRESIDENT, DR. KENNEDY, IN THE CHAIR.

Dr. Trenholme exhibited two pairs of *Ovaries and Fallopian Tubes* removed by him from patients in St. Catharines. All the ovaries were diseased, being several times larger than normal, the hypertrophy and induration due to dense fibroid tissue. The tubes were intensely congested at the time of removal. The indications for the operation in each case were intense pelvic suffering, in one case dysmenorrhœa with menorrhagia, and in both oöphoralgia with all their accompanying general nervous derangement. In both cases the operation was made with antiseptic precaution, but without spray, and both made a good recovery, though in one case from fifteen years of suffering, convalescence was slow. Dr. Trenholme stated that the case, operated on some three months ago, was doing well, being free from all those pelvic pains for which the operation was made, and able to perform household duties, though previously an invalid for many years.

Dr. Gardner also shewed a pair of ovaries which he had removed eight days before. The patient, 38 years of age, had suffered from dysmenorrhœa for several years. She consulted Dr. Thomas, of New York, some months ago, and he prescribed for her anteflexion, replacement twice a week, hot douche twice a day, galvanism over ovaries, and arsenic internally. This treatment was carried out by Dr. Gardner for some time; he also tried galvanic and other stem pessaries, and dilated with tents with but little or no good results. Patient was an invalid going from bed to sofa, and on motion or pressure on abdomen suffered from paroxysmal pains in iliac region. She was very anxious to be operated on. Dr. Gardner performed the operation under the spray, applying a double ligature, and removing both ovaries and fallopian tubes. Patient recovered completely without a bad symptom; highest temperature, 100½°. To-day there was a slight thrombus of the vein of left leg. Calf, behind knee and thigh, very tender. The ovaries were both diseased, one having a cyst the size of a pigeon's egg, the other indurated masses in its tissue; tubes somewhat dilated.

Dr. GARDNER mentioned that in the case brought before the society at last meeting, when he had operated five weeks ago, his patient had the usual metrostaxis for a few days, but has lost nothing since. The uterus has undergone involution to half its previous volume. Her complexion, which was bronzed, is much clearer. Has a purulent catarrh of the bladder and lithuria; otherwise is somewhat better.

Dr. OSLER said that he had often met, post mortem, with ovaries and tubes as badly diseased, yet without history of pain during menstruation.

Dr. GARDNER said why sometimes painful, is probably that, when diseased, it aggravates an innate vice. Condition of celibacy producing a want (only satisfied by a happy married life) may be one factor in production of this trouble. He believed the last case of his would have been benefited by Dr. Weir Mitchell's treatment, but the means were not available for sending her to Philadelphia, and we were not yet prepared to carry out this treatment fully in Montreal.

Dr. Gardner next exhibited a *Mucous Fibroid*, the size of a turkey's egg, removed by him from a woman, aged 44 years, the mother of several children, the last four and a half years ago, and had no health since. Greatly weakened by profuse menstruation, was blanched, and suffered from nausea at each period. When seen by Dr. Gardner, uterus was so enlarged as to half fill the pelvis. Dilated with tents, felt tumor with finger, but could not well make out a pedicle. In waiting for the next period it was found that the dilating had delayed it. Instead of 21 days it was 40, and only lasted three days, and there was less nausea. Dilated again, and under ether removed it without much difficulty by means of Thomas'

serrated scoop, was attached to the left lateral wall and fundus. Daily irrigation of uterus with a double tube was kept up for some time, a little iodoform was also put into the uterus each time. Patient recovered completely; had no pain and no offensive odor.

Contagious Syphilitic Lesions of the Os and Cervix Uteri.—Dr. Bell read a paper on this subject, based on the reports of three cases of what had been diagnosed as simple ulceration or erosion of the os uteri in young prostitutes, in whom no other possible source of syphilitic inoculation could be found, but to whom several cases of syphilis were distinctly traceable. Three cases were traced to the first patient, two to the second, and two to the third. In the first case, the disease was communicated shortly before the patient was admitted to hospital. In the second case, it was communicated within fifteen days after the patient had left the hospital; and in the third case, a considerable period of time had elapsed. Brief reports of these cases were given, and the writer expressed his opinion that in the first two cases the sores were uterine chancres, though not diagnosed as such at the time; while in the third case, the report of which was meagre and imperfect, he thought it probable that syphilis had been engrafted upon the simple erosion of the os subsequent to her residence in the hospital. The first patient passed from observation completely on leaving the hospital; the second was under partial observation for nearly a year without the appearance of any definite secondary lesion; and the third developed secondary symptoms about three months after leaving hospital. The writer excepted the cases contracted from the third patient from the discussion, as a period of eight months must have elapsed from the time she was under observation before their inoculation could have occurred. He also drew attention, in the other five cases (which were considered reliable) to the mild character of the disease throughout, and especially to the uncertain and atypical characters of the primary sore, and expressed the opinion that, owing to the great frequency of the occurrence of simple erosions of the os uteri, many infecting syphilitic sores were probably overlooked, and that in this way might be explained many of the obscure cases of syphilis in which no history could be obtained of primary sore.

Dr. RODDICK said he saw one of the parties who contracted syphilis from Dr. Bell's third case. He (Dr. R.) believed this one, as well as the other two, must have had mucous patches of the os, which must have been there for a long time, preceded by chancres of the vulva. Dr. Roddick's patient had a doubtful chancre, not hard; came on fourteen days after connection. He put him on constitutional treatment at once, and thought this should be done in every case where one is pretty sure chancre exists. Don't wait for "secondaries;" give Iodide of Mercury or Hyd. with Creta. His patient is now having slight secondary symptoms. A friend of his contracting from the same woman, and keeping it a secret, is having a sharp attack of secondaries.

Dr. GARDNER said that out of three or four thousand uterine examinations only saw one undoubted case of chancre of the os, and there were also ulcers on the vulva.

Dr. SHEPHERD thought syphilis was often implanted on an erosion of the os, and overlooked; believed in waiting for secondary symptoms before treating, as treatment sometimes delays the skin eruptions. Had had a case of squamous syphilide without any sore whatever, which disappeared under constitutional treatment.

Dr. HINGSTON said most surgeons used mercury for syphilis. Now, he never uses it; his treatment being to support strength with good diet, cleanliness, gives Iodide of Potassium, Nitric and Hydrochloric Acids, and some bitter tonic. He said the Indian Surgeons found they had as good success without, as with, mercury.

Dr. RODDICK said he used to wait for secondary symptoms, but experience had taught him to treat undoubted cases at once. Has never yet seen or known secondary lesions delayed; always come on n two months, are always modified, never saw b ad lesions if so treated; found they got over quickly, and had slight, or never any, tertiary.

Dr. GARDNER said an argument for waiting for secondaries would be where there was a question of marriage.

Dr. F. W. CAMPBELL spoke against the press publishing "fearful operations" together with name of operators. He read from a recent number of the *Star* an account of an operation which had been performed at one of our city hospitals, showing technical terms used correctly, indicating that some medical man must have furnished the item.

Several members suggested remedies for this state of things, and from them it was traced to

medical students, who were also reporters. The Council was asked to draw up a petition to be sent to the editors of the various papers, asking them to refrain in future from publishing such articles.

September 21st, 1883.

Dr. TRENHOLME exhibited the ovaries and tubes which he had removed three weeks ago from a patient twenty-four years of age. She had suffered from dysmenorrhœa, with pain continuing after the period, making life miserable. The ovaries were removed by abdominal section under the spray. Both were hypertrophied and tubes congested, there was also congestion of the uterus. Patient made a perfect recovery.

Dr. T. also shewed an ovarian tumor removed by him thirteen days ago. Patient was twenty-four years of age. Was sent to him from the country. Had suffered for four years, distress gradually increasing, but tumor had been only recently discovered. Dr. T. found a large tumor to the left of median line, and diagnosed cyst of left ovary. On opening the abdominal cavity and examining, was found to spring from the right ovary, and weighed twelve pounds. Patient did well; highest temperature was on 8th day, 100.2, from a slight bilious attack. Dr. Young gave the following description:

No. 1.—Right ovary expanded by pressure, yet ardently healthy, as proved by the normal condition of the ova, which are shown as coming to maturity. There are three cysts, the covering of each being continuous with the covering of the ovary; they are all extra-ovarian, *i.e.*, the tissues of the ovary are not involved in their development, but the capsule of the ovary constitutes the covering of the cyst. Each cyst contained serous fluid, and on the wall nearest the ovary a small *sac* containing a grumous yellow mass was found, suggesting the possibility of the retention of the *ova* in the covering of the ovary as giving rise to inflammatory action in the middle cyst. Exactly over this yellow pigmentary deposit was a *warty* fibrous excrescence, which also favors the idea of irritation from non-escaped ova being the cause of the cystic development. The left ovary is much enlarged; covering dense, otherwise healthy.

Dr. HENRY HOWARD wanted to know if Dr. Trenholme only performed "Tait's" operation as a *dernier ressort*, that is, after trying other means for relieving the symptoms, as he thought there might be a danger now-a-days of resorting to spaying without a fair trial of less heroic treatment.

