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THE  
**Canadian Journal of Medical Science.**

A MONTHLY JOURNAL OF BRITISH AND FOREIGN MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, DECEMBER, 1880.

**Original Communications.**

**INTERESTING CASE OF SPINAL  
DISEASE.**

REPORTED BY DR. WATT.

The patient, Wm. Welsh, æt. thirty, consulted Dr. Aikins in June last for a supposed affection of the lungs. He is a well-formed stoutly-built man, but much reduced by sickness and confinement. Has been always a very healthy and hard-working man, and prided himself upon his ability to take heavy lifts. About two years ago, in raising a bag of flour to the scales, he felt a pain or "stitch" suddenly take him in the back, and was laid up then about a month. Recovering somewhat, he continued to attend to business, although complaining constantly of "wandering pains" in the spinal region and around towards the right side, with inability to lift as he used to do.

About six months ago, after exposure at night, he took a severe cold, with cough, and he has been confined to bed most of the time since then. Following the cold, a severe pain set in in the right side, which after two months settled in the spine, one of the vertebræ (the fifth or sixth dorsal) beginning to project backward; this was followed by the outward curvature of two more vertebræ higher up. About three months ago a plaster-of-paris jacket was put on, but it had to be removed in two weeks, because it increased his cough and seriously interfered with his breathing. The jacket appears to have removed the curvature in the spine, but at the time it was put on he spat up considerable blood, caused, he thinks, by the uncomfortable suspension of his body. Had not

before and has not since spat up any blood; but the spectrum is occasionally pink or rust-coloured, and sometimes very tenacious and stringy on standing. Previous to the jacket being put on no disease of the lungs had been diagnosed, but after it came off he was told that the left lung was affected; and by another physician, some time after, that the lower lobe of the right lung was also diseased.

For the last five or six weeks the patient has been spitting up small pieces of bone, which apparently come from the diseased vertebræ; they come up without causing any special or unusual coughing; the expectoration has not at these times been noticed to be particularly offensive, although at other times it has been. Slight constipation; appetite has all along been fair, but swallowing food or drink causes coughing from local irritation; does not vomit; has lost 35 lbs. in six months. P. 108; T. 101.2.

On coughing or laughing, the patient says he can feel the vertebræ gliding back and forward one upon the other; and with the hand on the back, the crepitation so caused can be felt.

On the 20th, a superficial abscess in the upper dorsal region, close to the spine, was diagnosed by Dr. Aikins and lanced, a quantity of very offensive pus being discharged. The abscess was washed out with carbolized water the same evening and on the two following days, the discharge during each night being very copious, but not so offensive as on Sunday.

On the 23rd Dr. A. probed from the original opening, and traced the abscess about five inches along the spine downward, when a second incision was made and a drainage tube carried

through. On injecting the tube with carbolized water coughing was excited, and the patient declared that he felt the taste of the acid in the mouth.

24th. The patient is much easier; pulse and temperature lower. The injection again caused coughing, and a decided taste of the acid in the mouth; and later he declared that some of the acid water came up through the mouth and nose.

25th. The patient left for home, taking a tonic mixture, his wife being directed to wash out the abscess daily. A generous diet, and residence in the open air to the fullest possible extent, prescribed.

On examination of the lungs, Dr. Aikins discovered no evidence of phthisis, and nothing more than the remains of a former pleurisy, with some crepitation over left lung.

Dr. Graham agrees with Dr. A. as to condition of the lungs.

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### FRACTURE OF THE SCAPULA.

BY H. T. MACHELL, M.B., L.R.C.S. EDIN.

I was called in October last to see a boy who was said to have fallen out of a hay-mow and injured his arm. The patient, ten years old, had been playing with other children on the hay, and had fallen out of a hole just over the manger, the whole weight of the body coming on the lower angle of the scapula, the right arm going to the inside of the manger, the body outside. There were two or three abrasions of the skin on the inner side of the arm, and about as many on the chest of the same side. In addition to these there was a good-sized swelling just over the lower part of the scapula. The movements of the arm were rather limited, on account of the pain it gave him. The bones of the arm and the shoulder joint were normal.

On getting my fingers under the scapula and pressing backwards, marked crepitation could be felt—in fact, the fractured piece could be moved very easily, and its dimensions made out without much trouble. The fractured piece, the lower angle, was bent inwards at an angle of about 45 degrees, was about  $\frac{3}{4}$  of an inch in width at widest part, and between 2 and 2 $\frac{1}{2}$  inches in length.

TREATMENT.—The right hand was placed over the left clavicle, the elbow well forward and close to the chest, and fastened in that position by a wide bandage going around chest and arm. A good-sized pad was placed over the upper fragment. The arm was placed in a sling, which kept it well forward and well pressed up.

The bandage and sling were kept on for three weeks. At this time (13th November) there is quite firm union; but there is still some incurving of the fractured piece.

The boy has quite recovered the use of his arm.

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### AN UNIQUE DISLOCATION OF THE ULNA.

BY W. J. WILSON, M.D., STOUFFVILLE, ONTARIO.

R. W., farm labourer, aged 42, strong and healthy, fell from a load of wood on 22nd September, 1880. In falling he threw out his right arm, and received an injury to the elbow-joint.

When I saw him, about half an hour after the accident, I found the upper end of the ulna displaced outwards, and behind the radius. The arm was flexed at nearly a right angle, and immovable. The lower end of the humerus was very prominent, showing all its articular markings very plainly. The radius was in its place. Pain intense.

I reduced the dislocation under chloroform, by taking hold of the upper end of the ulna with my right hand, while the wrist and arm were fixed, and lifting it slightly backwards to free it from the radius, and then directly inwards to its position. It was done up in an angular pasteboard splint, and passive motion was resorted to about the fifth week. At present, November 11th, it is doing well, and can be used quite freely in handling light objects. It shows no tendency to displacement, and no signs of there having been any fracture.

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Mr. J. E. H. Lesage, notary, of Montreal, has served upon the authorities of Laval University, at Quebec, a protest calling upon them, at the instance of the School of Medicine and Surgery of Montreal, to cease their branch in that city, and threatening legal prosecution if it is not withdrawn.

## Selections: Medicine.

### TREATMENT OF INFANTILE PARALYSIS.

Dally, in this exceedingly able and instructive paper (*Journal de Thérapeutique*, March 10th), prefaces his remarks by a definition of the disease and a description of the present views as to its morbid anatomy. This he does, since great misapprehension has existed by confounding several very different diseases, some curable, others not, under the title of infantile paralysis, and thereby he makes it quite clear to what ailment he refers. The essential paralysis of children is clinically characterized by a sudden onset without prodromata, generally feverishness and of short duration; paralysis rapidly supervenes, and in twelve or twenty-four hours is usually complete. After the first week movements reappear here and there, but often some limbs or some scattered muscles remain paralyzed and atrophied, such paralysis becoming the cause of very various deformities. Dr. Dally quotes from M. Buchheim's article on the spinal cord in the *Dictionnaire Encyclopédique des Sciences Médicales*, the description of the morbid anatomy of this affection. Referring to the various observations of Laborde, Cornil, Prevost, Vulpian, Lockhart, Clarke, Charcot, Geoffrey, Roger, Damaschino, Parrot, and Jeffrey, extending from 1861 to 1871, he proceeds to sum up the results as being sclerosis, or simply atrophy of the antero-lateral columns of the cord, and granular disintegration of the large cells in the anterior cornua, the latter being a constant lesion. The question as to whether the degeneration of the nerve-cells is secondary to the pressure caused by sclerosis of the spinal cord, or whether the atrophy of the nerve-elements is primary, he leaves unanswered; indicating that Charcot and Vulpian supported the latter view, as Roger and Damaschino incline towards the former. The sudden onset, the diminished faradaic contractility, and the rapid muscular atrophy, all point to a primary affection of the nerve-cells, which alone may be sometimes found affected. Speaking of the cause of the disease, Dr. Dally points out that no diathesis,

or hereditary predisposition, nor the usual accompaniments of growth, will account for it, but refers to a case that came within his own knowledge, and which he has previously placed on record, of three children in one family who were attacked, two in one day, and the other within twenty-four hours, that almost justified the suspicion of some poison being the cause. The cases were seen by Trousseau, Duchenne, and others, and no doubt as to the nature of the malady existed. Coming to the main purport of the paper, the writer, following Laborde and Duchenne, divides the treatment into three periods: 1. That for the acute phenomena of the onset; 2. For the paralysis and atrophy; 3. For the subsequent deformities. In respect to the first stage, Dr. Dally confesses to having had no experience of it; but assuming that a stage of vascular congestion precedes the destructive state, he agrees with the treatment recommended by Duchenne, Laborde, Simon, and Bouchut, and which may be summed up as means for withdrawing the blood from the vertebral region by the ventral decubitus, manipulation, sinapisms, etc., to the calf, and intestinal derivatives, especially calomel. The diet should be milk. Following the recommendation of Bouchut to employ the constant current, as Duchenne recommends the faradaic, he would only wait for the cessation of the fever to apply them to the affected muscles. The second period is essentially that of repair; spontaneously in the greater number of cases the disease limits itself when it is not completely cured. The problem is to prevent the sclerosis of the antero-lateral columns, which is secondary to the affection of the nerve-cells. Duchenne states that the application of local faradization at the commencement of the paralysis would cut short the duration of the paralysis; diminish, if not prevent, the atrophy of the muscles; and, perhaps, prevent their fatty degeneration. Keeping this dictum in view, Dr. Dally followed out the treatment in a dozen cases, over periods of three weeks to three years, with almost always the same results, viz., the re-establishing to a degree of the locomotive power, the prevention of deformities, and the arrest of the progressive atrophy. In one case, a perfect cure followed a complete paralysis,

though the atrophy was less marked than usual. A further advantage is the prevention of atrophy of the bones, whereby, should the muscles eventually recover, the deformity of the limb is prevented. It is in reference to the treatment of the subsequent deformities that Dr. Dally makes some valuable remarks. He is rightly very severe upon the assertion too often made, that "the case will improve with age," a remark that, "however consoling it may be for the moment, is terribly false." "No improvement," he goes on to say, "follows age, nor the appearance of the menses, nor the changes of the moon, unless a happy chance or science interfere." He regards, also, as a most serious error, the indiscriminate use of gymnastics and exercise, as is often advised, since the deformity is due to the disturbance of the normal antagonism of the muscles of the limb one against the other by the paralysis of certain of them, leaving the others to exert their full force unneutralized. By exercise and gymnastics, this want of equilibrium is intensified and the deformity increased; since it is the healthy muscles alone that can participate in the exercise, the more they are developed by use the more do they deform the limb. The first rule, therefore, when inequalities in the limbs exist, is to supply the deficiencies by mechanical means; and the second is to limit the exercise and galvanism to the muscle or group of muscles which are paralyzed. The application of this rule will obviously vary with the part affected. Exercise is only applicable to those muscles which retain some contractility, and may be applied by directing the patient to perform the movement as far as he is able, resistance to such movement being made by the practitioner; or the latter may himself perform the movement of the limb, the patient being told to oppose such action as much as he can. The writer insists upon the persistent employment of the remedies, and warns against the expectation of rapid improvement, and compares the gradual advance made to the growth of the intellect by education. Galvanism the author regards as of most value for its direct and indirect trophic action, not so much on the separate organs as on the whole region. How far alone it is of value he cannot say, since he has always em-

ployed it in conjunction with other remedies.—*London Medical Record*, July 15, 1880, and *Medical News and Abstract*.

#### REMEDIES FOR HEADACHES.

The following receipts and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:—

Two grains citrate of caffeine, in capsule, taken every half-hour, is a very effectual remedy in nervous and sick headaches. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:—

Muriate of ammonia, 3 drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:—

Oxide of zinc is of great value. Ordinary dose, 2 grains, three times a day after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is  $\frac{1}{4}$  grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, 2 grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after

eating, or phosphide of zinc, 1-10 grain, in pill, three times a day.

Arsenic, as a nerve tonic, stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The constant current should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton, editor of the *London Practitioner*, says: The administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache, removed even more effectually, by nitro-muriatic acid, diluted, 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache be immediately above the eyebrows, the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time that the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer in the *London Lancet* remarks: At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily, between the attacks. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering.

In headache due to the determination of blood to the head and in fever, the following simple treatment is to be commended:—

Put a handful of salt into a quart of water, add an ounce of spirits of camphor. Cork the bottle tightly, to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head.

Two teaspoonsful of powdered charcoal well stirred in half a glass of water and drunk at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses, repeated every 5 or 10 minutes, for 8 or 10 doses, and then continued at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Boston Journal of Chemistry and Canada Medical and Surgical Journal*.

### SALICYLATE OF SODA IN RHEUMATIC FEVER.

BY E. HEADLAM GREENHOW, M.D., F.R.S.

