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## Original Communications.

*Case of fractured ribs, Emphysema and Pneumothorax, Paracentesis Thoracis—recovery.* By G. L. MACKELCAN, M.D., Hamilton, Ont.

Nov. 20th, 1872, was called to see H. C., aged 61, who had been run over by a waggon an hour before. Found fracture of 5th, 6th and 7th ribs at the angles on the left side, emphysema of the cellular tissue opposite. The seat of fracture well marked, the skin being raised up about three inches, and crepitation well marked. Pulse slow and irregular, respiration very painful. Applied broad bandage round the chest and gave an opiate.

24th. Emphysema has extended up over the chest and neck as far as the occiput. The left chest nearly filled with air. Emphysema has subsided.

Dec. 1st. Complete pneumothorax of left side. Increased resonance on percussion; no respiratory murmur audible. Egophony and metallic tinkling well marked. Gradually, the left chest filled with fluid to a point two inches above the nipple. Dyspnoea became very great. Respirations 40 per minute. Cannot lie down, and has very severe attacks of dyspnoea, generally in the evening.

Dec. 23rd. Decided to perform paracentesis thoracis as the old man was sinking, and there seemed to be no prospect of his recovery. Having no proper aspirator, improvised one from a common enema apparatus by attaching an extra piece of tubing to the lower end. There being air in the chest already it was not used for the purpose of excluding air, but of pumping out both fluid and air. Assisted by Dr. Mackintosh proceeded to tap with a fine trocar and canula. Withdrew the canula and slipped the end of the tubing over the canula and slowly drew off more than two quarts of sanguineous serum and a quantity of air, completely emptying the chest so that the respiratory murmur could be heard, though feebly, all over the left side. The dullness on percussion, also, entirely disappeared, and the dyspnoea was entirely relieved. The fluid accumulated again to a small extent for about a month, (during which time he suffered a good deal of dyspnoea), and gradually disappeared under a course of diaphoretics and diuretics.

Feb. 14th. The old man has entirely recovered. Respiratory murmur is good all over the left chest, and he is now able to walk two or three miles without any inconvenience.

*Address to the graduates in Medicine*, delivered at the Second Annual Convocation, of the Medical Faculty of the University Bishop's College, April 3rd, 1873. By ROBERT T. GODFREY, A.M., M.D., Professor of Surgery.

MR. CHANCELLOR, MY LORD, GENTLEMEN GRADUATES,

It is my privilege to address you a few words of congratulation and advice on this occasion.

The pleasure of congratulating you on the successful examinations you have just passed, is grateful to me: particularly so, when you, by your application and assiduity, your department and attention in the lecture room, as well as on all other occasions, have gained for yourselves the respect and esteem of every Professor in the College.

We are about to separate: a feeling of regret steals over me at the thought of losing the friendly smile and pleasant daily greeting which have so long been exchanged between us, and helped to cheer and excite your teachers in their exertions on your behalf.

Although the mental labor for lectures of an hour's duration for six months requires much time and self-denial, yet, when the results have been so satisfactory to us, we consider ourselves amply rewarded for the sacrifice.

You, gentlemen, know that listening to seven or eight lectures daily, produces an amount of nervous prostration which none but the experienced can understand.

It has grieved me, towards the close of the session, to notice stealing over your features the pallor consequent on your mental exertions, and close application to your studies. I trust that after a period of repose, you will all soon regain your usual health and strength.

Before bidding you farewell I shall say a few words to you on your future duties and new relations to your fellow men.

You, gentlemen, have devoted the short period of four years to the study of a profession which, for convenience of teaching and reference, has been divided into numerous branches; to perfect you in any one of them it would take the whole of that period. But as our lives are short, you will be required to make the best use of every spare moment that is left you to prosecute your studies. You are now aided by works on the different branches of your profession, written by men who would have been a credit to any age. You must remember that all the books which have ever been written cannot

make you good practitioners unless you study and think over each case for yourselves; bringing all your knowledge to bear on it which you have acquired in Anatomy, Physiology, Hygiene, Pathology, and each and all the other branches.

To those of you who reside in the country, and have not an opportunity of calling in the assistance of your seniors in the profession, I would recommend you to make yourselves familiar with the construction and manufacture of the different kinds of instruments and appliances you may be called upon to employ.

In your reading I trust you will not confine yourselves to your text books only; but study different standard works.

I would advise you to keep pace with the medical literature of the day; and, in addition to the local periodicals connected with our profession, I would recommend you to read the London *Lancet*, in every number of which you will find matter applicable to your present wants. It will make you familiar with the practice of the great medical men of the present time, and you will also be made acquainted with the different forms of disease and epidemics prevailing in various parts of the world. Some of the epidemics which advance like a great wave over the surface of the earth, you will be partially prepared to meet; amongst some of these I might class cholera and cerebro-spinal meningitis. The latter had its origin in the Southern States, and was first treated in Montreal by Professor Gardner of this University.

I trust the knowledge you have gained in Chemistry and Vegetable Physiology will enable you to be useful to your fellow men in the rural districts. You must always consider it a duty to aid in every possible way in developing the boundless resources of this our great country. At the same time, I would advise you not to have any hobbies out of your legitimate occupation. The range it embraces is so large that you can always employ in your profession your spare moments; otherwise your first love will be forgotten and yourselves also; know your profession thoroughly, the public will soon learn whether you do or not, and appreciate you accordingly.

I would advise you when you have made up your minds to settle in a locality to avoid leaving it without some very grave reasons.

Should you reside in the city, or have an opportunity of occasionally visiting it, you should always attend the hospital. Your Clinical teachers will be pleased to see you, and be able to point out to you

something new and instructive. You must not suppose, that because you belong to this University you may not be so well received as the students of other colleges. Of this you must disabuse your minds, for through the liberality of the Governors of the Montreal General Hospital its doors are thrown open to you, as well as all students, no matter to what school, university, sect or nation they may belong. I may also state that the Hotel Dieu granted our students tickets when applied for without hesitation. This being the case it gives us all the Hospital accommodation we require.

There is one shoal upon which thousands of our most promising members are wrecked. I allude to the vice of intemperance. There is no profession in which you are so much exposed to temptation as ours. In your long and weary drives, in cold and storm, your anxious watchings over tedious cases, you may be prompted to use stimulants, but you must make a standing rule at the outset of your career—never to take stimulants in a patient's house.

You must always be watchful that the slightest suspicion or stain of any kind should never be attached to your character.

You will be considered a fair mark for the censorious portion of the public; but you must, by your upright conduct and kind manners, so win the respect and esteem of your fellow men that the venom of their tongues will only help to sear their own guilty consciences, and leave you to follow your path of usefulness and integrity.

I know of no profession in which a man requires to plant his foot so firmly on the portals of Heaven as in this upon which you are entering; that Heaven may grant you that power will always be the wish of every Professor in this University.

Before saying farewell, I trust you will always take an interest in your Alma Mater, and to those of you who shall win your spurs from the public, and good report of your confreres, the Medical Faculty of this University will always be open should you take an interest in teaching the art and science of your profession. Although you leave us for the present you must remember that we do not shut the door behind you, nor compel you to seek in other hands the position which you desire in your own.

I shall now take my leave of you by wishing you a happy, useful and honorable career; and saying farewell.

*The Graduates' Valedictory Address at the Second Annual Convocation of the Medical Faculty of the University of Bishop's College, April 3rd, 1873.*  
By GEO. B. SHAW, C.M., M.D., of Ottawa, Ont.