Dr. FENWICK read a paper on Ligature of the Axillary Artery in a case of traumatic injury to that vessel after fracture of the surgical neck of the humerus. The following are the principal points in the case:—

Eliza C. B., aged 41, a spare, delicate-looking woman, was admitted into the Montreal General Hospital, on May 30th, 1883. While walking in the street a piece of heavy timber fell from a building; it broke in two, and the upper half struck her on the shoulder, breaking the humerus at its upper third, about two inches below the joint; the upper fragment was drawn forcibly inwards and lacerated the brachial artery at or about the point of the commencement of that vessel. On examination the shoulder was greatly swollen, the axillary pit brawny, and filled with what appeared to be blood; there was considerable tumefaction beneath the pectoral muscle, extending as high as the clavicle. The entire upper part of the front of the chest and axilla was tense and mottled; there was absence of pulsation below. On examination with the stethoscope the pulsation could be traced down to a point about an inch below the fold of the axilla, and at this point there existed a circular abraded surface about the size of a shilling. This was situated over the position of the artery, and below this point all evidence of arterial pulsation ceased. The forearm and hand were greatly congested, the veins distended almost to bursting, the color of the skin was dark and mottled, the limb cold, the temperature being below the normal standard. A consultation of the surgical staff was hastily summoned, and in the meantime the limb was supported on a pillow, and hot flannels applied to restore warmth and favor the circulation. In consultation it was suggested to make an exploratory incision over the course of the vessel, ligate it above and below the point of injury, and turn out as much of the blood-clot as possible to relieve tension and endeavor to save the arm. During the two hours which had elsaped the same state of things existed, if anything, in an aggravated form, the superficial stasis and coldness of the limb had extended, and the swelling had increased; the pulse, which at the former visit was

moderately full and 80 per minute, had become more rapid and somewhat weaker, and there was perfect absence of sensation as high as the middle of the arm. The patient was placed under ether, the subclavian artery was compressed with the handle of a door-key, where it passes over the first rib. The arm being by the side, an incision three inches in length was carried down directly over the situation of the artery; the centre of the incision being at the point where pulsation had ceased, as ascertained by the stethoscope. A large blood-clot was removed, and the artery and median nerve hooked upon the finger; the wound in the vessel was quite apparent, and carbolised catgut ligatures were applied above and below the injury. The upper ligature was applied at the point where the vessel passes over the tendons of the teres major and latissimus dorsi muscles, which were quite visible. As much of the blood-clot as possible, without disturbance of the parts, was pressed out.

The injury to the bone was a simple transverse fracture; the upper fragment was lying in front, and drawn inwards; the lower fragment was drawn upwards and outwards, and there was shortening of about an inch and a half. Extension of the limb brought the fragments near together, and, by a little manipulation, the broken ends were accurately adjusted. The wound was cleansed with a warm solution of 1 to 40 of carbolic acid, the wound closed with catgut sutures, and dressed with the usual antiseptic dressing; outside of the dressing, two pieces of Gouche's splinting were fitted, and retained in position by a couple of bands of ordinary bandage, and the hand and forearm swathed in a flannel bandage. The operation was performed under the spray, and with full antiseptic precautions. There was one circumstance which was quite noticeable at the time of the adjustment of the fragments—a large clot was liberated and came away, and the veins, which previously were flaccid and empty, at once became distended, and the stasis in the forearm and hand was relieved. Before applying the flannel bandage the parts had assumed a more natural hue. At night she was very comfortable; there had been considerable draining away of serum tinged with blood; the color of the forearm and hand was natural, and the warmth of the limb appeared to be that of the rest of the body; there was, however, no pulsation to be felt at the wrist.

May 31st. She had passed a fairly good night, had slept at intervals, and had taken nourishment in small quantity, principally milk. The evening temperature was 101°, and had fallen to 99.2° in the morning. There was no pulsation at the wrist. Very little discharge had escaped since night, except bloody serum, which had apparently dried, so that I did not disturb the limb by changing the dressing.

June 1st, 1 p.m. I dressed the arm to-day; the wound was looking well; discharge trifling, and of the same character. The fullness about the front of the chest beneath the clavicle had greatly lessened. The same dressing was applied. On careful examination, the pulse was distinct at the wrist, though small in volume as compared with the opposite arm. This was forty-five hours since the ligation of the vessel, and about forty-eight since the accident.

From this time forward she progressed slowly, but favorably; the wound closed, and union between the broken fragments of bone took place, and the patient left the hospital towards the end of July.

Dr. Fenwick said :—This was a case of unusual occurrence, and is of interest in illustration of the surgical principle of ligating a vessel at the point of injury. There are other conditions connected with the case which might render this line of practice objectionable, and to which exception might be taken, as the converting a simple into a compound fracture. The case was desperate, and one of two things had to be done: either ligate the vessel, and endeavor to save the arm, or pra ctise amputation at the shoulder-joint.

The conversion of a simple into a compound fracture, always a serious injury, and to be avoided if possible, is less feared now, with the use of aniseptic means, which, in this instance, were fully, carried out. A most interesting circumstance connected with this case was the accuracy with which we were enabled to ascertain the actual point of injury to the vessel by the use of the stethoscope; the humming of the artery could be distinctly made out to cease at a given point, opposite to which was an abraded portion of skin and exactly at this point the wound in the vessel was found.

Another point of interest was the return of the nadial pulse forty-five hours after ligation of the vessel.

Dr. HINGSTON approved of Dr. F.'s treatment of the case, and thought that no alternative should have presented itself but to cut down to the middle of the surface and ligate the vessel.

Dr. SHEPHERD, who assisted Dr. Fenwick, said that why they thought of amputating was because of the condition of the parts—the tissues were much swollen and dark, the clavicle could not be felt. Amputation has been resorted to in similar cases by London surgeons.

In answer to questions by members, Dr. Fenwick said the vessel was not cut between the ligatures; collateral circulation was established in a few hours, as shewn by the limb becoming warm and good color. More danger of secondary hemorrhage if tied subclavian, for the distal end of the artery would be open, and collateral circulation would set up secondary hemorrhage.

Dr. HINGSTON exhibited a uterus, removed by him on account of a generally diseased condition and persistent sweating of blood after separating a very firm adhesion between it and a thirty pound ovarian tumor. The other ovary being diseased was also removed. The shock was not great.

Operation was performed three days ago. Patient is doing well, temperature and pulse under 100; no vomiting. Did not use the spray, but carbolic acid mixed with water on all the instruments and dressings.

Dr. SUTHERLAND exhibited two specimens of extensive sarcomatous disease of the ilium.

Dr. REED mentioned having seen several persons lately who had been severely stung about the face and head by insects, and suggested there must be more than a usual number of these insects about.

Dr. SMITH reported a case of aphasia from pressure of a thyroid abscess, occurring as a complication in pneumonia. The symptoms disappeared on opening, and giving vent to the pus.

Dr. REED spoke strongly of the folly of medical men writing puffs and recommendations for patent medicines of unknown composition.

ANNUAL MEETING.

MEDICO-CHIRURGICAL SOCIETY.

Held October 12, 1883.

The retiring President, Dr. Kennedy, gave the following address:

GENTLEMEN,—Your kindness in eleting me to the office of President of this Society at your last annual meeting has, among other things, invested me with the responsibility of presenting an address to-night which, in some measure, is expected to bring before you a review of our work during the year just ended. This Society has now been in active existence for many years, and its history shows that ever since its formation, or should I rather say regeneration (for it may be looked upon as the successor of previous existing societies), it has manifested a vitality which promises to maintain its existence for an indefinite period. The influence of such a society as this must always be beneficial: bringing into friendly intercourse members of our profession who otherwise might not have the opportunity of becoming properly known to each other, obliterating personal hostilities, and exchanging distrust and prejudice for a respect for the opinions of others and sympathy in the life-work of each individual whose lot is cast among us. There can be no better mode of cultivating a true friendly spirit and generous rivalry, or of inculcating a regard for rules of ethics, for it becomes impossible not to uphold the professional repute of one member when accustomed to meeting him here in friendly discussion. It engenders a feeling of respect for our profession which in its reaction elevates that profession in the minds of the public. This social aspect of our meetings I regard as not the least valuable feature in them. If, however, these meetings had no other end than the pleasure of meeting each other, if it accomplished no other good than affording opportunities for social intercourse and the interchange of personal courtesies, binding together those having identical aims and aspirations in this high calling good would result. But we assemble for graver purposes in the progress of medical science and art. As in other departments of human activity the range of learning and discovery is ever enlarging its boundaries, and, therefore, we come together each to bring his contribution to the common fund of facts from which the laws of disease and the instruments of its alleviation are to be derived, and by enlightened discussion record our observations which otherwise might be lost or hidden within the chambers of our memories.

The Society has held its meetings only eighteen times during the past year, an unusually small number. This has been due to the difficulty of obtaining papers from our members. This is a difficulty which requires a remedy. Many mem-

bers attend our meetings regularly, but do not add anything to our work or contribute but little to the discussions which take place. Original papers cannot always be expected, nor is it desirable that we should confine our discussion to extraordinary forms of disease. I think that we are too apt to look for something brilliant in what is brought before us, overlooking that which might be called common but which, if attention was directed, would excite a strong debate and refresh our ideas in regard to the treatment of such disorders. It would certainly teach us to avoid a mere routine, and, speaking for myself, I am pleased to say that attendance on these meetings has given me many a useful hint and added instruction on many points which otherwise might not have been obtained. I trust that my successor will be able to make a better return at our next annual meeting, and that our secretary will not find it so difficult to obtain papers in future. Several of the papers have been hurriedly prepared to fill the want, otherwise fewer meetings would have been held. One very valuable one was by Dr. Osler and Mr. Clement on Parasities in the Pork Supply of Montreal. At the meeting at which the paper was presented members of the Board of Health and other interested persons were invited. From a sanitary point of view it was specially valuable, and much credit is due to the gentlemen who had taken so much trouble in bringing it before you. I am afraid, however, that it has had but little influence in producing any result, so far as our sanitary authorities are concerned.

In addition to papers we have had interesting cases in practice related by several of our members which, in some instances, incited considerable discussion. Patients suffering from peculiar forms of disease have been shown by Drs. Hingston, Gurd and Wilkins, and a large number of pathological preparations exhibited, chiefly by Dr. Osler—on whose labors in this line I need not dilate—and also by Drs. Ross, Bell, Shepherd, Wilkins, Alloway, Fenwick, Gardner and Trenholme. These preparations, though gratifying to our visual organs and instructive to our mental faculties, did not always invest our persons with the odor of sanctity. Among matters which may be termed miscellaneous may be mentioned the reporting of the proceedings of the Society by our medical journals, under the supervision of a publishing committee. This arrangement has worked fairly well, and has done much, I think, by giving due publicity to our work, in interesting country practitioners who, from their positions, are unable to become workers in any society; besides it furnishes a record which will be found useful to the future compiler of the medical history of the city. To our Secretaries we are indebted for the able manner in which they have performed their really arduous duties in this respect, and you have acknowledged this service when bidding adieu to the gentlemen whom you elected to the office last year. Dr. Henderson proved himself an efficient worker whom we could ill-afford to lose, but I am happy to state that in the new sphere of his labors he is meeting with that deserved success which his merit entitled him to. Though some familiar faces are not with us to-day their work being elsewhere, new faces have joined us, and keep up the number of our roll call. Rarely does a twelve months elapse without having the lesson exemplified "that in the midst of life we are in death." We have been called upon to mourn the loss of two old familiar friends; both ended lives of usefulness and industry at an advanced age. In their loss we mourn no unfinished career, "cut untimely off,"—I allude to the death of Dr. David and of Dr. Scott. The former, once President, has left us a valuable record of the early history of medicine of this city in his reminiscences, which was read at a meeting of the Society shortly before his death; and to those of us who knew him as an active member of the profession he will be remembered with that kindly respect which an upright and able life-work prompts us to feel. The latter will also long be remembered by those whose privilege it was to listen to his teaching which had extended over so many years.