The paper concluded as follows:—"Fully admitting, therefore, the great immediate relief that appears to follow the use of those agents in the treatment of rheumatic fever, there still remains for consideration the further question whether, upon the whole, the treatment is successful. The answer to this question must depend upon whether the complications which are apt to arise in rheumatic fever are less frequent under this treatment; whether the condition of the patient after recovery is better or worse than under other modes of treatment; and lastly, whether the length of time during which the patient is disabled is shorter or longer under this than under other modes of treatment. To all these questions my experience leads me to reply in the negative. We might have, perhaps, expected that hyperpyrexia at least would have been prevented by the use of such a powerful antipyretic agent, but the first two cases I have recorded negative this expectation, for hyperpyrexia was developed in both of these after the proper physiological influence of the salicylate of soda had become manifest. Pericarditis was present in many cases before the treatment was commenced; but, in several instances, it supervened afterwards. In three cases pneumonia, and in four others pleurisy supervened, when the physiological effects of the medicine had become manifest. On the other hand, several cases that were admitted

with either pleuro-pneumonia, broncho-pneumonia, or bronchitis ran very much the course we are accustomed to witness in similar cases under other treatment. Patients treated with salicylate of soda appeared to me to become unusually anæmic, and to regain health and strength very slowly. They are long in becoming fit to resume their occupations, and their recovery has appeared to me more tedious than has been the case with patients treated on other methods. Excluding the two cases of hyperpyrexia, the two fatal cases and nine very mild cases, which were on the average less than twenty days in the hospital, and, perhaps, recovered neither more quickly nor more slowly than such cases commonly do, I find that the remaining thirty-seven cases were on an average fifty-seven days each in the hospital. This period, however, by no means represents the duration of their disabling illness, for all had been at least a few days ill previous to admission, and probably none was discharged in a condition to resume work, many having been sent to convalescent hospitals, and others to their friends in the country to recruit. If now we examine into the duration in hospital of the cases treated with salicin, a very similar result is shown. Two cases which were admitted in an advanced stage of their illness being excluded, the average residence in hospital of each of the remaining eight cases was fifty-five days. With regard, therefore, to the treatment of rheumatic fever with salicin and salicylate of soda, we must, I think, come to the conclusion that most physicians did with regard to the treatment with blisters—viz., that the pain and distress of the patients are undoubtedly for a time greatly assuaged, but that the duration of the illness is not shortened. Of the two plans, I am of opinion that blisters applied in the vicinity of all the painful joints are by far the most efficacious and speedy in the relief they afford, and have the advantage of not producing so much subsequent debility. Another question now presents itself for our consideration—namely, whether it is not possible that some injurious consequence may result from the powerful action of the medicine upon the heart; and I am bound to express my fears that the marked weakening of the first sound of the heart present in so many

cases indicates the exertion of an influence upon the muscular structure of that organ, which may not always pass entirely away when the treatment is suspended, and more particularly when either inflammation of the endocardium or pericardium or of the muscular structure itself exists during the treatment.”—*London Lancet.*

## SUGGESTED FORM OF MEDICAL CERTIFICATE.

BY T. N. BRUSHFIELD, M.D.,

Medical Superintendent, Brookwood Asylum, Surrey.

1. Facts indicating insanity observed by myself on the day of examination:—

Appearance, especially facial aspect, attitude, peculiarities of dress.

Delusions. (If any, describe them.)

Coherency or incoherency.

Condition of the memory.

Any change in the higher emotions.

Condition of the habits and propensities, especially as to change.

General demeanour: restlessness, excitement, exaltation, or depression.

Other abnormalities.

2. Facts indicating insanity observed by myself on days other than that of the certified day of examination.

3. Other facts (if any) indicating insanity communicated to me by others.

4. Statement of other particulars not contained in the foregoing:—

Probable duration of insanity.

Supposed cause—exciting, predisposing.

Is the patient temperate or intemperate?

Any relative known to have had insanity, epilepsy, paralysis, any nervous diseases, chorea. Give details, and state relationship.

Any defect at birth or in early infancy.

Any severe infantile diseases, convulsions during teething, tapeworm, etc.

Whether subject to epilepsy; state frequency and character of attacks.

Whether dangerous to others; state how, and whether exhibited towards a particular individual.

Whether dangerous to self—from non-suicidal motives, or from suicidal motives. Describe any attempt.

If of mischievous, destructive, uncleanly, or objectionable habits of any kind.

Condition as to sleep.

State of the bowels.

If known to have had any disease of the brain or spinal cord, sunstroke, or injury to head.

Any existing or recent bodily illness. Give details.

Present condition of thoracic and abdominal organs.

Any recent injuries, or marks of any. State how received, and give description.

If a female, report the condition of the uterine functions. Any special diseases or disorders connected with the puerperal condition. The number of children, and age of the youngest.

Fitness for removal to asylum (to be certified on the day of removal).—*London Lancet*.

LOW BODY-TEMPERATURE. — W. Kosürew (*Cbl. f. Chir.*, 1880, p. 494) gives the case of a Cossack who fell from a height, wounding the parietal tissues of the head. He was unconscious for three days, and survived only five days. During this time his pulse was 44 in the minute, and his temperature ranged in the morning from 27.2° to 28.5° C. (80.9° to 83° F.), and in the evening from 26.5° to 29° C. (79.7° to 84.2° F.). On post-mortem examination no fracture of the skull was found, but the vessels of the brain were found much congested, and the substance of the organ filled with small points of hæmorrhage.

SYMMETRICAL NEURALGIA IN DIABETES.—Dr. Worms, of Paris, has called attention to the occurrence of symmetrical neuralgias in an advanced period of diabetes. He has recorded two examples—one affecting the sciatic nerve, and one the inferior dental—and believes that the symmetry of the affection is a characteristic of this form, as also is its peculiar severity. It does not yield to the ordinary treatment of neuralgia—quinine, morphia, bromide—and the pain varies in intensity with the amount of glycosuria.

M. Woillez made an interesting communication to the last meeting of the Paris Académie de Médecine, on the utility of cold baths in the treatment of cerebral rheumatism. He said that, thanks to refrigeration—whether obtained by the wet pack, wet applications, or M. Dumontpallier's apparatus—cerebral rheumatism, so frequently a mortal disease, may now nearly always be cured.—*British Medical Journal*.

## Surgery.

### ON THE RELATIVE MERITS OF DIFFERENT METHODS OF WOUND-TREATMENT.

BY SAMPSON GANGLIE, F.R.S. ED.,

Surgeon to the Queen's Hospital, Birmingham; late President of the Midland Medical Society, and of the Birmingham and Midland Counties Branch of the British Medical Association.

To surgeons scarcely past middle age, it is a subject of astonishment that a department of our art, which was supposed to have been thoroughly surveyed and understood in their student days, should of recent years have fallen into almost inextricable confusion. The dictum *simplex sigillum veri* seems to have lost its charm, if not its truth; and the old dresser, who once fondly believed he could tend a wound to healing with dry lint or simple cerate, red wash, or a pledget of cotton-wool, has been bidden to learn many novelties in a hurry; with what result time will prove. Many of the innovations are already in process of being unlearned at leisure; but, so much more attractive is partisan advocacy than judicial impartiality, that the contest still rages, and the question awaits solution. What are the relative merits of the different methods of wound-treatment?

At the onset, and throughout the discussion, one fundamental truth must be held steadily in view: the majority of wounds have an almost irresistible natural tendency to heal. Amongst the glorious results achieved by contemporary surgeons, we have none to surpass, very few to equal, the success of Alanson of Liverpool, with thirty-five amputations and no death; of Martineau of Norwich, eighty-four lithotomies, with only two deaths; and last, but greatest, Syme of Edinburgh, with only one fatal result in thirty-five ligatures of the femoral artery for popliteal aneurism.

If a comparison be instituted between the statistical results of the surgical practice under the lamented Callender and Mr. Lister; in the Edinburgh Infirmary under Spence; at Glasgow under Cameron and M'Ewen; and at Kilmarnock under Borland and M'Vail, the very small difference in the percentage of deaths is a prominent and incontrovertible fact. As those all but uniform results have been attained



under very various methods of wound-treatment, the thought suggests itself, that local appliances have less influence on the process of wound-healing than has the manner in which they are employed, the judgment of the surgeon, or his manipulative dexterity and precision.

Another proposition of which it is essential to have a clear conception is, that means apparently widely different exercise similar physiological influences, and, in the same manner and proportion, affect surgical results; to wit, cold water irrigation, and dry pressure. Let us assume two compound fractures, resembling each other in situation and extent of violence, reduced and put at rest. Over the one trickles a constant stream of cold water, while the surface of the other is covered with elastic pads, and uniformly compressed. Cold and pressure alike favour capillary contraction, retard the circulation, lull nervous susceptibility and muscular action, and, *pro tanto*, are opposed to congestion and inflammation, and favourable to healthy nutrition and reparative consolidation. Not only are cold and pressure not antagonistic, but complementary, as long since pointed out by Thomas Baynton, in the classical pamphlet which I hold in my hand. To him, as you all know, we are indebted for the introduction of pressure in the treatment of ulcers of the leg; but it may be questioned if many are equally acquainted with the lucidity and fertility of demonstration with which the old Bristol surgeon inculcated his teaching. He was no mere local dresser, but thoroughly understood the importance of attention to constitutional causes. He valued pressure as it deserves; but that did not prevent him from understanding and utilizing other agencies, and especially that combination of resources which is eminently conducive to therapeutic success. In cases of exceptional severity, he advocated a combination which will be found applicable to, and a source of great good in, a variety of surgical conditions—pressure and frequent applications of cold water.

Reverting to the all but uniform statistical results, already quoted, of successful wound-treatment under a variety of methods, one thing is quite clear. The atmosphere, with its pervading particles, was practically the same in all; but

it had little influence, if we are to judge from the result. Spray or no spray, the wounds healed. If you go back to 1867, when Professor Lister followed, though unconsciously, Déclat and Lemaire in the treatment of wounds by carbolic acid, for the destruction of Pasteur's germs, you cannot fail to be impressed with the heroic boldness of the practice, and its alleged beneficial results. In compound fractures, nothing would do but rubbing strong carbolic acid into their inmost recesses. A little more than a century ago, Wilmer taught that "to dress the wound of compound fractures, whether it be small or large, no application seems in general so proper as dry lint." Generations of surgeons have endorsed the dictum, but none the less the carbolic cauterization found many imitators. Nature was happily equal to saving many limbs in spite of them; and gradually it has come to be understood that carbolic acid is a very powerful irritant, and that its safe use in wound-treatment is only compatible with very large dilution. The exigencies of the germ-theory were at first held to necessitate the use of the concentrated acid; but, while the ratio of successes has grown with its dilution, something else has grown—awe of traumatism and unrest; reverence for cleanliness, gentleness, and absolute repose. None the less the out-and-out germ-theorists laud the health-giving power of their favourite germicides.

With the most sincere deference, I cannot but think that the intrusion of the germ-theory into this discussion has been a very unfortunate one. From a strictly scientific point of view I cannot but regard the expression "antiseptic surgery," professedly based on the germ-theory, as scarcely more defensible than "homœopathic medicine," which claims the doctrine of similars for its foundation. Assuming the truth of the former and the utter falsity of the latter, the terms remain objectionable. Surgery and medicine are sciences of observation in which pathological states should be noted, their causes enquired into, and their remedies experimentally tested by a strictly inductive process. If the practice be once recognized of prefixing to them designations, according to *à priori* theoretical generalizations, which extended expe-

rience may prove to be fallacious, the nomenclature of the sciences will vary with succeeding ages and opposing schools.

In questioning the wisdom of pretending to base a new system of surgery on the germ-theory, let it not be supposed that I confound with it the value of antiseptics, which the omnipresent germs are said to require for their extermination. The error, as I have said from the first, and as those who differed from me seem to be gradually becoming aware, has been twofold : first, to raise accessories to the position of essentials ; secondly, to predicate from experiments on dead matter the behaviour of living tissues. Life and putrefaction are not correlative, but antagonistic ; and in proportion as the surgeon utilises and economises the attributes of life, he will find himself independent of those changes which are inherent to decaying organic matter, whether it be in bagging wounds or boggy lands.

As detergents of foul wounds, and stimulants to the healing action of weak ones, antiseptics are admittedly of great value. Lesne tells us, in his posthumous edition of the works of Jean Louis Petit, that the great surgeon knew that tepid water and poultices were of no use in arresting sloughing and caries ; against them he employed the most powerful antiseptics. Belloste, in his *Chirurgien d'Hôpital*, one of the brightest gems of our seventeenth century literature, employed antiseptics largely. He had also a clear appreciation of the value of immobility, and of dry and infrequent dressing, on which Magati of Bologna had written so learnedly a century before, and which, later on, Fibrac and Louis chose as the themes of classical disquisitions in the French Academy of Surgery.

It would be tedious to quote instances of the old standing and wide repute in which turpentine and resinous gums, alcohol, bark, and acids have been held as aids to wound-treatment, for their antiputrescent properties. In appropriate conditions, their value is indisputable—always remembering that no local treatment can dispense with attention to constitutional states.

To quote from John Scott, another of the past masters of surgery, equally distinguished

as a philosophic writer and a sound practitioner : "The influence of disorders of the health and the digestive organs in keeping up local diseases has of late years been fully explained ; but little notice has been taken of the reverse truth—the influence of local disease in keeping up disorder of the constitution and the digestive organs ; yet the latter is as true and important as the former."