MR. CHANCELLOR, MY LORD, MEMBERS OF THE UNIVERSITY, LADIES AND GENTLEMEN:—

Our assembling here to-day is testimony to the fact, that the second session of the Medical department of the University of Bishop's College is at an end.

I look upon this gathering as a sort of "harvest home," (if I may be allowed such a term,) where, as is usually the case upon such occasions, steady, persevering industry receives its due reward. It is an occasion where all is joy and thankfulness, where all goes merrily as the marriage bell. I feel thankful to my fellow students for having done me the honor of electing me to deliver the Valedictory Address, under such happy circumstances, and though I could have wished that the duty had been intrusted to one more practised and able in the art of addressing a large and learned assembly, yet I have not shrunk from the task, but on the contrary have much pleasure in undertaking the proud responsibility which rests upon me. It affords an opportunity of our bearing public testimony to the solid worth of our professors, and of bidding them an affectionate farewell at the close of a most pleasant, instructive and highly satisfactory session.

In reviewing the last six months, I can do so with feelings of unmingled satisfaction. It has in a measure been a period of toil, but the burden has been rendered light by the ever kind and courteous conduct of our worthy instructors. Too much cannot be said in their praise, either as regards professional attainments or kind and considerate behaviour. Condescending and obliging, ever ready to explain some difficult theory or whatever might not be readily understood, they nobly exerted themselves to impart to us a thorough knowledge of our profession, and with unwearied patience have carried the same cheerful demeanor day after day, throughout the entire session. We now tender them our sincere thanks, and bid them one and all an affectionate farewell. Long may they live and may each succeeding year still find them; as heretofore, in the lecture hall, successfully imparting knowledge to the embryo M.D.'s of Canada. We feel that we owe them much, but let them rest assured that their kind and courteous demeanor and untiring zeal during the past session will not be effaced from our memories by the lapse of years, but will ever continue to be a pleasant reminiscence of College days.

To my fellow graduates I would now say a few words. To-day we have reached one of the landmarks in the journey of life; our efforts have been crowned with success, and we have gained the much coveted degree of C.M., M.D. Let us be thankful and sternly resolve to be true to the obligations which we have just taken. We meet in a body to-day most probably for the last time, each one afterwards betaking himself to his allotted sphere of usefulness, but I fain would hope that the friendships formed during the period of our struggles are not to be so speedily ended. Let us hope that in days to come we may sometimes meet and talk over the good old days spent at Bishop's College.

In life, every station has its peculiar obligations, its difficulties and advantages; and the new position that we shall henceforth occupy, although freed from the irksomeness of the past, has many serious obligations, and the manner in which they are attended to and discharged will materially affect our individual success in life. Our mission is a noble one and embraces a wide field of usefulness. It is that of removing or alleviating disease, preserving health, prolonging life, sustaining the cause of religion and morality, and of assisting to form an age of liberality and usefulness.

In none of the numerous occupations of civilized society is it so necessary for a man to enjoy the perfect use of all his physical and mental faculties as in the medical profession, for in practice, important cases occur which demand our prompt attention and decision, and on these attainments the future happiness and welfare of ourselves and those under our immediate care will greatly depend. According to my idea, the chief requisite for the successful practice of medicine is what is called "good sense," by which I mean, the vigilant and ready exercise of the understanding and judgment in all the accidents of practice, and a prompt adaptation of "what we know, to what we have to do." A possession which though partly innate or a gift of nature, is capable of great development by cultivation. In what relates to a practical art, industrious talent with perseverance may acquire and arrange, genius may improve and adorn, but good sense must always direct.

Seeing then, that we shall be liable to be called upon at any moment to accidents, where a steady hand and clear mental faculties can alone be of service, strict sobriety must necessarily be a sine qua non with us throughout life; for on the event of a single hour may depend the fame or infamy of character and the honor or the disgrace of

professional acquirements. Beware then of strong drink. Touch not. Taste not. Handle not. Remember that at the last it biteth like a serpent and stingeth like an adder. Many fair prospects have been blighted by it and indelible disgrace and poverty firmly fixed, where permanent honor and success might otherwise have been achieved.

We shall hereafter be called upon to act upon our own responsibility, and I feel confident, that we shall all be found equal to the occasion, for the chief use of all our studying during the past four years and upwards, of hearing lectures, of dissecting, of hospital practice, has been to furnish materials for thinking, and so the great end of thinking is acting, the conversion of knowledge into practical wisdom. But although we have this day become graduates in medicine and "finished our education," as the phrase has it, we must nevertheless continue to be students, and apply ourselves diligently to acquire a further knowledge of the mysteries of nature, if we do not wish to be left behind by our compeers. In all our studies, gentlemen, in all our speculations, in all our researches and pursuits, let us recollect that to discover truth and to do good are of all things in this world most worthy of our labor, consideration and care; that all true and ennobling ambition, all for which life is really valuable and useful, resolves itself into duties of self-improvement, self-government and the communication of means of instruction to others. These duties comprehend every professional, every social, every private duty, and enter into every design which man can possibly conceive. In proportion to the advantages we have enjoyed, our engagement to these great duties are the stronger, and they are the only duties for which no worldly circumstances can disqualify us. To use the words of an elegant writer, "the science of medicine, like every other branch of natural knowledge, is not the production of a vigorous imagination, nor a lively invention, but it is the offspring of a long and diligent experience, and if a man attempts to learn it in any other way than by going to his patient's bedside and returning thence to his study again, he will find himself mistaken." Gentlemen, there is yet much to be done; many who have gone before us have made important discoveries and added valuable knowledge to our science, but let not this consideration lull us into inactivity, but rather let it excite us to additional exertions. There is a void which yet remains in our science to be filled up, and we ought all of us to labor and make such additions and improvements to it as our abilities and opportunities may enable us. We should direct

our most ardent studies to the works of Him who has ordained the production and disposal of every substance in nature, from the thin and almost intangible gossamer, that floats on the feeblest breath of air, to the massive and immovable rock, that withstands the most boisterous tempests of the ocean.

All men, it is allowed, are accountable for their time, but none more so than the medical practitioner. The man who with unwearied assiduity pursues his studies possesses a happiness within himself denied to others; the cares which rankle in the bosom of the ignorant and unamiable touch not his conscience, therefore let us not waste our spare moments in trifling pleasures or idle pursuits. If we neglect to register the experience which we have individually acquired, it becomes lost in forgetfulness; thus a man passes away, his name perishes from record and recollection, his history is a tale that was told, and his very monument becomes a ruin.

As in morals, so in science, there is a standard of ideal excellence, to which indeed no one can hope to attain, but which all may endeavor to approach. We may all follow in the great path of human exertion, adding our names to a long catalogue of men, who had the same hopes and fears, the same ambition and desires as ourselves. Pressing closely upon us, will follow another generation, succeeded by others equally busy and equally short lived. Then let us endeavor to conscientiously say whilst we live, as the immortal Harvey said, when reviled by his unworthy enemies, "I follow truth alone," and no little obstacles, no narrow opposition, no worldly disappointments need decompose us. And should we live to find our exertions rewarded by fame and gratitude, let it be our honest pride, in that advanced age, when the ear will be becoming dull to the voice of praise, and our feeble grasp must soon let go its hold on all influence, that we did not reach either the one or the other by mean arts or mischievous policy, but that all our dealings and conversation were governed by truth, and no less fair and open than our intentions were pure and honest, having kept pace with our years. Let us speak the truth from our hearts, and take heed unto the thing that is right, for that shall bring a man peace at the last. Let us look well to the end, and live as though we expected to die.