Passing from these sad memories I recall to your recollection the pleasant meeting which was held during the last Xmas holidays. I was, unfortunately, unable to attend, but, from what I heard of it, the relaxation from graver matters, though it may not have advanced science, tended to promote harmony and good fellowship and will, I hope, be followed by like meetings at similar seasons in future.

In conclusion, let me thank you for the courteous manner in which you have borne my deficiencies as Chairman. Circumstances over which I had no control prevented me from being present at more than ten meetings, but I have endeavored to fulfil the duties imposed on me,

and, as a member, I shall ever take a deep interest in the work of the future.

The following officers were appointed: President, Dr. Rodger; 1st vice-president, Dr. Cameron; 2nd vice-president, Dr. Osler; secretary, Dr. Gurd; treasurer, Dr. Molson; librarian, Dr. Foley.

Council—Drs. Ross, Campbell and Buller. Publishing committee—Drs. Ross, Cameron, Osler and Kennedy.

Dr. Wood read a paper on "Treatment of Urethral Stricture." (This will be found in another column.)

Dr. HINGSTON took exception to Dr. Wood saying his case was cured, and thought he ought to examine him again, for even after years he had known them to relapse, especially when treated by dilating. In dilating we should not stop with No. 12, as 18 was more like the full size of the male urethra. Dr. H. said it was extraordinary how surgeons differed in their treatment of these cases: Otis strongly advocating internal urethrotomy with dilatation, while an eminent surgeon of Boston dilated the urethra so forcibly as to tear the stricture. This surgeon told Dr. H. that it was their practice at his hospital always to so treat stricture, and that the results were most satisfactory. All these methods were good, but the difficulty lay in finding out which would suit your case best. At a meeting long since, he advocated internal urethrotomy as best for most cases, but now believes that ascertaining the size exactly before and behind the stricture, so as to dilate to the fullest, gives the most satisfaction. The tolerance of the urethra indicates which method to employ. Some being most intolerant, and, after passing of an instrument, are followed by high fever, and even death has resulted from simply using a bougie or catheter. One instance he knew of where the person dropped dead at once. Has noticed that French Canadians are very tolerant. Dilatation with division is the latest treatment, and the one now most used. There is no necessity for dividing if you can get through a No. 6 English. The two kinds of stricture most difficult to treat are the very small and very large. If calibre very much narrowed, he either gets in a piece of whale-bone and passes others by the side of it or else the pathfinder, and over it sends the urethrotome, and cures at once, by dividing. Believes division also best for slight stricture in a large urethra.

Dr. WILKINS said, when treating cases in Hospital, if found the calibre very much narrowed, he introduced a whalebone probe, and then Otis modification of Thompson's divulsor, and dilated to full extent, but often had sharp and troublesome fever follow. Lately has been well satisfied with gradual dilatation by means of Lister's sounds.

Dr. SHEPHERD said he believed Dr. Wood's case to have been one of hypochondria, and that the man had inflamed his urethra by treating himself. Dr. Shepherd treats stricture by gradual dilatation, excepting the resiliant kinds which must be cut. He never knew a case of real stricture to be permanently cured. Has several times seen urethral fever follow the passage of a bougie. Has a patient now, who has fever follow each passage of bougie, and believes this to be a case for division.

Dr. MCCONNELL criticised Dr. Wood's prescription, and said the fact was well established now that Liq. Potassa and all mydriatics were incompatible.

Dr. Wood replied by saying that, if well diluted, Liq. Potassa and the mydriatics would retain their virtues for a few days. The Liq. Potassa in his mixture of hyoscyamus was well diluted, and only enough at a time was made to last three or four days. Dr. W. was sure his patient had stricture, and that now he was cured.

Dr. RODGER said he used gradual dilatation but often saw relapses.

Dr. CAMPBELL was astonished at Dr. Shepherd saying he never knew of a permanent cure. Dr. C. knows of many gentlemen in this city whom he had treated twelve and fifteen years ago, and who are now fathers of families, and who have not been troubled with their strictures since.

Dr. H. HOWARD suggested that, perhaps, the reason for their not having stricture, after being married might solve the riddle by shewing that the relapses spoken of by the members were nothing more than new attacks.

THE PROVINCIAL MEDICAL BOARD.

The semi-annual meeting of the Medical Board of the Province of Quebec was held in the city of Quebec, on Monday, 26th ult. The following members were present:—Dr. C. E. Lemieux, President; Hon. Dr. J. J. Ross, Vice President; Drs. A. G. Belleau and F. W. Campbell, Secretaries; Dr. E. P. Lachapelle, Treasurer; Dr. Larue

Registrar. Hon. Dr. Robitaille (Lt.-Governor), Drs. Joseph Lanctôt, J. A. Duchesneau, R. A. Kennedy, D. A. Hart, Malcolm Guay, W. Marsden, Charles Gingras, R. P. Howard, J. L. Leprohon, T. A. Rodger, Geo. Ross, H. A. Mignault, P. E. Grandbois, Jos. Marmette, L. D. Lafontaine, N. H. Ladouceur, C. S. Parke, E. A. de St. George, Henry Russell, L. T. E. Rousseau.

The minutes of the last half-yearly meeting, 9th May, and of the triennial meeting of the 11th July last, were read and approved.

It was moved by Dr. Lafontaine, seconded by Dr. Howard, and resolved, " That the members of the Provincial Medical Board have learned with much regret of the death of the lamented Dr. Ed. Laberge, of Ste. Philomene, a member of the Legislative Assembly of the Province of Quebec, and formerly a governor of the College of Physicians and Surgeons of this Province ; that the members of this Board desire to express their sincere sympathy with the family and friends of the late Dr. Laberge in the irreparable loss which they have sustained by his death, which occurred on the 22nd August last.

The reports of the assessors of Laval University Medical School, Quebec and Montreal, were received and accepted.

The Secretary of the Pharmaceutical Association communicated to the Board that the following substances have been added to the list of poisons, and suggested the approval of the Board therefor. This was granted. The drugs are as follows: Croton Oil, Chloral Hydrate, Croton Chloral, Belladonna and its preparations, Digitalis and its preparations, Indian Hemp and its preparations, Chloroydne and Paregoric.

It was moved by Dr. Lachapelle, seconded by Dr. Howard, That a committee, composed of Drs. Campbel, Trudel, Lanctot, Duchesneau, the mover and seconder, be appointed to make enquiries concerning complaints which have been made of the present mode of conducting the preliminary examinations ; and that this committee be authorized to call together the directors of the colleges and high schools and normal schools of the Province, as well as the Examiners for the Board, in order to confer with them, and to ascertain whether the present programme of the preliminary examination corresponds with that of the teaching given in these establishments: and without in any way diminishing the severity of the examinations, to arrive at an understanding which would be highly advantageous to all, and which should put an end to the existing discontent by showing that incapacity alone can be the cause of rejection at the preliminary examinations.

A committee was then named to examine the credentials of candidates and another to conduct examinations for the license.

A committee, composed of the President, Vice-President, the Secretary for Quebec, and Dr. Marsden, was appointed to draw up and submit to the Legislature an amendment to the law governing the practice of dentistry in this Province.

The following graduates were sworn, upon presenting the diplomas of their respective Universities, and received the diploma of the College, viz.:—MM. Nap. Morency, Ste. Marie de la Beauce ; Edmond Perron, Eboulements ; Chs. Tessier, St. Bonaventure d'Upton ; Emil Sylvain, Cap. St. Ignace ; Geo. Wm. Lachaisne-Jolicœur, St. Sauveur de Quebec ; W. G. Thompson, Henri Archambault, Joseph Théodore Peladeau, Jean Frédéric Prudhomme, A. J. Hopkins, Avila Gauthier, Ls. Arthur Moll, Jas. Steward, Edmond Bastien, Guillaume Frs. Prévost.

Four candidates presented themselves for examination for the license. Of these, one only, Allan D. McMillan, was admitted.

On motion the thanks of the College were given to Laval University for the use of their rooms ; and the meeting adjourned at 5 p. m.

Progress of Medical Science.

VOMITING OF PREGNANCY.

The following drugs have been recommended for this distressing symptom, which we here arrange alphabetically rather than in the order of their relative importance :

Arsenic, in the form of Fowler's solution, in drop doses, given before meals, is often of great advantage.

Atropia has been highly recommended for the vomiting of pregnancy, in the dose of 1-120 of a grain, injected subcutaneously in the epigastric region. It is said to arrest it promptly and permanently after other remedies have failed.

Bismuth, subnitrate, in ten-grain doses, combine with ¼ grain carbolic acid, mixed with a suitable adjuvant, to be taken three or four times daily.

Calumba, in tincture, dose five to ten drops ; in infusion, dose, teaspoonful.

Cerium, oxalate, dose two to five grains. Usually the best effects are produced after several days' use.—*Sir James Simpso.*

Champagne, tablespoonful doses with ice, every fifteen minutes.

Chloral hydrate, with bromide of potassium, ten grains of each at night when the symptom first develops.—*W. C. Burke.*

Copper, sulphate, 1-20 grain three times daily.

Hydrocyanic acid, dilute, three drop doses once in four hours.

Iodine, tincture, drop doses every hour or two.

Nux vomica, tincture, drop doses every hour or two.

Pepsin, five to ten grain doses.—*Medical Bulletin*

THE TREATMENT OF PHTHISIS BY IODOFORM.