The statement is almost a truism ; but I make no apology for quoting it. There is some reason to apprehend that the great attention lately paid to topical appliances has been at the expense of adequate consideration for constitutional states ; and that those who have made of the subject of wound-treatment a matter of mere dressing, have lost sight of some of the higher functions of surgery, in its scientific bearings and aspirations. Far from me to attempt to disparage the indirect advantages which have resulted from the discussion of the germ-theory and the advocacy of antiseptics, exaggerated and exclusive though they have often been. I well remember the day when one of the most kindly-natured men I have ever known, and probably one of the most brilliant operators who ever took a knife in hand, performed one after the other such operations as a lithotomy, a ligature of the femoral, an excision of the lower jaw, and an amputation of the thigh. Well can I see him dipping his knife into the fat of the ischio-rectal fossa, with as much freedom and as little concern as a butter-taster would dive into a tub of Dutch butter. The forceps followed into the large opening, and brought out a stone as easily as a boy takes a marble out of his pocket. Some rather free bleeding was little heeded ; and the patient was carried to bed, to make way for a young woman whose jaw was to be excised. To save time, she was already under chloroform when brought into the theatre ; and it was a matter of very few minutes to turn up the cheek and divide the symphysis, lever out the condyloid process, and send the patient back to bed with a fold of wet lint in the vast wound, and the blandly expressed assurance that the oozing of blood would soon cease. Such surgery, brilliant and nearly as fatal as the charge of Balaklava, might be magnificent as a feat of physical dex-

terity; but withal it was not surgery. Less blood would have been spilt, more lives saved, by a far less dexterous and showy operator, who had thought a little more of the evils of traumatism, and of the advantages of careful dressing based on sound physiological principles. To amputate a fleshy thigh, ligature two or three vessels, flood the flaps with iced water, and send the patient to bed with a fold of wet lint in the wound, to dress it after a few hours, when glazed, is a proceeding which once was called scientific, but which I shall abstain from characterizing as it deserves, through respect and sympathy for the mistaken men who practised it—myself, five-and-twenty years ago, amongst the number.

In heading the practical protest against such a state of things, and in exemplifying, by the most magnificent patience, the value of attention to details, which had come to be treated almost habitually with neglect, Professor Lister established claims to admiration and gratitude which will survive long after the eccentricities of the germ-theory shall have been forgotten.

It is to the lightness and precision of all manipulations, to perfect rest and drainage, equable pressure and unfrequent dressing, with antiseptics as valuable accessories in due form and proportion to suit particular cases, that the operator must trust for his results. The less he delegates to others the better: every detail is of the highest import; the mental repose, no less than the physical rest of body and limb of his patient, must be studied; and he will have the satisfaction of finding that all-round major surgery—including lithotomy and amputations, compound fractures and joint-excisions—can be practised with a mortality of one and a half per cent. Rest, to be really of use, must not be merely a negation of locomotion, but a state of absolute repose. Joints above and below the seat of injury must be fixed, an end very imperfectly attained by iron and wooden splints, most perfectly compassed by the use of materials which accurately mould themselves to the inequalities of the body, and then solidify. On the whole, I find no moulds so easy of preparation, so comfortable, and so effective as those made with thin rough millboard moistened and

gummed. One or more thicknesses can be used, according to the strength required, and, with intervening layers of gummed bandage, perfect papier-maché moulds can be constructed. Sand-bag packing and suspension apparatus are invaluable aids in carrying out the cardinal principle of rest; conducive to it, also, is unfrequent dressing. Many wounds will doubtless heal, however frequently they are disturbed; but, as a general proposition, the less frequently wound-dressings are displaced the better. To change the dressings after an amputation at the hip-joint, because some bloody serum has permeated them, and may become the channel of germ-infection, is, I submit, with the most kindly candour, to sacrifice the chances of a life to a theory.

It was, if I mistake not, Mr. Erichsen who said, at the late Cambridge meeting, that drainage was the most important and valuable innovation in wound treatment. I quite agree with my old master, the distinguished President of the Royal College of Surgeons. But it is not only to drainage-tubes that you must trust for carrying out the principle.

These pads of absorbent gauze and cotton, which Messrs. Southall Brothers and Barclay prepare, act admirably in taking up discharges and keeping parts clean and sweet. They are proportionately antiputrescent; and, as they are treated with carbolic, benzoic, and tannic acid, according to requirement, they act as agreeable deodorisers. All in all, they are the most perfect and comfortable surgical dressings I have ever manipulated. Their absorbent power is so great, and they dry the neighbourhood so rapidly and effectually, that some softening application may sometimes be necessary. I find nothing better than a little glycerine sprinkled on the under surface of the pad, or applied on a piece of lint. The affinity of glycerine for water and other liquids is so great, that it favours endosmose, and really increases the absorbent power of the pad, while averting the inconvenience of its sticking. Those of you who are acquainted with the writings of the versatile Demarquay, need not be told how he extolled glycerine for its antiputrescent and mildly stimulating powers. The more I have used it the more I have been pleased with it.

though it has not altogether displaced in my practice, according to the requirements of particular cases, such applications as styptic colloid and tincture of benzoin, the terebinthines, and solutions of iron, zinc, and copper.

A few words for position and pressure, to which, with rest, you must trust for the regulation of the dynamics of the circulation. I have said so often that rest, position, and pressure are the trinity of the healing surgical graces, that I am almost tired of repeating it. But some truths are so essential and obvious, that iteration is indispensable to secure their constant presence to the mind as leading dogmas of a working faith. The value of position is pretty generally understood; but if I were asked what therapeutic agency is inadequately appreciated by the majority of surgeons, many of them the most enlightened, I should say *pressure*.

The brevity of these observations must not be taken as a measure of the estimation in which I hold the subject matter of this very imperfect address. None is more worthy of the zealous attention of the student and the deep thought of the practitioner.

It has been less my aim to instruct the youngest of my hearers than to elicit, in debate, the experience of the oldest and wisest. I felt that this could better be done by sketchy treatment and salient contrast, than by methodical arrangement and exhaustive prolixity. I am free to confess that I have had another inducement to conciseness; for by it I have hoped to obtain admission for the observations which I have ventured to submit to you in the crowded pages of our widely circulated and very ably conducted Journal. Its columns have teemed for some years past with communications on wound-treatment—many of them sparkling with originality, all of deep interest; yet not a few, I say it with the most respectful consideration for their authors, erring by their exclusiveness, and by their want of comprehensive grasp of a subject which is essentially broad and many-sided.

It is in this, as in many other departments of knowledge, abstract and applied—the very concentration, which is of the essence of success to complete mastery of principles and de-

tail, is apt to beget narrowness and prejudice. Inquirers, with steady gaze on the objects immediately before and around them, are very liable to mistake for the horizon the boundary lines of their restricted vision, and to be attracted into newly-discovered byways, as if they could dispense with the old highway of truth to which they are but auxiliary.

All that is needed to dispel the illusion and sober the judgment is wide observation of nature from an independent standpoint, and a patient study of the masters of our science and art, irrespective of age and country. Such a study will minimize obstacles to reconciliation of differences, which are often more apparent than real. It will strengthen a reasonable faith in the powers of living nature, which will be found all-sufficient to promote the healing of wounds in the hands of surgeons who, guided by the demonstrable truths of experimental physiology and pathology, combine unprejudiced, clear, and painstaking observation with light-handed, clean, and painless manipulation.—*British Medical Journal*.

#### ANTISEPTIC INFLATION.

Mr. J. Holden Webb, of Melbourne, has recently published a paper in the *Australian Medical Journal* describing and advocating a new plan of rendering old sinuses and putrid abscess cavities aseptic. At first such cases were dealt with by injections of carbolic acid lotion; more recently Volkmann has introduced his sharp spoons, by means of which the unhealthy granulation tissue forming the walls of such passages and cavities can be removed, and inasmuch as there is good ground for believing that septic organisms not only exist in the putrid discharge but also infest the secreting walls of such cavities, this must be considered, and, indeed, has proved, a valuable adjunct to the simpler plan of injections only. In dealing with very large cavities, irregular and sacculated, such as are particularly met with in connection with disease of the spine, it is obviously very difficult, if not impossible, to inject fluid so thoroughly that it shall penetrate into every corner and exert its germicide property on every part, and in these cases also the use of Volk-

man's sharp spoons is necessarily limited within very narrow bounds. It was for such cases that Mr. Webb tried inflation with carbonized air, as being more likely to give success. His apparatus is simple. Into a Florence flask he puts some crystallized phenol, and through the cork, which fits tightly, he passes two glass tubes, one passing to the bottom of the flask, and the other only just beyond the cork. These tubes are bent at right angles just above the cork. To the long tube a Richardson's bellows is fixed. When in use the flask is raised on a stand, the acid melted and heated by a spirit lamp, and air forced by the bellows through the acid in the flask, and by the shorter tube into the cavity to be inflated. All the force of the hand is used in the inflation, the cavities being tightly distended; and although it "often makes the patient drowsy for some hours afterwards, and sometimes renders the urine smoky," Mr. Webb has not met with any ill effects. Thymol inflation has been followed by disagreeable sickness. In his paper, cases of old sinuses, spinal and other abscesses submitted to this treatment are detailed, and it is stated that the results in correcting septicity of discharge, and therefore in checking suppuration, fever, and hectic, and in hastening recovery, have been very satisfactory.—*London Lancet*.

#### NOTE ON ETHYLATE OF SODIUM.

BY H. S. PURDON, M.D.,

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Since Dr. B. Richardson's article in the *Pharmaceutical Journal* some eighteen months ago, on Ethylate of Sodium, I have given this agent an extensive trial at the Hospital for Skin Diseases. The solution is made of equal parts of the ethylate and either water or alcohol. The more I use it, the more I am impressed with the value and importance of Dr. Richardson's discovery. Last summer (1879), in the *Lancet*, I recorded cases of nævi and lupus cured by this means; and without entering into details, I may say that in lupus vulgaris and erythematosis, scrofuloderma, small patches of cutaneous cancer-warts, mucous tubercles, nævus, and all non-malignant new formations in the skin, the ethylate of sodium is not only useful but cura-

tive, and that, as a rule, without destroying the skin or producing deformity. Dr. Richardson says that by experiment he found the ethylate of sodium, when brought in contact with moist living tissues, to be decomposed, caustic alkali being produced, and ethylic alcohol being reproduced by the extraction and decomposition of the water of the tissues. Therefore, when the solution of ethylate of soda is applied to a vascular living tissue, such as nævus, four results should be obtained: 1, removal or absorption of water from the tissues with the ethylate; 2, the destructive action of a caustic from the caustic soda that is formed; 3, coagulation from the alcohol that is reproduced to prevention of decomposition of the dead organic substance that is formed. In addition to the diseases already mentioned, the ethylate should be useful for the bite of a dog or snake; and as a remedial agent admits of a wide range of action.—*Archives of Dermatology*.

RESULTS OF TREATMENT OF AORTIC ANEURISM BY GALVANO PUNCTURE.—(Read before the meeting of "The French Association for the Advancement of Science," session held at Rheims, 1880.) M. L. H. Petit has collected 114 cases of this kind; in 111 cases the continuous current was employed, in three cases interrupted currents (Z. de Kauer, Piedagnel). These 114 cases showed 69 ameliorations; 38 patients died without notable improvement; in three cases no result was obtained; in four the results were doubtful; 39 patients survived less than a year, although very much improved, and 10 from one to two years; the rest survived from two to five years. Of the patients who were observed up to the time of death, rupture of the aneurismal sac was noted about 40 times. It is by much the most frequent cause of death in these cases. After the disappearance of the immediate symptoms, or even immediately after the *séance*, the improvement was manifested in a number of cases by diminution of pain, and of the pulsations, and by augmentation of the consistence of the tumour, followed by its progressive diminution. This retrograde course of the disease occurred in 24 cases after a single *séance*, and lasted from 2 to

17 months; in others, three, four and five *séances* were required, and in still others as many as 11 and even 12; but this was due to the fact that the improvement was of short duration after each of these, and the treatment was begun anew after the reappearance of symptoms. The subjects of this category all succumbed a short time after the last *séance*.

Intrathoracic aneurisms gave 30 successes and seven failures; those which had reached the exterior gave 36 successes and 31 failures; it will hence be seen that although the proportion of successes is greater when the aneurism is still contained within the thorax, we may, nevertheless, hope for good results in about half of the cases of thoracic aneurism with external tumour.

The 114 cases represent 292 *séances*, which may be thus divided, as far as the immediate result is concerned:—Amelioration in 186, aggravation in 61, *statu quo* in 14, not indicated exactly 31. The amelioration affected chiefly the symptom pain; there were also observed cessation of attacks of angina pectoris, return of sleep and of appetite, &c. Among the accidents which characterized the aggravations were noticed:—Augmentation of size of tumour, inflammation of the track of the needles, circumscribed sphacelus, and pretty persistent hæmorrhages, &c. These accidents were especially observed when the needles were made to communicate with the negative pole; on the other hand, they were very rare when the positive pole only was employed. M. Petit concludes, therefore, with Anderson, Dujardin-Beaumetz, Teissier, &c., that *positive* galvano-puncture is the best proceeding hitherto employed.

#### BORIC ACID IN ECZEMA AND INTERTRIGO.—

A good pomade to employ in this affection is that used by Dr. Delaporte:—

R. Boric Acid .....	grammes 5.
Neutral Glycerine.....	" 5.
Dissolve, and add—	
Vaseline .....	" 20.
Balsam of Peru .....	" 1.

Apply every evening at bed-time for many days.—*Le Practicien*.

#### NOTE ON A SIGN BUT SLIGHTLY KNOWN, YET PATHOGNOMONIC OF FRACTURE OF THE NECK OF THE FEMUR.

In the principal hospital of Milan it is the traditional practice to explore attentively the little space which is found between the great trochanter and the ilium, whenever attention is drawn to the possibility of a fracture of the neck of the femur by some rational sign.

When the lower limbs have been brought parallel to the median line, in place of the considerable resistance which the tensor muscles of the fascia lata and middle gluteus present on the healthy side, we find on the fractured side a very appreciable depression, due to the approach of the points of insertion of the above-named muscles.