The practice of medicine then, as viewed as an intellectual and moral duty, is calculated to improve and elevate the mind, though an opinion has been

pronounced and entertained against us by some who have denounced our profession as leading us to deny the existence of a Supreme Being, and charging us with universal scepticism. If such an opinion were correct and just, it would pass a sentence of condemnation on all our proceedings and pages, and stamp a criminality on our very foreheads. But the records of Medical history, as well as the living examples of the present day, show us that all who have ever attained the rank of eminent men have been equally conspicuous for their moral worth, as for their professional productions in literature. This at once overthrows any argument or reflection which would tend to clothe us with infamy and disgrace. How is it possible that the study of anatomy and medicine, if properly cultivated, can plunge us into such a dangerous error? Can the contemplation of man, the noblest monument of creative power, lead us to doubt the existence of an Omnipotent Being? Can the knowledge of that inimitable mechanism by which every part is fitted for its office; of that structure which not only enables us to feel and move, but is the temporary abode of our intellectual faculties; of those laws by which life itself is carried on, or by their subversion extinguished; can the knowledge of these, I ask, convert us into into infidels? Most assuredly not. I may here advert to Galen, a celebrated physician who lived in the reign of the Emperor Adrian. He studied anatomy at Alexandria, during which period and whilst engaged in dissecting human bodies (at the time a Pagan,) he became converted to Christianity, and on contemplating the order, structure and uses of the different parts of the system exclaimed "herein I acknowledge and praise our Creator, that He has been pleased to adorn His works beyond the power of art." By viewing the human body from its earliest formation, and watching it as it advances in growth, we are presented with a beautiful illustration of the wise and wonderful workmanship of Omnipotence, and enables us to trace the hand of unerring wisdom upon such firm ground as to render doubt absurd and atheism ridiculous.

Patience is a blessing to any man but more particularly so to the medical man, and it is a lesson that will have to be frequently studied. So long as human nature remains what it is, and so long as envy, hatred, malice and uncharitableness exist in the world, so long will there arise many things to try the temper. Under these diversified circumstances, the moral requisite most necessary to keep in mind, is a strict observance of the golden rule of practice "mens conscia recti," the consciousness of rectitude, and also "As you would that men should

do to you, do ye also to them likewise." This is a grand and sure guide, whether in relation to our professional brethren, to patients, or the every day concerns of life. This is the powerful and mind searching corrective and moral test, which makes that innate and predominate love of self the measure of love we should bear to our neighbours. From this virtuous principle will flow that kindness of manner, that benevolence of purpose which warms the heart of the poor sinking patient and raises his drooping spirits; whilst it with holds every thought, word or act, that might possibly tend to injure, in the remotest degree, our professional brethren. The exercise of this christian virtue, will shed a lustre around those who practice it, and will bring the most consoling feelings, under the most trying circumstances. It is the fruit of energy, patience and perseverance—attributes essential in the discharge of our professional duties, both to our brethren and to society.

In parting with our late fellow students, who are still upon the road so lately travelled by ourselves, I think I may offer a few suggestions for their guidance without being charged with self-sufficiency.

Firstly, I would remark, that all professions are arduous when duly attended to, the medical profession pre-eminently so, both in its acquisition and practice. It is with reluctance that I impress upon the student's mind, that the road to the temple of medicine is a series of rough and rugged ascents, truly an uphill course beset with stumbling blocks and mischances, but by the early cultivation of habits of order, method, accuracy, and dispatch, coupled with sobriety, perseverance and good manners, every difficulty may not only be overcome, but honorable distinction attained. The youth brought up in habits of industry, obedience and under parental control, gains an early triumph over idleness, inebriation and sensuality, and forms a character for life which contributes most powerfully towards future success.

Let me assure you that habits of diligence and attention, when once acquired, are easier and far more pleasant than superficial and negligent observation, so that the whole attainment, which once appeared so irksome and formidable, will become natural, easy, pleasant and every way to be preferred. In short, he who will persevere with patient steps to tread the path of knowledge will find the difficulties diminish as he advances; only let him go on as he began, and if there be no defect of intellectual capacity, if he is sober, courteous in his behavior, free from frivolity and immorality, he is not only certain of

success, but distinction. He will gain the approbation of the enlightened and wise, and what is still better, the satisfaction of his own conscience.

The tree of knowledge spreads forth its numerous branches in various forms, and as the human mind is not constituted alike in any two individuals, different opinions cannot fail to be entertained, as to what mode of study is best adapted for one destined for our profession; but judging from the lives of the most eminent men who have ever lived to grace our art, I consider that the primary mode of acquiring a sound and valuable medical knowledge, is to examine, as far as opportunity will permit, into the great book of nature, and there learn what she so mysteriously teaches. This, gentlemen, is the true spirit in which you must pursue your investigations; this alone is the means by which the territory of human knowledge can be explored, and although every student should, to use the words of the immortal Newton, but "resemble a child gathering shells upon the sea shore, with the vast ocean of undiscovered truth beyond it," yet it is only by industry that our researches will be rendered permanent and our learning useful.

As a noble instance of the truth of what I have advanced, I would here recall to your recollection the imperishable name of "John Hunter." By his own persevering efforts, did this great man raise himself from the lowest obscurity to a reputation wide as the world itself, and certain to last as long as the age in which he flourished shall be remembered by posterity. He studied the great book of nature, and hence proceeded both the patience with which he traced its characters and the rich and plentiful discoveries with which the search rewarded him.

I would next mention that politeness and good manners are an invaluable acquisition to the medical student. They commend him at once to the special care of his instructors, and smooth his rugged path in many ways. The Roman maxim, "Ingenuas didicisse fideliter artes emollit mores nec sinit esse ferus," is as true now as in times past, for without this part of his education having been attended to, the student knows nothing of sentiment, and is usually governed by two predominant and paramount objects, the gratification of his passions and the appropriation to himself of every thing to which he may take a fancy, without the least consideration for the feelings of others.

But with these studies must be united a large acquaintance with those divine truths, which are the fountain of all human contemplation. It must never be forgotten, says Lord Bacon, in any system

of education, that religion is the cementing bond and preserving principle of civil society, and the source of all good and all comfort.

I would also advise you to become systematic in your habits, and you will be preserved from that besetting sin, procrastination, which is truly named the thief of time. Be sure that time misspent cannot be recovered, and that opportunities of acquiring acknowledge neglected will entail upon you the loss of health, comfort and much self-esteem to redeem them.

Gentlemen, you have entered upon the most interesting of all studies, the study of man. What then is man, this being who is the subject of all our medical investigations? Of what is he composed? What is he to himself? How is he related to other beings and objects around him, animate and inanimate, and how are they related to him? How is he constructed? What are the natures and what are the influences of his passions and emotions? What are his physical, moral and intellectual faculties? What are the destinations of his existence on this globe? How is he capacitated to fulfil them? What are his resources when struggling with impediments from affliction? These questions are all within the embrace of medical science, and afford a field of philosophical enquiry, vast in extent, minute in detail and infinite in importance. Man, it is to be considered, is a material, a living, rational, a mortal, an immortal and an accountable being. What therefore is this power that since the creation and under obedience to the laws then enacted, generates, increases, adjusts, completes, regulates and repairs thus our bodily machine? What is this power which possesses that controlling influence over ordinary affinities; which preserves and directs all its parts to their destined uses; implants in them an innate repugnance to such things as may injure or impede them, and makes them shrink from those which their integrity and co-existence may be endangered or destroyed. This is a power which mocks all human invention; it is characteristic of the Divine Architect.