Dr. Dreschfeld has continued his observations since his first communication. (*British Med. Journal.*) The favorable opinion then formed has been further strengthened by the results obtained. Of sixty-four cases of confirmed phthisis, more or less advanced, and concerning, to a great extent, out-patients at the Manchester Infirmary, thirty-four cases only had been under treatment sufficiently long to be available for the purposes of this communication. Of these thirty-four cases, four were in so far advanced a condition that the iodoform was only borne in the form of inhalation, but gave no results. Two cases were complicated with amyloid disease, and here also the iodoform was useless. Of the remaining twenty-eight cases, ten showed either no improvement or only a temporary improvement (increase of weight, improvement of appetite, decrease of cough and expectoration); while the physical symptoms showed no alteration at first, but afterwards the phthisical process gradually advanced, and associated again with loss of flesh, night sweats, etc. Of the remaining eighteen cases, some showed slight but steady improvement, broken only temporarily by a fresh cold or some complication, such as gastric catarrh, pleurisy, etc.; while in six cases the improvement was most marked and beyond all expectation, the increase in weight amounting in one case to fourteen pounds, in another to ten pounds, and in a third to eight pounds, in one month. The physical symptoms also improved; the sputa, however, continued to contain tubercle bacilli. The iodoform treatment was also tried in six cases of incipient phthisis. Of these, two had only been under treatment a very short time. Of the four remaining cases, two showed no improvement; one was at once benefited, cough and expectoration entirely ceased, the apex catarrh disappeared, and the patient felt now perfectly well. In the second case (reported in the *British Medical Journal*),the treatment was equally successful—only, however, after having been continued for a longer time. There being an almost entire cessation of cough, it was difficult to obtain any sputa; one specimen, however, was obtained, and this was found free from bacilli, while before they were found abundantly. Two cases of laryngeal phthisis, treated both internally and by inhalation, and also locally by the application of iodoform powder to the ulcers, gave satisfactory results; the ulcers cleared and became smaller, and the general condition improved. The iodoform was given in the form of pills (one grain of iodoform, two grains of croton chloral, one minim of creasote); and in the form of inhalation (twenty grains of iodoform, twenty minims of oil of eucalyptus or ten minims of creasote, and half an ounce each of rectified spirit and of ether). The inhaler used was one devised by Dr. W. Roberts, consisting simply of horse-hair matting, to the inner side of which was attached some flannel or cotton-wool; and on this the inhalation mixture was dropped. The cost of the inhaler was about three pence. Where the pills were badly borne (especially in women) the iodoform was added to cod-liver oil. In very young children, iodoform inunction, made with olive oil or vaseline, was to be recommended; while older children seemed to take iodoform either as powders or in small pills, very well. The good effects of iodoform seemed to consist in the following: (1) Increase of weight; (2) increase of appetite; (3) diminution of cough and expectoration; (4) diminution or even total cessation of night-sweats; (5) the temperature was often a litttle lowered. No symptoms of iodoform intoxication had ever been seen. Several medical men who had tried the iodoform treatment had also obtained very satisfactory results.

THE TREATMENT OF BRIGHT'S DISEASE OF THE KIDNEY.

Joseph Kidd, M.D., writes, in the *Practitioer*, on this subject, as follows:

The treatment of disease of the kidney labors under a disadvantage compared with that of pulmonary disease. In the latter, cough, expectoration, breathlessness, wasting, night sweats, easily convince the patient and friends that he is really ill, and that the doctor's care and cautions are not unnecessary or uncalled-for. In kidney-disease, on the other hand, there are few objective symptoms, as the patient does not lose flesh or muscular power, seldom has pain in the back or difficulty of urination. He will often protest "there is nothing wrong with my kidneys, for I have no pain in my back." Thus the doctor has much difficulty to get the patient or his friends to take sufficient care or to submit to treatment. The nausea of the latter stages of Bright's disease helps the illusion. It is only when the uremic symptoms come on that the patient can be induced to take care. They often try to weaken the precautions laid down for them.

In chronic disease of the kidney the treatment must be to a great extent hygienic and dietetic. It

acts like an impetus toward health in such cases for the doctor, after prescribing for a month or two's course of medicinal treatment,to dismiss the patient for a season with a cheery word. "Medicine has done its work; now lay it aside for a time, and trust to wise management of your habits of life, diet, exercise, clothing," with a distinct piece of advice concerning each; yet the physician must be on the alert not to repeat vague generalities, but to give a sharply defined course or plan of general management.

In the treatment of granular degeneration kidneys, the gout kidney *par exellance*, I can speak with much confidence of the good effects of nitric acid. In many phases of the disease, especially when the urine is very pale, of low specific gravity and highly acid, with nausea, anorexia, furred tongue, it suits when iron and quinine disagree. It exerts a specific action on the urine, causing the turbid to become clear; and at times it does the opposite,causing the pale clear urine to become turbid and dark-colored. It also relieves the gout pains in the joints incidental to the disease. The perchloride of iron is of infinite use in the treatment of Bright's disease. In the latter stage of true granular degeneration it often causes headache and increases the nausea. Then the liquor ferri pernitratis (Ph. B.) suits better, the free nitric acid in it causing the iron to be more easily assimilated.

The use of milk in acute and subacute kidney-disease has the best effect, but one gets disappointed at the negative results in old, long-standing cases, its presistent use causing little or no improvement in the condition of the urine. J. drank two quarts of milk for six months without perceptible effect on the chemical or microscopical character of the urine.

After twenty-five years' experience of the use of all kinds of baths in the treatment of kidney-disease I have found lamp baths excel all others in real efficacy. The spirit-lamp bath without water has a better effect than the vapor of water boiling over the spirit-lamp, which most patients complain of as being more relaxing and exhausting than the spirit-lamp alone. Used at bedtime for fifteen or twenty minutes, three or four times a week, the effect is all we can desire. The gentle moisture kept up in bed all night after the bath does much more good than the Turkish bath, the good effect of which is neutralized by exposure to the cold air afterward. When the patient lives in the establishment, so as to go straight to bed after the Turkish bath, its use is invaluable. Under such conditions it may be taken even twice a day with advantage.

Counter-irritation plays a most important part in the management of chronic Bright's disease. Its effects are especially good in all intercurrent attacks. When from a chill, or over-fatigue, or change of climate, the urine becomes disturbed in character, either cloudy or very limpid, mustard-plasters over the lions have a most perceptibly good effect, or compresses of spongio piline sprinkled with a few drops of oil of turpentine. In subacute congestion a small blister over the kidneys has a good effect as a counter-irritant. It probably has by absorption also a specific action in clearing the debris from the tubuli uriniferi.

Open-air exercise is an essential element in the treatment of chronic disease of the kidneys. It is, however, of vital consequence to the subjects of that disease to avoid chill when heated by exercise, returning home quickly to charge the moist underclothing.

In selecting a winter climate suitable for a case of kidney-disease, dryness and equability are the essential requirements. Heat is desirable, but not so essential as freedom from sudden changes.

When there is an inherited tendency to kidney-disease, the treatment of scarlatina is of great consequence, as it so often proves the exciting cause of that disease. The special care neededisa strictly to confine the patient to bed for at least week or ten days; the free use of diluents, water or milk; the avoidance of much animal food; and the free use of vegetables. After the eruption has disappeared, the use of warm-water baths every night for three or four weeks, warm woolen underclothing in the day, and at night to sleep between the blankets, should be advised. The rubbing with carbolic oil should be especially avoided, as although it lessens the intensity of infection, yet I have known it to act injuriously on the kidneys; in fact, setting up the albuminuria.

INFANTILE LEUCORRHŒA.

Clinical lecture by Prof. T. Gaillard Thomas (*Med. ad Surg. Reporter*):

GENTLEMEN,—The little girl, nine years old, whom I first bring before you, is suffering from a very profuse leucorrhœa, which her mother informs me she has been unable to cure by any of the remedies which she has employed, and which has now lasted for two months. I, of course, made a vaginal examination, and, on separating the labia, I found that the whole vulva was about the color of red flannel, and bathed with a copious leucorrhœal discharge. The meatus urinarius was also seen to be in the same condition, and urethritis has, no doubt, been set up by the spreading of the irritation. If it had been necessary, I could have introduced a small glass speculum into the vagina; but this was not required to make a diagnosis, as I saw exactly what was the matter without resorting to this.

Not unfrequently mothers will bring their little girls to you in this condition, and they will sometimes be in a state of great agitation, because they are afraid the trouble has been the result of injury done the children. There is ordinarily no reason whatever to suspect anything of the kind, and you can at once quiet the anxious mother's mind. The affection is a perfectly simple one, and is

perfectly curable also. What is it, then? It is generally known as infantile leucorrhœa; but infantile vaginitis would be a better term for it.

Now as to its causes. One of the most frequent of these is neglect of hygienic precautions. There is generally no intentional neglect on the part of the mother or nurse; but, on account of the undeveloped condition of the part, an accumulation of hardened secretion sometimes collects in the same way as that which not unfrequently gives rise to balanitis in the male child. Another common cause is the depreciated condition of the child's system, such as that due to spaænmia, in which all the mucous membranes are apt to become more or less affected. Thus, there is often gastric and intestinal, as well as nasal, catarrh. A third cause that may be mentioned is reflex influence from the rectum. The cause of the irritation in the rectum is usually ascarides, and an afflux of blood to the part is caused by the itching and irritation.

In some instances the ascarides, by getting into the vagina itself, are the direct cause of the trouble. The prognosis of this affection is, that it can be cured at once if it is properly treated.

In the treatment the first thing to do is to see if there are any worms present, and if so (or there is any reason to suspect that such is the case), use an injection of warm salt water, as this form of ascaris (the *ascaris vermicularis*), as well as others is unfavorably affected by salt. The next thing to do is to get the child's general system in the best condition possible by appropriate food, iron, vegetable tonics, and the hypophosphites. It is better to depend on nourishing diet, however, than on medicinal agents. If after the worms have been gotten rid of the vaginal irritation and discharge should continue, or if no worms should be found to be present, local treatment will be required. The vagina should be thoroughly washed out by means of a syringe provided with a small nozzle, which ought to be well oiled before being introduced. In order that the canal may be perfectly cleansed, the child should be placed upon the back. In some cases the mere removal of the accumulated secretion, which is a constant source of irritation, is all that is necessary; but if the trouble has gone on for some time, this may not be sufficient. Something further is then needed, and one of the best applications to use is the old-fashioned black wash (calomel and lime-water) in the strength of one ounce to the pint of water. Before using this (which should be done twice a day) an injection of simple warm water should be made. I have never yet seen a case of infantile leucorrhœa that could not be cured by such treatment as this; so that there is no necessity of resorting to astringents and nitrate of silver, which may perhaps do harm. If it is adopted here, I have no doubt that in less than two weeks this child will be entirely well.