We do not know the surgeon who first remarked this symptom. Professor Bessi, of Modena, in his Surgical Clinic, in indicating this phenomenon to his pupils, said that he had it from Dr. Gherini, former surgeon of the principal hospital of Milan.—*Imparziale di Firenze—L'Union Méd.*

TREATMENT OF BURNS.—Dr. Shradly, of New York, has recently treated burns by applying a paste composed of three ounces of gum acacia, one ounce of gum tragacanth, one pint of carbolized water (1 to 60), and two ounces of molasses. It is applied with a brush, renewed at intervals, and is stated to be a successful method. Four applications are usually sufficient, the granulating surfaces being treated with simple cerate or the oxide of zinc ointment, as indicated.—*London Lancet*.

NEW METHOD OF TREATMENT IN PROLAPSUS ANI.—Professor Kehrer (*New York Medical Record*; from *Deut. Med. Wochens.*, August 14) folds together a portion of the sphincter, and, after excision of its mucous covering, secures the folds by means of a firm suture. Thus a portion of the ring is eliminated, and the calibre narrowed correspondingly. In two cases subjected to this operation a speedy cure took place.

## Midwifery.

### THE THIRD STAGE OF ABORTION.

Dr. Theophilus Parvin, in the *Obstetric Gazette*, July, 1880, contributes a practical article on this subject, from which the following extracts are taken:—

Indeed, I have long thought that ergot was too much regarded by the profession as the universal uterine hæmostatic, and that it was frequently exhibited with no more reason and with greater injury than tincture of arnica is always used by the public for sprains and bruises. Given a bruise, almost every man, woman and child is ready to prescribe arnica. Possibly some doctors will accept the prescription, though years have elapsed since the late Dr. Garrod demonstrated that the tincture of arnica was just as valuable locally as so much alcohol, and not a bit better. Given ulceration of the mouth, and chlorate of potassium is commonly directed. Given urinary scantiness or suppression, forthwith spirits of nitre is called in requisition by the nurse, possibly by the doctor. And, finally, let there be uterine hæmorrhage, and almost so certainly as the arnica, the chlorate, or the nitre in the circumstances previously mentioned, ergot is called upon as the sovereign remedy. We are so avidious of some universal agent. It is much easier to follow a common rule than to discriminate! My belief is that ergot is a hindrance rather than a help in securing a complete deliverance in cases of abortion. As a case approaches nearer the commencement of fetal viability, and with a dilated os, it may sometimes be used advantageously. But practically such are not the cases that bring danger to the patient and anxiety to the obstetrician, for generally they work out their own salvation, and the phenomena, or complications occurring, vary but little from those observed either in premature labour or in labour at term.

I remember in my student days reading in some works upon midwifery, possibly in Dr. Huston's notes upon "Churchill" that the three great remedies for abortion were rest, time and laudanum. A professional experience of twenty-eight years has confirmed me in the value

of the advice, and at the same time has taught me that it should not be followed too explicitly and the means directed not always exclusively used. When the abortion is inevitable we may hold to these means, often remembering to abstain from rupturing the ovum, either with the fingers or an instrument. Let nature's hydrostatic dilator be respected and retained in its integrity; then we may hope for the complete and simultaneous expulsion of the embryo and its appendages just as soon as the cervical canal has become sufficiently softened and dilated. Now, in most cases of spontaneous abortion the oval sac is found unruptured. But unfortunately for human morals, human health and life, and for the physician, many cases come under his care, not of spontaneous, but of criminal abortion, the abortion very frequently having been started by perforation of the sac, and the process of expulsion is then generally tedious, sometimes dangerous. Of course, in the first few weeks of pregnancy miscarriage is usually affected with very little more disturbance of any sort than that incident to a menstrual period, and no special treatment is required. So, too, in and from the fourth month the phenomena are usually similar to those of labour, and it is altogether exceptional when membranes or placenta are retained, if the practitioner knows how to watch and wait. But in the second and third months of pregnancy the cases of abortion of most difficulty occur. Nearly one-half the number of criminal abortions are found in the first three months, and, as before said, these are frequently induced by perforation of the oval sac. Called to such a case, or to any case of inevitable abortion, must we always interfere at once by active means for immediately emptying the uterus? I think not. It takes time for the rupture of the many uterine adhesions of the ovum, and their detachment will be assisted by tamponing the vagina, still better by tamponing the os uteri, thus causing the very effusion of blood from ruptures already made to hasten other ruptures, and giving time, too, for some softening of the cervix, and dilatation of its canal. But if the hæmorrhage has been going on for some days when the practitioner is first called, and a few hours after the application of

the tampon—if this be not followed, as it often is, by the expulsion of the ovum—especially, too, if the hæmorrhage be at all profuse, I believe in instantly emptying the uterus of its contents. But how? I shall never forget a remark once made to me by Dr. Fleetwood Churchill. When that most amiable of Christian gentlemen, that wise and admirable teacher had gone with me, just before I left Dublin, to Farnin & Co.'s, to select some obstetrical instrument, I asked him for an ovum forceps. His reply was: "Your finger is the best ovum forceps." And in the last edition of his "Midwifery," London, 1872, I read, "The use of any instrument of this kind" (he had been referring to Dewees' wire crochet, and the French forceps) "will require great care, and can only be safe so far as their application can be regulated by the finger." Yet, is this not too strong a statement?

Certainly I would hesitate before "fishing" with a bent wire in the uterine cavity, hoping there to catch the *corpus delicti* by hook or crook. Nor can I repose implicit faith in the certainty and safety of any of the curettes, one of which has been strongly recommended in cases of abortion. We may draw down the uterus so low that its cavity is readily accessible to the exploring finger, as suggested by Prof. A. R. Simpson. But the uterus enlarged and engorged by pregnancy sometimes proves itself peculiarly intolerant of all severities, and I would rather any operation upon its cavity should be effected while the organ is *in situ*. We may introduce a hand into the vaginal cavity, and then one or two fingers into the uterus. Mauriceau, by the way, well describes his use of two fingers to bring fragments of the placenta in a particular case: "I brought away three pieces of the after-birth of the bigness of a walnut, which were left behind, taking them one after the other with my two fingers, as crabs do when they grip anything with one of their forked claws." But the introduction of the hand into the vagina in any stage of pregnancy, and especially during the first months, should hardly be done without anaesthesia.

Still, my question occurs: Is there not a more excellent way than any that has been

mentioned? I believe there is. Suppose a case of incomplete abortion having hæmorrhage which by its persistence or profuseness brings danger to the patient, or commencing offensive discharge that heralds a possible septicæmia, and then interference is imperative and must be immediate. Let the patient lie on her back, upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum, or better, with Nott's tenaculum forceps, and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate fix the uterus by the instrument. Now take a pair of curved polypus forceps of suitable size, or, better still, Emmet's curette forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument re-introduced. Repeat this three or four times, if necessary, until all membranes or placental fragments are extracted. Then, by means of an applicator wrapped with cotton wool, swab out twice, or oftener, the uterus with Churchill's tincture of iodine—one of the best of local uterine hæmostatics, if not one of the best of antiseptics. Finally, let the patient have ten or fifteen grains of quinia, and it will be very rarely, indeed, that her convalescence is not prompt and perfect.—*New Orleans Medical and Surgical Journal*.

TREATMENT OF PROLAPSUS ANI IN CHILDREN.  
—Dr. Basevi (*Giornale Internazionale delle Scienze Mediche*, Fasc. 9) employs the following treatment in chronic cases of this affection. He first cauterizes lightly the protruding portion with nitrate of silver and then reduces it, administering afterward, with the view of checking any tendency to enteritis, an enema of tannic acid, alum, and ice-cold water. Should this treatment prove insufficient, the child is placed on a bed with the nates upward, and steadied by two assistants, one of whom fixes the upper part of the body while the other holds the knees elevated and somewhat abducted.



The prolapsus having been reduced, the nates are brought together, and two strips of diacnylon plaster, each about two inches wide, are passed from one trochanter to the other in as close proximity as possible to the perinaeum. To keep them in place, a spica bandage is applied around the lower portion of the body, and a piece of gutta percha is added to protect the plaster from the contact of faecal matter. The apparatus may be left in position for two weeks.—*London Medical Record.*

**CASE OF RESUSCITATION AFTER TWO HOURS AND TWENTY MINUTES.**—On September 12th, 1877, I was called to a lady in labour in South Kensington, and found that her child had been born nearly an hour. Though there were two married women in the room, the child had been allowed to turn on its face, and so became asphyxiated. I found a slight flutter at the heart, which ceased in a few minutes. The child was partially wrapped in flannel and placed in front of the fire, whilst I adopted Dr. Silvester's method for suspended animation. After a little more than an hour it gave a catching kind of sob. I persevered, and at the end of two hours and twenty minutes the child breathed perfectly; and has grown to be a fine healthy child.—R. J. Maitland Coffin, F.R.C.P.Edin.—*British Medical Journal.*

**THE BEST POSITION FOR WOMEN IN LABOUR.**—An exhaustive paper on this subject, by Dr. Geo. J. Engelmann, of St. Louis, is reported in the proceedings of the American Gynecological Association. Among other historical facts, the doctor tells us that "Only in Siam are women kept in the recumbent position, flat on the back, the rarest of all positions during labour." The author concludes "that the fully recumbent position on the back is inimical to safe and rapid labour." He believes we should advise that in the early stages of labour the woman should be permitted to follow her own instinct with reference to position, and even in the last stages of labour she might be allowed to do the same, except perhaps with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.—*American Journal of Obstet.*

**Translations.**

**ON THE EFFICACY OF THE BENZOATE OF SODA IN THE VOMITING AND DIARRHŒA OF YOUNG CHILDREN.**

BY DRs. KAPUSCINSKY AND ZILEWICZ.

(Archiv. f. Kind. 3, H. 1880.)

The authors employ the Benzoate of Soda in obstinate cases of vomiting and diarrhœa (gastro-enteritis) as an anti-fermentative, and as modifying the different mucous membranes. The vomiting ceases soon after the administration of small doses of this remedy (30 to 40 grammes—3vijss to 3x of a 5 per cent. solution). The efficacy of the benzoate of soda is perhaps limited to the gastric mucous membrane alone, but the diarrhœa may be controlled by its admixture with bismuth, and a total abstinence from cows' milk.

The authors prescribe the following formula: Benzoate of Soda, gramme 5.00 (gr. lxxv.); Aquæ Fontanae, gr. 90.00 (ʒij); Simple Syrup, gr. 10.00 (ʒijss), one teaspoonful every 2 hours for children up to one year of age, to older ones two teaspoonfuls may be given every second hour.

The following table is reported by the authors, to show the result of their experience:

Age.	No. Treated.	Cured.	Died.
1 month .....	3 .....	3	
1 to 6 months....	16 .....	14	2
6 to 12 months ..	16 .....	16	
1 to 1½ years ....	19 .....	19	
1½ to 3 years ....	5 .....	5	
3 to 5 years ....	4 .....	4	

—*Lo Sperimentale.*

**EXPERIMENTAL RESEARCHES UPON GLYCOSURIA CONSIDERED IN ITS RELATION TO THE NERVOUS SYSTEM.**

BY MARC LAFFONT.

To sum up, says the author of this interesting work, glycosuria may be the consequence of two different processes in experimental physiology as in pathology.

It may have as a cause, a vaso-motor paralysis following section, and alteration of the nerve or sympathetic ganglia.

More frequently it is due to direct or reflex vaso-dilator actions.

The vaso-dilatation is direct when it super-

venes upon lesion of the medulla, or a hemorrhage of the floor (Liouville's case), or an excitation of the isolated peripheric end of certain nerves. It is indirect or reflex when the excitation bears on the cord, or the central end of a mixed nerve in the neuroses, cutaneous phlegmasias, or cardiac lesions. In these diverse conditions the excitation sets out from the surface of the endocardium, from the termination of the sensory nerves, from the meninges or the cord, makes its way into the cord as far as the centres of vaso-dilatation or excito functional of hepatic glycogenesis.

These centres placed in the medulla beneath the small diagonal from the floor of the fourth ventricle, are symmetrical, distinct, and separately excitable. They are the points of departure of the vascular dilators, which make their way in the cord as far as the height of the first pair of dorsal nerves, to set out from which, perhaps, as far as the third pair; they set out to be thrown into the sympathetic trunk, and from there into the splanchnic nerves.—*Lyon Méd.*

#### ON THE THERAPEUTIC VALUE OF THE SALICYLATE OF SODA IN THE INTERMITTENT FEVER OF CHILDREN.

BY DR. ZILEWICZ.

(Deut. Med. Wochen.)