I have endeavored to impress upon your minds the importance and the difficulties of acquiring a thorough practical knowledge of your profession; the dangers which are to be avoided, the greatest of which is the temptation of drink, for it includes all the rest; and the certain success which await sober, methodical, upright, industrious and gentlemanly conduct. We wish you a hearty God-speed, and let me assure you as one who had an opportunity of judging, that the Medical School of Bishop's College

affords you facilities for acquiring a knowledge of your profession, not surpassed by the world-renowned (and justly so) schools of Great Britain. Your success in life depends principally upon your own exertions, for it is well known that nearly all the great men who have ever lived, whether in our profession or in others, obtained their rank in life by their own perseverance, industry and liberality. During the past session we derived an additional advantage from a circumstance, which I feel sure will soon cease to exist, viz., the comparative small number of students. This was especially noticeable in the lectures on demonstrative anatomy, practical surgery and chemistry, where each student had the opportunity of examining for himself the most minute details of the subject under explanation. This I consider no slight advantage, for 'tis truly said that "the faithful sight engraves a knowledge with a beam of light."

On behalf of my classmates I must now thank the ladies for honoring us with their presence. It lends a durability to the pleasures of the hour, and without it every festive scene become vapid and dull. In every position in life we owe them much. As mothers we owe them every thing and honor them. As sisters we find in them cheerful companions and true friends. As sweet-hearts we adore them, and as wives they become part of our very existence. None know better than the physician how to appreciate their services in the sick room at their true value, and what an able ally he often finds in them, in promoting the welfare of the patient by good nursing. The watchful care and soothing kindness of woman, her noiseless footsteps and airy touch, are the instincts of affection, and only require to be experienced to be prized above measure. We wish them every possible happiness. May they always take as deep an interest in the welfare of the University of Bishop's College, as they have this day manifested. We thank them for it, and promise that as far as we are concerned we will always endeavor to be deserving of a continuance of their favors and esteem.

In concluding, Mr. Chancellor, I beg, on behalf of myself and fellow classmates, to assure you how fully we appreciate the high honour of becoming graduates of such a distinguished and learned University as that of Bishop's College—"the Canadian Oxford," and how we shall always strive to do every credit to, and to sustain the name and fame of the "Old Country's Alma Mater," in this the New. May the parent stalk strike deeper roots into the fertile soil of Canada, enabling her to put forth new

branches in the various arts and sciences. May her resources be doubled and her usefulness yearly extended, keeping pace with the rapid progress and prosperity of this our beloved Dominion. FAREWELL.

*Two years and a half in a London General Hospital.*

By G. F. SLACK, B.A., C.M., M.D., M.R.C.S. Eng.,  
late House Surgeon, Charing Cross Hospital.

Of the many affections of the jaws, teeth, etc., that come under notice in a London Hospital, none, I think, are more frequent than those brought on by the excessive use of mercury. This is to a great extent accounted for by the great prevalence of syphilis among the poorer classes. These people attend in hundreds at the different hospitals, dispensaries, etc., are examined and prescribed for by the attending surgeon. Without consulting a medical man again, some of them, either through ignorance or recklessness, go on taking their medicine for a considerable time, ascribing the soreness of the mouth, looseness of teeth, etc., to the effects of the disease and not of the medicine. When too late they find out their mistake and come for advice. The following case is an example :

A man, age 30, was sent up from the country with disease of the lower jaw. He had a clear history of syphilis, for which he had been treated at a dispensary in the country. According to his own account he had been taking blue pills for more than a month. He had gradually lost all his teeth, his mouth and tongue had been so sore that he could not eat solid food, and latterly pieces of his lower jaw had been coming away. His master, finding him unfit for work, sent him to London for advice. His treatment consisted simply in a most nourishing diet, quinine, exercise in the open air and occasional aperients. A few more pieces of dead bone came away, the gums then closed over, and the man went home quite well again. Such cases, only milder in form, come under notice almost daily, and can only be accounted for by the great prevalence of syphilis, the great use that is made of mercury in different forms in that as well as in many other diseases, and in consequence of this frequent use medical men become careless or forgetful about warning their patients against making too long a use of the medicines prescribed.

The following is a case in point :

A lady about 30 years of age complained to me about the gradual loss of her teeth, which had been coming away for the preceding year. On further inquiry she shewed me a prescription which had

been given her for menorrhagia a year and a half previously by a leading medical man. A small amount of mercury was contained in this, and he had neglected to warn her against the prolonged use of it. The consequence was she gradually lost a beautiful set of teeth.

Cases of enlargement of the glands about the jaw come frequently under notice, and are very interesting from the fact that generally speaking so much can be done to relieve them if a careful examination be made of each case. A superficial observer, especially if the patient be thin and pale, jumps at once to the conclusion that the enlargement is due to a scrofulous condition of the blood. If so, why are the glands about the body not enlarged? For this reason, that in four cases out of five the cause is local, and can easily be removed. Either a tooth is decayed, or the socket is inflamed, or a wisdom tooth is in vain trying to work its way through the gum. The irritation produced by any one of these causes, if long enough continued, will be found sufficient to produce enormous enlargement of the glands in the neighborhood, inflammation of these glands or even the formation of large abscesses about the neck. It is always advisable, when such cases present themselves, to make a careful examination of the mouth, teeth, jaws, etc., to see if such causes exist, and if they do, to remove them at once. The remainder of the treatment consists in attending simply to the general health of the patient, making no local application whatever. The following remarkable case supports what I have said:

A very pale delicate girl, age 20, was admitted in the following condition: there was symmetrical enlargement of the glands of the neck to such an extent that the outline of what had once been a very regular well-shaped countenance was completely lost. This state of things had been coming on gradually for a year. Her mother had sought advice for her at several hospitals, and had received the same answer at all of them, that this enlargement was due to a scrofulous condition of the blood, and that the only treatment that they could recommend was a course of cod liver oil and a prolonged residence at the sea-side. She was admitted into hospital with a view to giving her good nourishment, etc., preparatory to going to the sea-side. The surgeon under whose care she was placed fortunately for her had long taken a great interest in such cases. On making a careful examination of her mouth, he found the gum covering the wisdom tooth on each side thickened, inflamed and very painful. For more than a year she had suffered from this cause. The gum was carefully cut away so as fully to expose the crown of each tooth, and

care was taken afterwards to prevent its closing over again. She had a slight attack of facial erysipelas, from which she soon recovered, and from that time the swellings gradually subsided, the face began slowly to resume its natural form, and at the end of two months the girl went home quite well. I relate this case on account of the enlargements being perfectly symmetrical, which, without making a careful examination of the mouth, would incline one to say that the cause was constitutional. Many other cases came under my notice where the affection, whether simple enlargement or suppuration of the glands, manifested itself on one side only, the irritation existing on that side. In contrast to the case just related I might mention that of a girl about the same age, where the glands, not only of the neck but generally throughout the body, were enlarged, in the axillæ, groins, etc., which clearly pointed to a constitutional cause, whether scrofulous or not it was difficult to say. The following case of a small abscess situated in the angle of lower jaw, due to the irritation produced by a decayed tooth, will show how much suffering, disfigurement, expense and loss of time may be saved by careful attention to the teeth:

A housemaid, age 25, strong and otherwise healthy, was admitted with the following condition of the lower jaw on the right side. There was great thickening at the angle, the movements were very painful and much hampered, and there was circumscribed inflammation of the skin and tissues over the jaw. For a long time one of her teeth had troubled her, and in spite of the great agony she suffered, she refused to have it removed until the jaw was in the condition above described. The pain became greater, the movements of the jaw more and more confined, until she could not move it at all. About this time there was slight discharge of pus from an opening below the angle. Her general health continued good during this time, but the pain became so intolerable that she could obtain no sleep even with large doses of opium. She was placed under the influence of chloroform, an incision was made over the angle, and a small trephine was applied to the bone, which revealed a small abscess between the outer and inner plates. Great relief was experienced from this, and she made a slow recovery. An interesting case where removal of both upper jaws was performed is worth mentioning from the rarity of the operation as well as from the rapidity with which the patient recovered.

