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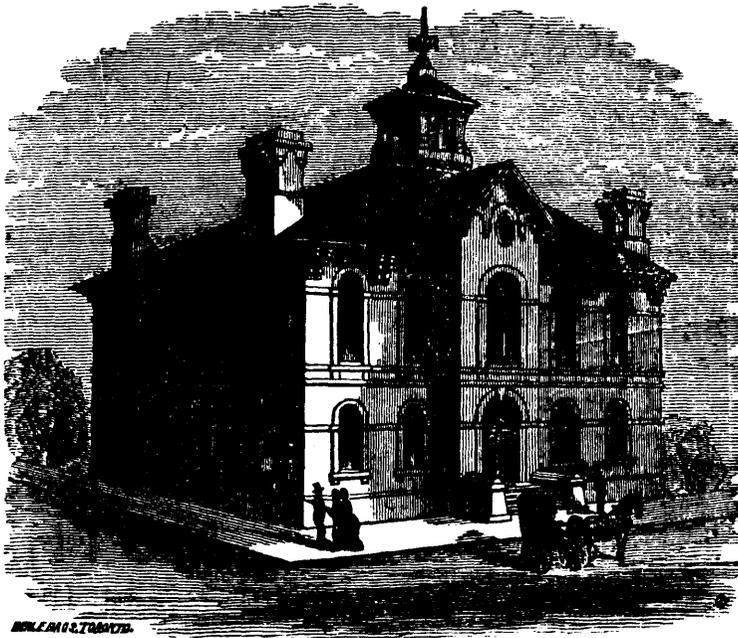
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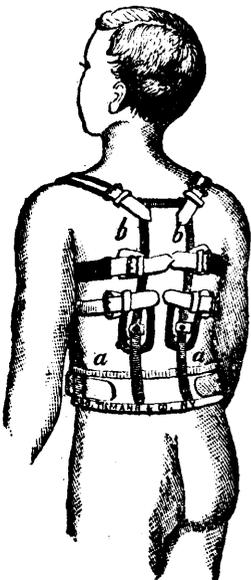
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TORONTO, JANUARY 1, 1876.

Selections: Medicine.

DIARRHŒA—ITS VARIETIES AND TREATMENT.

BY J. MILNER FOTHERGILL, M. D.

DIARRHŒA may be a salutary process or an affection threatening existence—according to circumstance. Even when commencing as the first it may eventually run into the latter. The bowel is not only the means by which absorption goes on, and the nutritive matter of our food is assimilated, but it is also the means by which unassimilable material is got rid of. When a quantity of overripe or decaying fruit is devoured, a sharp diarrhœa, by effecting the discharge of the offending matter, is the natural and best means of remedying affairs. Not rarely such diarrhœa is preceded or accompanied by emesis. In a similar way superfluous bile is ejected by what are called bilious attacks. The excess of bile discharged into the intestines by the bile-ducts is re-absorbed, again cast out and then re-absorbed, time after time. At intervals the bile and the other contents of the intestines are swept away in diarrhœa. After this there is experienced a sense of briskness, of energy, never felt when bile is present in excess in the portal circulation. Here the diarrhœa is a natural process of the most beneficial character. In a similar way when the stomach contains indigestible material, which is not got rid of by vomiting, but which passes the pyloric ring, when this reaches the intestines the best thing is its speedy ejection. This is very com-

monly seen in the diarrhœa which is so prevalent during suckling, both in infants and in young animals. Under these circumstances the diarrhœa usually originates from the excessive curdling of milk in the stomach. This may take place either from the milk being swallowed hastily, and so not being well mixed with saliva—a common cause of excessive curdling—or there may be existing a preternaturally acid condition of the digestive canal, and then the milk forms a firm and utterly indigestible curd, which can only be disposed of by vomiting or by purging. The first is swift, effectual, and uncontrollable. The second is slower, less perfect, and unfortunately somewhat under the control of certain antagonistic—one cannot say remedial—measures. Too frequently in the human infant and calf the income of purgation is the signal for the administration of various members of the pharmacopœia. Astringents and various preparations of opium are the usual agents employed. By such means the natural and wholesome process is thwarted more or less effectually, and the indigestible material retained within the intestine, causing considerable irritation, pain, and discomfort. If the natural efforts are equal to overcoming the unfortunate therapeutic measures the offending matter is got rid of, and all is well. Far from uncommonly, the process is so far checked that an irritating and persistent diarrhœa, consisting of small fluid motions, often offensive in odour, and always preceded by acute griping, obtains for some days. This may have two results. If the offending matter be ejected it is well; if

not, the irritation may go on to enteric inflammation. This last is a very common result in calves subjected to the energetic measures of the farmer's wife or the dairyman, but not an ordinary result in the human infant. Nevertheless, it may and does occur. When the diarrhœa is of the character just mentioned, and has obtained for some little time, the therapeutic measure indicated is a full dose of castor oil. This is the real state of matters. The irritant mass sets up intestinal action and secretion below itself, and so is not removed thereby, such being the case in ineffective diarrhœa; or the natural action set up is sufficient, but is checked by mechanical agents. The administration of a dose of castor oil sweeps the mass away, and then the diarrhœa usually ceases at once. Many years ago a farmer's wife complained to me that her children suffered from persistent diarrhœa, which the ordinary chalk, opium, and catechu mixture was unequal to arresting. After a good deal of cross-questioning it turned out that the family was living chiefly on salted meat, being the winter season. A good dose of castor oil each, followed by a more suitable dietary, had the result of doing away with the necessity for resort to the medicine bottle.

At times, however, this form of diarrhœa persists as intestinal catarrh, requiring its appropriate treatment. Ere considering this part of the subject it may be well to review another kind of diarrhœa which may persist in a like form.

Diarrhœa is not rarely the consequence of a chill. Instead of the ordinary cold, a sharp action of the bowels comes on, especially in those whose digestive canal is easily disturbed. Here the activity may either quickly moderate spontaneously, or persist. The measures here indicated are those suited to the treatment of cold, viz., a full dose of opium alone, or as Dover's powder, hot fluids containing alcohol, and a warm bath. Usually these measures are sufficient to secure the desired end.

At other times the intestinal action persists, as it may when originating in a process of natural ejection of indigestible matter. This may be brought about either as a consequence of irritation existing for some time, and so inducing persistent action, or the morbid action may re-

main as a species of acquired habit. When no more enduring diarrhœa is set up, a change in our remedial measures is indicated. In some cases the small repeated discharges from the bowel produce excoriation of the anus, while each stool is called forth by intense intestinal pain, ceasing on the evacuation of the acrid fluid. Here it is good practice to give opiates along with fixed alkalies, as in the well-known chalk and catechu mixture, or chalk and opium powder. The fixed alkalies not being absorbed, come in contact with the acid secretions of the lower bowel, and so neutralize them. It may even be desirable to resort to enemata of laudanum and starch with a little alkali in each. This last device often gives great relief. At the same time the food should consist of bland materials, as milk or seltzer water, boiled sago or arrowroot, or ground rice. In any form of diarrhœa, indeed, it is of great importance to attend to the diet, which should consist of milk—always rather binding—starch in any form, either with milk or beef-tea.

In the persistent diarrhœa of infants accompanied by much kicking up of the legs, abdominal pain, often severe, if measured by the little patient's cries, sour-smelling stools, containing undigested curd, and frequent "possetting," or eructation and vomiting of curdled milk, the following combination will be found useful—
R pot. bicarb. gr. ii; ol. cajeput. m. i. aq. anethi or cinnamoni. ii. every four or six hours. If the infant be fed by bottle, some lime water may be advantageously added to the milk; if fed by breast, the mother had better take some alkalies, either medicinally or in the form of Vals, Vichy, or Marienbad waters.

At other times the diarrhœa may pass on from simple acute diarrhœa to the condition of intestinal catarrh. If this be acute and accompanied by follicular ulceration, it assumes the form just described; but it may persist rather as a simple catarrh. Here we find that in addition to the fluid contents of the bowels, no longer changed by the normal absorption, there is a considerable quantity of mucus, often more or less purulent, and even at times a serous exudation of a green colour, from the presence of bile. The mucous lining of the intestinal canal is altered, being thickened and swollen,

while the fluids poured into the bowels are no longer efficiently re-absorbed. Under such circumstances of chronic diarrhoea, opium, from its effects in lessening the activity not only of the peristaltic movements but also of the secretion of the intestinal canal, is indicated in fair doses; and with it may be combined mineral astringents, as acetate of lead, sulphate of copper, or the permittate of iron. More commonly opium is given along with dilute sulphuric acid, or aromatic sulphuric acid, and a vegetable astringent, as hæmatoxylin. The last is a most valuable drug, it is palatable and easily taken, and at the same time most efficient. In the chronic diarrhoea of children it is very serviceable; its only drawback is its property as a dye. If spilt on the napkin or passed *per anum* on a diaper it leaves its bright red stain. This, however, is a comparatively unimportant matter. If the case be obstinate the astrigent mixture may be given three times a day, and ten or fifteen grains of compound kino powder every night at bed-time, or a grain and a half of opium with ten grains of trisnitrate of bismuth, or five each of bismuth and myrrh powder, may be added with advantage. Such measures with a proper dietary will usually be found effective.

Nervous diarrhoea is a variety with which we are more or less familiar. An uncontrollable action of the bowels is an indication of mortal fear in animals as well as man. There is increased peristaltic action with relaxation of the sphincter. In a less acute form we find increased action of the bowels in persons undergoing much mental perturbation. In some persons mental agitation invariably produces diarrhoea, just as in others it produces palpitation.

(To be continued.)

ON DIPHTHERIA.

BY THOMAS PRANGLEY, ESQ., AYLHAM.

[This paper is founded upon notes of fifty-six cases, which occurred in Aylsham, in the year '68; and as the disease has shown a tendency lately to become epidemic in some parts of the country, some of the suggestions of the writer may prove valuable, more particularly those with regard to treatment.]

The variety of forms which the false membrane assumes, and the various conditions of

the tonsils, are very remarkable. Thus I have seen the membrane in consistence like glazed starch, cream, wet parchment, and a greyish flesh-like pulp, of all degrees of color, from the purest white to almost black. I have seen it in specks, patches, shreds, and in large firm membranes, forming an exact cast of the part it enveloped. I have seen the specks or patches surrounded by a bright red border, or gradually becoming thinner at the edges, imperceptibly losing itself, so that one could not exactly see how far it extended. I have seen the tonsils engorged to such an extent as to almost meet, or enlarged laterally, as if they had been flattened by a weight on their surfaces; and I have notes of one case in which the tonsils were rather depressed. The glands at the angles of the jaws were more or less enlarged; but I never saw them suppurate.

On a few occasions, after the entire disappearance of the membranes, I found the tonsils again sprinkled all over with small white cheesy spots. These need cause no alarm; for, though they remained *in statu quo* for some days, they always disappeared without further inconvenience.

One of the worst signs in this disease was the extension of the membrane to the nares, so that I looked suspiciously upon the unfortunate patient, who began to use the pocket-handkerchief too freely. This invasion of the nares was manifested by redness of the margin of the nostrils and a discharge of thin mucus, which rapidly became purulent, and, as the disease progressed, very abundant.

Passing over many interesting points in the clinical history of this disease, I proceed to the practical question of its treatment, which resolves itself into local, directed to the throat itself; general, to combat with the great tendency to depression of the vital powers; and individual means to relieve certain symptoms which may arise during its course.

The local treatment I adopted in every case was the application of tincture of iodine (forty-eight grains to one ounce) to every part of the throat covered with membrane, at least once in twenty-four hours, and the inhalation of iodine vapor, mixed with steam, but more especially the latter, if the larynx were invaded. If the

membrane were firm in texture, and not too strongly adherent, I always removed it, and applied the tincture of iodine to the denuded surface, and with the best results; for, although frequently the membrane would reform, yet it never regained its pristine condition. If the membrane were in specks or shreds, I applied the iodine over them, and in general half-a-dozen applications were all that was required to procure their dismissal; and in several instances two applications were sufficient.

The general treatment was supporting and stimulating throughout. A liberal supply of beef-tea, wine, and milk was frequently and regularly given, to maintain the system against the natural tendency to depression and exhaustion. In medicine, I rely upon chlorate of potash and tincture of steel, from three to five grains of the former with five to fifteen minims of the latter every four hours, according to age. When tracheal symptoms arise, I at once have recourse to the inhaler, beginning with ten drops, increasing to a dram of the common tincture of iodine to a pint of boiling water, and letting the patient inhale as frequently as possible. In using this, one precaution is necessary, and that is not to begin with too large a supply of iodine, otherwise it is too irritating, causing the patient to cough, and making him unwilling to use it. I have found ten drops well borne to begin with; and after a short time, we may gradually increase the quantity to a dram to the pint without inconvenience. If this do good, which it undoubtedly does, it is evident it cannot be by any caustic action, but acting through its modifying and absorbing influence upon the diseased tissue. I can refer to three cases in which this treatment was of marked utility. In cases where the fits of dyspnoea are severe and frequent, I have found nothing like an emetic of sulphate of copper, which generally expels a quantity of membrane from the larynx and trachea, and gives relief for a time at all events.

In tracheotomy I believe we may place considerable reliance, although my experience is limited to one case, and that, unfortunately, a fatal one; yet I firmly believe that if it be resorted to soon enough, we may rescue many

lives. There is no doubt one feels inclined to put it off as long as possible; for parents have a curious repugnance to having their children's throats cut; and if you are not successful, they speculate on what assistance you afforded nature in her process of dissolution, and generally the balance is against the doctor; yet the evidence of numerous published cases, of which, roughly speaking, one-fourth were successful, proves that it is our duty not to neglect this chance of saving life, and more especially not to delay too long in resorting to it.—*British Medical Journal*.

CONSUMPTION AND CONTAGION.

BY RICHARD PAYNE COTTON, M.D., F.R.C.P.,

Senior Physician to the Hospital for Consumption, etc., Brompton

There is no question in connection with phthisis of more practical interest and importance than that of contagion; and there is none other, perhaps, about which there exists so great a diversity of opinion. Practical evidence is of far more value than anything speculative; and as a great experiment upon the zymotic character of phthisis has long been going on at the Consumption Hospital, Dr. Cotton briefly gives the results.