In the course of two years Dr. Zilewicz has treated 456 cases of intermittent fever in children, with the following favourable results. In 190 cases quinine alone was given; in 59, quinine and salicylate of soda; in 207, salicylate of soda exclusively. The last remedy was given either in powder, or solution, or clyster, or hypodermically. The form in solution is the best. The dose for infants at the breast should be gr. 0.5 to 1.0 ( $7\frac{1}{2}$  to 15 grains); for children from 1 to 4 years, gr. 1.0 to 2.0 (15 to 30 grains); for older children, gr. 3.00 to 4.00. Such doses were generally well borne, unless some gastric disturbance co-existed, in which case the medicine was easily rejected by vomiting. With regard to the total quantity of salicylate of soda necessary to definitively disperse the febrile attacks, Zilewicz affirms that in infants under one year, 3, 5, to 8 grammes (45,

75, 120 grains) were required; in those of from 1 to 4 years, 5 to 6 grammes; and in children from 4 to 10 years old, 8 to 10 grammes. This is the mean of his results; and it may be noted that in one boy of 5 years, 17 grammes were necessary, while in a little girl of  $2\frac{1}{2}$  years, 26 grammes were required to complete the cure. *The salicylate of soda should be administered during the febrile paroxysm, if its true and prompt effect be sought.* Upon the splenic enlargement the remedy has no influence. As far as the probability of relapse is concerned, the author has not observed any difference between it and the quinine-cure. It will be observed that these observations and experiments of Dr. Zilewicz are entirely concordant with those of Bartels, of Senator, and of Monti.—*Lo Sperimentale.*

#### TREATMENT OF GLUTINOUS COLITIS BY EUONYMIN.

At a late meeting of the Société de Médecine a case was reported (*L'Union Médicale*) of a woman afflicted for several months with what the ancients called glutinous diarrhoea, which consists in the excretion by the stools of matters presenting the appearance of false membranes, ribbon-like, of greater or less width, length, and thickness, and liable to be taken at first sight for bits of tapeworm. This excretion, preceded and accompanied by extremely painful colics, recurred frequently in the 24 hours. It coincided (or alternated), as it usually does, with an inveterately obstinate constipation. Purgatives and laxatives, amongst them podophyllin and enemata of various kinds, had all proved ineffective. In consultation with Dr. Henri Gueneau de Mussy, the slightly yellow, subicteric tint of the patient's skin led us to think that the constipation on which this pseudo-membranous colitis depended might be due to a morbid state of the liver, whose functions were irregularly performed. Accordingly, he advised me to have recourse to a remedy long since used in England and America, where it originated—euonymin—an alcoholic extract derived from the bark of the root of the *wahoo*, the name by which the Indians designate the *Euonymus Purpureus*.

We prescribed one of the following pills, to be taken night and morning before food:—

Euonymin..... 0.05 centigr. ( $\frac{1}{4}$  gr.)  
Ext. Hyoscyamus . 0.10 “ ( $\frac{1}{2}$  gr.)

Make a mass, and divide into two pills.

After four or five days of this treatment the patient experienced great relief. The stools became easy, regular, normal, free from colic and false membranes. The improvement was easily maintained by resuming the pills on the first appearance of headache or constipation. Besides mitigating the irritant effects of cholagogue substances, hyoscyamus possesses laxative properties, as pointed out by Sturk, and therefore fulfils a double purpose in such cases.

#### TO TERMINATE THE CHLOROFORM NARCOSIS.

—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia. —*Chicago Medical Review*.

Among the many new preparations brought to the notice of the profession, none perhaps deserves more attention than Hazen Morse's Hydroleine, a preparation of cod liver oil. The efficacy of Hydroleine is, it is claimed, not confined to cases of Phthisis solely, but it has also a valuable tonic effect on the system generally. We have been using Hydroleine for some time, with the most satisfactory results, and value it very highly for its nutritive waste-preventing properties. We have been using Maltopepsyn in cases of indigestion with marked success.—*Canada Medical and Surgical Journal*. And so say we all.—Ed.

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 forwarding reports of the proceedings of their Associations.*

TORONTO, DECEMBER, 1880.

### NOTICE.

All accounts for subscriptions to this Journal, up to December 31st, 1880, are to be paid to the undersigned.

JOSEPH HEYS,

“CANADIAN JOURNAL OF MEDICAL SCIENCE.”

Toronto, Dec. 1st, 1880.

We have to announce in this issue that certain changes have taken place in the proprietorship and management of this Journal. We are happy to state that the efforts of its founders have been fully appreciated, and after five years of vigorous existence we are in a position to say that it has been eminently successful. Our numerous subscribers will doubtless be pleased to see the names of the former editors still retained, and will rejoice to be informed that we are to have in the future their active support and assistance. It will be our aim to represent fully the Medical interests of the Dominion of Canada, and more especially those of the Province of Ontario. We will endeavour to record faithfully everything of local interest, and discuss fully all medical questions which may arise from time to time. As we are anxious to become, in the proper sense of the word, the mouthpiece of the Profession of our country, we presume to ask for the active and hearty co-operation of our friends, and with this end in view request them to send any medical items of general interest, and brief reports of interesting cases in practice. We may say to any busy practitioners, who have not the time to write out their cases carefully,

that if they will send us the rough notes, we will gladly put them in shape for publication. We will also give, as far as the limits of our space will permit, the latest literature in all branches of the Profession, as found in the best Medical Magazines from all parts of the world.

Special attention will be given to our Book Reviews, which will be thoroughly critical and honest, and not mere complimentary or superficial notices.

With reference to financial matters, we have only to say that all accounts for subscriptions up to the present time, *i.e.*, to the end of this year, have been placed in the hands of Mr. Heys for collection, in order to complete the settlement of our arrangements with the former proprietors.

As the "Festive Season" will be with us before our next issue, we have great pleasure in wishing all our readers "A Merry Christmas and a Happy New Year."

#### ANNUAL DINNER, TORONTO SCHOOL OF MEDICINE.

The annual dinner of the Toronto School of Medicine took place at the Rossin House on Thursday evening, November 11th. Although this dinner is given by the Faculty and attending students, we understand that the entire management is left in the hands of the students, and we must heartily congratulate them upon the success which crowned their efforts. A large number of invited guests, together with the members of the Faculty and several of the graduates, sat down with the students at a table loaded with "good things," tastefully arranged, and well served. These essentials were all carried out in a way that has made the name of Mr. Mark Irish famed as one "who knows how to get up a good dinner." We were glad to see, among those present, Drs. O'Neill, Griffin and Anderson, from Hamilton, but regret to say that otherwise the graduates outside of Toronto were conspicuous by their absence. The speeches of the guests in response to the various toasts were listened to with the utmost attention; and those from the non-medical speakers, his Worship Mayor Beaty, Prof. Goldwin Smith, Mr. Justice Cameron,

Rev. Dr. Sutherland, Rev. Dr. Cavan, Rev. Dr. Castle, Mr. P. Hughes, etc., were very cordial and kindly in their tone towards our "honourable" profession.

The venerable President, Dr. Allison, a practitioner of over fifty years' standing, and Dr. Burns responded for "The Ontario Medical Council," and Dr. Canniff for "The Medical Profession." The President, Dr. Aikins and Dr. Richardson replied for "The Faculty of the Toronto School of Medicine," and were received with an amount of enthusiasm which was a pleasing indication of the good feeling which exists between the teachers and pupils of the Institution. Dr. Temple represented the sister Institution, Trinity Medical School; and from the way his remarks were received, one would think that he was as popular among the Toronto School students as he has long been known to be with his own. The genial Prof. Pernet, of University College, was present, and added much to the pleasure of the entertainment by singing a couple of songs, which were enthusiastically applauded.

Dr. Anderson, Surgeon of Hamilton General Hospital, a recent graduate, and evidently a favourite, replied for "The Graduates."

We must compliment the chairman, Mr. A. C. Jones, and the vice-chairmen, Messrs. Duncan and Cuthbertson, upon the admirable manner in which they conducted the proceedings. The speeches of Mr. Sweetnam in response to "The Graduating Class," Mr. Montague for "The Ladies," and Mr. Richardson for "The Freshmen," were excellent, and were received with the greatest enthusiasm, although at this time one o'clock had arrived. We feel sure that if any ladies had been present they would have been delighted with their spokesman, who in his remarks referred to "the true woman, the fond, sympathizing mother, and the loving sister, rather than the fashionable lady, the production of the milliner and dressmaker."

We are sorry that we have not space to refer at any length to many important subjects which were touched on by various speakers. The Mayor alluded to the fact that the Committee on Health had endeavoured to procure the appointment of a City Physician. Such an officer is almost a necessity, and we hope that

ere long such an appointment will be made. Dr. Aikins referred to the relative merits of Canadian and English students, and stated that the Canadian was above the average English student in his knowledge of the text-books, but behind him in practice. We believe this to be true; but with such able teachers as we have, and one of the best-regulated hospitals we have seen in this or the old world, we know no reason why the students of this city should be behind any others in practical knowledge; and we hope that the excellent suggestions of Mr. Sweetnam, who, while paying a just tribute to the efficiency and kindness of the Medical Superintendent of the Toronto General Hospital, thought it would be a matter of special interest and profit if a regular course of lectures could be given in clinical medicine and surgery, will receive the careful consideration they deserve.

We quite agree with Dr. Richardson, who hoped to see soon an assimilation of the matriculation examinations, so that the student will not be compelled to pass before the Council as well as the University, but that some arrangement may be made which will allow one examination to answer for both; and we also cordially endorse the sentiment expressed by the Rev. Dr. Sutherland, who hoped the time will soon come when we shall have one grand University, and that no prejudices may stand in the way of such a consummation.

We expect to refer again to some of these topics in the future.

### MALPRACTICE SUITS.

At the recent sitting of the Assizes for the County of Lambton, an action for damages was entered against Dr. Scott, of the village of Forest, for malpractice.

A Mr. Brodie, druggist, of that village, on Saturday evening, July 10th, exposed himself accidentally for a short time—how long exactly was not ascertained—to the vapour of the Liq. Ammon. Fort. From fifteen to twenty minutes thereafter, Dr. Scott saw and prescribed for him. The patient was suffering from violent cough and spasm of the glottis, and there was redness of the fauces, and difficult breath-

ing and swallowing. Dr. Scott saw him on Sunday morning. On calling in the evening he was told his services were no longer required, as the family doctor had called (was not sent for), and with others had taken charge of Mr. Brodie. On Wednesday, the 14th, he died.

The alleged malpractice consisted in Dr. Scott's neglecting to use diluted acids to neutralize the ammonia, in consequence of which neglect bronchial inflammation was set up, of which Brodie, at all times a delicate man, died.

A number of medical men were called on both sides, some from great distances, when the plaintiff's counsel found that those on whom he had depended to support the charge of malpractice were not prepared to give that unqualified support to plaintiff's contention thought to be necessary to success. All were ready to admit that theoretically, if an acid could be applied at the same time as the ammonia, or immediately thereafter, good might be expected to result; but to be antidotal, the application must be made before the caustic or escharotic effects of the ammonia had been produced. After that time, and the interval of time between its application and Dr. Scott's arrival was such as they thought to allow of the full caustic effects of the ammonia, neutralizing or chemical agencies would scarcely be useful. This opinion coincided with that of Dr. Scott's witnesses, and so, at the last moment, plaintiff withdrew the record, and the suit did not go to trial.

Here is a great hardship. Dr. Scott had been put to all the costs he could in procuring counsel, bringing lay and professional witnesses to the place of trial when, all at once the plaintiff, or the plaintiff's counsel, finds he has no case, and withdraws the suit.

It is surmised that the plaintiff is not in a position to pay Dr. Scott his costs; and though his abandoning the suit may be regarded as an admission of the iniquity of the proceeding from the first, he has no redress. It is the glory of every Briton—from the highest to the lowest—that he has full access to the Courts. We ask the question, is it not time steps, legislative or other, should be taken to remedy this and kindred evils?

We hope to be able to give the particulars of the suit against Dr. Freeman in our next issue.

## CLINICAL TEACHING.

A main defect in our hospital system is the absence of preliminary and systematic clinical training in teaching. The art of clinical teaching appears to be considered one which comes by inspiration, and is attained at the moment of election to a surgical or medical hospital office. Up to that time, the candidate is neither required to give any proofs of natural aptitude for teaching, nor to go through any preliminary course of training in which his natural fitness is ascertained, or acquired skill developed. There are no series of *concours*, no regulation trial "conferences," no defined and regular duties of chief of the clinic, in which the aspirant for full hospital powers and duties is required to give proof of a well-trained and well-stored memory, full of precedents and armed against pitfalls, or of educated utterance, instructed method, and acquired clearness, accuracy, and completeness of exposition. The results are well known, and are often lamentable enough. Here and there is a good, careful, well-trained, methodical clinical teacher; but the exceptions—so numerous as in the opinion of some people to constitute the rule—are seen in surgeons and physicians who go round their wards so hurriedly as to keep the students at a gallop, and to let house-surgeons and clinical clerks clearly understand that "details" are tedious, and "elaboration" a bore, and that the *coup d'œil* of the master and the *tactus eruditus* are endowments which may be received by intuition or discovered by admiring and dumb imitation, but not by careful teaching or patient study. In other cases, the hesitating utterance, or the learned or unlearned silence of the attending surgeon or physician, is equally un instructive. It is plain, indeed, that the clinical teaching of many of our hospitals is bad, because the system or want of system out of which it springs makes no adequate and regular provision for its being good.—*Brit. Med. Jour.*

The Annual Dinner of the Trinity Medical School took place at the Rossin House on the evening of the 25th of November. Owing to its occurrence so late in the month, we are obliged to hold over a report until our next.

## PERSONAL.

Dr. R. W. Bruce Smith, of St. Thomas, Ontario, has removed to Sparta, County of Elgin, where he succeeds Dr. Boderington, who retires after practising his profession in that place for fifteen years.

The many friends and customers of Mr. William J. Mitchell, so well known and popular as a careful and experienced druggist, will regret to hear that he has disposed of his business on Yonge Street, and is about to remove to Winnipeg, Manitoba. We wish him all prosperity in his new home, and trust soon to hear that his experience and abilities, so well known and appreciated here, will command that success which is always due and always given to energy and push, especially in a new and rapidly-growing country.