A strong healthy woman, aged 35, the wife of a soldier, presented herself in 1864 at Charing Cross Hospital with a tumor of the left upper jaw, which had been twice operated upon, and which she said

originated from a blow. The upper jaw on the left side was removed with the tumor, and the following is a description of its appearance as given at the time before the Pathological Society of London—"It consisted of the left superior maxillary bone, including its orbital plate, from the inferior surface of which appeared to grow a large tumor, which filled the cavity of the antrum, and projected forwards and inwards into the nasal cavity. There was also a second and loose portion the size of a walnut, which appeared to have been broken off during the operation, and was said to have projected posteriorly towards the pharynx. The tumor was of a firm, fibrous nature, and irregularly lobulated, and it had a dense capsule. Microscopically examined the tumor consisted of an abundance of fibrous tissue which formed the stroma containing innumerable cells, nucleated, usually containing several nuclei and frequently presenting a granular appearance. Large compound cells were abundant in the posterior and softer lobe of the tumor, and a few elongated cells were seen amongst the fibrous tissue. These large compound cells presented very much the appearance of the polynucleated cells met with in myeloid tumors."

In June, 1871, she returned to the hospital with a tumor of the right superior maxilla. On the 21st of that month the right upper jaw was removed, an incision being made along one of the wrinkles of the lower eyelid and down the side of the nose, the knife was then turned up into the nostril, and then the upper lip was divided in the median line. This flap was reflected on the cheek, the soft parts of the palate divided, and the jaw then removed with cutting forceps and Ferguson's lion forceps, no saw being required. The hemorrhage was slight and easily controlled. The edges of the wound were brought accurately together with numerous silver wire sutures and the parts left exposed to the air, no dressing of any kind being used beyond cleansing the mouth frequently with Condy's fluid. On the sixth day the woman sat up, at the end of three weeks she left the hospital perfectly recovered. The amount of disfigurement was very slight, the jaw on the left side, which had been removed several years before, having been replaced by a dense firm tissue which supported the cheek. The tumor in this instance filled the antrum, extended into the nasal cavity and forward, raising the cheek. It first attracted her attention about a year previously. She had suffered little or no pain except when handled. A careful examination showed nothing beyond a dense fibrous tissue. In the following December she

wrote to say that she had enjoyed perfect health since leaving the hospital.

I had opportunities of watching several cases of tracheotomy in adults as well as in children. In the children's cases it was always performed in croup and proved fatal in every case, notwithstanding that every care was taken in the after treatment to keep the air moist and warm, the tube free and clean, and to administer as much nourishment in each case as the child would take. I would here say that in none of these cases was the operation resorted to until all hope of saving life by other means had been given up. I am strongly of opinion that where recovery has followed the operation of tracheotomy in children suffering from croup, the same cases would have recovered without operation, and that in such cases the use of the knife is unjustifiable. The poor child is relieved for perhaps an hour or two, and then has to pass through ten or fifteen hours or perhaps more of the most frightful distress that any human being can be called upon to bear. I don't think that any man who has remained by the bedside of a child from the time of the operation until its death could ever be persuaded by any consideration to perform the same operation in a similar case again. In the case of adults the result is very different, whether performed for growths in the larynx, syphilitic usually, or for obstruction to the passage of air through the larynx by foreign bodies which have become lodged there, recovery is the rule, death the exception, however weak or exhausted the patient may be at the time of operation. I have seen tracheotomy performed twice in the same year on the same person, a woman about thirty years of age, suffering from syphilitic growths in the larynx. After the second operation she was obliged to wear a tube constantly. There is no doubt that, especially in children, the irritation produced by inserting and keeping a foreign body, the silver tube, in the trachea greatly increases the rate of mortality. If this could in any way be obviated, a greater number of recoveries would be the result.

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*To be continued.*

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### Progress of Medical Science.

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#### CASE OF POISONING BY CARBOLIC ACID.

By T. H. BRABANT,

HOUSE-PHYSICIAN, ST. GEORGE'S HOSPITAL.

A CASE of poisoning by carbolic acid has recently occurred in St. George's Hospital, and as such accidents have been of rare occurrence, I think it may be interesting to publish a few short notes of the case.

On Thursday, February 13th, I was called in haste to come and see a patient—a woman aged forty-four, admitted the previous day with bronchitis and emphysema—to whom a nurse had by mistake administered strong carbolic acid instead of a dose of senna. I found the patient sitting up in bed, labouring under great dyspnoea, and apparently suffering acute pain. She was unable to speak, but kept her hands firmly pressed over the region of the sternum, as if to indicate that there was the seat of pain. She was very restless, and groaned continuously. The breath smelt strongly of carbolic acid, and the interior of the mouth and lips was charred white, and there was a brown scar on the chin. The pulse was quick (140 in the minute) and feeble. An emetic of sulphate of zinc mixed with olive oil was immediately administered, which she swallowed with great difficulty, and I afterwards endeavoured to get her to drink warm water mixed with oil, but without success, as the power of deglutition became lost. No vomiting ensued, and she soon sank into a state of stupor, the breathing became slow and stertorous, and the pulse excessively feeble. Dr. Barclay now saw the patient, and the stomach-pump was introduced by the house-surgeon, and warm water injected. She gradually sank, and died comatose fifty minutes after taking the poison. The amount of poison taken was not known at the time, but it was afterwards ascertained to have been nearly a fluid ounce of the impure commercial carbolic acid.

The post-mortem examination was made twenty-eight hours after death. There was a brown stain on the chin extending to the angle of the mouth. Old pleural adhesions existed on both sides. The left lung was greatly congested; the right emphysematous; the bronchial mucous membrane of both was injected, and the tubes full of frothy mucus. The left ventricle of the heart was strongly contracted; the right partly so; the organ was natural. Larynx and trachea natural. The mucous membrane of the mouth, œsophagus, and stomach was converted into a soft whitish material, giving the organ very much the appearance of being covered with a thin layer of white lead. This easily peeled off, exposing a bright-red surface beneath. These appearances ceased at the pylorus. The stomach was strongly congested, and contained about two ounces of brown fluid smelling powerfully of carbolic acid. There were a few congested patches in the duodenum. The ventricles of the brain contained about an ounce of clear fluid; the organ was otherwise natural. All the other viscera were natural. The blood was uniformly fluid, and on exposure became of a bright-red colour. No smell of carbolic acid could be detected in any of the viscera, with exception of the stomach.—*Lancet*, March 1st, 1873.

#### ON THE TREATMENT OF THE FEBRILE STATE.

By WILLIAM T. AITKEN, M.D., Professor of Pathology in the Army Medical School.

(*The Science and Practice of Medicine*, sixth edition, 2 vols., 8vo., pp. 944 and 1290. London, 1872.)

We quote in full Dr. Aitken's chapter on the gen-

eral principles which dictate the treatment of the febrile state:—

“To avert the tendency to death in the febrile state; it is necessary to observe how fevers naturally terminate favorably. Four modes are enumerated by Dr. Parkes, namely:—

“1. *By crisis*, in which the temperature falls suddenly in a few hours, and usually with some abundant excretory discharge, in which, possibly, much of the water which has been retained in the system is poured out.

“2. *By lysis*, in which the fall of temperature is gradual from day to day, till the normal standard is attained. The decline may thus occupy many days, the thermometer being known to take seven days in falling from 102° to 98° Fahr.