"The Consumption Hospital was opened in the year 1846, with ninety beds. Ten years later it was completed; and since that time two hundred beds have been constantly occupied. We have lost, during this long period, only one nurse from phthisis: and this was a poor creature whose husband had deserted her, and who had long endured, from other causes also, considerable mental anxiety and physical exhaustion. On the other hand, the services of the nurses generally have been unusually prolonged; and I can myself testify to their general health being, as a rule, remarkably good. Of those *now resident*, two have been at duty in the hospital seventeen years; one has resided thirteen years; one, eleven years; two, ten years; two, nine years; one, seven years; one, four years; two, three years; and four, two years. The two oldest nurses have lately died of old age and general decay, after having long been superannuated; each of

these had resided in the hospital for upwards of twenty years.

"Of the gallery maids, whose duty it is to be much within the wards in sweeping and scrubbing the floors, only one has been known to have been affected with phthisis; whilst it is obvious that, during so long a period, the number of persons thus employed must have been considerable.

"Our engineer has seen eighteen years' duty within the hospital, and he is now in good health.

"We have had, at different times, three attendants in the *post-mortem* room. The first of these is still living, but in infirm health, the result of intemperance; the second left with spinal disease; the third has been in his office for nearly four years and is in good health.

"Of the dispensers, one who kept to his post for above ten years, is living and well; three who have held office in the dispensary since the year 1867 are also well; and the present senior dispenser has been with us for ten years. Many others have been in this department since the opening of the hospital, but only one has been known to have been consumptive.

"The resident clinical assistants of whom we are able to obtain reliable information amount to seventy-eight in number. Three of these are said to be phthisical; but only one has been known to have died of phthisis. This gentleman I knew intimately; he was always of consumptive appearance, and one of his sisters had died of phthisis.

"Our resident medical officer, Mr. Edwards, to whom I am indebted for the statistics I am now giving, has held office for more than twenty-one years; and all those who know him can testify both to his continued health and his undiminished energy and usefulness. The present matron has also been in her office for more than twenty-one years, during which long period her health has been excellent.

"The present secretary has been at his post for fifteen years; and his only predecessor, who is still alive and well, has held the same office for sixteen years. The assistant-secretary has been at his duties within the hospital for eighteen years; and a clerk—whose office it is

to register the out-patients, and who must, on that account, be exposed to an unusually great extent to phthisical contagion, did such exist—has been at his work for five years. I am happy to add that all of the above are now in excellent health.

"The present chaplain has been with us for twenty-two years; and his two predecessors are still living. Happily all of them are well.

"Of the staff of physicians and assistant-physicians—nineteen in number—one only has been affected with phthisis, and he was a young man of delicate and decidedly consumptive aspect. The period of office which some of us have had is unusually long. Of the present physicians, two have been upon the staff twenty-four years each; one for seventeen years; one for thirteen years; one for nine years, and one for five years. The late senior physician, who resigned only three years ago, had been attached to the hospital, and in constant work there, from its very foundation. Two of the former physicians who resigned their appointments, and subsequently died of disease quite distinct from phthisis, had held office in the hospital for fifteen and nineteen years respectively.

"With the above facts before us, must it not appear to all believers in the doctrine of phthisis originating in a special and contagious poison, that a residence in the Consumptive Hospital and long-continued working in its wards is a very good way indeed *not to catch the disease?*"—*British Medical Journal*

TREATMENT OF TYPHOID FEVER AT MT. SINAI HOSPITAL.

Within the past year there have been treated at this hospital over sixty cases of typhoid fever, and out of these only one death occurred. This was due to perforation. The plan of treatment pursued is the antipyretic, and in this manner it is claimed that the mortality is less, and at the same time the patients do not suffer from delirium. Cold baths are employed when the temperature reaches 103°, unless contra-indicated by some special reason. If the temperature is only 102°, or if the patient is debilitated, sponging the body with water is had recourse to. The aim of the treatment is

to keep the temperature below 102°, and for this purpose it is necessary, if baths are employed, to repeat them every few hours in the more active cases; but, in the milder ones, from two to four every day may be sufficient. One of the most important features connected with this treatment is, that no delirium occurs during the night. In one case, where active delirium ensued, the patient was given a bath, and immediately the delirium disappeared. The internal treatment consists in the administration of quinine and whiskey, with appropriate agents for the control of the diarrhœa, and of these, bismuth in twenty grain doses has proved most efficacious.—*New York Medical Journal, December.*

SUDDEN DEATHS FROM PARACENTESIS THORACIS.

M. Legroux relates one case before the Paris Hospital Medical Society. The patient was a man of prior good health, fifty-two years of age, and on admission presented an immense effusion from a pleurisy of a month's duration. About two litres of liquid had been discharged to the great relief of the patient; but, after coughing, and speaking quietly for a while, he complained of feeling faint, and suddenly died. The autopsy furnished no explanation of the fatal occurrence. M. Legroux concludes as follows: 1. That sudden death, which is frequent in pleurisy with abundant effusion, is also to be feared when a large quantity of fluid has been withdrawn by operation. 2. This mode of death is probably due to syncope. 3. The liquid should be slowly evacuated, and at two operations in preference to a single one. 4. The aspiratory apparatus may be supposed to have something to do with this fatal accident. 5. A person who has undergone this operation should be carefully watched for some time after its termination, so that aid may be furnished at the slightest sign of syncope.—*London Medical Times and Gazette.*

Another case was reported at the same Society by M. Besnier. The case was that of a middle-aged lady who had suffered for a fortnight from the signs of an extensive effusion on the right side. On puncture with the aspirator, a sanious and extremely offensive fluid

was evacuated. Scarcely half a pint had been slowly withdrawn when the patient suddenly became extremely pale, her features became fixed, and it was found that the heart had ceased to beat, and the other lung to breathe. There was no *post mortem*. M. Besnier suggests that the mere pain of the puncture may have reflexly arrested the heart.—*New York Medical Journal.*

BRIGHT'S DISEASE.

Prof. A. L. Loomis, of the University of New York, in a clinical lecture, in speaking of the treatment of this disease, said: I recommend a remedy which will increase the urinary secretion without stimulating the kidneys. That remedy is digitalis. I am convinced that it does not act as a stimulating diuretic, but that it acts upon the local circulation of the kidneys. Inducing an increased flow of urine in this way, we rid the system of its urea much more completely than we can by the skin or bowels, for these are both unnatural ways of eliminating it.

One word with regard to digitalis. We have, for many years, been taught to believe that while administering this drug, we must guard against its "cumulative effects," so called. All this I have come to disregard; for I have repeatedly administered half ounce doses of the strong infusion every two hours for forty-eight hours, and have never seen any unpleasant effects from thus using it. If any benefit is to be received from this drug in this disease, it *must* be administered in large doses. The dose which I usually recommend is ʒss of the infusion; and in the acute stage of Bright's disease, it may be given every two hours for twenty-four hours, and then wait a little and watch its effects. If the diuretic effects are not satisfactory they may be increased by the additions of bitartrate of potassa. Its administration, in more moderate doses, say ʒj three times a day, must be continued for weeks. In those cases in which the exudative matter filling the tubes is the result of a catarrhal inflammation of the tubes, if it can be washed out, nature forms new epithelium for the repair of the tubes, unless the stimulants which have produced the increased secretion of urine are continued. Hence the necessity of watching the effect of

the remedy. The external application of dry cups over the kidneys, and following them with poultices, are of service. The digitalis leaves may be used for a poultice after the dry cupping, and thus applied, they will increase the diuretic effect of the drug administered internally. After the use of dry cups, and the congestion and hyperæmia to some extent are relieved, if your uræmic symptoms are still urgent, you may resort to hot-air baths and hydragogue cathartics. This makes the principles for the accomplishment of the first proposition in the management of acute Bright's disease.

And now let us consider the effect of the urea. This is the element that produces the convulsions; perhaps the patient has already had one or more when you are called to see him. What are the means that we have for controlling the effects of urea upon the nervous system? I believe that opium is, of all drugs, the best. If called to see a patient who has already had a convulsion, I should not hesitate to throw into his arms ten, fifteen or twenty drops of Magendie's solution of morphine, by the use of the hypodermic syringe. It will not kill him; but, upon the other hand, I have seen it, many times, produce a calm, quiet sleep, profuse perspiration, increase the flow of urine, and within a few hours the patient awakes to consciousness as the result.—*The Cincinnati Medical News.*

CASE OF EMPYEMA TREATED BY FREE EVACUATION OF THE FLUID.

The following case, recently under the care of Dr. Wilkes, Guy's Hospital, London, is of interest, illustrating the great benefit that is often derived from freely opening the chest in these cases. A thin, delicate woman, aged twenty-one, was admitted on the 13th inst., apparently moribund. It was ascertained that the patient was quite well until eleven months ago, never having had any illness, except small-pox when a child. The father died of hæmoptysis, at the age of forty-five, and the mother and brothers and sisters are living and healthy. Eleven months ago the patient caught cold, and suffered from cough, accompanied by pain down the sternum. This pain was always much increased by coughing.

There were never any rigors, but there was some delirium at the commencement of the illness. She stated that on one occasion she spat up two quarts of blood. She was for six months under treatment in an infirmary; during that time she suffered great pain in the right side of the chest, together with cough, shortness of breath, &c. She then went home, unrelieved, and remained there four months, when, becoming worse, she was admitted to Guy's.

On admission she was thin and delicate-looking; skin, hot and dry; voice, feeble and husky; and there was a constant hacking cough. Just below the right mamma was a red, hot, tender swelling, and there was extreme tenderness over the whole of the lower part of the thorax, from the spine forwards, and also over the liver, and on deep pressure, throughout the whole of the abdominal region. There was dulness of the whole of the right side of the chest in front; below the third rib the dulness was absolute, and in this part there was entire absence of vesicular murmur. Above the third rib there was increased vocal resonance and tubular breathing. The left front was resonant throughout; the vocal resonance increased, and breath-sound tubular. At the back, on the right side, there was absolute dulness, and absence of breath-sounds below the spine of the scapula. Above this there was tubular breathing and increased vocal resonance. The left back was resonant, and the respiration exaggerated. The apex beat of the heart was diffused, and one inch below and half an inch outside the nipple there was a cardiac bruit of a churning sound, most audible at the apex. Temperature on morning of admission, 103°.5 F; in the evening, 100°. F; respiration 36; urine sp.gr., 1012; no albumen or sugar.

On the evening of the 14th an incision was made into the front of the chest, where the pus was pointing. A catheter was then introduced into the pleural cavity and made to point behind, where another incision was made. About 16 oz. of fluid escaped. A drainage tube was then put in, and the cavity washed out with a solution of carbolic acid, (1 to 40). Next day the patient was decidedly better, and the temperature was normal. On the 16th, both

sides of the chest expanded fairly well below the clavicles. The right side was hyper-resonant in front, but rather dull behind, with marked ægophony and very slight vesicular breathing. The breath-sounds were harsh, but vesicular below the right clavicle; in the left front they were puerile. At the back the breath-sounds were bad on both sides. On the 19th, patient stronger and better—cough had ceased. On the 21st the drainage tube was withdrawn, and the washings, which had hitherto been performed daily, were now ordered to be done every other day. On the 25th the patient was sitting up in bed, unsupported, though still weak. The right subclavian region was resonant, and below this the chest was hyper-resonant. There was, however, no tactile vibration, although vesicular murmur could be heard at the inner half of the right subclavian region. At the back the right supra scapula region was normal, but below this there was dulness, with distant and feeble breath-sounds. There was fairly good tactile vibration. The temperature was normal, and had been since the operation, but the respirations were still very frequent, 38 per minute.

Remarks.—Free opening has been so uniformly successful in these cases, that Dr. Wilkes alleged that he would always recommend it in empyema, and experience has shown that this advice is in the main thoroughly sound.

For, notwithstanding the adverse opinion of many of the older teachers, and even of many of the present day, it must be confessed that the lives of patients have been sometimes unmistakably sacrificed to the efforts to save the lung. The practice of tapping has again and again been denounced as likely to damage the lung. In former times, even when the operation was sanctioned, it was done with a sparing hand. A few ounces of fluid were allowed to escape, and then the puncture was firmly closed. But as the patient did not improve, the operation was repeated in the same nigardly manner several times, at longer or shorter intervals. After all, the patient too commonly died with a chest full of fluid, a large share of which was, not without reason, often attributed to the evil effects of tapping

whereas, if free evacuation had been insured, the result would in all probability have been vastly different. When there is pus in the pleural cavity, Dr. Wilkes maintains that the lung is destroyed, and that it is useless to attempt to restore it to its natural state. There is, however, one exception to the universal adoption of tapping in empyema. Often in children, large quantities of pus collect in the pleural cavity, but afterwards become entirely absorbed, leaving the lung practically unimpaired. In such cases, to establish a communication between the outer air and the pleural cavity would not only be unnecessary, but might be attended with evil results, and lead to irreparable collapse of the lung.—*Lancet*, Oct. 30th, 1875.

TREATMENT OF DIABETES.

IN the London *Lancet* of November 6, we notice a new method for the treatment of diabetes, originating with a non-professional patient suffering from that disease, and which we think worthy of trial, as likely to afford relief if it does not effect a cure. The patient had been under dietetic treatment for several years without deriving any benefit; decreasing in weight and becoming despondent,—the urine being still loaded with sugar. His discovery, as he terms it, about the treatment of diabetes was made in this way: "He found that he commenced to wheeze when he breathed the cold air, and that it ceased when he returned to a warm room. On putting his head below the bedclothes a slight perspiration came upon him, the saliva returned, and his tongue and mouth became moist, instead of dry as formerly. This moisture and dryness of the mouth alternately occurring, under the conditions mentioned, having arrested his attention, the question arose in his mind, how could this moisture be obtained without remaining in bed? To accomplish this he put on a respirator, and also a knitted woollen cloth over both the respirator and his nostrils when in the house, or even in bed, and was careful in protecting the nostrils as well when he went out. He also practised breathing by the nostrils alone, and found breathing in this way highly beneficial. Having perfected himself in breathing by the nostrils

alone, he laid aside the respirator, taking care however to wrap up warmer in cold weather. He refrained from all cold diet or drink, invariably taking them warm. Under this treatment he improved rapidly—the quantity of urine and sugar steadily decreasing—while his weight increased. In six months the sugar entirely disappeared, and he acquired his natural health, and has continued to enjoy it for two years. He still continued, however, to be careful in his diet—milk (heated) being the staple.”