JOURNALISTIC.—The Rocky Mountain *Medical Review*, published monthly; subscription \$5 per annum in advance. Dr. A. Wellington Adams, editor; Drs. Williams, Bancroft, Reed, and Anderson, associates; and Dr. J. A. Hart, assistant editor, is a new Medical Journal hailing from Colorado.—The *Specialist and Intelligencer*, published monthly at \$1 50 a year, is edited by Dr. Charles W. Dulles, of Philadelphia. This journal, as its name implies, is devoted to specialties, and promises to give original and selected matter on Diseases of the Eye, Ear, Throat, Skin, and Venereal diseases. Both these periodicals are clearly printed on good paper, and promise well.

There are some changes this year among the British physicians practising at foreign health-resorts. Dr. Marcet, F.R.S., who has for some years practised during the winter at Cannes, will henceforth practise exclusively in London. Dr. Charles West will reside and practise during the winter at Nice. Dr. Litton Forbes, of Spa, will, during the winter season, practise in Rome.—*British Medical Journal.*

CORRIGENDUM.—The last resolution sent "The Provincial Medical Association," on page 342 of our last issue, should have been credited to the Huron Medical Association.

## Obituaries.

—Dr. Schmidt, of Montreal, died on the 3rd of November, at the age of 54, from cancer of the liver. He had been for a number of years acting as Physician to St. Patrick's Orphan Asylum, the Grey Nuns' Hospital, and the Seminary of St. Sulpice.

—Dr. John Bentley died suddenly at his residence, in Newmarket, on the 24th Nov., at the age of 61 years. He had not been actively engaged in practice for several years, but was well known and highly respected. He was a Coroner for the County, and for some time a member of the School Board, as well as the Municipal Council.

—We regret to have to announce the death of Dr. Stewart, of Woodhill, County of Peel, the result of an accident while attending to his professional duties, on the 4th of November. It is not known exactly how the accident happened, but his dead body was found near Coleraine, where he had been visiting a patient. It is supposed that he was thrown from his carriage, as the body was lying close to the vehicle, the horse being attached, and standing quietly. The deceased was a comparatively young man, having graduated in Victoria University in 1859. He had an extensive practice, and was much respected in the neighbourhood where he lived. He left a widow and one son.

—Dr. Thomas Clarkson McConkey, of Barrie, second son of Sheriff McConkey, died on Sunday, Nov. 21st, from Typhoid Pneumonia, at the early age of 30 years. He became ill Nov. 2nd, and his attending physicians, Drs. Wells and McCarthy, apprehended no serious results until Nov. 17th, when the lung complication arose. Dr. Aikens, of Toronto, was called in consultation, and saw him on the 19th. The deceased graduated in McGill University in 1872, and about the end of the same year passed before the Royal College of Surgeons, England. Immediately after this he settled in Barrie, where he practised up to the time of his illness. He was at this time Deputy Reeve of the Town, Assistant-Surgeon to the 35th Battalion, and Physician to a number of Societies.

## Book Notices.

*The Treatment of Post Partum Hemorrhage.* By GEO. J. ENGELMANN, M.D., St. Louis.

*Time of Conception and Duration of Pregnancy.* By GEO. J. ENGELMANN, M.D., St. Louis.

*Annual Report of the Infirmary for Hemorrhoids, Fistula, and other Diseases of the Rectum.* 304 East Broadway, New York.

*Light in the Public Schools and School-life in Relation to Vision.* By C. J. LUNDY, M.D., Eye and Ear Infirmary, Detroit.

*Some Practical Suggestions in the Treatment of Diphtheria.* By R. J. NUNN, M.D., Savannah, Ga.

*Transactions of the American Otological Society, 13th Annual Meeting, Newport, R. I., July, 1880:* A. Williams & Co., Boston.

*Surgical Treatment of Naso-Pharyngeal Catarrh.* By D. H. GOODWILLIE, M.D., D.D.S., New York City (read before the American Medical Association).

*On the Use of Sulphur and its Compounds in Diseases of the Skin.* By L. DUNCAN BULKLEY, A.M., M.D., New York. (Reprinted from Archives of Dermatology, July, 1880.) A valuable and succinct account of the scientific use of this much used and abused remedy in affections of the skin.

*Acts of the Legislature of Louisiana Establishing and Regulating Quarantine; also, Rules and Regulations of the Board of Health of the State of Louisiana, and Health Ordinances of the City of New Orleans.* By JOSEPH JONES, M.D., President of the Board of Health of the State of Louisiana. New Orleans: J. S. Rivers, 74 Camp Street, 1880.

*On the Management of Infantile Eczema.* By L. DUNCAN BULKLEY, A.M., M.D., New York. (Reprinted from Transactions of Medical So-

ciety of the State of New York for 1880). An important essay, which should be carefully read and assimilated by all who have to do—and what general practitioner has not?—with the frequent and distressing affection of which it treats.

*Hygiene of Catarrh.* By J. F. RUMBOLD, M.D., St. Louis. Geo. Rumbold & Co., St. Louis, 1880.

This is a small work abounding in useful hints and valuable information, bearing on the prophylaxis and treatment of catarrh. The author points out the dangers and defectiveness of the nasal douche, and gives other and more rational methods of cleansing, &c., the nasal passages, with which his name is already associated.

*A Treatise on Nasal Catarrh.* By BEVERLY ROBINSON, A.M., M.D., (Paris), of New York. W. Wood & Co., New York, 1880.

This is a book of about two hundred pages on a subject which is increasingly forcing itself upon the attention of the profession. There is a brief reference to the anatomy and physiology of the part involved, and also a description of the various instruments for the diagnosis and treatment of nasal affections, and of the methods of examination.

The prophylaxis and treatment of acute and chronic coryza and post nasal catarrh are given, and various complications are discussed.

*Compend of Anatomy.* By JOHN B. ROBERTS, A.M., M.D. Philadelphia: C. C. Roberts & Co.

This little book is just what it pretends to be—"a concise statement of what is deemed essential to the student in following the lectures of teachers of human anatomy," and an aid to those engaged in dissection. We have not critically examined the matter it contains, and cannot, therefore, vouch for its accuracy; but remembering that Dr. Roberts has been engaged in teaching anatomy for many years, and seeing that the book professes to be based upon the works of Gray, Holden, Heath, and Flower, we deem it safe to take thus much for granted. The arrangement of the work seems to us excellent; and if only used as an aid to, and not as a substitute for, actual dissection and the larger anatomical manuals, we conceive that it is destined to render large service to those for whom it is intended.

*Register of Obstetric Cases.* Arranged and compiled by J. F. GOULD, M.D., Boston, Massachusetts. Published by Doane & Greenough, 116 State Street, Boston.

This is a very conveniently arranged Register, enabling the busy practitioner to keep, with a minimum of trouble and expenditure of time, an accurate and complete record of all the obstetric cases which fall into his hands. The book is stoutly bound in neat pasteboard covers, and contains twenty-five pages, each about 2 feet in width by 9 inches in length, divided in their long direction into 32 unequal columns, in which all necessary particulars may be registered by signs in accordance with the printed heading of each column. As ruled vertically, each page may carry the complete record of 24 cases. The whole is preceded by an alphabetical index, by means of which any given case can be instantly referred to through the number of the page and of the case therein set opposite the name.

*Clinical Urinary Examinations.* Same compiler and same publishers as above. All that has been said of the above Obstetric Record may equally be asseverated, *mutatis mutandis*, of this Urinary blank book. It is even more necessary than its fellow to the busy practitioner in utility and convenience, and will prove a veritable *sine quâ non* to all who desire to practise the art of medicine with anything like scientific precision and satisfaction. In addition to the general merits of the Obstetric Record, it presents half a dozen pages of tabulation, hints and suggestions in diagnosis and analysis, drawn from the works of DaCosta, Tyson, Hoffmann and Ultzmann, &c.

*A Treatise on Diseases of the Eye.* By J. Soelberg Wells, F.R.C.S., etc. Third American from the Third English Edition. By CHARLES STEDMAN BULL, A.M., M.D. New York. Henry C. Lea's Son & Co., Philadelphia, 1880.

Wells on the Eye was pronounced some years ago by an American reviewer the best work on Ophthalmology in the English language; and the present edition deserves the same meed of praise. The death of the author rendered necessary the services of an editor; and Dr. Bull has at once sustained the reputa-



tion of the book and confirmed the judgment of the publishers by his many valuable additions, which, with but few exceptions, embody the sifted and elaborated experience of the last decade of Ophthalmology, the original matter still standing as a monument to the ability and industry of the lamented author. It is an additional merit that while the work is a veritable treatise (of nearly 900 pages), it is also practically a handy-book. It is illustrated with 244 engravings on wood, and six coloured plates representing the fundus oculi, and contains selections of test-types. The mechanical execution of the book is most creditable to Messrs. Lea's Son & Co, who already occupy front rank as publishers.

*On Asthma. Its Pathology and Treatment.*

By J. B. BERKHART, M.D., M.R.C.P., Lond., Assistant Physician to the London Hospital for Diseases of the Chest. London: J. & A. Churchill, New Burlington Street.

After a full discussion of the prevalent theory of the nervous origin of asthma, Dr. Berkhart summarizes his views as to its nature, regarding it as "*one continuous, though protracted pathological process. Asthma, therefore, is only one link in a chain of quasi-independent affections, which commences with inflammatory changes of the pulmonary tissue, and terminates with emphysema and bronchiectasis.*"

The clinical history of asthma is given with graphic clearness as is also the diagnosis, and prognosis; treatment is considered under the respective heads of Prophylaxis, and the treatment of the disease; and under this latter heading is to be found the following quotations, which appears to include the whole therapeutic ideas of the author: "Thus, the treatment of asthma aims at arresting the progress of the existing pathological changes, and at maintaining the healthy portion of the lungs in a state of greatest efficiency. These objects are quite attainable in most cases, partly by improving the nutrition of the organism, and indirectly that of the lungs, partly by restoring the normal function of the bronchial surface."

The work is a learned disquisition on the whole subject, in which the author has been particular to consult and lay under full contribution the medical literature of the times, as

well as fully to utilize his own large experience. A medical library can hardly be said to be complete that does not contain "Berkhart on Asthma."

*Minor Surgery and Bandaging.* By CHRISTOPHER HEATH, F.R.C.S., Surgeon to University College Hospital, etc., etc. Sixth Edition, revised and enlarged, with 115 illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This work was originally written for the benefit of House-Surgeons and Dressers in Hospitals and Dispensaries; but with the exception of some hints, partly legal, given in the introduction to those living in British Hospitals, everything in the book will be found very interesting and profitable to the student and young practitioner in this or any country.

Minute instructions are given in all branches of Minor Surgery, such as bandaging, strapping, application of splints, appliances for arresting hæmorrhage, treatment of retention of urine from its various causes, treatment after major operations (including antiseptic); minor operations, such as aspiration, venesection, tapping a hydrocele, cupping, circumcision, removal of nasal polypi and enlarged tonsils, etc. The author gives much practical information on many subjects more fully than it is given in the ordinary text-books on Surgery, especially in bandaging and dressing wounds.

Although the writing is concise, still the subject-matter is arranged in a pleasant and readable form. There is little to criticize adversely, but we must notice two or three items to which we object. In speaking of hæmorrhage from the bladder, he says, "The injection of cold water through a catheter will generally suffice," etc. The operation of injecting the bladder under such circumstances is generally, in our opinion, calculated to do more harm than good, and such advice to the inexperienced is rather dangerous. In speaking of the treatment of retention of urine, we would have preferred to see less prominence given to silver and more to elastic catheters, as the young surgeon should be taught to use the gentlest means for relief in such cases. In fact, such is the teaching and practice of the best authorities in the present day. In de-

scribing the treatment for fracture of the thigh, we think the book would have suffered very little if the application of the perineal band had been omitted altogether.

The author concludes with an excellent chapter on case-taking, and another on the proper method of making a post-mortem examination. We hope the senior students of our Toronto Schools will look through this thoroughly useful little work, as we feel certain that if they do they will fully realize the importance of possessing it. It is more especially important to our students in this city, because they have not the opportunity of getting a thorough practical knowledge in dressing, bandaging, etc., on account of the serious defects existing in the arrangements between our teaching bodies and the General Hospital.

*A Treatise on the Practice of Medicine.* By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Professor of *Materia Medica* and General Therapeutics in Jefferson Medical College, Philadelphia. D. Appleton & Co., New York, 1880.

We confess to a feeling of disappointment at the first sight of this book; for we did not believe that the ordinary contents of a work on practice, in the present day, could be compressed within the limits of 850 pages. As our acquaintance with the work grew deeper, however, our admiration and astonishment grew apace; and we began to recognize the fact that our author was not only master of the subject but also of the way of making his book, and of presenting a vast amount of well-digested matter in a compressed and convenient form. The volume is issued as a companion to the author's work on *Materia Medica* and Therapeutics; and although we agree in the author's prefatory remarks, that there seems to be no pressing need for a new work on practice at the present time, yet we are heartily glad that its publication has been undertaken and completed, for it appears to us to supply just what was lacking in our favourite text-book on *Medicine*—Bristowe; and the two together—for we are convinced that they should and will be regarded as complementary to each other—will justly form

the student's mainstay and the practitioner's familiar friend.