But there is one mistake which is apt to be made by the physician in these cases, on account of which a much longer time may be required for a case than is at all necessary, and that is, the failure on his part to show the mother or nurse how to introduce the nozzle of the syringe properly. Mothers, unless they are especially instructed in regard to this point, never carry the nozzle more than an eighth of an inch up into the vagina, and as it is above this that the degenerating pus is found, there will be no improvement, simply because the injections fail to reach the real source of trouble. It is not enough even to show the mother how to use the syringe, but you should also watch her do it, and see that the upper part of the vagina is reached. In a child of this age, the rectal ube of a Davidson syringe should be employed

CHLORAL POISONING.

What are the remedies to be employed in acute chloral poisoning? They are especially those designed (1) to sustain the action of the heart, such as ammonia and brandy; (2) to keep up the breathing by artificial respiration, if needed; (3) to keep the patient warm; and (4) to use electricity as a cutaneous stimulant, Thus far you would treat a case as an ordinary one of narcotic poisoning. But is there any remedy that will counteract the depressing effects of the chloral upon the nervous centers, and particularly the respiratory center? Yes; the remedy for this purpose is strychnia, which antagonizes the chloral. It may be used as we gave it here, hypodermically, one sixtieth of a grain every three hours at first; and it would have been given oftener, but it was not needed. Strychnia therefore is indicated as the physiological antidote. It stimulates the centers which have been depressed by the chloral. When recovery takes place, it is usually rapid.

What should be the treatment of chronic chloral cases? Suppose that a patient like this says that the habit is growing upon him, and comes to you for advice, what course would you pursue? I would answer that you must reduce the dose gradually. As large doses of chloral are only given exceptionally, there will be less difficulty on this score than with opium; but as you reduce it I would strongly advise you to give strychnia or nux vomica for its effects on the nervous system. It antagonizes the effects of the chloral, and acts as a tonic at the same time. Those nervous centers which are reduced in their activity by the paralyzing effects of the chloral are stimulated by strychnia. If you use strychnia you may stop the chloral almost at once without any bad effects being observed. I had a case in point last summer. A gentleman who had been taking chloral for some time found himself very weak, his will-power impaired, and he felt miserable. He determined to stop off entirely. He went to Atlantic City without a single grain of chloral. He took constant out-door exercise. He was sleepless for a time, but he was able to overcome

his evil habit; and, althought he had been using chloral regularly for eighteen months, he recovered entirely. It should be stated, however, that while giving up the chloral habit he took from time to time strychnia or nux vomica.—(*Phil. Medical Times.*)

FISSURE OF THE ANUS.

(Thos. Hay, M.D., in Medical and Surgical Reporter, April, 1883.)—The value and efficacy of iodoform in fissure of the anus will bring this remedy into general use in the treatment of this painful and heretofore incurable lesion, without operation by the knife or forcible rupture of the sphincter-ani muscle.

As in cases involving the greatest danger, so with fissure of the anus—if the trouble can be cured by simple means, without suffering to the patient, and in reasonably due time, the operation of cutting or forcible rupture is not justifiable, and both these means of radical cure must give way to the more simple, if such may exist. With the experience I have had in the use of the local application of iodoform in cases of fissure of the anus, I am encouraged to bring the value of this remedy to the notice of the profession in these cases. In their treatment with this remedy, the alvine evacuations should always be maintained in a soft condition, the bowels should never be allowed to become constipated or relaxed; the anus, and parts involved by the fissure, should be kept constantly clean and free from deposit and dry incrustations; and, with one or two evacuations a day, the case may be speadily cured by the local use of iodoform. It may be dusted, in *very fie* powder, upon and into the fissured parts, or applied in the form of ointment or suppository. The application of the simple powders, if properly prepared, three or four times a day after each evacuation, and in the intervals, is often sufficient. In some cases, however, the undiluted powder—although thoroughly powdered—causes some pain. In such the iodoform may be mixed with powdered gum acacia, if a powder be preferred, or may be made into an ointment with vaseline, or suppository with the oil of theobroma. Balsam of Peru, carbolic acid, and oil of peppermint, will moderate the intensity of the iodoform odor; but this can hardly be requisite for application in this situation. The application of the remedy may be followed by a little smarting, but soon after its use the sensibility of the parts becomes benumed, and even defecation may go on without consciousness so far as concerns the development of pain during or after the process. That this remedy applied as above directed and indicated will cause complete unconsciousness of the act of defecation, I doubt —I have never witnessed such result in any case that has come under my notice, and still the benumbing influence of the remedy is decidedly potent. As in applications to the conjunctival surfaces of the eyelids, the first and most important factor in the successful and painless use of the remedy consists in the proper preparation of the powder. It should be made *very fie*, and not the smallest crystal be allowed to remain unpowdered. The neglect of this precaution when applied to the eye has caused the most painful inflammation of the ocular and palpebral conjunctiva, and, applied thus imperfectly powdered to the anus, would likewise cause intense suffering and, as in eye-practice, would be abandoned and declared to be dangerous and valueless, if intelligence did not bring relief.

DIPHTHERIA AND PARALYSIS OF THE VOCAL CORDS.

From a lecture by Dr. Morrell Mackenzie, published in *Med. Record*, we extract the following:

I think that, at the beginning, diphtheria is a local disease. I believe that the effect of the poison may sometimes be so great that the disease appears to be constitutional from the commencement. I believe that such cases are analogous to those of scarlet fever or small-pox, where the patient is struck down at the very moment of the invasion of the disease. The poison must enter through some part of the system, and I believe that it is local at the beginning. These points bear upon prognosis, and are of great importance. From prognosis we will now pass to

TREATMENT.

Here, again, remedies of the most varied character possible have been recommended. I recollect reading a paper written by a French physician, in which he said he bled every patient, and that he treated fifty or sixty, and every one recovered. All I can say is that if we should treat diphtheria in London in this way, I think we would almost be prosecuted. It is exceedingly bad treatment. It only shows that it is possible to make a bad diagnosis, or else it is possible for some people to stand depletion in a most extraordinary manner.

The first great point in the treatment of this disease is to attend to constitutional measures and then to local treatment. The constitutional treatment is of no less importance than the local. It is necessary to support the patient from the beginning, and stimulants are of the utmost importance. Do not wait until the patient becomes depressed, but give stimulants from the very commencement. This is an exception to all diseases, and you must begin with stimulants at the commencement, and give them in the more solid form, such as brandy diluted with water, or port wine; such as furnish nutriment as well as alcohol. When the patient is beginning to recover, the light wines, especially champagne, are useful; but, in the early stages, port wine with water is one of the most useful you can give.

Stimulants must be given during the night as well as during the day in a very large number of

cases. I have seen many cases where patients have died through want of having stimulants administered during the night. In young children it is very frequently necessary to awaken the patient and give stimulants. As a general rule, it is bad to wake a patient out of a refreshing sleep to give medicines; but here is an exception, and I would say that if the child sleeps more than four hours, it must be awakened and stimulants and nourishment administered.

We now pass on from the use of stimulants to the use of medicines. Here, again, we meet with a very great variety, but the most useful, perhaps, of all is the perchloride of iron. In this matter I am entirely in accord with Professor Jacobi, who has found the remedy more useful than any other. Professor Jacobi has laid it down that this medicine should be given in full doses. It is also important to give a per salt of iron, which can be assimilated with comparative ease, and probably the perchloride is the best you can use, and of it at least a drachm a day, diluted with water, should be administered; fifteen drops, well diluted with water, four times a day. The only time when I have not given the perchloride of iron has been when I have been trying the local effects of some agent that has been employed. Quinine is a very useful medicine. When the temperature is high it has a very great effect in bringing it down nearly or quite to the normal. These are perhaps the most important of the constitutional remedies.

All sorts of specifies have been recommended, but I have not had much success with them. Chlorate of potash has been very much praised, both as a constitutional and a local medicine. You may give it, because it cannot, in proper doses, do much harm, and it may do some good. There is one remedy which has been recommended by a gentleman whom I see before me, Dr. Beverley Robinson, and that is copaiba, which has an important effect upon mucous membranes, as possibly some of you may have had occasion to observe. But its effects are not confined to the mucous membrane of the urethra. It also produces a marked effect upon the mucous membrane of the pharynx and larynx, and that of the whole bronchial tract. I have tried Dr. Robinson's recommendation, giving the medicine in the form of pearls, which the French make, and which children take very easily, and I have administered them with great success. But I must mention that I have used it in the catarrhal form of diphtheria—the milder cases where the exudation is not very adhesive. When the more serious cases of diphtheria are about, you get a large number of cases of catarrhal diphtheria, and in those you will find great benefit following the administration of copaiba.

We will next pass to local remedies, and here again we have a very wide field. A great many doctors may go through a lifetime and see only a few cases of diphtheria. Some meet with severe epidemics, and others with epidemics mild in character. The consequence is that an immense number of remedies are not only recommended, but the doctors say that they have not lost a case since they began to use such and such remedies. You must look upon such statements with great suspicion, and it is safe to consider that the doctors who have treated so large a number of cases with such uniform success have, at least, treated a mild type of diphtheria.

The local remedies in most common vogue are lime-water and lactic acid. Both of these remedies have one great advantage; they do not do any harm, and here I may say, gentlemen, that it is a great thing, when you are trying a remedy, to use one that does no harm. In earlier days severe caustics were used, such as hydrochloric acid, nitrate of silver, and, if the patient recovered, it was always thought that event was due to the acid or the silver. But all that has been changed. We now know that if strong caustics are used the effect is almost always to cause extension of the disease. The remedy inflames and irritates, and a false membrane is formed in close contiguity to that which previously existed. When we were suddenly told by German physicians that lactic acid was used with great benefit, and also lime-water, the news was so gratifying that we all used these remedies, which were not injurious or painful to the patient. Both have been found useful.