Dr. Charteris, of the Glasgow Royal Infirmary, reports two cases treated in this way, in both of which decided improvement followed; the patients being able to resume their work, though the sp.gr. of their urine remained high, and contained sugar. In the one case the quantity of urine passed per diem was reduced from 248 oz. to 100; in the other from 330 oz. to 100.

TREATMENT OF A COMMON COLD.

DR. J. MILNER FOTHERGILL offers (*The Practitioner*,) some instructive remarks on this subject. “Colds,” he states, “are always the consequences of a chill, either to the general surface or a portion of it. Ordinarily the body temperature is maintained by the equilibrium existing betwixt the internal heat-producing area and the external heat-losing area—the surface—according to Rosenthal. When excessive heat-loss is not met by increased heat-production, a chill or lowering of the body temperature is the consequence; or if heat-production has been great, as in a ball-room, for instance, the cutaneous vessels are dilated, and if the surface be suddenly exposed to cold these dilated vessels are apt to be paralyzed instead of incited to contract, and then heat is rapidly lost from the mass of warm blood in the cutaneous vessels. The catching cold, or the escape from doing so, depends upon the state of the vessels of the surface and their capacity to contract or the opposite. Consequently we can see that catching cold or escaping it under apparently identical circumstances depends upon a condition far removed from either vision or sensation. That the *modus operandi* of catching cold under these circum-

stances has offered opportunity for difference of opinion, can be no matter for surprise. Rosenthal, however, has scientifically investigated the matter and unravelled the mystery. Where heat-loss is met by heat-production at the time, no unpleasant consequences result; but when the heat-regulating processes are delayed, the loss of heat and fall of temperature at the time are followed by an excessive heat-production, constituting a pyretic condition. This in its simplest form is recognized as a cold. Usually it is accompanied by some disturbance of the respiratory tract, either in the turbinated bones, known as nasal catarrh, as sore-throat, or as an attack of bronchitis. Of course these local inflammations may become very severe, and in bronchitis life is commonly threatened. There is at this point great vascularity of the internal heat-producing area, and a dry skin, whose heat-losing power is impaired from the loss of the aid of perspiration: for Leyden found that even the insensible perspiration is lost in increasing fever.

“What are the indications furnished to us for the treatment of this state of matters? Obviously to restore the balance betwixt the two heat-producing and heat-losing areas; and in order to do so we resort to such measures as shall increase the amount of blood in the outer area, and so diminish the amount in the internal area; that is, to increase heat-loss and lessen heat production.

“The measures ordinarily resorted to for such ends are hot fluids, a warm bed, and often a dose of opium in some form. The result of such combination is the induction of perspiration, especially if the patient lie in bed next morning and have more hot fluids; for perspiration is most successfully induced from seven to nine in the morning. If the cold be caught at once by such measures the impending pyrexia may be averted, and the temperature equilibrium be maintained. More commonly, however, the case is more advanced when seen, and the pyrexia is clearly established. Under these circumstances the treatment will be more prolonged, and restoration of the heat-balance will not be so readily attained. The condition of increased vascularity of the heat-producing area with arrested action of the skin is to be met by

the administration of agents which possess the combined properties of lowering the heart's action and relaxing the vessels of the skin; or, in other words, which relax the two muscular ends of the circulation, the central and the peripheral. The impression so made produces a diminution in the blood current and a dilation of the vessels of the heat-losing area. As a consequence of this there is less blood in the internal area and less heat-production, with cutaneous vascularity and increased heat-loss; rarely, however, is an impression made upon the pyrexia until the action of the skin is excited and the cooling effects of exhalation attained. The administration of nauseant diaphoretics to attain these ends has been the rule amidst practitioners and housewives. The time-honoured antimonial wine has scarcely yet yielded to its rival ipecacuan, nor, perhaps, is it desirable that it should. Their combination is good, and to be recommended. In adults, iodide of potassium in guaiac mixture forms an excellent combination, especially when the cold is combined with rheumatic pains, or tonsillitis. These internal remedies may be aided in their action by external measures, such as warm baths. With children it is easy to wrap them up in a blanket wrung out of hot water, to inclose them so wrapped in a dry blanket, and put them to bed. This may be repeated as required, and sufficiently aids the remedies given by the mouth. Measures for giving adults a warm bath in bed are now to be procured at little cost. After perspiration is once induced there is usually a gradual fall of temperature; but the normal may not be reached for some days. There is a decided tendency to excessive heat-loss after the action of the skin has been established, even though the temperature indoors be above the normal. Experience has taught humanity to wrap up well when passing through a cold, especially when it is breaking. Ere the action of the skin is re-established, the impression of external cold is grateful, but afterwards chills are readily experienced. The increase of blood in the heat-losing area permits of rapid heat-loss. When a cold is caught during the restorative period, it is usually a fixed one, and not rarely serious illness is the consequence.

“When the action of the skin is re-established, it not uncommonly happens that perspiration is profuse, even while the patients are wrapped up well to shield themselves from heat-loss. This is a troublesome stage in the history of a cold. Here mineral acids with vegetable tonics are indicated, and, perhaps best of all, dilute phosphoric acid in cascarilla or cinchona. In the treatment of influenza, vegetable acids along with a bitter tonic often produce a decidedly good effect. In addition to the general effect of the tonic, the arrest of the excessive activity of the sudoriparous glands is desirable. This stage is sometimes a prolonged one, and the maintenance of a pyretic condition by the rapid loss of heat and then increased heat-production is not an uncommon event. If this condition be pronounced, the best line of treatment is that of quinia with an astringent mineral acid. Quinia is well known to possess an apyretic action, probably to some extent by its effects upon the nerve-centres, and more, according to the observations of Binz, upon its checking the ozonizing action of the blood. The effect of the astringent mineral acid upon the skin is to check secretion, and by these combined measures a satisfactory restoration to the ordinary state of health is induced.

“In the treatment of the bronchial affections which so commonly accompany an ordinary cold, it is not a matter of indifference what expectorant remedy is selected. As long as the skin is dry and the bronchial lining membrane tumid and secretion arrested, ipecacuan with acetate of ammonia is indicated: or a little antimony may be added with advantage. When the skin is once thrown into action and the bronchial secretion also established, then acids with syrup of squills are suitable measures. But it is not a successful plan to administer squill with acids until the skin is moist. When there is a tendency to the free action of the skin, this latter combination in full doses is a useful plan of treatment. Neither is the union of carbonate of ammonia and senega in severe cases indicated until the secretion alike of the skin and the bronchial lining membrane is thoroughly established.

“The treatment of a cold consists really in hastening and abbreviating the ordinary pro-

cesses by which a rude disturbance of the temperature-balance of the body is recovered from. In order to do this a fair comprehension of the natural processes must exist, so that the remedial measures may harmonize with, and not contradict these natural processes,"—*American Journal of the Medical Sciences*.

Surgery.

PLASTER OF PARIS DRESSING IN ANGULAR CURVATURE OF THE SPINE.

In the *New York Medical Journal* for September, we find a lecture by Dr. Sayre on the above, to which we propose devoting a short space, partly on account of the unsatisfactory results from the usual modes of treatment, and partly on account of the simplicity of the means there proposed.

We pass over the lecturer's remarks on the pathology and symptoms, into which he enters at some length, only premising that *we* hardly think the diagnosis so easy in the early stage that "mistakes need not be made."

Dr. Sayre pays a well-merited tribute to the value of Dr. Fayette Taylor's spinal support, which in our estimation is certainly a most valuable aid in the treatment of Pott's disease, when intelligently applied and adjusted to the often varying conditions of the patient; and yet the lecturer makes a most ungenerous remark when speaking of a modification of the instrument which adapts it to those cases in which the disease is situated above the fourth dorsal vertebra, a remark evidently prompted by a complete misapprehension of the principle on which the instrument acts, or the part of the spinal column on which the weight of the head is received when transmitted through the chin piece.

But the point to which we would draw attention in the lecture is the application of plaster of paris. This dressing is very cheap, and easily applied, and thus comes within reach of a large class of patients too poor to buy the expensive steel supports; and in all those cases in which the disease is situated below the level of the axilla, it may be found to accomplish all that is required; but in all

those cases where the curve is above that point, (and in our experience they constitute a rather large proportion) we fear something more complex and more expensive will still be required.

The Doctor has applied this dressing in the treatment of over thirty cases of Pott's disease, and with the happiest results. He says "The plaster dressing can be changed or removed as often as necessary to accommodate the increasing growth or development of the patient."

"The ease of application in any section of the country, without the trouble and expense of resorting to any specialist or instrument-maker; the perfect comfort given to the patient by protecting the diseased parts from pressure, without galling or chafing any other part, as is almost always done even by the best fitting instrument; and the absolute immobility which can be obtained by the plaster-bandage, will, I feel confident, give this plan the preference over any yet adopted for the treatment of Pott's disease, or caries of the spine."

In applying the plaster of Paris dressing for Pott's disease, the patient should be suspended by the arms till the heels are off the floor; the body then acts as an extending force; but as it is difficult for an assistant to hold these patients long enough to apply the dressing, save in the case of very small children, he has had constructed an apparatus which consists of a curved iron rod, with a hook in its centre and at each end. From the end hooks loops or pads pass down under each axilla. To the centre hook a pulley is attached, and the opposite pulley is secured to the ceiling, and the patient is easily elevated till the toes barely touch the floor. In some cases it will be advisable to cross the suspending bands from the axilla of one side to the hook of the other, on account of the pressure on the axillary plexus.

The first case to which the Doctor applied the plaster of Paris dressing was a child four years of age, "with angular curvature of the spine, involving the last two dorsal and first upper lumbar vertebrae, unable to stand, very much emaciated, and the right limb paralyzed." He says, "I had the child held up by the arms (the weight of the body acting as an extending force), pinned his little flannel shirt around his thighs, stretching it over his body smoothly,

and commencing at the pelvis, applied rollers saturated with plaster of Paris over his entire trunk, the same as you would to the thigh in dressing a fracture. He was held in this position, suspended by the arms, twenty or thirty minutes, till the plaster set. His parents say he has been perfectly comfortable ever since the dressing was applied, six weeks ago, and has grown quite fleshy, and is now able to walk about without resting his hands upon his knees."

The Doctor relates several cases which illustrate this plan of treatment, and show some modifications necessary in certain peculiar cases.

"CASE I. Pott's Disease. John Jordan, aged five years, of perfectly healthy parents, had hip disease in 1871, of which he had been completely cured. In January, 1873, Pott's disease appeared in the lumbar region. . . . He continued to run about with a raw-hide jacket on till June 4th, 1875, when a plaster of Paris dressing was applied. The child was suspended by his shoulders, a flannel shirt having been adjusted to his body, then a bandage saturated with plaster of Paris was carried around the pelvis and up to the axilla. The plaster dried readily, and the child was sent home, feeling very comfortable. Was sent for that evening in great haste, the mother saying he could not *lay or sit*, and found him suffering from too great compression of the thorax. I therefore made an incision of about three inches from the top, through the plaster of Paris dressing, which gave instantaneous and perfect relief. This dressing was worn till July 26th, when it was found that a fold in the shirt had produced uneasiness. It was then taken off, and a slight abrasion over the crest of the left ilium discovered. . . . The child came to the office on the 31st, when, the abrasion being healed, he was placed in the extending apparatus again, and another dressing of plaster of Paris applied as before. After the plaster had dried the child walked about the office, feeling very comfortable. On the following Tuesday he went on an excursion, and up to this day, August 12th, has suffered no pain.

"CASE II. Pott's disease, from injury. Mr. W. was brought to me July 26th. . . .

Was out riding and thrown from his waggon, striking on his left side and back; was unable to move for a short time; about two hours afterwards regained perfect control of himself.

. . . . Very much emaciated, constriction around the abdomen causes intense pain, cannot walk or lie on his back with any comfort, can only lie on abdomen, *even then* requires to be pulled out to be free from pain; suspending the body, the arms being thrown over the shoulders of another person, gives perfect relief. I applied the plaster dressing and when it was dry he said he was more comfortable than he had been for twelve months. The next day he called and said the principle was correct, but that it had been applied imperfectly. His back had a vacant space on each side the entire length, and that it wanted filling up. He was so very thin that the spinous processes projected to such a degree that the bandage bridged over a vacant space on each side, and he felt the want of this support. . . .

When he came on Friday, he stated that he had made another discovery; that he had no room to put his dinner, and wished me to fold a pad over the abdomen, and bandage over it, so that, when the plaster had become set, it could be pulled out, and the rest of the dressing not be disturbed. . . . I placed several strips of plaster bandage on each side of the spine, and after padding the abdomen as suggested, I dressed him as usual. Patient called at my office five or six days afterwards, and stated that he had never been so comfortable since he was hurt."

Several other cases are given in which this dressing appears to have been followed by like results. In one an abscess had formed alongside the angle. A free incision was made, and an opening left in the plaster of Paris dressing for the escape of pus.—Ed.

ON THE PATHOLOGY OF "HIP" DISEASE.

BY THOMAS ANNANDALE, F.R.S.E.,

Surgeon to the Royal Infirmary, and Lecturer on Clinical Surgery.

Constitutional causes are no longer held to be the chief agents in producing hip or other joint diseases, but, the tendency of surgeons now is to attribute most of these affections to *local* causes, and more particularly to injuries of all kinds. Joint diseases do undoubtedly not unfrequently occur in strumous or un-

healthy patients, and are then not so amenable to treatment and less satisfactory in their results owing to constitutional and other complications; but even in these cases local injuries are usually the exciting agents of the disease.

“Hip” disease may be *acute* or *chronic* in its nature. In the majority of cases the disease is more or less chronic as distinguished from the very acute form of joint disease; but cases are occasionally met with which run their course in a few days or weeks, and end in early suppuration and rapid destruction of the joint textures. I have seen such a case—not pyæmic in its nature—terminate fatally on the tenth day, and the post-mortem examination showed suppuration of the joint, complete destruction of the articular cartilage of the head of the femur and acetabulum, and extensive destruction of the head of the femur itself and osseous walls of the acetabulum.