“3. *By a combination of these two modes*, namely, by a sudden fall of temperature to a certain point, and then a gradual decrease to the normal heat.

“4. *By a somewhat irregular alternation of febrile and non-febrile periods*, as shown by the temperature and the issue.

“When fever terminates by any of these modes, convalescence commences, normal nutrition is renewed, and the body begins to gain in weight. The blood is poor in albumen and in red particles; and there is now a danger that the rapidity of metamorphosis of tissue will exceed the healthy standard, as shown by the great tendency to lose heat, which convalescents from fever have. The temperature may fall, and the excretions may diminish below their healthy amount. Great care, constant attendance, and watchfulness are required when the patient begins to convalesce, if the fever has been long and severe; and the treatment of the febrile state itself may be thus generally stated as consisting in a combination of measures—(1.) To reduce excessive heat; (2.) To insure sufficient but not excessive excretion and elimination of paralyzed nerves; (3.) To act restoratively on the exhausted and semi-paralyzed nerves; (4.) To neutralize any specific poison which may have set up the fever, and so to improve the state of the blood; (5.) To relieve distressing symptoms; and lastly, To obviate and counteract local complications (Parkes, Murchison).

“(1.) *To reduce excessive heat*.—To accomplish this, the first indication, Dr. Robert Jackson, ‘the patriarch of Military Medicine,’ and after him, Dr. Currie, of Liverpool, in 1794, practised, to an extreme degree, the application of cold water—a therapeutic agency which is now again challenging attention, so that medicine, like history, constantly repeats itself. Jurgenson, Liebermeister, Hagenbah, and Küchenmeister are the most recent advocates and exponents of the application of cold water in the treatment of fevers. In health, such an application tends to increase the metamorphosis of tissue, as shown by Lehmann and Sanderson; and therefore its use in the febrile state requires the greatest care and caution. It is interesting to notice that Küchenmeister confirms the accuracy of Currie's own observation. To be of use, it must be employed very early in the fever, before the third or fourth day. As soon as the temperature rises above 102.5° Fahr.

or higher (104° Fahr.), the treatment by cold bath is to be commenced, and continued as long as the temperature remains so high. The effect and object of the bath is to lower the temperature—a lowering which does not reach its minimum immediately after the use of the bath. Hence the great caution required in its use. The diminution of bodily heat appears to be largely due to the excitement of skin transpiration—a condition brought about when the bath has a favorable influence. If the skin be moist and perspiring, the use of a cold water bath is not required.

“Among the many different way of applying cold water in fevers, Kuchenmeister gives the preference to Currie's *cold affusion*—the patient merely sitting in an empty tub, and having from four to six buckets of cold water (40° to 50° Fahr.) poured over him, from a height of about two feet. This form of administration is especially useful where cerebral symptoms are severe, with depression of the motor energy of the brain and cord, threatening paralysis of the heart, or severe degrees of bronchial complication with passive collection of large quantities of thick secretion in the tubes. In the unconsciousness of ‘sun-stroke’ it is thus useful. If the sitz or shallow bath be used, the patient must have his whole chest, front and back, well rubbed with towels till the skin becomes red, as he sits in the tub. It has been so used with benefit at an early period of *enteric fever* and *scarlet fever* (*The Practitioner*, July, 1869, p. 45.) The frequent and careful use of a thermometer for determining the temperature of the patient's body is required as affording the only correct measure of the severity of the fever. It is as necessary to the physician as the compass is to the mariner at sea.

“Sometimes the patient may be laid bodily in a bath of a temperature of about 95° Fahr., which is gradually cooled down to 86° Fahr. or 77° Fahr.: as patients get stronger the bath used colder and colder, 77° or 86° Fahr. After the immersion, lasting from three to fifteen minutes or even an hour, and regulated by effects as indicated by the thermometer, the patient is dried at once and put to bed and covered as usual; and if the feet are cold, warm bottles, or a hot brick enveloped in flannel, may be applied. This method, now being carried out in some parts of Germany, does not recommend itself at first sight, but it may have advantages which we in this country have not yet learned to appreciate. The proper time for the use of the remedy must not be later than the first few days of the fever, and in scarlet fever when the skin is hot and the rash bright and red. The patient being stripped should have four or five gallons of very cold water poured over him (affusion); and when the heat of the surface returns, the application may be repeated and renewed again and again. Its good effect is to lower the temperature, to lessen the frequency of the pulse and the respiration, to render the tongue moist and soft, to diminish or remove stupor, to procure sleep, and sometimes it may bring about a perspiration which brings relief. But, if there be much nervous irritability, and especially in delicate females, the *shallow bath*, as less exciting than the *cold affusion*, is to be preferred. The

patient then sits or is supported in an open bath, about six feet long, in a depth of water from six to twelve inches, having a temperature of from 60° to 80° Fahr. The extremities and trunk must be well rubbed by the assistant, while water of the same temperature as the bath is gently poured over the head. The patient may remain in this shallow bath from five to forty minutes, till the temperature of the body is reduced. In cases of delirium with a high bodily temperature (104° Fahr.), and prolonged sleeplessness, while the patient is held in warm bath (92° to 98° Fahr.), ten, twenty, thirty, or more bucketfuls of cold water (40° to 60° Fahr.) are to be poured slowly over the head, hot water being constantly added to the immersion bath, so as to maintain its temperature at 92° to 68° Fahr. A refreshing sleep is sometimes the result.

“By using the *douche*, the cold water is made to impinge on some part of the body (head and shoulders, or individual joints, or any part in succession, for instance), with considerable force, and the nervous impression produced is correspondingly great—too great and uncontrollable to admit of its frequent employment in this way. Where *delirium* is furious it may sometimes be so quieted, and its good effects become visible if the pulse and breathing improve, or even continue as they were before commencing the *douche*. One good method of applying it is to place the patient in a warm bath, and then apply the cold *douche* to the head as described (Ringer).

“Great relief may also be obtained from the severe headache which is met with in acute specific fevers, if the water be employed as recommended by Prof. J. Hughes Bennett: ‘A wash-hand basin should be placed under the ear, and the head allowed to fall over the vessel, by bending the neck over the edge. Then, from a ewer, a stream of cold water should be poured gently over the forehead, and so directed that it may be collected in the basin. It should be continued as long as agreeable, and be repeated frequently. The hair, if long, should be allowed to fall into the cold water, and to draw up the water by capillary attraction.’

“Sucking of ice, also, is most grateful to fever patients; it allays thirst. Cold sponging, or by tepid water, of the body is also resorted to with great relief in fevers. Sponging with very hot water is similarly useful. It will sometimes bring about relief by perspiration; while at the same time it soothes the restlessness and favors sleep (Ringer).

“Bloodletting or hemorrhage also tends to reduce temperature; but bloodletting can never be tolerated in specific fevers, such as *typhus*, *typhoid*, *scarlatina*, and the like.

“*Infusion of digitalis* has been found by Wunderlich to have a wonderful influence in reducing and moderating the temperature in many febrile states, such as enteric fever. Its most obvious action in small doses is to depress the force of the heart. The dose should therefore be cautiously regulated; it must not be repeated too soon, nor be increased, if it should not operate at once.