I ought to say here that certain solutions have been said to be useful because of the effect they produce upon the false membrane, causing it to gradually dissolve and disappear in a short time. But, unfortunately, when we have to deal with the living subject we have a totally different condition of things from that which is present in making experiments, and I have found that when using substances locally sufficient to have any effect upon the false membrane, they had an irritating effect on the mucous membrane which I was treating. Hence I returned to the use of such remedies as do not irritate, and have given up those which had a reputation for dissolving false membrane. With regard to lactic acid and lime-water, they do not have much effect upon the false membrane in the test-tube, but they certainly do seem to have considerable effect when applied to false membrane growing upon mucous membrane. It is very difficult to make accurate observations with regard to the progress of the disease from hour to hour in children; but I have had opportunity to try both remedies upon false membrane inside of the lip and upon the tongue, where I could watch the effect. I recollect three cases in which I tried the experiment with lime-water where false membrane was growing upon the inside of the lip. I treated one side with lime-water and left the other to nature, and the side treated rapidly improved, while the other remained stationary. So I believe that lime-water is useful as a local application, and in this respect I differ with my friend Dr. Jacobi, who believes that both lactic acid and lime-water have been overestimated. I strongly recommend that you should use them in every case.

We now pass on to another class of remedies, which I wish to bring to your notice, namely, those which shut out the air. This class of remedies I have introduced, and they have been employed in England to some extent. I refer to what may be called varnishing the mucous membrane with benzoin, or tolu dissolved in ether or chloroform or alcohol, and also used in various mixtures. I found as the result of considerable experiment that tolu dissolved in ether in the proportion of 1 to 5, made an excellent varnish, and that when applied to the mucous membrane it did not cause pain or inconvenience, was sufficiently strong to hold, and did not require to be repeated. Many of these local remedies have been recommended on the ground that they destroy germs. Just here it occurs to me that I have omitted to speak of carbolic acid and salicylic acid, etc. Carbolic acid is an excellent remedy, and it has the effect, as has been demonstrated, of destroying germs, and if used sufficiently diluted it will do no harm.

All this class of remedies have been recommended upon the scientific ground that they destroy germs.

The principle upon which I have introduced the remedies which varnish the mucous membrane is, that whatever the poisonous element may be, whether a vegetable growth or some other germ, or something else, this living matter that causes false membrane to be formed, requires the presence of air. Directly you exclude the air you prevent the growth of germs which require air for their existence. As soon as possible, therefore, I apply this varnish over the false membrane; not only over the false membrane; but all around it. It is of itself to a certain extent a germ destroyer, but everything depends upon the coating of varnish being air-tight. Some of my friends, at first, found considerable difficulty in applying it, and I also had the same experience. At first I wiped the surface, to which it was to be applied, with blotting-paper. I carefully applied this absorbing material to different parts of the throat, and then immediately afterwards applied this varnish. This plan answers perfectly well when you can do it; but every now and then you will find a patient who will retch a little just after the blotting-paper has touched the surface, and the mucous membrane becomes wet before you can apply the varnish. I then adopted the plan of putting a piece of lint around my finger and drying the throat with this, and then quickly applying the varnish with a brush. This does not hurt the child, and I speak of children because nine-tenths of our cases occur among children, and it answers perfectly well; but if you should have difficulty with this, I should advise you to apply the varnish all the same. I have had several patients treated entirely by the use of the varnish, without constitutional remedies, and with good results.

I shall feel exceedingly proud if, as the result of this lecture, gentlemen shall try the effect of this varnish.

I will now say a few words with reference to the use of steam and the use of ice. Both these remedies are useful, but they should be applied in different classes of cases. In the early stages it is very useful to employ ice. It affords the greatest comfort to the patient. Let them have ice, and take as much as possible. Many young children are pleased to have pieces of ice put into their mouths. There is no doubt that it restricts the associated inflammation so often present. In the early stages it is most desirable to use ice, and you can use any amount of it without doing harm. It is only in exceptional cases, where the patient is very much depressed, and in the very advanced degrees of poisining, where there is gangrene, that ice does harm. In many cases it diminishes the violence of the attack.

With reference to steam, it was first recommended, I think, by Mr. Prosser James, of London. Afterward it was pointed out by Oertel that steam must cure almost every case, and that it was the only remedy of any value at all, because the effect is to separate the false membrane from the mucous membrane. The fact is that when a certain point in the disease has been reached, when the false membrane is beginning to separate, steam is useful. At that time its effect is admirable. In the early stages I do not think it does any good. I think it lowers the vitality of the tissues, and that its effect is most prejudicial; but when the false membrane shows evidences of separating from the mucous membrane its effect is most beneficial. So you need have no fear of clashing heat and cold, for you use ice at first and steam afterward, when the disease has reached a certain stage. One great advantage of steam is that you can use some antiseptic with it, such as carbolic acid, salicylic acid, or any other substance you may choose. And I should advise you to use some mild antiseptic at this stage of the disease, because a certain amount of gangrene is usually present.

TRACHEOTOMY.

These, gentlemen, are the important points which I have to bring before you, and in closing I will make a few remarks only with regard to tracheotomy. The question often arises whether or not you will perform tracheotomy. I may say here that my friend, J. Solis Cohen, of Philadelphia, who is with us to-day, has published one of the most complete essays on tracheotomy ever published in the English language. I think the conclusion which may be drawn from his paper is that the operation should be performed at a comparative early stage. That is the conviction which I have. My advice is that when once there is considerable false membrane in the larynx, when inspiration is so difficult that you see falling in of the sternum each time the patient breathes, and each supraclavicular space deepened with every inspiration, the time has arrived for tracheotomy. But you will examine the whole of the patient's thorax, and most carefully the posterior part of

the chest, to see if air enters both lungs. If you find one lung seriously obstructed, I myself should advise against tracheotomy. If you find that air does not enter the lung beyond the bifurcation of the bronchus, tracheotomy will be useless. Still there are cases in which we have everything to hope if a cure can be effected. But at the same time we should consider the interests of surgery, and when I say the interests of surgery I mean the interests of the entire public, as well as those of the surgeon. If we perform the operation in a case almost entirely hopeless, we have to consider the effect produced upon the feelings of friends when a similar operation is to be performed in a similar case. The point which I wish to insist upon is, that if you perform tracheotomy you should do it directly it becomes necessary. You must not wait until the case becomes hopeless. If you do this, you will find that a large number of cases which appear hopeless will terminate in recovery. On the other hand, if you perform tracheotomy too early, you will perform it in a large number of cases which will recover without it. I think the very favorable statistics with regard to the operation, especially those furnished us from Parisian hospitals, are partly the result of the operation, being performed where it should not have been performed; that is, in cases of catarrhal laryngitis, slight cases of diphtheria. In this manner you can get the most favorable statistics, but it is not a fair procedure to perform tracheotomy before there are distinct signs of laryngeal dyspnœa.

Now, gentlemen, if you observe the directions which I have recommended, I do not think you will cure all cases of diphtheria, but I think you will meet with a certain amount of success, and I also think that you will be able to rescue many patients from imminent death.

ON THE TREATMENT OF ECZEMA OF THE HANDS.

By Arthur Van Harlingen, M.D.,

Professor of Diseases of the Skin in the Philadelphia Polyclinic.

Gentlemen,—The treatment of eczema of the hands must vary according to the locality and variety of the disease. That which is proper for acute eczema of the thin integument over the back of the hands would be useless if applied over the thickened epidermis of the palm, and what would be useful in chronic eczema of any part of the hand might be quite injurious in the acute form of the disease. In the following remarks I shall consider the management of each variety separately.

And, first, with regard to acute eczema of the backs of the hands and fingers. The skin here differs from that on other parts of the body chiefly, in its comparative delicacy and in its exposed position. The constant uses to which the hands are put in the ordinary labors of the household among women and in the various occupations and handicrafts of men lead to the exposure of the skin to numerous irritants. Cooks have their hands immersed in dough and salt water; maids and washerwomen are exposed to the action of hot water and soap in washing dishes and scrubbing; bricklayers plasterers, dyers, polishers, grocers, bakers, bartenders, all are exposed to moisture and the contact of irritating substances; and these occupations are chiefly apt to furnish cases of acute eczema of the hands. The appearance presented in acute eczema of the part under consideration has nothing distinctive about it. We have the small vesicles unbroken or broken with serous exudation, scratch marks, and crusts, or occasionally the red and weeping surface of eczema rubrum. The only disease liable to be confounded with this is scabies, where the lesions are often similar. Of course to treat a case successfully the diagnosis must be made with certainty. Scabies, presenting itself usually in various parts of the body simultaneously, and showing the peculiar burrows of the itch insect between the fingers or on the side of the hand, with a history of contagion, is the only disease with which eczema of the backs of the hands is liable to be confounded.

The treatment of acute eczema of the hands must be preventive as well as curative. The surface of the skin must be protected from air and water, and chiefly protected from the irritative agencies which so often have been the exciting causes of the disease. The baker must keep his hands from the dough, the washerwoman hers from the hot soap-suds. This is often no easy matter for those who are dependent upon their special handicraft for their daily bread. But without such abstention from the irritating cause the prospect of speedy recovery is poor and the prognosis must be to a certain extent unfavorable. Still much can be done in the way of protection. Gloves of leather or india-rubber may be worn; the latter, in particular, I often find of great use. Work-people imagine that they cannot manipulate while wearing rubber gloves; but it is surprising how the hands can accustom themselves to this covering. The chief difficulty is found in cases where the patient has to work in corrosive substances. Here some other means must be employed, and I think that if the hands are thoroughly anointed with some unctuous substance, as tallow, much can be done towards preventing the action of irritating substances upon them. A proper covering to protect the hands when exposed to irritants has not yet been devised, and is certainly much to be desired. Where only small areas of the skin are involved, the "liquor gutta-perchæ" of the Pharmacopœia, a solution of gutta-percha in chloroform often acts as a very efficient protector. The patient may be provided with an ounce-bottle of the solution, having a camel's hair brush in the cork, and may paint the affected part one or more times daily. The evaporation of the chloroform leaves a thin, impervious, and slightly elastic film of rubber.

As regards the more strictly medical management of these cases, the local treatment is by far the most important in the majority of cases, and I shall only speak incidentally of general therapeutic measures.