The question as to which joint structure is primarily affected in hip disease must still be considered a disputed one. * * *

Having myself, with the aid of antiseptic treatment, incised and examined many diseased hip-joints at an earlier stage of the disease than that in which incisions are usually practised, I have come to the conclusion that, although the disease may originate at times in the synovial membrane or pelvic bones, it most frequently commences in the head of the femur. When examining cases of disease in the early stage of destruction of the joint textures, I have found in the majority little implication of the acetabulum or its cartilage, but well-marked destruction of the cartilage covering the head of the femur, and other signs of pathological changes in this bone. I can confirm the observations of Holmes, Bauer, and others as to the early destruction of the ligamentum teres, for I have invariably found this ligament wholly or partially destroyed, but I think that this condition is secondary to osseous or synovial inflammation, and that it does not originate in inflammation of the true ligamentous tissue.

The very acute cases to which I have referred, have, I think, their origin in acute synovitis, which is quickly followed by suppuration and disorganization of the joint structures, and I also believe that sometimes syno-

vititis of a more chronic nature may be the primary origin of hip disease. * *

In the early stage of the disease a cure may take place with little or no alteration of the joint structures or functions; but when suppuration has taken place, and more especially if it has been left unrelieved for some time, the joint does not recover without some changes.

The simplest of these changes is fibrous ankylosis, which is usually preceded by the destruction to a greater or less extent of the cartilage and superficial articular surface or surfaces, and by some enlargement or deepening of the acetabulum. New osseous deposits may also take place in and around the diseased joint.

This form of ankylosis is well shown in a pathological specimen taken from a section of a hip-joint removed by me after death. In this case the disease had become cured, but the limb was shortened fully an inch, and its movements at the hip were very slight. * *

Occasionally complete osseous ankylosis takes place, the remains of the head or neck of the femur and the pelvic bone forming a continuous bony structure. Of this condition, I have in my collection two preparations. * *

In these conditions of natural cure, there may or may not be deformity of the limb. There is always shortening, and unless the case has been carefully treated, the thigh is frequently fixed in a flexed position, forming a more or less acute angle with the pelvis, and so rendering the member comparatively useless.

CAN ARSENIC CURE PEMPHIGUS?

A Lecture,

BY JONATHAN HUTCHISON, F.R.C.S.

* * So far as my own experience is concerned, I should have felt myself quite justified in doing that which, indeed, I have done many a time in the wards, telling you dogmatically that arsenic is the one remedy for pemphigus. As I find, however, that the opinions of some other observers do not, on this point, accord with my own, and that especially our renowned teacher—I allude to Professor Hebra, of Vienna—is still in the habit of expressing his conviction that we know of no in-

ternal remedy which exercises any influence over this disease, I feel it to be my duty to attempt a somewhat detailed examination of the facts.

In the *Medical Times and Gazette*, for February, 1854, I wrote a report on eighteen cases of pemphigus, observed at different hospitals, but chiefly under the care of Mr. Startin, at the Blackfriars Institution for Skin Diseases, and some of the conclusions given at the end of that report were in these words—"That arsenic may be esteemed almost a specific remedy even in the worst class of cases; that arsenic does not merely repress the eruption, but remedies the unknown constitutional cause on which that eruption depends, always very much benefitting the general health of the patient; that it does not prevent the liability to subsequent attacks, but that such attacks are always much less severe than the original one, and tend, if treated by the same remedy, to diminish in intensity on each successive occasion." Since that report was written, now more than twenty years ago, I have seen a considerable number of cases of pemphigus, and, with the exception of one instance, in which the mucous membranes were severely involved, and in which the patient died, I have not met with a single case in which the disease resisted the treatment. Some have been cured with greater rapidity than others, and some have required a little management as regards the apportioning of dose, etc., but in none did the arsenic fail to show its specific power, and in the end to produce a cure. Thus, instead of regarding pemphigus as a very serious and usually incurable, often fatal disease, I have come to consider it as one of the most hopeful, and since there are few greater pleasures than the successful wielding of drugs, have been always very glad to receive a new case. * * * *

By others who have written on the subject since my report was published, very different opinions have been expressed, but nearly all speak far more favourably of arsenic than does Professor Hebra. Those who discredit the remedy the most are Professor Bazin and Dr. Dyce Duckworth. * * * *

I assert my belief that arsenic is a specific for the state of health upon which relapsing pem-

phigus depends. I do not include infantile pemphigus, which is a wholly different affair, and mostly syphilitic, nor do I include any ill-marked cases, respecting which the diagnosis is doubtful. The cases which occur in children, (not infants,) are often amongst the best-marked, and are, of course, included, whilst those met with in the very old are often indefinite and of uncertain character. I make no strong distinction between acute and chronic, since many of the latter were acute at first, and are simply half-cured cases; but I admit that there are conditions in the most rapid and severe, in which the patient may possibly be too ill for the remedy to have a fair chance. Nor is it my assertion that arsenic will cure pemphigus without regard to dose or time; and should any in the future publish cases in which it has failed, I must beg them to be kind enough to state in detail the doses and the length of the trial. Although I have not for many years, either at the London, at Blackfriars, or in private practice, had a single case which has not been cured, I have had several which resisted the remedy for a time, and which might easily have been recorded as failures. It seems to me as possible that, after all, the main reason for the difference of my results, as compared with those of some others, is that my mind has been long imbued with an almost implicit faith in the remedy. I have believed that arsenic could cure pemphigus, and I have never thought of resorting to anything else. If the eruption resisted for a while, I have pushed the remedy and increased the dose. In a case in this hospital, a little girl did not get well until I insisted that the Sister of the ward should see the child take her medicine, then the pemphigus vanished. In the case of a patient brought to me by Mr. W. W. Edwards, of Bromley, we soon reduced a severe and copious eruption to a very sparing one, and got the woman into good health, but for six months we could not make the bullæ wholly disappear. Finally, however, by a considerable increase of dose, it got quite well. This was the most intractable case that I have had under care, (if I except the one already noticed, which was rapidly fatal.) Next, let me say clearly that I do not assert that arsenic will cure pemphigus beyond risk

of relapse, but rather wish it to be distinctly understood that the remarkable proneness to relapse when the remedy is suspended is one of the most positive proofs of its specific efficacy. In many cases the evidence of benefit is apparent within twenty-four hours, and in some, if the remedy be suspended, a relapse will occur within a period almost as short. This is a very remarkable fact, but you will find it illustrated, I think, in several of the cases which I am going to quote. To cure, you must persevere; to prevent relapse after cure, you must persevere. A half-cured case is, according to my experience, quite certain to relapse directly. Very probably it is this tendency which has induced some prescribers to distrust the drug. The patient may for a day or two have missed his medicine, and out comes the eruption again; and the surgeon not being informed of what has happened, concludes that arsenic has failed, and prescribes something else. Precisely what I am suggesting once happened to myself, and it was with considerable difficulty that I got at the real facts. But although arsenic does not prevent relapse in the early periods of treatment, or even of cure, yet I firmly believe that it does so to a large extent, if given repeatedly and long enough. Each relapse after an arsenical cure is less severe than the first, and more easily treated, and finally the patient ceases to be liable. * * * (Dr. Hutchison then gives the history of nineteen cases, and the results of their treatment by arsenic, which show very conclusively that this remedy proved to be as nearly a specific in this peculiar form of disease as any remedy known by that name. There is one noticeable feature, too, in Dr. Hutchison's treatment of pemphigus, namely, that he relied upon, and had the most encouraging results from, exceptionally small doses of arsenic. He rarely gave more than 3 minim doses of Fowler's solution to an adult; but he recommends that when the case proves obstinate, increased doses should be given proportionate to the age of the patient, and the tolerance of his system for the remedy.)—*Medical Times and Gazette*.

TOOTHACHE.—Let the patient hold in the mouth a little solution of bicarbonate of soda.

A REVIEW ON CASES OF INTUSSUSCEPTION ON RECORD.

By JONATHAN HUTCHINSON, Esq.,

Senior Surgeon to the London Hospital.

1. That it is by no means very uncommon for intussusception to begin at the ileo caecal valve, and to progress to a such length that the invaginated part is within reach from the anal orifice, or even extruded.

2. That it is of great importance in all cases of suspected intussusception to examine by the anus.

3. That in almost all cases of intussusception in children, and probably most in adults, the diagnosis may be made certain by handling the invaginated part through the abdominal wall.

4. That the prognosis of cases varies much; first, in ratio with the age of the patient, and secondly, with the tightness of the constriction.

5. That in the large proportion of cases in which children under one year are the patients, death must be expected within from one to six days from the commencement.

6. That in the fatal cases, death is usually caused by shock or by collapse from irritation, and not by peritonitis.

7. That in many cases it is easy, by estimating the severity of the symptoms (vomiting, constipation, &c.), to form an opinion as to whether the intestine is strangulated or simply irreducible.

8. That in cases of strangulated intussusception, whilst there is great risk of speedy death, there is also some hope that gangrene may be produced and spontaneous cure result.

9. That in cases in which the part is incarcerated and not strangulated, there is very little hope of the occurrence of gangrene, and it is probable that the patient will die, after some weeks or months, worn out by irritation and pain.

10. That the chances of successful treatment, whether by the use of bougies or by the use of air or water, are exceedingly small, excepting in quite recent cases; and that if the surgeon does not succeed by them promptly it is not likely that he will succeed at all.

11. That the cases best suited for operation are those which have persisted for some con-

siderable time, and in which the intestine is only incarcerated, and that these cases are also precisely those least likely to be relieved by any other method.

12. That in the cases just referred to, after failure by injections, bougies, &c., an operation is to be strongly recommended.

13. That the records of post-mortems justify the belief that in a considerable portion of the cases referred to, the surgeon will encounter no material difficulty in effecting reduction after opening the abdomen.

14. That the circumstances which might cause difficulty are, first, the tightness of the impaction of the parts; secondly, the existence of adhesions; and thirdly, the presence of gangrene.

15. That in selecting cases suitable for operation the surgeon should be guided by the severity of the symptoms, in his estimate of the tightness of the strangulation, and also as to the probability of gangrene having set in.

16. That in cases in which the patients' symptoms are very severe, or the stage greatly advanced, it may be wiser to decline the operation, and trust to the use of opiates.

17. That the operation is best performed by incision in the median line below the umbilicus.

18. That in cases of intussusception in young infants (under one year of age), the prognosis is very desperate, scarcely any recovering excepting the few in whom injection treatment is immediately successful, whilst a large majority die very quickly.

19. That the fact just referred to may be held to justify, in the case of young infants, very early resort to operation.

20. That it is very desirable that all who in future have the opportunity for post-mortem examination of cases should give special attention to the question as to whether an operation would have been practicable, and should record their results.—*Braithwaite's Retrospect.*

A NEW METHOD OF CONTROLLING THE VELUM PALATI AND ENLARGING THE PHARYNGO-BUCCAL APERTURE IN RHINOSCOPIC EXPLORATION.

BY PHILIP S. WALES, M.D.,

Medical Inspector U. S. Navy.

Under the above heading, an article appears in the *Medical Record*, November 27th. The author first describes the conformation of the fauces, and the difficulties in using the mirror owing to involuntary action of the muscles of the tongue and soft palate, the movements of

the latter being most troublesome in rhinoscopy. He then describes the various devices of Czermak, Monsa, and others, mechanical and medicinal, and points out their inefficiency; the velum persistently rebels against being grasped and drawn forward, and the grasping instrument is an impediment. Automatic mechanical contrivances have proved insufficient [and temporary]; and medicines do not reach the case. The author then proceeds:—

“My principle consists essentially in overcoming the contraction of the palatal muscles, by elastic force, and the means of fully carrying it out will be found in an india-rubber cord. The simplest method of putting it in position after having selected one of such a diameter—two millimetres will do—as will readily pass through the inferior meatus into the pharynx without any instrumental assistance, is the following:

“One end is introduced into each nostril, until they both reach the lower portions of the pharynx. At this moment the patient is directed to cough, if the presence of the thread has not already excited this movement; the force of expiration will pretty surely project them into the mouth, when they may be apprehended with the fingers and drawn externally until the middle portion of the cord, which is external, is arrested against the nasal septum. Gentle traction is continued until the soft palate is well drawn forward, when the threads are passed up over the ears, and downwards beneath the chin and there tied, or they may be held by the patient himself. At any moment after the ends of the elastic are secured at the point indicated, the tension of the cord and correlative palatal pressure may be increased by seizing the threads as they pass out of the mouth and gently drawing them forward, until the palatal contraction is entirely overcome, and the area of the pharyngo-buccal space ample enough to receive the largest mirror. It will sometimes be observed that where there is very much irritability, the velum palati momentarily contracts, especially at the time when the mirror is introduced, but soon yields to the elastic force of the thread. Should any impediment whatever exist in the nostrils, that the cord cannot be passed by itself, an expert hand

may make use of any instrument that may chance around a catheter, slips of whalebone, or wood."

DEATHS FROM ADMINISTRATION OF CHLOROFORM AND ETHER.

Several of these unfortunate cases have been reported of late. In the *Medical Times and Gazette* of the 9th of October, we find an account of a case of dislocation of the shoulder reduced under chloroform at St. Thomas's Hospital, but which, on the patient's way home, again required reduction; this was again effected by two private practitioners with the use of the anæsthetic, but before the completion of the operation the patient had succumbed and all restorative measures proved futile. In the same journal, a week later, we find another case recorded in which a sailor, wounded in the Crimea, was about to have a piece of necrosed bone removed from the thigh, but expired immediately after the chloroform had been given. The autopsy revealed a diseased brain, but healthy heart. A death occurred at the Albany Hospital in November, under the use of equal parts of chloroform and ether. The patient being in ill health at the time, the surgeon desired to postpone the operation, but the patient would not consent. Death took place in three minutes after the inhalation of the mixture; and "the *post mortem*" showed dilatation of the right ventricle and hypertrophy of the left. There was also found thickening of the mitral valve and an enlarged and fatty liver.

Another case is reported at the Homœopathic College, New York, in which the inhalation of two and a half ounces of ether proved fatal. The brain, *post mortem*, was found to be congested, the heart small and fatty, the lungs, liver and kidneys engorged.

ON THE VALUE OF FLUCTUATION AS A SIGN.

BY T. H. BARTLEET, F.R.C.S., ETC.

Fluctuation in surgical affections is a symptom so common, and is in so many cases looked upon as pathognomonic of the presence of fluid,

that I have thought it might be interesting to consider its true value.