“*Alcohol* is another agent, shown by the experiment of Professor C. Binz, Parkes, and Assistant-

Surgeon the late Count Wolowitz, capable of reducing temperature, but only in a very unimportant degree, so that its power as an antiphlogistic is very slight, and such enormous doses must be taken, that harm can only come by any attempt at reduction of temperature from the use of alcohol. Dr. Ringer has made many observations on this point, and is convinced that little can be hoped for from alcohol as a means of diminishing the preternatural heat of fever patients. This much seems certain, however, that its anti-febrile influence is best expressed in the removal of conditions which induce paralysis of the brain and heart, and when the temperature of the body is high, as indicated by the thermometer; in this respect it approaches quinine in its action, but at the same time possesses in addition its well-known stimulating action on the central nervous system and upon the heart. Depression is generally associated with a high temperature of the blood, and passes off when it falls. But, in giving alcohol, it must be remembered that two circumstances may contra-indicate its use, namely—(1). *Its effects on the pulse.* (2). *Its influence on the tone and diameter of the vessels.*

"It increases the heart's beats as well as the strength of the contractions of the heart. If such effects are to be feared, of course alcohol is not proper to be employed, either in fevers or inflammation. Certain precautions must therefore be observed in the administration of alcohol, and its effects on the different functions carefully watched, to learn whether we obtain from the employment of alcohol good or harm: and although the pulse and heart afford the greatest and most reliable information on this point, yet the influence of the alcohol on the other organs must not be overlooked, as it may happen that while one system is benefited, others are injured, and with some good, the alcohol on the whole may do much harm (Ringer).

"The following rules regarding the use of alcoholic stimulants in fever were laid down by Dr. Armstrong, and they have been indorsed by many experienced physicians.

"During the administration of alcohol—

"1. If the tongue becomes more dry and baked, alcoholic stimulants generally do harm. If it becomes moist, they do good.

"2. If the pulse becomes quicker, they do harm. If it becomes lower, they do good.

"3. If the skin becomes hot and parched, they do harm. If it becomes more comfortably moist, they do good.

"4. If the breathing becomes more hurried, they do harm. If it becomes more and more tranquil, they do good.

"In judging also of the influence of alcohol on the pulse," says Professor Ringer, "its compressibility is of more importance than its volume. Under the action of alcohol, a soft and yielding pulse of large volume often becomes much less compressible and smaller, changes which show an increase in the tonicity of the arteries and in the strength of the heart. Other circumstances also afford information as to the employment of alcohol, namely—'At the two extremes of age, the powers of the body are easily

depressed; and hence, with such persons, stimulants are early called for, and must be freely used. In such, and especially the aged, it is of the greatest importance to anticipate prostration by the early employment of alcohol, as when once this occurs, the greatest difficulty is experienced in restoring the patient to his former state. Young children, when weak, take stimulants even in large quantities with benefit. And with the stimulant some easily digested food should always be given.

"*Sulphurous acid* has also been proposed as an agent for the reduction of the temperature by Dr. R. Bird, in *Indian Medical Gazette* for February, 1869. In drachm doses every two, three, or four hours according to intensity of febrile heat, a fall of temperature has followed its administration, continued over twenty-four hours. In remittent fever he considers it especially beneficial and in 'internal fever'—a native name.

"(2.) *To insure sufficient but not excessive exertion, and to promote elimination in fever*, is much more difficult than to reduce temperature; which, for obvious reasons, is not always judicious to attempt either by cold water, bloodletting, digitalis, or alcohol.

"The system ought to be supplied with an abundance of alkaline salts, if the urinary excretions are not eliminated.

"*Chloride of sodium, the alkaline salts of soda, and of potash* tend to aid the formation of urea and its elimination. Purgatives generally, and especially *salines*—i.e., salts of the alkaline and earthy metals—tend to insure a proper excretion, probably by removing from the blood some of the abnormal products formed in fever, and great relief may follow their intelligent use. When urea is retained, they promote its elimination, because it is known that urea sometimes passes off by the mucous membrane of the intestines.

"Dr. Armstrong strongly recommended purgatives to be freely administered to fever patients during the first few days of their illness, and before exhaustion had set in, so as to produce several evacuations in the day. By free purgation in scarlet fever the severe sore throat and swelling of the glands can be prevented, as well as many other of the disagreeable *sequelæ* of this disease, such as discharge from the nose and ears. I have found the following formula of great benefit as a purgative for this purpose:—

℞. *Magnesiæ sulphatis* ʒvj; solve in aquæ ʒviij; adde pulv. *guaiaci*, ʒiss.; pulv. gum *tragacanth.* co. gr. xi. *Misce bene.* One sixth part of this mixture given every four hours till the bowels are freely moved, gives great relief to the congested throat and swollen glands.

"But in some fevers, as in *typhus*, purgatives must be very cautiously and sparingly given, and always in mild doses. So also elimination by the skin, to the extent of *diaphoresis*, is to be dreaded in typhus fever; (see "Treatment of Typhus Fever).

"(3.) *Restorative agents.*—The most important indication, however, in the management of the febrile state is to find some substance which, being restora-

tive in its action (Headland), will so act upon the blood and on the nervous system at the same time, as to restore the exhausted energies of the nervous centres.

"Food, mild stimulants, and quinine are all more or less employed, and quinine especially may be employed with benefit. Infusion of coffee as a medicine has been given by Dr. Parkes with the beneficial effects of relieving headache. Boeker and Lehmann have shown that the use of coffee, in health, delays the metamorphosis of tissue, and excites the nervous system. As a nerve-restorative, phosphorus merits some notice. And first, as iron is given where the blood requires nourishment and restoration, so phosphorus seems to nourish and restore the nervous system, especially in cases of fever, where much phosphoric acid has been passed by the urine. The forms in which it is given are (1) in pill,  $\frac{1}{40}$ th or  $\frac{1}{70}$ th of a grain of finely divided phosphorus, melted with fat, and the pill covered with an impermeable coating; (2) in the form of hypophosphites of potash, soda, or lime, given in camphor water, to the extent of five grains of the salt, three or four times a day. The potash salts seem to have a solvent and liquefacient action so strongly marked, that great mischief may result from its incautious administration to persons affected with tubercular deposit in the lung. For the same reason it is of great value in chronic bronchitis, with thick fetid expectoration and congestion of lungs. (Dr. Thorogood, in *Practitioner*, July, 1869, pp. 14-20). Camphor has been also found of use in the adynamic type of fevers. It acts beneficially in strengthening the pulse and reducing its frequency. At the same time it moistens the skin and subdues delirium, especially the low muttering form. Twenty grains or more every two or three hours are required for this result, and its effects must be watched (Graves). Counter-irritation by blisters has been largely employed by Graves and other physicians as a mere stimulant in fever, under the following conditions, described by Dr. Ringer as follows: "With acute diseases, such as the idiopathic fevers and inflammations, it not infrequently happens that persons already weak and much prostrated have their dangers greatly aggravated by the following mental state—they become aphetic and unobservant, which condition increases till it even reaches partial insensibility or coma, and they can only with difficulty be roused, and then wear a stunned, stupid, and vacant look, and understand very imperfectly what is said to them. The body generally sympathizes with this depressed condition of the mind, and its functions are more and more languidly performed, till those necessary to life altogether cease. It is a condition which may not inaptly be compared to one produced by poisoning with opium, where there is partial coma, which produces a lethargy in the functions of the body whose activity grows less as the coma continues and deepens. But there is no true and refreshing sleep, while it is a condition in which sleep is most urgently needed. With patients in such a precarious state, it is of all things necessary to rouse them from their state of lethargy, and with the restoration of consciousness and activity of mind, there occurs renewed

vigor in the functions of the body, and the patient is removed from a state of imminent danger to one of comparative safety. To accomplish this, blisters of large size, in quick succession, and for a short time, should be applied to different parts of the body, for instance, to the chest, to the abdomen, and to the thighs and calves. I have seen very satisfactory results follow their application to the nape of the neck under such circumstances. Dr. Ringer considers that more good is obtained by an opiate and plenty of stimulants, carefully given to produce sleep, out of which the patient wakes strengthened and much improved. No fixed rule can be laid down; each case must stand on its merits.