Acute eczema usually attacks the backs of the hands, the sides of the fingers, and the wrists, commonly leaving the palms unaffected. Its character here is not different in any essential particular from eczema of other parts. When very acute and severe it takes on the appearance of a dermatitis, especially if too stimulating or irritating remedies are first employed. Frequently a severe eczema of the backs of the hands begins insidiously by the formation of a few papulo-vesicles, and the patient thoughtlessly applies some quack ointment, with the result of aggravating the original disease to a marked degree. If the system chance to be in such a condition as to favor the occurrence of an outbreak of eczema, any irritant may act as a torch and light up the fire of a much more general eruption. In such cases the local treatment, to begin with, must be of a most soothing character. Dilute lead-water, or, where inflammation, discharge, and crusting, with much heat, are present, lead-water poultices form often the best application to begin with. The lead-water poultice is made by mixing dry bread-crumb with the dilute lead-water of the Pharmacopœia until a mass of proper consistency is made, and this is to be applied cold—often ice-cold is best—and frequently repeated.

When the violence of the inflammation has somewhat subsided, or when the affection has not been so acutely inflammatory, the application of cloths wet with lotio nigra is of advantage. In other cases the fluid extract of grindelia robusta serves a good purpose, as in the following wash:

℞ Ext. grindeliæ robustæ fluid., f ʒ ii–iv; Aquæ, Oi—.M.

Fiat lotio.

The cloths should be saturated with this wash and applied to the skin in such a manner as to allow evaporation to proceed until they are dry. The lotion is again applied to the cloths *in situ*, and then evaporation allowed to go on as before. I find this the best plan of employing this remedy, which I have used extensively in acute eczema for some years, and which almost invariably acts very happily. Now and then I come across a preparation which, owing, as I suppose, to some defect in the pharmaceutical manipulation of the extract, seems to have irritant qualities; but this happens so rarely that I retain great confidence in the valuable curative properties of grindelia.

Many cases of acute eczema of the hands get well under the use of a saturated solution of boracic acid, and this application is particularly useful where there are numerous vesicular lesions inclining to coalesce and break down into eczema rubrum.

In such forms of the disease it is also that the old and tried calamine and zinc wash frequently proves efficacious. It is composed as follows:

℞ Pulv. calaminis præp., ʒ iii;
Pulv. zinci oxidi, ʒ i–ʒ ii;
Glycerinæ, ʒ iii;
Aq. rosæ, ʒ iv.—M.

I have recently used with advantage a solution of sulphate of zinc in water:

℞ Zinci sulphat., ʒ ss;
Aquæ, Oi.—M.

This is by no means a new remedy, but is good enough to be kept in mind, especially in those acute but partly-developed cases where numerous incipient vesicles appear under the skin between the fingers and tending to spread over the back of the hand and wrist. It should be applied on cloths, which may be wetted every hour or so during the day and two or three times at night.

Among ointments, the "unguentum diachyli" of the Germans is the most valuable, when it can be had. It requires a skilled pharmaceutist to make it, and its preparation is very troublesome. When made very carefully it is extremely soothing; but if the olive oil which enters into its composition is not of the best, or if there should occur any carelessness in manipulation, it is very irritating. The following formula, to which my friend, Dr. Duhring, has called attention, is, I believe, the most satisfactory: one part of freshly precipitated (from acetate of lead) pure white hydro-oxide of lead is rubbed with two parts of water, and mixed well with six parts of the best Lucca olive oil. It should be stirred for about two hours over a hot-water bath near the boiling-point, and cooled with constant stirring until the proper consistence is obtained; while cooling a drachm of oil of lavender to the half-pound of ointment is added.

The diachylon ointment thus prepared is to be spread thickly on rags and applied to the affected parts. It should never be rubbed in with the finger, because the same effect cannot be gotten from it when applied in this way.

Ointments of oleate of zinc or oleate of bismuth may be of service in some cases of acute and subacute eczema. The ointment of oleate of bismuth is most conveniently prescribed according to the following formula:

℞ Bismuthi oxidi, ʒ i;
Acidi oleici, ʒ i;
Ceræ albæ, ʒ iii,
Vaselini, ʒ ix;
Ol. rosæ, ♏ ii.—M.

This very elegant pharmaceutical preparation was first suggested by Dr. McCall Anderson, several years ago, and it is a most useful remedy in eczema of whatever locality, but its action is particularly satisfactory in eczema of the hands.

Other ointments suitable in the subacute forms of eczema of the hands are the mild mercurial preparations. One which I have employed in many cases with most satisfactory result is the ointment of calomel and zinc:

℞. Hydrag. chlor. mite, gr. x-xxx ;
Ung. zinci oxidi, ʒ i.—M.

Ointments of ammoniated mercury, and, in the more chronic forms of the disease, of the red oxide of mercury, may also at times be employed with advantage.

Eczema of the palms is usually of a chronic character, and the treatment quite different from that which has been described as appropriate to the disease as found on the backs of the hands or on the fingers. The disease is not likely to be mistaken for any other affection except the palmar syphiloderm. This, however, it does closely resemble in many instances. Whensigns of syphilitic disease exist elsewhere, or when the eruption runs up from the palm towards the wrist, some characteristic features of syphilis are apt to present themselves, so as to render the character of the palmar trouble unmistakable. But when we are forced to form an opinion from the eruption on the palm alone, this is sometimes quite difficult. Usually the lesion of eczema are characterized by diffuse irregular patches of thickened epidermis, with fissures here and there and jagged outlines. The syphilitic eruption, on the other hand, is characterized by deeper infiltration, with less epithelial thickening and scaliness. Moreover, the lesions, if carefully examined, will almost always be found made up of rounded patches, single or coalesced. It is, in fact, a papular eruption concealed by the thickness of the epiderm. Itching may or may not be present in either case, and I do not know what other sign can be given as distinctive of the two affections when the palm alone is affected. Proper treatment quickly affects the syphilitic affection, while eczema of the palm is terribly intractable.

The diagnosis being made, however, we must remember that when eczema of the hands presents itself in the chronic forms so often met with, the treatment given as suitable for the acute and subacute varieties is useless and quite out of place. The remedies here required are, first, such as will soften and remove the redundant epidermis, and, second, those calculated to remove the infiltration of the cutaneous tissues.

Among the former, maceration by hot water applications, and by rubber bandages and gloves, may be mentioned. The hands, or the palms alone, if these are the parts chiefly affected, may be soaked in water as hot as can be borne for some minutes before the stimulant applications to be described are applied. This softens the horny outside layers of the skin, and renders them infinitely more penetrable to various agents than they would otherwise be.

Rubber bandages and especially rubber gloves, are to be highly recommended for the same purpose. They should be worn continuously for some days, being turned inside out and cleansed with cold water every day, while the hands are wiped on a dry towel. Under the use of the rubber, eczematous hands covered with horny epidermis become softened so as to permit the employment of ointments, which would be perfectly useless were they applied prematurely. The rubber applications themselves are only rarely curative. Though the disease may seem at times to have been entirely removed by their use, it quickly returns when they are removed. If it is borne in mind that the rubber applications are only preparative in their action, much disappointment will be avoided.

Alkalies in various forms are very efficient agents in macerating the epidermis. The saponis viridis, or "Hebra's green soap," a soft soap containing an excess of potash, is a very good preparatory application. It may be rubbed into the indurated patches with a bit of flannel, with the addition of a few drops of water, or it may in some cases be applied in the form of a poultice spread thinly on rags, and kept in position until the epidermis becomes softened. Sometimes solutions of potassa—ten to thirty grains to the ounce—may be used with good effect. If the weaker solution is employed, the patient himself may apply it with the aid of a rag or a stick, rubbing the solution into the affected parts until a feeling of warmth is produced, and then washing it off with pure water. The stronger solution should be employed by the physician himself, and a good deal of friction may be used, care being taken to confine the action of the remedy to the indurated tissues. What is wanted is to soften the hard tissues; and the effect of the potassa may be heightened if the part affected is soaked for a little time in hot water to soften the tissues. The potassa then takes hold more rapidly.

Recently I have been using a solution of papain, a substance which exercises a sort of digestive influence on the epidermis, and which has served a good purpose in some cases of horny, indurated palmar eczema by preparing the way for other remedies. The following formula may be employed:

℞ Papain., gr. xii ;
Pulv. sodii bi-borat., gr. v ;
Aquæ, ʒ ij.—M.

Paint on the part twice daily.

Having softened as far as possible the induration and callousness which are characteristic of chronic eczema of the palm, further applications may be made. Of those apt to be of use, the tarry and mercurial preparations are prominent. Tar ointments of various strength, containing from one drachm of tar to the ounce up to the officinal tar ointment of the Pharmacopœia, may be employed. Solutions containing tar, as the "Liquor picis alkalinus,"—

℞ Picis liquidæ,
Potassæ causticæ, a a ʒ i ;
Aquæ ad ℥ i.—M.,—

or the preparation know as "Liquor carbonis detergens," may be used in a diluted form, say beginning at one part to four of water, and gradually increasing the strength.

Another tarry preparation may be mentioned, the "Tinctura saponis cum pice;" it is made by dissolving tar and sapo mollis, or "green soap," in alcohol, equal parts of each of the three ingredients being taken.

The application of this remedy may be followed by that of the unguentum diachyli above described. In fact, the fingers and hands should always be wrapped up in ointments after the application of any of the remedies of a tarry and caustic character, or of those intended to macerate the epidermis. A good ointment to use after these washes is the following:

℞ Hydrarg. ammoniat., gr. v;
Zinci oxidi, ʒ iii;
Ung. picis U.S.P., ʒ iv;
Ung. aq. rosæ, ʒ vii;
Vaselini, ℥ iss.—M.

Rags or narrow bandages should be smeared thickly with this ointment, which is to be kept in contact with the skin continuously, being removed only when the tarry and caustic applications are made, or when used alone the ointment may be simply wiped off every evening, and a new application may be made immediately.

Two other forms of treatment remain to be described,—blistering and the application of plasters. The former plan is chiefly to be put in practice when the eruption is situated on the backs of the hands or on the fingers; it is performed by simply painting the parts with cantharidal collodion, and dressing the blister with one of the milder ointments. The other procedure is occasionally of use in cases where the palmar surface is thickly covered with dry horny epidermis. It consists in keeping the following ointment applied on narrow strips of muslin constantly in apposition to the surface:

℞ Hydrargyri vivi. gr. c;
Terebinthinæ, gr. c;
Emplast. plumbi, gr. ccl;
Resinæ pini, gr. l,—M.