I suppose it has occurred to most surgeons to have passed a knife into a swelling, feeling assured that fluid would exude, but have felt surprise, perhaps chagrin, at the crucial test they had applied, forcing upon them the conviction of an erroneous diagnosis.

Now, there must be some peculiar or ill-understood or ill-recognized conditions which led many skilful and careful men into error, and which are constantly leading our students into similar mistakes.

I believe this false fluctuation to be generally due to the combination of two causes of error, one being muscular or glandular elasticity, and the other being muscular or glandular displacement.

I think any one who tries the experiment will be surprised at the sensation of fluctuation which can be obtained by pressing alternately, as in endeavouring to find the sense of elasticity or fluctuation of an abscess, a muscle across the direction of its fibres, say the biceps, or by similarly manipulating across the direction of the ducts, a firm and fairly large female mamma; either one of these two before mentioned causes alone might mislead; I mean either the displacement of the gland or muscle or the elasticity of the gland or muscle: but when you get combined the elasticity and the displacement, a supposititious fluctuation is felt so like to the real as to be almost if not quite undistinguishable from it. How, then, are we to be certain, especially in these positions, where either a gland or muscle is liable to mislead us, that the fluctuation we feel is really due to fluid? By a very simple plan, which I have never known to fail, and which is not clearly enunciated to my knowledge in any of our text-books, viz. by practising the manœuvre of palpation, not only across the line of the muscular fibres, or of the gland ducts, but also in a direction at right angles to this.

If the fluctuation be fluid it will be equally felt in all directions; if it be due to muscular and glandular elasticity or displacement, or both combined, it will be only felt in one direction, viz. across the muscular fibres or the gland ducts.

I would just sum up my conclusions,—that fluctuation of the most distinct kind may be caused either by the elasticity of muscular fibres or by the displacement of muscle: by the elasticity or displacement of glandular tissue; that this only occurs in one direction, viz. across the fibres of the muscle or the general direction of the gland ducts; that palpation at right angles to this will differentiate the false and the true fluctuation, inasmuch as false fluctuation is felt only in one direction, while true fluctuation is felt equally in all directions; but where different layers of muscles take different directions, care must be taken to palpate at right angles to each layer of muscles.—*British and Foreign Medico-Chirurgical Review.*

LIGATURE OF A MAIN ARTERY TO ARREST INFLAMMATION.—Mr. C. F. Maunder, in one of his Lettsomian lectures on the surgery of the arteries, gives the following facts and conclusions regarding the ligature of a main artery, to arrest inflammation: "That ligature of the superficial femoral artery has arrested acute inflammation consequent on wound of the knee joint; that ligature of a main artery will quickly diminish profuse suppuration, and prevent death by exhaustion; that while it arrests profuse suppuration, it will, by allowing the patient to gain strength, afford an opportunity for amputation at a future time; that gangrene and secondary hæmorrhage, as the result of ligature, should not be anticipated in the healthy subject; that the dread of these has arisen from our knowledge of the consequences of the ligature in instances of known diseased vessels—aneurism for example; that a slough on the heel caused by the pressure of a splint, was quickly detached, and the wound soon closed, although the superficial femoral had been tied a few days previously; that symptoms of inflamed bone, 'starting pains' quickly disappeared; that the arterial tension of the rest of the body will be increased beneficially by the ligature. Such, Mr. President, are the conclusions at which I have arrived from a review of the above subject; but, seeing that this operation was originated in America long before I was born, while I thought it had

been first suggested by me in 1866, I may well say, 'there is nothing new under the sun.'"—*Lancet, July 10, 1875.*

NEVUS.—*Electrolysis.*—For the treatment of nævus, by electrolysis, I use Stöhrer's and Meyer and Meltzer's continuous batteries, and judge according to the size of the nævus how many cells to use—six or eight is about the average if the battery is in good working order. If the nævus is small I use one or two needles attached to the negative pole, and one to the positive, and pass them into the tumour; but if large, I put on several needles in the negative cord, and use charcoal point with the positive. After the needles have been in the tumour a short time decomposition begins to take place; this is shown by bubbles of gas passing by the side of the needles. A clot is then formed, the tumour turns of a bluish white, and in this clot fibrous degeneration takes place, and ultimate cure is the result. The advantages of the galvanism are its certainty of action, its safety, the faintness of the cicatrix, and the cessation of pain directly the operation is over. I have used every other method, and I certainly think this by far the best. (*Mr. S. J. Knott.*)—*Braithwaite.*

FRACTURE OF THE PATELLA.—Place a piece of good adhesive plaster on the front of the leg, its upper edge being cut in a crescentic shape to fit round the lower edge of the fractured patella, and to each of the corners of the crescent attach a small loop. Do the same with the lower part of the thigh, making the crescent to fit the upper edge of the patella when the fractured parts are approximated, and attach the loops as before. Carefully bandage both leg and thigh nearly up to the free edge of the plaster. Swing the leg in a "Neville's Splint" (an ordinary cradle splint will do). The bandage should include the splint. A piece of cord is to be attached at each side to the loops connected with the plaster below the patella, then passed through the loops of the cornua of the upper plaster, and thence carried over two pulleys clear of the bottom of the bed. The two cords are to be united below this and a

weight attached. It will be seen that the weight makes traction upon both plasters, drawing them together and approximating the fractured pieces of bone. (*Mr. G. W. Callender.*)—*Braithwaite.*

Use of Malgaigne's Hooks without penetrating the Skin.—Malgaigne's hooks have never been much used for fracture of the patella, although perfect as a mechanical contrivance for maintaining the fragments in accurate apposition. By protecting the skin well with several layers of moleskin plaster—the fragments of patella being held in close apposition at the same time—the hooks may be applied with perfect success, yet without their points penetrating the skin. (*Prof. Spence.*)—*Braithwaite.*

Ophthalmology.

CONIUM: AND ITS USE IN DISEASES OF THE EYE.

BY EDWARD CURTIS, A.M., M.D.

Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, New York; Surgeon to the New York Eye and Ear Infirmary.

The writer holds that all evidence *pro* or *con.* concerning hemlock and its true status as a medicine is worthless, unless the individual preparation used in each case shall have been shown by physiological testing to possess full activity. Many preparations are almost if not entirely inert, and even the one good form—the new fluid extract of the green fruit—is sometimes quite unreliable.

Practically, conium operates as a pure motor paralyzer, and the obvious use of the drug is to neutralize spasm, or enforce muscular rest by establishing a temporary degree of paresis. Hence its value in relieving the distressing "blepharospasm" that accompanies many acute inflammations of the cornea, conjunctiva, and sometimes the iris, and which, though itself a mere consequence of the inflammation, reacts on the main disease, aggravating its intensity and prolonging its duration. And the effects of the hemlock are increased by the fact that the ocular muscles, which are also involved in the disorder, are specially subject to its physiological influence.

Harley pointed out this application of conium, and in his book on the "Old Vegetable Neurotics," records a very considerable success with it in the blepharospasm depending on ophthalmic inflammations. The writer first tested this remedy in a case of inflammation of the cornea and iris, with excessive intolerance of light, constant severe pain, and marked spasm of the lids. The patient was at first treated in the customary way by local instillations of a strong atropia solution, warm applications, rest in bed in a dark chamber, including appropriate general measures and hypodermics of morphine to relieve, if possible, the pain, and procure sleep. But five days of this treatment resulted in no benefit whatever. The patient, *æt* 23, was then ordered one or two full doses daily of Squibb's fluid extract of conium fruit. The first dose, of forty minims, broke the spasm in half an hour, and the patient was enabled to open his eyes for the first time in twelve days. The Extract was repeatedly given with prompt and marked relief of the subjective symptoms, and an improved condition of the eye under the original line of treatment.

In the case of a girl, nine years old, with granular lids and ulcerated cornea, accompanied by intense blepharospasm and photophobia, Dr. O. D. Pomeroy gave her ten drops of Squibb's extract. In twenty-five minutes the child could partially open the eyes, and after the lapse of forty, opened them fully and naturally, and faced the light without flinching. And what is exceedingly interesting, there is reported to have been no return of the spasm from that moment, though but the single small dose was given.

In a case of severe and persistent blepharospasm, accompanying granular lids and pannus, under the care of Dr. Loring, which for two weeks had resisted all other treatment, two twenty-minim doses were given, and an hour after taking the second the eyes were voluntarily opened, and the pain greatly abated. The next day almost entire relief of the nervous symptoms followed a forty-minim dose, and for five days more similar daily doses were given, during which the acute symptoms of the disease steadily receded. The drug was then no longer

urgently called for, and was discontinued, as it produced in this case distressing giddiness.

In another case of intense spasm of the orbicularis, due to acute granular conjunctivitis and pannus, the hemlock gave only very moderate relief from the spasm and pain.

The writer thinks that while conium may practically fail entirely, as in the last case, still its success in others warrants an extended and impartial trial of the drug in the very common and distressing condition under consideration; and to test its efficiency, it must be given so as to produce some degree of its peculiar physiological effects.—*N. Y. Medical Record.*

Midwifery and Diseases of Women.

FORDYCE BARKER ON THE TREATMENT OF MASTITIS AND MAMMARY ABSCESS.

* * * * *

First, then, in regard to the subcutaneous form, it is to be treated exactly as you would treat phlegmonous inflammation in other parts. You must, however, remember that inflammation is usually (not always) of an asthenic character, and, consequently, antiphlogistic means of an active character are not admissible. I trust all of you have read or will read Paget's "Lectures on Inflammation," and, if so, you will see how improper, oftentimes, antiphlogistics are in suppurative inflammation. Well, then, if there be strong febrile re-action and a high degree of vascular excitement, you will give a diaphoretic sedative, such as aconite. To allay pain and procure sleep, at night, give eight or ten grains of Tully's powder or of Dover's powder. Sometimes, you will find it well to add to the powder a couple of grains of calomel, and to give the next morning a Seidlitz powder or a bottle of the solution of citrate of magnesia. When there is an epidemic or endemic tendency to this form of suppurative inflammation, you will avoid such agents as the aconite and others which depress the system, but, instead, give your patients quinine, in as full doses as the system will tolerate. By the use of this, you will often prevent suppuration, as I have frequently demonstrated, both in the

hospital and in private practice. As for the local treatment, an abscess may frequently be aborted, if you see the case sufficiently early, by freely painting over the inflamed surface with iodine, just as you may abort a boil or carbuncle. But, in order that this treatment should prove successful, I think the application should be made within twenty-four hours of the commencement of inflammatory process. As in other phlegmonous inflammations, warmth and moisture are of the greatest service in relaxing the tension, favoring the effusion, and thus relieving the over-distended vessels. You apply this by means of either a bread-and-milk or linseed-meal poultice, as hot as it can be borne, or, which I generally prefer, by water-dressings, that is, two folds of lint soaked in warm water, and covered over with oiled silk, which should extend all around, much beyond the lint. In this form of mastitis, as also in the subglandular form, rubbing the breasts, which, with some, seems to be a routine practice, is absolutely pernicious. A moment's reflection will convince you that it must be so; and yet I have been often surprised to see how carelessly it is prescribed. So, also, in these cases, the application of belladonna is entirely useless, except as it relieves pain. As soon as the abscess points, and the fluctuation can be detected, it should be opened in the most dependent point, but carefully avoiding the areola, as, if it be opened here, the cicatrix may produce retraction of the nipple, and thus prevent the use of the breast after subsequent labors. If my patients have a great horror of the lancet, while I tell them that they will probably be saved two or three days' suffering, and the cure will be effected two or three days sooner, by opening the abscess, I do not insist upon it in the subcutaneous variety, as I do in the glandular and subglandular; for, in the latter, serious consequences may result from a neglect to do so. The poultices should be continued until the abscess is emptied. But be careful not to apply them too long. The breast should always be well supported. If the induration remain after the abscess is healed, compression, either by adhesive plaster or by the compressed sponge, should then be

applied. I shall discuss this point fully in connection with the other forms of abscess.

In the treatment of the subglandular form of mastitis, the same general principles should govern us, as to constitutional measures, as in the subcutaneous variety. Either sedatives, anodynes, laxatives, or tonics, like quinine, may be indicated, and the indications are too plain to be mistaken by any but the merest routinist. But little can be anticipated from any topical treatment. Rubbing the breasts, for reasons already given, will be worse than useless. The application of the extract of belladonna will do little to mitigate the pain, and nothing to prevent the formation of pus, while its offensive odor is a strong objection against its use, unless we are certain to do good by it. Furthermore, if, as is now generally supposed, it has a direct influence in arresting the lacteal secretion, it may do positive harm, because otherwise this function might be preserved. So, too, compression by any means is not to be thought of, and for the following reason: The purulent accumulation is between the breast and the chest, and it seeks an exit at the surface. The most favorable point for this is at the inferior circumference of the gland. But, if compression be used, it may result in the formation of several sinuses at the circumference, or the ulcerative process may be developed in the areolar tissue, between the lobules of the gland, and subcutaneous abscess may appear as secondary to the subglandular. Indeed, several subcutaneous abscesses may result from one purulent cavity between the gland and the chest. While these occasionally are spontaneous results, it is certain that compression, especially if it be effected by the compressed sponge, as recommended by Dr. Foster, must favor such results, as, in the latter case, we have compression and a poultice combined. Poultices in this form of mastitis can have no influence in promoting resolution or advancing suppuration. Their sole effect must be to soften the tegumentary covering, and they may, for this reason, cause the pus to come to the surface at one or more unfavorable points. So I never use them in these cases. The sole remedial measure of value is, to secure the early discharge of the pus by incision. If

the conditions of the case will admit of an election, the opening should be made at some inferior point in the circumference of the breast, so as to prevent secondary inflammation of the glandular structure or of the subcutaneous areolar structure. Sometimes, where the signs of subglandular abscess existed, but no fluctuation could be detected, I have cleared up all doubts, by lifting up the gland from the thorax, and passing between them an exploring needle. If pus were found in the canula, I have then made a sufficiently large incision with a long tenotomy-knife, and these cases have been rapidly cured. But if the abscess point on the anterior surface, then the opening must be made where the fluctuation exists, and care must be taken to prevent its closure before the pus is all discharged, by the insertion of a tent. After a few days, compression should be used, leaving the sinus open, for the purpose of completely evacuating the purulent cavity, and promoting adhesion of its walls.