The work opens with a consideration of the Diseases of the Digestive System, and the clearness of the author's views, together with his conciseness in stating them, at once prejudice the reader in his favour. The first exception we find it needful to take is at page 112, where the use of the aspirator needle is fearlessly recommended for the relief of Meteorism; and here we feel a protest should be entered against the indiscriminate advisal or employment of this at best but temporary subterfuge, having ourselves witnessed, on more than one occasion, fecal abscess and fistula supervene. We were not aware that in the final stage of Peritonitis the typical Cheyne-Stokes' respiration occurred "in many cases," as stated by our author, and we have been unable to confirm the statement on reference to several authorities, and especially to the investigations of Luigi Luciani (*Lo Sperimentale*) and of Zimmerman (this Journal, April, 1879), on this peculiar form of rythmical dyspnoea. In the article on Pancreatitis, "pain becoming very intense" is cited as one of the prominent symptoms; whereas other authors describe it as being of a dull, aching character. We do not presume to decide between them. We observed no reference in the treatment of Ascites to the valuable suggestion of Stephen Mackenzie as to bandaging the abdomen. The occasional association, too, of Diabetes with Cancer of the Pancreas, as noted repeatedly in the last few years by French writers, appears to us worthy of mention. Too much stress, we think, should not be laid upon Congestion of the Liver from nerve influence, since the researches of Picard of Lyons go to show very few sensitive and vaso-motor fibres indeed are distributed to that organ. One serious omission we feel called upon to note especially—it being understood that articles not cited have our highest commendation—and that is, all absence of any account of Hypertrophic Cirrhosis of the Liver, a disease whose morbid entity we look upon as being now fully established. Following upon the diseases of Liver and Spleen, we find an excellent brief account of Leucocythæmia, Leucæmia, Melanæmia,

Hæmophilia, Scorbutus, Purpura, Oligæmia, Chlorosis, Pernicious Anæmia, Thrombosis and Embolism.

Diseases of the Heart are next considered most clearly and concisely. Among the signs of adherent pericardium—unreliable as they all are—we would direct attention to a fact pointed out by Duroziez, and not mentioned by our author, that with the systole the eye perceives a retraction, *whereas the finger feels an impulse*—a discrepancy between the evidence of the senses said to be characteristic. Amongst Cardiac lesions we are again disappointed in finding no account of the lesions of the right side of the heart consequent upon certain affections of the hepatic and gastro-intestinal apparatus, so lucidly described by Potain, Gangolphe, Teissier and Morel. It is high time, too, we think, that a place should be found in English text-books for at least a passing notice of the numerous varieties of Pneumonia recognized by French authors, such as Traumatic (without fracture of rib), Herpetic, Nervous, Rheumatismal, Intermittent, and the latent Pneumonia of the aged; and to some of these we are pleased to say Dr. Bartholow directs attention. We are glad to find that our author is not a disciple of Balfour in the treatment of Pneumonia by chloral; but we cannot agree with him in the view that, in the inebriate, Pneumonia demands the employment of alcohol from the beginning. Much rather would we coincide with Balfour in the employment of chloral, as in the treatment of *Delirium Tremens*. On the use of alcohol in Pneumonia we would commend to our readers the excellent article by Dr. Sturges, published in the October issue of this Journal. On the vexed question of the identity of Pseudo-membranous Croup and Diphtheria, we regret to say our author separates himself from the best authorities of England and the Continent and holds to the old view of their differentiation, although we must do him the justice to add that the description he gives of the two affections scarcely justifies, in our humble judgment, the distinction. In the abortive treatment of Coryza we would have expected to find some notice of Ferrier's very effective bismuth and

morphia snuff, and from such an inveterate therapist as Bartholow, at all events a passing mention of the mastication of eucalyptus leaves. Epistaxis occupies a page, and then follow diseases of the kidney. Here we observe that, in the treatment of Eclampsia, Dr. Bartholow recommends the resort to large doses of morphia hypodermically, as suggested by Loomis of New York; but we are convinced this is dangerous practice, and we do not believe that we have heard of all the deaths which have followed in its train. As illustrating the author's advanced therapeutical notions we may cite the recommendation of tincture of cantharides (5 gtt. t. i. d.), together with an unfavourable mention of methaniline (nothing is said about fuchsine) and a reference to the Russian cockroach—*Blatta Orientalis*. In the etiology of Interstitial Nephritis we find no mention of mental worry, so strongly insisted upon by Allbutt as a factor in causation; but we do find the therapeutics of Gonorrhœa by oils and balsams credited with an influence in this direction, and the author claims to have held this view for many years. One of the most striking evidences of strenuous efforts to bring the book fully up to date is afforded by the citation of Da Costa's and Longstreth's investigation into the state of the ganglionic centres in Bright's Disease, only published in July of the present year. Another instance of the same kind is shewn in the adoption of George Budd's views as to the nature of Amyloid disease. Our author puts prolonged suppuration as the most frequent source of Amyloid Kidney, but Fehr's tables long since demonstrated its more frequent association with Tubercle. However, Dr. Bartholow may regard this as a form of suppuration. In a very excellent account of Perinephritis there is an omission to state the necessity of avoiding the confounding of this affection with Hip Disease, as pointed out a few years ago by V. P. Gibney. Diseases of the Nervous System are then entered upon; but our rapidly decreasing space admonishes us to glance but very cursorily at the remainder of this very attractive book. We note that "reeling" has, by some oversight, been omitted from the symptomatology of

Cerebellar Tumour. Friedreich's cases of hereditary Locomotor Ataxia deserve more, it seems to us, than the passing reference here accorded to them; and we find no notice of Gowers' opinion that three-fourths of such cases are syphilitic. Among the reflex disorders, too, in Posterior Sclerosis we observe no allusion to the Argyll-Robertson symptom. In the treatment we have ourselves found benefit from two remedies not included in our author's list, viz., tribasic phosphate of silver employed by Hamilton, and physostigma venenosum recommended by Ringer and Murrell. Owing doubtless to the desire to economize space, the account of Duchennes's Disease (Pseudo-Hypertrophic Muscular Paralysis) is disappointing. The account of Cerebro-Spinal Sclerosis is chiefly from Charcot, and therefore, from one point of view, good. The caution in reference to bronzing of the skin from the use of nitrate of silver is *scarcely* original with the author, as the context would seem to imply. Seguin's treatment of Migraine finds no place, we are sorry to say, in its appropriate section. Fevers and Miasmatic and Malarial diseases follow; and disorders of Nutrition, Animal Poisons and Parasites conclude the book. We have made frequent annotations here, but want of space will not permit of any further notice.

Let us hope that we have said enough to commend the book most highly to our readers, and at the same time to point out in what respects we conceive improvement to be possible.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

—At the annual meeting recently held, the following were elected officers for the ensuing year:—President, Dr. Hingston; 1st Vice-President, Dr. Wilkins; 2nd do., Dr. Osler; Council, Drs. Perrigo, Blackader, and Shepherd; Secretary, Dr. O. C. Edwards; Treasurer, Dr. W. A. Molson; Librarian, Dr. James Bell.

Mr. Henry Montgomery, M.A., B.Sc., of the Toronto Collegiate Institute, has recently been elected a member of the Montreal Natural History Society.

## Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

### ALUM EGGS.

SIR,—An old practitioner, and one whose instructors impressed upon him that men of our profession should, in most instances, be ready at any moment for emergencies, trusting to a ready mind and well-directed hand, I have become alarmed of late years at the numerous "impediments" with which it seems needful that we should burden ourselves, as we take our professional walks abroad. I fear the general practitioner of the future has before him a burdensome time. I was impressed with this sentiment some time ago, while reading a lecture on the subject of Abortion. The lecturer seemed to take it for granted that when we stirred out we should be always provided with sponge tents and a speculum, &c.; and he gave good directions for the use of these articles when abortions had to be dealt with; but he did not lay sufficient stress upon the very probable juncture of a summons to a case of alarming hæmorrhage when no such appliances were at hand.

It may be worth while for us to be reminded that hæmorrhage from abortion, of an apparently very dangerous description, can be safely stopped by means which may be more readily available, and that the old-fashioned tampon can, for the most part, be had recourse to with success.

I think I am stating the opinion of experienced men when I say that death from abortion is, or ought to be, one of our rarest misfortunes; yet few of us have had always at hand our speculum and our sponge tents.

In the JOURNAL of last month there is an extract from an American periodical, in which mention is made of a new description of plug called the "Alum Egg." I dare say this article may be good enough in a way. It may aid in the formation of a clot in the upper part of the vagina, and to the clot, when formed, it may afford support, and no doubt it is clean; but may we not say that, if a man knows how to plug the vagina with old linen rags or with one or two old cambric handkerchiefs, and understands the precaution of removing these in time, his patients will be as safe as if he added to his other professional baggage one or more "alum eggs?"

Yours, &c.,

Hamilton, Nov. 13. J. D. MACDONALD.

## Meetings of Medical Societies:

### TORONTO MEDICAL SOCIETY.

Sept. 23.—After calling the meeting to order the minutes were read. Dr. Davidson was proposed as a member of the Society.

Dr. GRAHAM related the history of a case of Leucocythæmia.

W. F., æt. twenty, farm labourer, admitted to the General Hospital, September 10, 1880, in a semi-comatose condition. Has had ague for three or four months. About a week ago began to get very stupid. Patient is very sallow, slightly jaundiced, œdema of face and extremities, and some ascites; albumen in the urine. The blood was examined on September 10th, and found to contain 1 white corpuscle to 20 red. Again on the 13th, 1 to 150. A heart murmur was discovered, but was considered a hæmic murmur. There were chills, epistaxis, diarrhœa and abdominal tenderness; the ascites disappeared. The temperature varied from 95° to 103°.

The post-mortem was made by Dr. Zimmerman, who exhibited the specimens. There was considerable fluid in the arachnoid cavity; the brain substance was pale. Heart large and flabby; the pericardium contained 4 oz. of fluid. On the tricuspid valves were some extensive vegetations of a fibrinous nature, and might have been in existence for some weeks. Spleen double its normal size, friable, weight 1lb.; mesenteric glands enlarged and indurated; elevation and congestion of Peyer's patches.

Drs. Oldright, White, Cameron, and others took part in the discussion to which this case gave rise.

Dr. ZIMMERMAN exhibited a tumour of the testicle, weighing 3lbs. 3oz., which he had removed from a subject without a history; there seemed to be an extension of the disease into the abdominal cavity.

Dr. MCPHEDRAN exhibited a piece of oyster shell one inch in its shortest diameter, which had been swallowed, and stuck low in the throat, whence it was pushed downwards into the stomach. Three days afterwards, the patient, while at stool, feeling something that he could not pass, hooked his finger round it and extracted it.

Dr. OLDRIGHT mentioned a case in which a plate of false teeth had been swallowed. Plasterer's hair and thick porridge was ordered, and in a few days the plate was passed, well enveloped in hair.

Dr. PALMER would hesitate to push onwards into the stomach a body which might have cutting edges, and would prefer extraction by the mouth with forceps.

Dr. GRAHAM reported a case of abscess of the throat which burst into the trachea, causing suffocation.

Dr. CAMERON remarked that in Angina Ludovici, an early mesial opening was advised, and if no pus was found, a director or forceps should be pushed laterally backwards between the tissues until the abscess was reached and free exit given to the pus.

Dr. MACDONALD exhibited a vesical calculus which he had extracted from a man, aged 53. He had attempted to crush, but failed. Three days after the operation there was considerable hæmorrhage, which was controlled by a neighbouring practitioner by plugging. The clots in the bladder caused great tenesmus and prostration, almost collapse, from which he was rescued by hypodermic injections of sulphuric ether.

Dr. REEVE then read a paper upon Diseases of the Naso-Pharynx, Tympanum and Mastoid Cells.

Beginning with an anatomical description of the parts, he took up naso-pharyngeal catarrh. He deprecated the neglect of the colds and sore throats of children, tracing many cases of catarrh and deafness to this cause. He then passed on to the various growths of the nasal passages, showing some specimens which he had removed, and detailing the various methods of diagnosis and treatment.

The meeting then adjourned.

Oct. 7.—At 8.30 Dr. Covernton called the meeting to order. The minutes were read and confirmed. Dr. Davidson was elected and Dr. Sheard proposed as a member of the Society.

Dr. MACHELL reported a case of cancer of the stomach in a man thirty-four years of age, who had complained of dyspeptic symptoms for ten years. Four months ago aggravation of all the

symptoms; there was frequent and persistent vomiting, at times of a large quantity of clear watery fluid; there was constant pain, which ceased a few days before death. The pylorus was greatly narrowed, and surrounded by a hard, firm, nodular mass, and the liver had some firm yellowish masses scattered through its substance; the stomach was greatly dilated. The specimen was exhibited.

Dr. OLDRIGHT reported a case of triplets—two females and a male. Two of the placentas were united; the third was merely attached by its membranes.

Dr. COVERNTON presented a drawing of an intestinal diverticle and obstruction from an old man, who, during treatment for fracture of the thigh, was seized with colic. Abdomen became tender in the right iliac region, and swollen; the swelling afterwards extending over the whole abdomen. Vomiting set in on the third day; on the fourth day the rectum was explored manually with a negative result; on the fifth day a large injection of warm water was made through the tube of a stomach pump inserted high into the rectum; some few small pieces of faecal matter came away, and a second similar injection was ordered and given, but without benefit. The patient died on the evening of the fifth day. At the autopsy, the ileum was greatly distended; there were no signs of peritonitis. About the lower fifth of the ileum was found a piece about six inches long, constricted so as to barely admit the tip of the little finger, and overhanging this was a dilated portion of the gut, or diverticle. The intestine, after passing this constricted portion, became again distended. The remaining parts were healthy.