This should be kept in contact day and night for a considerable period. As it is very tenacious, it rarely requires to be changed.

Finally, the fissures which occasionally occur in eczema, particularly about the fingers, are to be treated by long-continued soaking in hot water, followed by the application of a fine pencil of nitrate of silver in each fissure, and then wrapping up in one of the ointments described.

Constitutional treatment is rarely of use in chronic eczema of the fingers, though arsenic is occasionally found to do good. The acute varieties of eczema are to be treated like the same disease elsewhere. In any case a chronic affection, the prognosis of eczema of the hands should always be guarded. Some cases resist all treatment stubbornly.—*Phil. Medical Times.*

EXCESSIVE SWEATING OF HANDS.

For this annoying condition, Dr. F. H. Alderson says in the *Lancet*, July 28, 1883:

"The patient should soak her hands night and morning in warm water, in which should be dissolved about two drachms or half an ounce of the chloride of ammonium, and about twice as much carbonate of soda (crystals), enough water to be used to well cover the hands. I generally prescribe for my patients sufficient for six applications; and, as skins vary in tenderness, tell them to use as much as will temporarily, to a slight extent, cause the wrinkling known as cutis anserina, a condition which I describe to them as looking like the hands of a washerwoman. After well bathing, the hands are to be well rubbed with the following embrocation; Tincture of iodine one drachm, compound camphor liniment and glycerine of each a drachm and a-half, and compound liniment of belladonna one ounce. (If for the hands, a drachm of eau de Cologne makes the embrocation more agreeable.) The embrocation to be applied twice a day. A cure quickly follows. This treatment is equally appropriate and successful for excessive sweating and even bad-smelling feet, for that odor is due to the excessive function of the sudoriparous glands."

HABITUAL CONSTIPATION.

J. Mortimer Granville advises the following in constipation dependent upon a lax and torpid condition of the muscular coat of the alimentary canal, a loss of the reflex contractility that is natural and necessary to proper action:

℞. Sodæ valerianatis.....grs. xxxvj.
Tr. nucis vomicæ..... ʒ j.
Tr. capsici.....m. xlviij.
Syr. aurantii..... ℥ iss.
Aquæ.....q. s. ad ℥ vj.

M. Sig. A tablespoonful three times a day a half hour before meals.

When there is constipation depending on a deficiency of glandular secretions generally throughout the intestine, manifested by a peculiar dry and earthy character of the dejecta when the bowels *do* act, he gives something like this:

℞. Aluminis..... ʒ iij.
Tr. quassiæ..... ℥ j.
Infus. quassiæ ..... ℥ vij.

M. Sig. Take two tablespoonfuls three times a day after meals.

When constipation is due to the interruption of the *habit* of a daily evacuation of the bowels, he often prescribes the following with satisfactory results:

℞. Ammoniæ carbonatis..... ʒ j.
Tr. valerianæ..... ℥ j.
Aquæ camphoræ..... ℥ v

M. Sig. Two tablespoonfuls to be taken in the morning immediately on rising.

It is, as a rule, neither necessary nor desirable to continue it for a longer time than a fortnight.—*Brit. Med. Jour.*

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FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND
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SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, OCTOBER, 1883.

OPENING OF THE MEDICAL SCHOOLS.

MONTREAL.

McGill Faculty of Medicine opened Oct. 2nd, with an introductory lecture by the Venerable Dr. Joseph Workman, with one exception the oldest living graduate of the school. The lecture was followed by a conversazione in the Peter Redpath Museum, which was largely attended. In numbers, so far as we can learn, the class is larger than last year.

Bishop's College Faculty of Medicine had no introductory, but set off at once to real work. The Freshman class is the largest this school has had since its organization.

Laval University (Montreal branch) had no special introductory lecture, but began work at once.

Montreal School of Medicine and Surgery (Victoria College) opened with unusual *eclat*, in consequence of its sudden resussitation, when almost at its last gasp. The attendance of students is very large. Dr. d'Orsonnens gave the introductory lecture, in the course of which he said, "This meeting of the Montreal School of Medicine is certainly its most glorious day, for the school, threatened in its very existence, nay thunder-struck, I should rather say, but a few weeks ago, and apparently lost forever in the eyes of every one, is seen again by its friends, in this the opening day of its lecture, more renowned and more brilliant than ever, and with a still greater chance of success for the future."

TORONTO SCHOOLS.

The Toronto School of Medicine and Trinity College opened with very large classes. The new Female College also opened under favorable auspices.

KINGSTON SCHOOLS.

The Royal College of Physicians and Surgeons opened their regular course with a fair complement of students. The Women's Medical College of Kingston, the outcome of last year's troubles, is in full work. The lectures are the same as those delivered at the Royal College, and the Professors of both schools are the same.

WESTERN (LONDON) UNIVERSITY.

The second session of this school opened on October 1st by Dr. Maurice H. Burke giving an opening lecture. We have not seen anything stated about the attendance.

QUEBEC.

Laval University opened at the usual time. The death of its Dean, Dr. Jas. A. Sewell, cast a gloom over the opening.

HALIFAX, N.S.

The Halifax Medical School continues to do good work, and opened its doors with a fair list of students.

MONTREAL SCHOOL OF PHARMACY.

This school held its introductory services in their rooms, McGill St., on the evening of the 3rd of October, the President of the Pharmaceutical Association, being in the chair. The attendance of students was large, and they listened with much attention to an address from Dr. F. W. Campbell, the Dean of Bishop's College Faculty of Medicine. Brief addresses were also delivered by Dr. Reed and Mr. Manson. This Association has done a great deal to elevate pharmacy in this Province, and it deserves liberal support.

DIO LEWIS'S MONTHLY.

Dio Lewis is a name well known in the United States among all who are interested in athletics and sanitary matters. Three months ago he entered the field of journalism, and is now issuing a monthly periodical which contains a large amount of interesting matter, much of it being of practical value in the direction in which he has devoted his life. The October number is particularly rich in material. "Our Young Women," by the Rev. Dr. Crosby, is a brave discussion of an enormous but fashionable evil—in fact all its articles are interesting, some exceedingly so. It is published by Frank Seaman, 68 Bible House, New York.

OUR LITTLE ONES AND THE NURSERY.

This is the name of a really very elegant little monthly, for young children, which is published

by the Russell Publishing Company of Boston. It is profusely and beautifully illustrated, and is sure to become a welcome visitor to those to whom a new world is opening, as they learn to read. It is published at $1.50 a year, but any medical man who wishes to introduce it into his family can have it by sending us *one dollar*.

PERSONAL.

We chronicle with very deep regret the very serious illness of Dr. Kennedy, one of our assistant editors, and Professor of Midwifery in Bishop's College. Just about a year ago, he was laid up for some time with pleura-pneumonia of the right side. The same disease has again attacked the left side. He is attended by his colleagues, Drs. Campbell, Perrigo and Cameron, and his friend, Dr. Howard, has seen him in consultation. As we go to press there are signs of improvement, and we hope they will be permanent.

Dr. J. A. Grant, of Ottawa, who, during the entire period of the sojourn of the Marquis of Lorne and Princess Louise, in Ottawa, filled the position of Vice-Regal Medical attendant (as he has done during several previous terms), was, just prior to their departure, the recipient of elegant mementoes from Her Royal Highness' own hand. That presented to Dr. Grant was an elegant dispatch box, while Mrs. Grant received a handsome candelebra. This was but the just recognition of very valuable services rendered. Dr. Grant has filled this honorable position for many years, in a manner worthy of the extended reputation which he bears, and we learn with pleasure that he is still to continue to occupy it.

Dr. McCrimmon (M.D., McGill), Lucknow, Ont., left for Edinburgh on the 24th inst. He intends being absent a year, and will visit in addition to the Scottish capital, London, Paris and Vienna.

Dr. Robert H. Wilson (C.M., M.D., Bishop's, 1880) has, at the request of a large number of the residents, commenced practice at Hemmingford, P.Q.

Dr. James Ogilvie, of Jamaica, W. I., has been paying Montreal quite an extended visit.

Dr. Merrill has been appointed a physician to the Hotel Dieu Hospital, Montreal.

Dr. Wm. Stephen (M.D., McGill, 1880), Montreal, has gone to Europe.

Dr. Hudon, of Riviere du Loup (en bas), was in Montreal the end of September.

Dr. Oliver, late 60th Rifles and then Brigade Surgeon, has retired from the service and settled in Toronto.

Dr. R. P. Howard (Dean) and Dr. Osler represented McGill Faculty of Medicine, and Dr. F. W. Campbell (Dean) represented Bishop's College Faculty of Medicine at the centennial celebration of Harvard Medical school, at Boston, on the 17th October.

Dr. R. A. Kennedy has been appointed a Medical Examiner for the New York Life Insurance Company, in place of the late Dr. David. This Company has just resumed business in Canada.

THE LATE DR. J. A. SEWELL.

QUEBEC.

At a good age, yet almost in the active exercise of his professional abilities, Dr. James A. Sewell has passed from among us, his death having occurred at his residence in Quebec on the 28th of September last, the result of senile gangrene of the foot. Dr. Sewell was one of the oldest medical practitioners in Quebec, and for many years has stood deservedly at the head of his profession. He was born in 1810 in that city, and received there his early education, graduating in medicine at Edinburgh, where he received his diploma in 1833. For half a century the deceased gentleman has practised his profession in the Ancient Capital. During the troubles of 1837-38 he was attached to the Royal Volunteer Artillery. Dr. Sewell has been Professor and Dean of the Faculty of Medicine in Laval University since its establishment, and continued his lectures in that institution without intermission up to the date of his late illness. He has been for forty-three years past one of the visiting physicians of the Hotel Dieu, and for over thirty years chairman of the Marine Hospital Commission. He was also a Governor of the College of Physicians and Surgeons of the Province of Quebec, of which he was a former vice-president. He was an ex-president of the Canada Medical Association and of the Quebec Medical Society. Deceased was an M. A. of Bishop's College, Lennoxville. Most of the younger medical practitioners of this city have followed the lectures of the deceased physician, and in cases of difficulty in their every-day practice he was often consulted by them, and was ever ready to assist them with his learning and experience.