Glandular inflammation, or mammary adenitis, if you prefer to use the less simple term, presents two types. In the one, the different stages of the inflammatory process succeed each other with great rapidity. If resolution be not obtained, suppuration and cicatrization require but a comparatively short time. Thus, among the cases of Velpeau, you will find one, in which several lobules were involved, terminating in abscess, but completely cured in nineteen days. Another case of multiple lobular abscess was entirely well in a month. All practitioners of any experience have met with such, and these are undoubtedly the cases which have led some writers for medical journals to believe that some special treatment peculiar to themselves is a great advance upon every thing before known. But in the other type, the different phenomena of inflammation are slowly developed, and the corresponding symptoms are much less intense; and you see, therefore, cases reported by Dr. Foster, Dr. Johnson, Velpeau, and many others, running on for two, three, or four months, and sometimes for six or eight months. The first class generally occurs in those of vigorous constitution, active circulation, cheerful temperament, and happy nervous organization. The second

is most frequently met with in those of a lymphatic temperament, an irritable nervous system, low vital powers, and a despondent *morale*.

In the first class you will readily see that vascular sedatives, saline laxatives, anodynes, and an antiphlogistic regimen, will be required, while in the other class, as nutritious a diet as the stomach will take care of, stimulants, such as ale, wine, or brandy, tonics such as quinine and iron, and opiates, will be indicated. I take it that it is unnecessary for me to say more than this in regard to the constitutional treatment. The local measures demand a much more extended discussion. First, then, primitive glandular inflammation is almost invariably preceded or accompanied by obstruction of the lacteal ducts, or lacteal engorgement, as it is termed. Inflammation seems for a time to increase the functional activity of the organ, in some cases, while, on the other hand, lactation aggravates the inflammation, and increases the tendency to the formation of pus. Nursing, therefore, should be forbidden, as the pain and excitement produced by the infant at the breast must act unfavorably upon the inflammatory process; but if the lacteal secretion appear to continue with activity, the breast must be disengorged by artificial means. This can be best effected by rubbing the breast gently but perseveringly, from the circumference to the nipple, the hand being lubricated with sweet-oil. The rubbing should be continued until the breast is soft, and all nodulated indurations have disappeared, and for one or two days this process should be frequently repeated. This is a method which has long been adopted in the Dublin Lying-in Hospital, and is warmly recommended both by Dr. Foster and Dr. Thomas; and, from a large experience, I am able to fully indorse all that they have said in regard to its value. Then, the next question is, as to the best means of preventing the return of the lacteal engorgement. Camphor is generally believed to exert a specific influence in diminishing the lacteal secretion; and some have therefore recommended the camphor-liniment, others, a saturated solution of camphor in glycerine, to be used instead of olive-oil.

I prefer the olive-oil for rubbing the breast;

and then cover it with the extract of belladonna, softened with a little glycerine. Sometimes I direct that the breast be kept covered with a cloth on which the extract of belladonna has been spread, leaving a hole for the nipple. Belladonna not only relieves the pain resulting from the tension of the tissues, but, from its power of relaxing muscular fibre, it seems to allow a more free exit of the milk, by dilating the lactiferous tubes; and, within a few years past, it has been believed to possess the property of arresting the lacteal secretion. But of this I am certain; that it is a most valuable application to the breast, in glandular mastitis, and I have used it for this purpose (and have also applied it to the leg in phlegmasia dolens), for more than twenty years. I received this hint from Dewees, who professes to have obtained it from Ranque. If these means do not secure resolution, it only remains to open the abscess when suppuration has taken place. The opening should be large enough to allow all of the pus to freely and easily escape.

The next remedial measure, having for its object the relief of engorgement of other lobules, the removal of induration, the prevention of purulent infiltration into the adjacent areolar tissue, and the formation of obstinate fistulous sinuses, is compression. This should be applied so as to support the breast and firmly compress it, from the circumference to the centre, without closing the aperture for the escape of pus; and it is usually best effected by means of adhesive plaster. There are several modes of applying adhesive strips, described by different authors, either of which may be preferable to all others in certain cases. I shall not stop to describe each of these methods, as none of them are adapted to all cases, and some are open to this objection, that they seriously interfere with respiration. It is impossible to lay down a definite rule for the application of the adhesive strips, because the breast differs so much in different women, in size, shape, form, and position of attachment on the chest. I shall only give you this general rule—apply the straps so as not to impede respiration, but in a way to support the breast, and firmly and equally compress all its parts from the circumference to the nipple, leaving the latter free,

and also an opening for the escape of the pus, where the discharge has taken place. Your success in securing these results will depend upon individual tact, and, if you have not that, no rules will supply its place.

With regard to compressed sponge as a means of compression, I shall only say that I have seen it of great service where warmth, pressure, and moisture are all required, to promote resolution of glandular inflammation. But it strikes me as liable to objections in open abscess.

Before closing my remarks on abscess of the breast, I must not neglect to mention that purulent deposits not unfrequently take place in the breast, as a result of pyæmia, septicæmia, or puerperal fever, and this is to be regarded as rather a favorable symptom, as I shall explain when discussing these diseases.—*Barker on Puerperal Diseases.*

ON THE LOCAL USE OF LIQUID FERRI PERCHLORIDI IN CANCEROUS ULCERATION OF THE UTERUS.—By DR. C. J. GIBB, of Newcastle-on-Tyne.—After a few remarks on the unsatisfactory results of treatment in cancerous diseases of the uterus, Dr. Gibb states that he was induced to employ the Solution of the Perchloride of Iron in such cases, from observing its beneficial action in an obstinate case of menorrhagia, arising from enlarged vascular granulation in the uterine cavity. He gives the history of four cases in which the application of the solution was more or less useful, but he draws a distinction, as to the chances of success, between the cases where the cancer is hard and embraces the whole of the uterus, and those where the disease is epitheliomatous, spreading over the vagina and throwing out toward the surface exuberant vascular fungoid granulations. In the latter, Dr. Gibb thinks that the application of cotton-wool soaked in the solution of iron clears away the greater part of the diseased growth, allows reparative efforts to be made by the comparatively healthy structures underneath and hastens cicatrization. When the disease is purely epithelial, and chronic, and rodent in character, and confined to the surface, the treatment described has done most good, and appears to Dr. Gibb to cure even bad cases. The appli-

cation rarely causes pain, except where the solution has accidentally flowed over adjacent parts, which have been thereby blistered and painfully excoriated. He therefore takes care to limit the application to the diseased part alone. He has always used the strongest pharmacopœial solution undiluted, as he wishes to secure a caustic action. At first he applied it on a piece of sponge or lint, but finally he found cotton-wool to answer best, as this sucks up any quantity that may be required, parts with it easily, and can be moulded into any form, so as to fill a cavity, or cover over and adhere to any growth. He lastly fills the vagina with a plug of tow, and dries and oils the vulva before the patient rises from the couch.—*British and Foreign Medico Chir. Review.*

HYDROCELE IN A FEMALE.—Dr. G. A. Baxter (*Southern Medical Record*, Feb., 1875,) narrates the case of a woman, aged thirty-two, who two years previously, while lifting a heavy bucket of coal, felt a sharp pain in the inguinal region, which passed away in a few minutes. Some days after she experienced pain in the same region, extending into the labia majora, and accompanied by swelling. These symptoms continued, when, on lying down, one day, the swelling and pain suddenly and almost entirely disappeared. The tumour remained in this state for nearly two years, when, having fallen over a chair, the labia majora became bruised, and the tumour began to increase, without giving pain. Dr. Baxter found a tumour as large as an ordinary egg, whose apex pointed to the external inguinal ring, and whose base was large, and caused bulging of the upper portion of the labia majora. The swelling was first taken to be a hernia or an abscess, and under the latter supposition it was opened, when serum instead of pus was evacuated. She rapidly recovered.—*Brit. and For. Medico Chir. Review.*

PRURITUS VAGINÆ.—The author says a dilute solution of tincture of iron has been found an exceedingly effective remedy for this troublesome disease. It has been equally successful in his hands in cases of pruritus ani.

In such cases he endeavours to ascertain if the patients are addicted to opium or chloral, as he has found pruritus caused by this class of medicines when habitually taken. The treatment is then of course obvious. In treating pruritus he does not neglect to give aperients, and he thinks the most suitable is an occasional saline in the morning; a Seidlitz will do very well if taken before breakfast (*Dr. Blair.*)—*Lancet.*

DISTENSION OF THE URINARY BLADDER MISTAKEN FOR AN OVARIAN CYST.

ONE of the most mortifying mistakes in diagnosis that can be made, and yet one that is by no means infrequent, is that in which an abnormally distended bladder is thought to be an abdominal tumour of importance. Misled by the occurrence of apparently free discharge of urine, the clinical observer has been known to diagnose a pregnant uterus when there was only hysterical retention of urine, and when the timely use of the catheter has caused the disappearance of the tumour and pregnancy at once. Dr. Murchison records a remarkable case of enlargement of the abdomen in an elderly male, which was justifiably believed to be hydatid tumour of the liver, but which, on tapping, yielded twenty-four pints of urine. Another case has been recorded in *Le Progrès Médical*, (May 15th), which is highly instructive. The patient was a female, thirty-two years of age, in whom menstruation had ceased for three months previous to her admission into Lariboisière Hospital, under M. Jaccoud; but there were no definite signs of pregnancy. Ten days before admission she experienced pain in the abdomen, which rapidly began to enlarge, and was soon followed by œdema of the lower extremities and genitals. There was a tumour in the median line, occupying the hypogastric and umbilical regions, reaching to four finger-breadths above the umbilicus, descending below into the pelvis. The cervix uteri was out of reach when vaginal examination was performed; and at first the opinion was that the tumour was ovarian, which was replaced by the hypothesis that it was a distended bladder, from its rapid growth, the

pain at its onset, and the difficulty experienced in micturition. Catheterism yielded about a pint and a half of urine, and the bladder was thought to be completely evacuated. M. Jaccoud deferring a complete examination until the next day, the patient was seized in the night with dyspnoea, to relieve which the tumour was aspirated, and nearly eight pints of urine were drawn off, the last being blood-tinged. Before the operation the catheter had been employed, so as to be sure that the bladder was empty. Death occurred in six hours, the *post-mortem* examination showing a uterus between the third and fourth months of pregnancy, and great dilatation of the bladder and ureters. The seat of puncture was sought for in the walls of the bladder without success. No mention is made of the reason why catheterism failed to draw off all the urine.—*Lancet*, Oct. 9, 1875.

Materia Medica.

SULPHATE OF CINCHONIDIA.

Sulphate of Cinchonidia, according to the report of the Surgeon-Major Geo. Yates Hunter, of Bombay, who was appointed by the Government to test its value, cannot, either in an economic or therapeutic point of view, be substituted for Quinine. Although efficient in mild cases of malarious fever, it required to be given in much larger doses, and for a longer time than quinine; and caused in nearly every case severe headache, and sickness at stomach. The experiment extended over a period of six months, fifty-five cases of fever, chiefly intermittent of a mild form, being treated in the Bombay Hospitals, the medicine being administered both by the stomach and hypodermically.—*Druggists' Circular.*

EXTERNAL USE OF PERCHLORIDE OF IRON, IN ERYSIPELAS.

Dr. Clarence Foster, in the *London Medical Times and Gazette*, strongly recommends the external use of the Tincture of Perchloride of Iron in simple cutaneous Erysipelas, and in the milder plegmonous variety. He also uses it in preference of Iodine in scrofulous swellings of

the neck, threatened mammary abscess, and applies it to the joints in acute articular rheumatism.—*Druggists' Circular.*

REMOVAL OF SYPHILITIC STAINS.

M. Langlebert removes pigmentary spots, the result of syphilitic eruptions, by blisters kept suppurating for a few days.

NITRITE OF AMYL FOR SEA SICKNESS.

Dr. Crochley, Clapham, having treated one hundred and twenty-four cases of sea-sickness with Nitrite of Amyl, reports one hundred and twenty-one cases eminently satisfactory, there being no return of the malady. The remaining three cases required a further dose or two of the remedy. He exhibits the drug by inhalation, three drops of the nitrite being poured on a handkerchief and rapidly inhaled.—*Phila. Med. Times, from Lancet.*

PHOSPHIDE OF ZINC.

Phosphide of Zinc, in one-third of a grain doses, frequently repeated, has been found extremely useful in certain skin diseases, and especially in herpes zoster, also in psoriasis, eczema, acne indurata, lepra, and scrofulo derma; its powers are said to be superior to those of arsenic in the rapidity with which they are evinced.—*Dr. J. Ashburton Thompson, in the Glasgow Medical Journal.*

JABORANDI.

This is supposed to be the *Pilocarpus pinnatifolius*, N. O. Rutaceæ. The leaflets are the parts used. Dose for an adult: sixty to ninety grains infused in boiling water. Therapeutically it possesses powerful diaphoretic and sialogogue properties. It also increases the secretion of the bronchial mucous membrane, and of the mammary gland. It is said, in its action, to be antagonistic to belladonna, and in a case that occurred in University College Hospital was administered, with a successful result, to a boy who had taken one grain of atropia.

BORACIC ACID IN RINGWORM.

Aqueous solution of Boracic acid, a drachm to the ounce, is said by Surgeon-Major Watson to be a simple and efficient cure for ringworm. The parts are well bathed with the wash twice a day.

MURIATE OF AMMONIA IN BRONCHITIS, CATARRHAL PNEUMONIA, ETC.

By H. C. WOOD, Jun., M.D., Philadelphia.

In obstinate acute bronchitis, after the first intense stage; in catarrhal pneumonia, both of children and adults; in bronchorrhœa, and also in ordinary chronic bronchitis, Dr. Wood has obtained more apparent good from the use of muriate of ammonia than any other remedy. The best formula for giving the muriate with which he is acquainted is as follows: R Ammonia muriat. ʒij; ext. glycyrrhiz. ʒj; mucil. acaciæ, aquæ, āā fʒij. M. S. Tablespoonful for an adult every two hours; teaspoonful for a child a year old every three hours.

When patients object to the mixture of sweet and salt, the following is to be preferred: R Ammonia muriat. ʒij; aquæ, fʒvj. Dose as before.

When the cough is very annoying $\frac{1}{8}$ of a grain of sulphate of morphia, or, 10 to 15 minims of tincture of hyoscyamus, may be added to each dose.