Drs. Cameron, Graham and Riddell took part in the discussion on this case.

Dr. WILSON, of Stouffville, related a case of dislocation of the ulna outwards, leaving the radius in place, caused by a fall from a load of wood. Reduction was effected under chloroform by seizing the ulna and drawing it backwards and inwards.

Dr. BURNS insisted upon the efficacy of applications of strong brine to the local eruption caused by *Rhus toxicodendron*, and illustrated

by drawings a ready method of recognizing the poisonous plant.

The meeting then adjourned.

*Oct. 21.*—The meeting was called to order at 8.20. Dr. Oldright in the chair. The minutes were read and confirmed. Dr. Sheard was elected a member of the Society.

Dr. CAMERON exhibited a placenta which had undergone calcareous degeneration.

Dr. RIDDEL exhibited some portions of a cancerous liver, with a large gall stone, which had been found lying in an indentation on the under surface of the liver. Dr. Riddell also related the history of a case of dislocation of the head of the radius, which he had reduced four weeks after the injury, with a good result; after reduction the limb was kept extended, hanging by the side of the body. Dr. Riddell, before undertaking the treatment of the case, caused the father of the boy to sign a document absolving the doctor from all action for malpractice, &c.

Drs. Carrol, Cameron and Canniff took part in the discussion which ensued.

Dr. GRAHAM then related a case of cancer of the stomach, in which the patient had vomited some cranberries eight months after ingestion, exhibiting some of the berries.

Dr. CAMERON detailed a case of irritant poisoning caused by a lobster supper, and asked the proper treatment to be pursued; he had given sulphurous acid.

Dr. OLDRIGHT reported the sudden death of a woman who for two or three days had been suffering from severe abdominal pains. The post-mortem gave no clue to the cause of death.

Dr. GRAHAM then read the histories of two cases of sclerosis. The first, A. H., sixty-seven years of age, with a good family history; disease began nine years ago with weakness in the legs; then pains in the legs and arms; had paralysis after an attack of nervous fever; this disappeared; peculiar gait in walking; slow articulation; eyes prominent; pupils contracted; has suffered from diplopia; tendon reflex well marked.

M. P., forty-five, farmer, good family history; has had rheumatism; disease began four years ago, after erysipelas of the face, with shooting

pains and stiffness of the left hand; his voice failed, and he was troubled with vertigo; the eyes staring; has muscular contractions and rhythmical tremors, increased by voluntary exertion and excitement; speaks in a drawling manner; walks with a peculiar gait; considerable mental disturbance. He was treated with the constant current and iodide of potash.

Dr. GRAHAM then read a paper on Disseminated Sclerosis. Using Charcot's division of cerebral, spinal and cerebro-spinal sclerosis, he took up the various symptoms which accompany each division; described the more common complications, and gave a short resumé of the pathology of the disease.

The discussion of the paper was adjourned until the next meeting.

The Society then passed a resolution endorsing the recent action of the Dominion Medical Association in regard to sanitary legislation.

The meeting then adjourned.

Nov. 4.—The meeting was called to order at 8.30. Dr. Geo. Wright, Vice-President, in the chair. The minutes having been read and confirmed,

Dr. MACDONALD reported a case of poisoning by illuminating gas, which recovered under the ordinary method of treatment.

Dr. OLDRIGHT thought the administration of oxygen gas was too much neglected in these cases.

Dr. BALDWIN related the particulars of a case of this kind which he had seen in Edinburgh. A workman engaged in repairing a leak in a main had been exposed but a very few moments to the influence of the gas, when he was observed to become affected and was brought up to the open air. He walked away a short distance, sat down in a grass-plot, and fell over dead. *Post-mortem*—Nothing but the usual signs of suffocation were discovered, together with vivid injection of the lining membrane of the trachea and larger bronchi.

Dr. RIDDEL stated that he had examined the bodies of two persons drowned yesterday, and remarked the absence of *cutis anserina*.

Dr. GRAHAM reported a case of hemiplegia after apoplexy. A week ago a pemphigoid

eruption appeared upon the paralyzed hand and arm, the adjacent skin being congested. He regarded the eruption as due to an affection of the trophic nerve centres. Also a case of hemiplegia in a person aged sixty. Ten days after the attack a large bedsore appeared over one natis, forming a conical slough, with the base directed inwards, the apex outwards.

Dr. WORKMAN, after commenting upon these cases, related the history of a patient who had lately come under his notice, and who had suffered from several vertiginous attacks, attributed to insolation—the last time in June. He was a man of temperate habits. His speech was broken and jerky, and distinct amnesia was present. He was very irritable and had left hemiparesis; thirteen years ago an injury had been sustained on the right side of the head.

Dr. OLDRIGHT desired to bring to the notice of the Society the fact that different preparations of Battley's solution, of varying strengths, existed; and that a patient for whom he had ordered it had gotten about four times as much opium as he had intended. He stated that several druggists in the city had requested him to bring the matter before the Society, in order that some definite formula might be agreed upon for the *Liquor Opii sedativus*.

Dr. WORKMAN wished to know the experience of members as to the effects of the preparations of opium on the old and the very young.

After remarks by various members, it appeared that there was a general consensus of opinion as to the high susceptibility to its influence of both extremes of life.

The adjourned discussion upon Dr. Graham's paper on Disseminated Cerebro-Spinal Sclerosis was then resumed and concluded. Dr. Workman related a couple of cases, in one of which the contractions were exceedingly intermittent. The other derived much benefit from anti-syphilitic treatment. Dr. Daniel Clarke, in the course of his remarks, wished to know if any observations had been made upon the specific gravity of the brain in these cases. Dr. Graham, in reply, said that he believed it to be increased in density.

The meeting adjourned at 10.15.

## HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Clinton on Tuesday, October 6th; Dr. McLean, of Goderich, president, in the chair.

The following members were present:—Drs. McLean, Sloan, Worthington, McDonald, Williams, Holmes, Graham, Taylor, Dunsmore, Campbell, Hurlburt, and Stewart.

Dr. Sloan, of Blyth, showed a lady, aged thirty-five, who has been complaining about two years of pain and a sense of fullness in the right hypochondriac region. She is under the impression that she has an abdominal tumour. There are no gastric or hepatic symptoms complained of; and with the exception of a feeling of resistance over the left lobe of the liver, nothing abnormal can be made out by a physical examination.

Drs. Stewart and Hurlburt exhibited the following cases:

(1) A young lady, in whom they opened an abscess in the left lumbar region antiseptically. There is disease of the fourth and fifth dorsal vertebrae in this case, and two years ago an abscess formed in the right lumbar region, which was opened without antiseptic precautions. It continued to discharge until the one on the opposite side was emptied and healed. When the patient first came under treatment she only weighed 98 lbs. In less than three months she gained 37 lbs. She is at present wearing a "Wyeth's, Jacket," and there is evidence of early and complete consolidation taking place, with but very little deformity.

(2) A case of exophthalmic goitre in a married female, aged thirty-four. The disease is of three years' standing. She has been taking ergot for a period of two months, and it has certainly benefited her to a great extent.

Dr. Graham, of Brussels, read notes of a case of pseudo-hypertrophic muscular paralysis which he has at present under his care. The patient is a boy aged six, with a good family and personal history. The first symptoms of difficulty in locomotion showed themselves about two months ago, and have so rapidly increased that at present he is unable to stand or walk without support. When walking, he assumes the peculiar or waddling gait said to be

characteristic of this disease. When standing, the lordosis is marked. There is complete absence of the patellar tendon reflex. As yet there is little or no increase in size of any of the muscles.

Dr. Campbell, of Seaforth, showed an idiotic boy affected with well-marked rickets. Dr. Campbell also read his report as delegate to the Canada Medical Association at Ottawa.

## ELGIN MEDICAL ASSOCIATION.

A meeting of the members of the Medical Profession in the County of Elgin was held at St. Thomas on Friday, October 29th, when the following were elected officers:

President, Dr. F. B. Going, St. Thomas; Vice-President, Dr. Williams, Aylmer; Secretary, Dr. R. W. Bruce Smith, St. Thomas; Treasurer, Dr. Vanbuskirk, St. Thomas.

The members present expressed themselves favourable to the establishment of the Association on a successful basis; and the interest manifested gives evidence of this being accomplished. An adjournment was made to November 24th, for which meeting an interesting programme was arranged.

PERFORATION OF MEMBRANA TYMPANI BY ASCARIDES LUMBRICOIDES. — In the London *Lancet* for 23rd October, Mr. Lewis W. Reynolds, M.R.C.S. Eng., records a singular case of this kind occurring in a married woman 35 years of age. She had been suffering for some time from attacks of nausea and vomiting, in which round worms had been voided through the mouth and nose, accompanied by epistaxis. Santonine and compound scammony powder were prescribed, with the effect of bringing away a number *per rectum*; and after a night of intense earache a worm was discovered protruding from each ear, and both ears bleeding. The same day three others came away from the ears—two from the right and one from the left. On the following morning another worm was extruded from the meatus, and one again on the third morning, the last being four inches long and of the diameter of a goose-quill. During the same time 74 worms were discharged by the bowels.



### Miscellaneous.

Dr. Edouard Seguin the elder, the distinguished writer and specialist in idiocy and allied nervous disorders, died in New York city on the 28th October, aged sixty-nine.

**TREATMENT OF GOITRE.**—Dr. Stevens, of Quebec, reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman aged forty. The dose given was ten grains three times a day, the tumors entirely disappearing at the end of three months.

**CURABILITY OF SYPHILIS.**—Fournier said of syphilis, "The diathesis is a period of health interrupted by explosions of the disease." Cazenave said, "One does not recover from the syphilitic diathesis, but lives with it as with the lymphatic temperament;" and an older writer observed that syphilis strikes with its victims "a truce oftener than a peace."—*Exchange.*

**REMARKABLE TOLERANCE OF OPIUM.**—A case of diffuse puerperal peritonitis is reported by Dr. F. M. Welles, of New York, in which morphia was given for the first time on May 1st (one-fourth of a grain), and increased daily till on May 10th fifty-seven and a half grains were administered. The dose was then gradually decreased. Patient recovered.—*American Jour. of Obstet.*

**THE FLAVOUR OF MEAT.**—M. Monclar, a noted agriculturist in France, has suggested a singular plan for varying the flavour of meat. He imagines that by feeding cattle, sheep, pigs, and poultry in a particular way, or rather by flavouring their food in various ways, their flesh may be rendered much more agreeable to the palate than it often is; and there can be no doubt that he is substantially right. Thus, for instance, it is well known that poultry which have been fattened upon food containing a slight admixture of chopped truffles are far better eating than those chickens which have been stuffed or larded with truffles after they are killed. It is only natural that such should be the case, for the fla-

avour of the truffle that is consumed by the chicken permeates the whole system, which it cannot do when simply placed in the carcass. M. Monclar instances cases in which hares killed in a wormwood field, larks shot in a cabbage-field, and eggs laid by hens that had eaten diseased silk-worms, had such a nauseous taste that no one could touch them; while on the other hand some ducks and fieldfares which had fed on sprigs of juniper had a delicious flavour. He has made several experiments—among others, three upon tame rabbits, which he fed with the waste of anise-seed with barley and bran containing a slight flavouring of juniper, and with barley and bran containing a little essence of thyme. In each case he found that the flesh of these animals was far better eating than that of rabbits fattened in the ordinary way, and yet that there was no trace of anise-seed or juniper in the taste. His conclusion is that cattle, sheep, and pigs might be fed in the same way, and that by varying the flavouring matter the beef, mutton, and pork might be made to have several different tastes.—*Sanitarian.*

[The miserable flavour of swill-fattened beef, the fishy flavour of hogs that have fed on fish, and the same flavour in the eggs of many water-fowls are demonstrations of the above. The delicacy of the canvas-back duck is due to its wild-celery food, and onions give their flavour to fowls' flesh as they do to cow's milk.—*Eds.*]

### Births, Marriages, and Deaths.

#### BIRTH.

At 93 Brock Street, on the 28th ult., the wife of E. W. Spragge, Esq., M.R.C.S., of a daughter.

#### MARRIED.

On the 4th Nov., at the bride's home, by the Rev. Robt. Holmes, assisted by the Rev. Joseph Charlton, James I. Northrup, M.D., Hubberstone, Mich., to Mary E. Powers, of Malahide.

On the 10th Nov., at the residence of the bride's mother, 8 Parliament street, by Professor Gregg, James P. Rankin, M.D., Tavistock, to Minnie, youngest daughter of the late John McKee, Toronto.

On the 17th Nov., at Southampton, by the Rev. Peter Foy, M.A., rector of St. Paul's Church, H. H. Moorhouse, Esq., M.D., Toronto, to Sidney C., only daughter of the late Bagot Thorp, Esq., M.D., late of Haywood, Manchester, England.

#### DEATHS.

At Smithville, on Nov. 2nd, Eveline, daughter of J. W. Considine, M.D., Port Dalhousie.

In St. Thomas, on Nov. 8th, Henry, father of Dr. VanBuskirk, aged 84.

On Tuesday, the 23rd Nov., at the residence of her son-in-law, Dr. Greenlees, 250 Victoria street, Mrs. Louisa Sully Grace, eldest daughter of the late Richard Sully, Esq., of London, Ont., in the 52nd year of her age.