In bronchorrhœa the following may at the same time be used by inhalation twice or thrice daily. Take of Sat. solution of alum, ʒvj; tr. hyoscyamus, ʒss. M.—*Half-Yearly Abstract.*

A REMEDY FOR CATARRH.

Dr. E. Brand speaks in terms of recommendation of the following formula for an anticatarrhal olfactory, prescribed by Dr. Hagner; R Carbolic acid, 5 parts; rectified spirits of wine, 15 parts; strong solution of ammonia, 5 parts; distilled water, 10 parts. The mixture is kept in a stoppered dark glass bottle. When a catarrh is commencing a few drops are placed on three or four layers of blotting or filtering paper; the patient, holding this in his hand and closing his eyes, inhales deeply from it as long as any smell is perceptible. The effect of the treatment is to cut short the acute stage of the cold, to prevent the occurrence of subsequent coryza and bronchial and laryngeal catarrh, while all troublesome symptoms are rendered much milder. The remedy should be applied every two hours.—*Half-Yearly Abstract.*

TREATMENT OF WHOOPING COUGH.—The following mixture is recommended. R chloroform, 30 grammes; ætheris, 60 grammes; ol terebinth rect., 10 grammes. This mixture should be kept constantly at hand, and a teaspoonful administered by inhalation during the paroxysm. If properly conducted, this treatment is said to cure the disease.

THE CANADIAN
Journal of Medical Science,

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

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

TORONTO, JANUARY 1, 1876.

THE CANADIAN JOURNAL OF
 MEDICAL SCIENCE.

AFTER much solicitation and many promises of support, we send our bantling to the world, to live or die on its own merits. It has been often urged upon us that another good medical journal was needed in the country, and that we could command the material to supply the want. We believe we have made such arrangements as will enable us to produce a journal of some value to the Canadian practitioner, who, amid the anxieties and fatigues of his endless toil, has little time to wade through large folios for those hints which even the most intelligent feel the need of, and which are absolutely necessary to every man who wishes to keep abreast of the times.

Few modern practitioners will be content to draw their only inspiration from the times of Sydenham or Mason Good; and for men in active general practice, either in town or country, to attempt to sift all the chaff of the current literature to secure the kernel they require, is an absolute impossibility.

Foreign medical literature has taken so prominent a position of late, that we are pleased to announce that, having secured an able staff of assistants and translators, we shall be able to supply our readers with an epitome of much that is useful and practical in British and foreign works and periodicals as they issue from the press.

We shall try, as far as our judgment enables us, to make such selections as will be of most use to the busy practitioner; such as will assist in solving some of the doubts which beset

every conscientious man occasionally, at the bedside of suffering humanity.

We have made arrangements to give regular hospital reports when they have some practical value; and while we hope to receive a share of original communications so freely contributed by the profession, we wish it to be distinctly understood that we reserve in *all cases* the right to decline, insert, or epitomize, in such manner as we in our *supreme* judgment may consider best. Our columns will be open for the discussion of all matters pertaining to the general profession, but we cannot undertake to redress personal grievances, nor will we open our pages to personal controversy.

We will endeavor, as far as possible, to consolidate the Canadian medical profession, and to promote the efficient working of the Ontario Medical Act, and we shall insist on the Act being carried out in its integrity, without favor or affection. We are decidedly opposed to the admission of any persons (coming from whence they may) to the privileges of the profession in Ontario without fulfilling all the requirements of the Act. We know too well how degrees are sometimes obtained in other countries. While Canadians must pay tribute to Cæsar, Cæsar must pay tribute to Ontario.

We can offer our friends no better earnest of our good intentions than will be shown month by month in the character of the articles selected for our columns. None but those who have been connected with a journal can judge of the difficulty of the labor, and of the expense attending the initiation of such a work. Neither as regards labor is it a *sinecure*, nor as to "filthy lucre" is it profitable; but if we can succeed in the idea which has been our sole *raison d'être*, that is, to assist in elevating the standard of medical journalism in Canada, we shall feel that our labor has not been altogether in vain. Let our friends, if we succeed in pleasing and profiting them, tell us so in the most emphatic manner, by forwarding in advance our moderate subscription.

UPWARDS of 1754, gentlemen pursuing their professional studies at the eleven metropolitan hospitals, have registered their names at the College of Surgeons, London, England.

It is with feelings of pride we record the fact that the medical profession in Ontario is represented in the Local Legislature by no less than twelve gentlemen, this too in a house of 88 members. With such a representation there can be little doubt but the interests of the profession will be well looked after. We question if the profession in any country can boast of such a proportionate representation. The following are the names of the members in the house. Drs. John Barr, Jacob Baxter, G. H. Boulter, John Clarke, M. F. Haney, W. Harkin, James McMahon, W. Mostyn, John O'Sullivan, R. H. Preston, J. H. Wilson, J. H. Widdifield. The latter gentleman had the honour of proposing the adoption of the Address. While we are quite aware that these gentlemen will not be likely to take up as much of the time of the House and country in talking as some of the more loquacious members of a sister profession, still we maintain that from the practical knowledge possessed by many of them of municipal and school matters, they will be of the utmost service to the country. We notice, too, that the Government promises to amend the present farcical law with regard to the registration of vital statistics. We look to the medical men in the House to see that some practical legislation is carried out with regard to this matter.

DR. FLEETWOOD CHURCHILL, of Dublin, the author of the well-known work on obstetrics, has retired from active practice. Dr. Churchill's retirement was graced by a generous gift to the King's and Queen's College of Physicians, on his own part and that of his son, Dr. Fleetwood Churchill, jun., of the valuable obstetrical library he had collected during his lifetime.

By the death of John Hughes Bennett, M.D., late Professor of the Institutes of Medicine in the University of Edinburgh, the profession has been deprived of one of its most eminent members. He died at Norwich, at the age of 63, in ten days after undergoing the operation of lithotomy. A *post-mortem* examination revealed a tumour about the size of a hen's egg in the right side of the brain between the dura mater and the bone. The brain weighed forty-

seven ounces. Dr. Bennett had never suffered from any symptoms indicative of brain-lesion. The deaths of Sir Charles Locock, Bart., M.D., D.C.L., F.R.S., physician accoucheur to the Queen, and Dr. Duchenne de Boulogne, will make the last half year memorable in the annals of the profession for the losses therein sustained.

DR. GREENLEES has returned to the city and resumed his practice, after spending two months in Mississippi, for the benefit of his health. All his friends are glad to see him back so much benefited by his trip.

Hospital Reports and Cases in Practice.

TORONTO GENERAL HOSPITAL REPORTS.

TRICUSPID REGURGITANT MURMUR WITH CARDIAC DROPSY.

CASE I.—Alfred Young, *æt.* 19, admitted Feb. 15, 1875. Patient enjoyed moderately good health until about a year ago, when he had a severe attack of ague, which lasted four months, and since then he has been poorly, but able to do light work. Last November he was crushed between two waggons, and he says he has suffered from slight pains in the chest since that time, although no severe injury could be detected. During the early part of this winter he was insufficiently clad, and frequently slept in sheds and exposed places. He complains of pain in the head, loss of appetite, and pain in the chest. He is of a pale, sallow countenance, and is very weak. His legs and feet are slightly oedematous.

On physical examination of the chest the following signs were discovered:—The area of cardiac impulse was much increased, as well as the area of cardiac dulness.

On auscultation, a systolic bruit was heard with greatest intensity over the sternum, opposite the third interspace. It diminished in intensity as the stethoscope was passed towards the apex, and to the left of it, and was not heard over the large vessels. Pulsations could be seen distinctly in the large veins of the neck. The spleen was found to be enlarged.

June 3rd, 1875.—Patient has been confined to bed since admission. The general anasarca has increased so that his limbs and abdomen are very much swollen. Urine contains no albumen.

June 22nd.—Patient, who has been rapidly growing weaker, died this morning.

Post mortem 24 hours after death.—The following conditions were found:—A large quantity of fluid in the abdomen; pigmentary degeneration of liver; spleen measuring 10 inches by 7½, not weighed.

The right side of the heart was dilated. There was a malformation of the tricuspid valve, which was made up of only two segments, and one of these seemed to a certain extent adherent to the side of the ventricle.

The peculiarity in the diagnosis of this case was that the murmur was heard in its greatest intensity nearer the base of the heart than is generally the case.

CASE II.—Irena Churchill (colored), æt. 59; admitted June 24th, 1875. Patient says that she had been as well as usual up to three months ago, when she felt dull pains in the lumbar region. Her appetite is poor, bowels constipated, and she complains very much of cold feet. She says that she vomited during the first part of her illness, but not since. She suffers from shooting pains in the abdomen, extending down into the thighs.

Physical examination.—A hard tumour of even surface and oval shape is felt in the epigastrium. It rises and falls with every pulsation of the abdominal aorta and appears to be expansive. The abdomen is enlarged, and dulness is marked over the tumour. A prolonged bruit is heard over the seat of the tumour, and also over the spine, at the junction of the dorsal with the lumbar regions.

August 10th—Patient, who has gradually become weaker, died to-day.

Post-mortem 24 hours after death.—On opening the abdomen a large oval tumour of a smooth surface was found connected with the cardiac extremity of the stomach, but originating behind it. On being cut into it was found to be hard, most probably scirrhus. It rested on the abdominal aorta, and was bound down to the spine for two or

three inches. This circumstance accounted for the prolonged bruit heard over the vertebral column.

Remark.—In this case it was exceedingly difficult to diagnose between aneurism and malignant tumour, as almost every sign of aneurismal tumour was present.

DURING the last year three cases of tinea favosa have presented themselves. In all the cases the disease had been of several years standing, so that the hair on and around the vertex had been destroyed, leaving the upper part of the head quite bald. That portion of the scalp on which the hair still existed was covered with yellow crusts, having the peculiar odour of mice.

The mode of treatment adopted was to remove the crusts with olive oil, to pull out all the diseased hairs, and to apply a wash of carbolic acid ʒi, alcohol and glycerine each ʒi and water ʒvi. Citrine ointment was used sometimes instead of the wash. In one of the cases the disease appeared to have been entirely eradicated, as it is some months now since he left the hospital, and the disease has not returned.

In the second case a few of the diseased hairs still remained when he left, from which the growth spread and the disease became as bad as ever. The third patient is still in the Hospital.

FOUR CASES OF INTUSSUSCEPTION.— NOVEL AND SUCCESSFUL TREATMENT IN TWO.

*Extracts from the Case Book of DR. JAMES ROSS,
of Toronto.*

THE first case occurred in February, 1864, in a child aged five months, and proved fatal in forty-eight hours. The usual characteristic symptoms were present—vomiting continued and uncontrollable, great tenesmus, with passage of blood and mucus, constipation, tympanites, with great abdominal tenderness, anxious countenance, and symptoms of severe pain, constant desire to stool. A large roll of intestine could be felt in the left side of the abdomen, extending from the ilium to the umbilical region. In spite of all treatment the symptoms increased in severity, and death occurred in

forty-eight hours. The treatment adopted was warm applications to the abdomen, opiates, and copious injections of warm water, as much force as was deemed safe being used in order to, if possible, reduce the invagination. A post mortem examination showed that the transverse and ascending colon, the cæcum, appendix cæci, and three or four inches of the ileum were so firmly invaginated in the descending colon and rectum, that great force was necessary to dislodge the incarcerated portion.

The second case occurred in April, 1864. The patient was a child eight years old. The symptoms were equally well marked as in the previous case, death taking place on the sixth day in spite of all the usual remedies being repeatedly administered. This case was seen in consultation by Dr. James A. Richardson, of Toronto. The long tube could be passed to a distance of eighteen inches, but water injected was returned immediately. Post mortem examination showed three invaginations in the small intestine, two being situated in the ileum, eighteen inches apart. The third was in the lower part of the jejunum. There was also a constriction of the colon, about ten inches in length, the intestine above it being greatly distended with fæces. But slight evidences of peritonitis were present.

In the third and fourth cases Dr. Ross adopted an ingenious and novel mode of treatment with most satisfactory results.

The third patient was a child aged eighteen months, first seen on May 6th, 1864. On May 4th the child was attacked suddenly with vomiting and tenesmus, having been slightly troubled with diarrhœa for a week previous. The tenesmus was severe and followed by a discharge of blood. The bowels had not been moved since the morning of the 4th. The invaginated portion could be felt immediately within the anus, and a distinct roll could be felt along the course of the sigmoid flexure; this was very tender under pressure. Vomiting, tenesmus and prostration, with an anxious countenance, were the prominent symptoms, the child evidently suffering great pain. Dr. H. H. Wright was called in consultation, and an unsuccessful attempt made to reduce the invagination by copious injection through a

long tuba. An opiate was prescribed, which gave some relief during the night, but all the symptoms returned in the morning. In the afternoon, the patient becoming evidently worse, Dr. Ross determined on a novel expedient. The patient was inverted by an assistant, and five ounces of metallic mercury were injected into the rectum, the assistant being directed to shake the patient up and down for about ten minutes, then to incline her buttocks to the right, gradually bringing the body to the horizontal position upon her right side, then turning her upon her face, keeping up the shaking motion. This had probably occupied twenty minutes, when the child's countenance manifested relief, the anxious expression disappeared, and the child for the first time smiled. The patient was now gradually restored to the upright position, by retracing the positions in which she had previously been placed, at the same time keeping the body constantly shaken. The heavy mercury could be detected by ballottement in the transverse colon. When in the erect position again, the mercury escaped into a basin. Continued improvement and a permanent recovery ensued, no distressing symptoms being present after the operation.

In the fourth case, which presented itself in May, 1863, a child, aged eighteen months, was attacked suddenly with vomiting and tenesmus, with mucous and bloody discharges. A distinct roll could be felt in the left iliac fossa, and the end of the invaginated portion could be felt per rectum. Dr. Ross adopted the same treatment as in the previous case, and with an equally happy result. The treatment occupied about half an hour, and recovery immediately followed. A portion of the mercury was retained eight or ten hours, but all that had been injected was secured, and no bad symptoms followed. These cases are interesting, and the treatment is unique. The diagnostic symptoms were well marked, and in view of the fatal termination of intussusception in many cases, the mode adopted so successfully in these is a valuable addition to therapeutics. Dr. Ross has had no opportunity of making a more extended trial of his remedy.

THE *British Medical Journal* hears that in the London School of Medicine for Women there are at present upwards of twenty ladies studying.

Reviews and Book Notices.

TEXT BOOK OF HUMAN PHYSIOLOGY. By Austin Flint, jun., M.D. D. Appleton and Company, New York; Hart and Rawlinson, Toronto.

We must reserve a more extended notice of this valuable work until our next issue, as it requires a far more attentive perusal than we have had time to give it, to do justice to what appears to be one of the most admirable textbooks on Physiology that has been published in any country.

THE PHYSICIAN'S VISITING LIST. Compiled by Wm. Oldright, M.A., M.D. Wm. Warwick, Toronto, Publisher.

This is a new Canadian visiting list, and the advantages which the compiler claims for it are, that being ruled for a month instead of a week, it saves a good deal of trouble in entering names, also in posting, the ledger folio being turned up only once instead of four times. This also leaves room for cash accounts, &c.

APPOINTMENTS.

DR. J. H. MCCOLLUM, who for the past four and a half years so ably filled the post of Resident Surgeon to the Toronto General Hospital, has resigned his position. Dr. McC. intends practising his profession in Toronto. We wish him every success. The vacancy has been filled by the appointment of Dr. Charles O'Rielly, for the past eight years Resident Surgeon to the Hamilton Hospital.

TORONTO LUNATIC ASYLUM.—Dr. Daniel Clark, of Princeton, has been appointed Medical Superintendent of the Toronto Lunatic Asylum. From the decided stand which the medical profession in Ontario have taken against the appointing of unregistered men with British diplomas to any public position from which they are excluded by the Ontario Medical Act, and from the well-known ability of Dr. Clark, we think that this appointment will prove acceptable to the majority. The independent and able manner in which Dr. Clark has filled the position of Territorial representative to the

Ontario Medical Council is an earnest of what may be expected from him in the executive management of so important an institution. His well-known talents as a practitioner will soon render him familiar and expert in the treatment of those who, from the distressing nature of their affliction, call forth such large sympathy from the public, and invite the most thoughtful study of the physician for the alleviation, if not for the cure of their disease.

APPOINTMENT.—Henry Peterson, of the village of Linwood, Esquire, M.D., to be an Associate Coroner in and for the County of Waterloo.

Miscellaneous Items.

ANNUAL EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS, ENGLAND.—At a meeting of the Council, Mr. Marshall introduced an elaborate scheme, proposing that all intending candidates for membership or Fellowship should be compelled to pass a compulsory and authoritative elementary examination at the end of the first winter, or immediately after the commencement of the succeeding summer session. Mr. Marshall has been led to make this suggestion by the large number of rejections at the primary examinations, and the unsatisfactory kind of knowledge possessed by many candidates who do pass. Many students, who now squander away their time, would be induced to apply themselves to work. Although the scheme was kindly received by the Council, many objections were suggested, and the question was finally referred to a committee for consideration.—*London Lancet.*

THE PROPOSED NEW MEDICAL BILL—"To incorporate the members of the Medical Profession in the Province of Quebec, and to regulate the Study and Practice of Medicine and Surgery therein," was introduced by Mr. Chapeau on November 11th. The Bill as introduced incorporates the profession under the name of "The College of Physicians and Surgeons of the Province of Quebec," whose

affairs are to be administered by a Board of Governors, composed 1st., of two delegates from each of the Universities, Colleges, or Medical Schools incorporated in Quebec, and giving medical instruction, provided that no Professor belonging to such institutions become a member of the Board except as representative of the College to which he belongs; 2nd. of twenty-four territorial members elected as in Ontario. Many of the clauses in the Bill are similar to those in our Ontario Act. Elections are to be held every three years. The Board of Governors, as the Provincial Medical Board, shall meet twice a year to examine candidates, and shall have the power to grant licences without examination to any one with a diploma from a University or incorporated Canadian School; provided that the diploma shall have been obtained in conformity with the following regulations: 1st. All bodies teaching Medicine, Surgery, and Obstetrics, shall be required to have at the disposal of the pupils an hospital of at least 50 beds, a Lying-in-Hospital of at least 25 beds, a Library, Museum of Natural Philosophy, of Natural History, and of Botany, containing all instruments and objects deemed requisite by the Board to facilitate and illustrate the lessons by the Professors; 2nd. A Committee of three members, two named by the Board, and one by the Government, shall attend the examinations in the Universities and incorporated Schools, to ascertain if the diplomas are granted according to merit, and if the requirements of law are fulfilled. And if the delegates report that there is contravention, the Board shall have the right to examine those pupils anew, or to completely refuse the licence. The College shall have the power to regulate the admission by the Universities of Foreign Medical students, and also the granting of the College licences to foreign licentiates or graduates. A clause in the Act sets forth the course of study to be pursued.

VACCINATION IN THE QUEBEC LEGISLATURE.—On November 11, M. Larue asked whether it is the intention of Government to establish an institution for experimenting in vaccination, and to furnish a pure vaccine, having all the qualities to insure confidence throughout the Province. Mr. Church said an item would be placed in the estimates for that purpose.

ONTARIO MEDICAL COUNCIL AND A GOVERNMENT GRANT.—The sub-committee of the Executive Committee of the Council had an interview in October last with Mr. Mowat, with a view of obtaining a grant from the Government. Dr. Duncan Campbell, Chairman of the Board of Examiners, has, at the request of the Premier, noted down some of the facts upon which the application for help from the Legislature was made. He states as reasons, that the members of the Council are inadequately remunerated; that in view of the establishment of annual examinations, the expenses will increase; that a Medical Library and a Museum of Anatomy and Pathology are greatly needed; and that a building suitable for the requirements of the Council and Board of Examiners might be found in the present College of Technology, suggesting that the College of Technology might still occupy a part of the building, and be made an accessory to the Council, students being made to pass through a preliminary course in Practical Science. Six thousand dollars a year is the sum asked for, the intention and desire being to lower the fees for the examination.

BODY-SNATCHING.—The *Globe* correspondent at Kingston says, "The police here are on a lively scent for medical student body-snatchers. Some persons offer a handsome reward for the detection of the thieves."

We are exceedingly sorry for our young medical friends of Kingston, as well as for those of Montreal, where we observe *they* have also been accused twice or three times lately of desecrating cemeteries to procure the necessary material for the prosecution of their anatomical studies. In former years the same practice had to be pursued in Toronto; but, thanks to our admirable Anatomy Act, the Medical Schools of this city have for many years been so abundantly supplied by law, that our young men have no occasion to risk life and liberty to procure material for dissection.

We remember when, before the above Act was passed, the late Dr. Rolph imported material from New York, rather than allow his students to desecrate the graves of the dead; but now, all persons without friends,—dying in

charitable institutions wholly or partly supported by Government aid—are handed over to the Inspector of Anatomy, and distributed by him among our Toronto Schools according to their several needs.

For many years various towns and municipalities have been in the habit of shipping their poor and their vagrants to Toronto, leaving them at the doors of our hospital and other charities, to be cared for by the city. In many instances within our personal knowledge they have been so weak that to have sent them back they must have died on the way; and the result has been, that our local charities, thus unjustly made the recipients of so many poor and friendless creatures from other municipalities, have been able to keep our medical schools fully supplied with material.

DR. DEMARCON, in the *New York Medical Journal*, says: "For the last ten years the use of spirits has—1. Imposed upon the nation a direct expense of \$600,000,000. 2. Has caused an indirect expense of \$700,000,000. 3. Has destroyed 300,000 lives. 4. Has sent 100,000 children to the poorhouse. 5. Has committed at least 150,000 people to prisons and workhouses. 6. Has determined at least 1,000 suicides. 7. Has caused the loss, by fire or violence, of at least \$10,000,000 worth of property. 8. Has made 200,000 widows and 1,000,000 orphans.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, all graduates of Trinity College Medical School, passed their primary examinations in Anatomy and Physiology, at a meeting of the Court of Examiners, on the 9th November: G. H. Burnham, J. R. Clark, Colin McLarty, Thomas Millman, M. D. Stark. F. Buller, M.D., Victoria College, 1870, has passed the primary examination for Fellowship.

THE INTERNATIONAL CONGRESS OF OPHTHALMOLOGY will meet in New York City, on Tuesday, September 15, 1876, at twelve o'clock noon. The following extracts from the rules of the Congress will give an idea of the general character of the Society, and of the terms of membership:

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological science, and to serve as a centre to those who cultivate it. It will entertain no discussion foreign to this object.

"2. The number of members is unlimited.

"3. Every member must be either a doctor of medicine, or of surgery, or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the Society shall be admitted on presentation of their diploma or of their scientific title, unless ten members demand a ballot.

"5. The sessions of the Society shall take place every fourth year, and be limited to ten days."

"XI. The Society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the President and Secretary, shall be given to each member on payment of his subscription (fixed at \$2), and upon signature of his name on the register of those attending the meeting."

Among the members of this Congress are such men as Arlt and Stellwag, of Vienna; Giraud-Teulon and Wecker, of Paris; Helmholtz, of Berlin; William Bowman, George Crichton, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Holland.

It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The co-operation of the profession in Canada in securing these objects is earnestly desired by the undersigned, the Provisional Committee appointed in London in 1872.

CORNELIUS R. AGNEW, M.D.

HENRY D. NOYES, M.D.

DANIEL B. ST. JOHN ROOSA, M.D.

Births, Marriages, and Deaths.

BIRTHS.

On the 27th November, at 117 Church Street, Toronto, the wife of A. M. Rosebrugh, M.D. of a daughter.

On the 27th November, at Ingersoll, the wife of Moses E. Tripp, M.D. of a son.

On November 11th, at Hamilton, the wife of C. F. A. Locke, Esq., M.D., of a daughter.

On the 7th of December, the wife of the Rev. Samuel N. Jackson, M.D., Toronto, of a son.

DEATHS.

At Richmond Hill, on Monday evening, 6th inst., John Dunscomb, M.D., aged 74.

At Kingston, on November 10th, from inflammation of the lungs, Octavius Yates, M.D., Professor of Institutes of Medicine, Royal College of Physicians and Surgeons, Kingston.

1876.

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" Sulph. Arom.....	lb.	0 60	Magnes. Carb	"	0 80	" Lavend Co.....	"	0 50
" Phosph. dil	"	0 35	" Citras	"	0 75	Syr. Ferri Iodid	"	0 80
Ether, Sulphuric.....	"	0 60	" Sulph	"	0 08	" Hyopos. Co	"	0 75
Antim. Pot. Tart.....	oz.	0 08	Morph. Mur.....	oz.	4 75	" Ipecac	"	0 60
Argent. Nit	"	1 80	" Sulph.....	"	4 75	" Scilla	"	0 35
Bals. Copab.....	lb.	1 25	Mist. Senna Co.....	lb.	0 25	" Co	"	0 40
Bismuth, Carb.....	oz.	0 30	Ol. Croton. Tig.....	oz.	0 20	Tinct. Aconit.....	"	0 40
" Trisnit.....	"	0 12	" Jacoris Assell.....	lb.	0 25	" Arnica	"	0 35
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Chloroform, pure	lb.	1 90	" Ricini Opt	"	0 20	" Camph. Co.....	"	0 35
Cinchon, Mur	oz.	1 00	Opium	oz.	0 60	" Cardam. Co.....	"	0 40
Collodion	lb.	1 00	"	"	0 75	" Catechu.....	"	0 35
Emp. Belladon	"	0 90	Pepsin (Morson's).....	"	1 00	" Cinchon Co	"	0 35
" Canthar	"	1 25	Ph. Assafoetid	gross	0 35	" Colchicl. Sem	"	0 40
Ext. Aconit	oz.	0 25	" Cath. Co. U. S.....	"	0 45	" Digitalis	"	0 38
" Belladon.....	"	0 20	" Rhel. Co.....	"	0 40	" Ergot	"	0 35
" Colo. Comp	"	0 12	Plumb. Acet.....	lb.	0 20	" Ferri Perchlor	"	0 75
" Conice.....	"	0 19	Podophyllin	oz.	0 65	" Gent. Co.....	"	0 35
" Gentian	"	0 07	Potass. Acet.....	lb.	0 60	" Hyosciam	"	0 40
" Hyosciam	"	0 20	" Bicarb.....	"	0 32	" Iodi	"	1 00
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" Tarax.....	"	0 07	" Chlor.....	"	0 45	" Nuc. Vom	"	0 45
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Ferri et Ammon. Cit.....	"	0 12	Potassii Bromid	"	0 90	" Quassia	"	0 35
" et Quin. Cit.....	"	0 65	" Iodid.....	"	4 75	" Rhel Co.....	"	0 50
" Citro-pyrophos	"	0 20	Pulv. Aromat	"	2 00	" Scilla	"	0 85
Ferrum Redact.....	"	0 15	" Cret. Co.....	"	0 75	" Senegæ	"	0 40
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THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end about the 1st of March, 1876.

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The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

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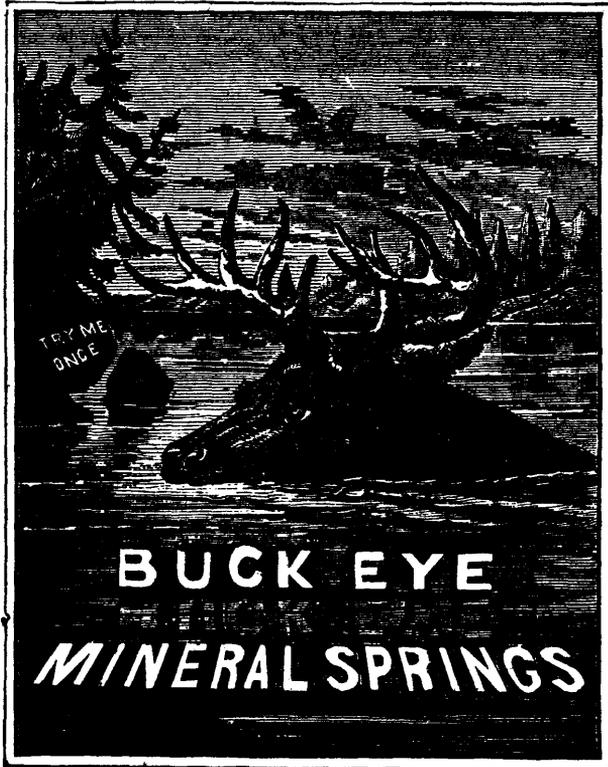
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