"The treatment of any special febrile state depends on the disease of which it forms a part, and by which it is more or less modified—forming a special topic for consideration in the part which treats of special diseases. But it is above all necessary to guard against the habit of trying always to be doing something. As a routine system, nothing can be laid down as a rule, either in the direction of depletion, or of evacuants, or of stimulation or restoration. The febrile state is in many diseases part of the essence of the morbid condition, which cannot be cut short nor materially subdued by remedies. There is no specific remedy for the cure of any fever; and in the present state of our knowledge regarding specific febrile diseases, there can be no specific remedy for their cure.

"Every disease where fever is present, and every case of specific febrile disease, must be studied so that its management or treatment may be regulated on the merits of the individual case; and must be regulated by the state of each particular function as determined by clinical investigation daily.

"No remedial agent here mentioned can cut short a specific fever. Judiciously employed, they may render them less dangerous, and may in some cases save life."

#### MURIATE OF AMMONIA IN BRONCHITIS, CATARRHAL PNEUMONIA, ETC.

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

When patients object to the mixture of sweet and salt, the following is to be preferred:  $\mathcal{R}$  Ammonia muriat. ʒ ij; aquae, fʒ vj. Dose as before.

When the cough is very annoying  $\frac{1}{20}$  of a grain of sulphate of morphia, or 10 to 15 minims of tincture of hyoscyamus, may be added to each dose.

In bronchorrhœa the following may at the same time be used by inhalation twice or thrice daily. Take of Sat. solution of alum, ʒ vj; tr. hyoscyamus, ʒ ss. M.

## TREATMENT OF PLEURISY.

By FRANCIS E. ANSTIE, M.D., F.R.C.P.

*(A System of Medicine, vol. iii., 1871, 8vo. pp. 968.)  
Treatment of Pleurisy.*

"The treatment of pleurisy." Dr. Anstie writes, is naturally divided into that of the primary and that of the secondary forms.

"Primary pleurisy, of a well-marked type, is perhaps as little the fit subject of treatment by drugs or other artificial means, in its acute stages, as any disease that could be named; or rather, the drugs needed are very few, and are all of the stimulant-narcotic class. For the vast majority of patients, indeed, the only drug which is of considerable value is opium in one or other form, until the febrile period is passed over, when preparations of iron sometimes become very useful. I do not make this statement without having carefully watched and considered the effects of a number of internal remedies which are still used as a matter of course, and, indeed, considered essential by various physicians of good repute.

"To take, first, the case of primary simple fibrinogenic pleurisy, one may at once decide against all heroic remedies, since evidence abounds on all sides to show that the disease is a perfectly harmless one, unless the patient has strong tendencies to constitutional disease, and that it tends always to recovery. In fact one has no need to adopt any treatment whatever beyond keeping the patient in one room, free from draughts, and in the posture which he finds easiest to him; feeding him steadily with nutritious food of the kind best adapted to the degree of fever and digestive derangement that may happen to be present; forbidding unnecessary movements and walking; applying hot poultices to the side, and administering an occasional hypodermic injection of  $\frac{1}{2}$  or  $\frac{1}{4}$  grain morphia to keep the pain in check. Acetate of ammonia, in doses just short of those which produce decided sweating, will sometimes greatly relieve the pain and distress even without the aid of opium, and is at all times a harmless, even if an unnecessary medicament. Recently, the acetate of methylamine, a base which exists in roasted coffee, owing to the transformation by heat of a part of the caffeine) has been proposed, and apparently used with good effect, by Professor Béhier, of Paris. There is usually no necessity for alcohol, and it had better be avoided. After some six or seven days in bed the patient will probably be well able to sit up; and the only thing necessary to forbid him is movement. He should sit perfectly still. If any anæmia remains, the tincture of muriate of iron in twenty-minim doses, thrice daily, is advisable as a tonic; and, on the whole, a very few days ought to see the patient completely fit to resume his ordinary work.

"In pleurisy evidently of considerable extent, and with a notable amount of serous effusion, the ideal of treatment should be still, as much as may be, that given above. It is now very decidedly proved that the old heroic methods of attacking severe pleurisy ought to be abandoned. In the first place, as to general bloodletting. I have witnessed enough of this treat-

ment to be sure of two things: firstly, that the older physicians were perfectly right in the statement that it usually relieved pain with great promptitude; and secondly, that the relief thus given is not in the least degree superior to that afforded by hypodermic injection of morphia, except that it operates more quickly, perhaps by some five minutes, than the latter. As to bleeding checking the tendency to effusion, that is to me quite incredible. No such effect has been witnessed in either of the five cases of phlebotomy for acute pleurisy that I have watched at various times; and I observe that Dr. Aitken, while still adhering to the use of this remedy, recommends us not to be discouraged by the fact that the effusion may go on increasing after the bleeding, and the patient also may fall very depressed. It is true, he says, that after a certain time absorption will set in, and that it will then go on more rapidly and well than if the patient had not been bled. I cannot at all imagine on what evidence this last opinion is based; certainly it utterly conflicts with the facts of my own experience; and though I have personally seen little of the actual treatment of pleurisy by bleeding, I have examined a pretty large number of persons whose past history included one or more pleuritic attacks which had been so treated. The accounts given by such persons show a melancholy uniformity: long weeks and months of suffering from the presence of effusion in the chest, occasionally leading (through empyema) directly into active and rapidly fatal tuberculosis, nearly always slow and imperfect recovery, with diminished vital energy and especial weakness of the chest, and only in the rarest cases a tolerably prompt and complete recovery. The homœopathists have made their fortunes in no small degree by their treatment, of pleurisy, which has had the one sole merit of being purely negative, and avoiding all destructive agencies.

"A much better case, no doubt, might be made out on behalf of local bloodletting. Cupping ought never to be mentioned, being actually barbarous in the suffering it inflicts on a pleuritic patient. But leeches unquestionably do relieve pain very often in a speedy and effectual manner, and I only know of one objection to their use—viz., that morphia will relieve the pain with even greater certainty. During five years of dispensary practice I determinedly abstained from the use of leeches in pleurisy, and found morphia, even given by the mouth, a perfectly satisfactory substitute. But since the use of the hypodermic syringe has become more common, the advantages of morphia are far more manifest; and I have no doubt, personally, that leeches are now unnecessary. The first act of the physician in treating a pleuritic patient in the agony of the early acute stage should be to inject 1-6 or 1-4 grain of acetate of morphia (for an adult) under the skin, and to envelop the painful side in a hot poultice. For a child under two years, 1-40 or 1-30 grain is enough. Such doses as these may be repeated every four hours if necessary; but in fact it is seldom that more than two or three doses are needed in the first twenty-four hours, and afterwards one dose in each twenty-four hours is generally enough.

"I would insist strongly on the advantages, indirect as well as direct, of subcutaneous over gastric administration of opiates; in a direct way, the former is superior, as acting much more rapidly; in an indirect way, because it so much less disturbs the functions of the alimentary canal.

"Of the treatment by mercury, I can express only the most unqualified disapproval. I have watched many cases of pleurisy in which, according to the rule formerly acknowledged, mercury was given, either to complete or partial salivation, as soon as the signs of effusion became unequivocal, and I can truly say that these cases, even when they were not further complicated by the depressing influence of bloodletting, contrasted very unfavorably with the results of a treatment which entirely adjures mercury for any purpose except that of an occasional purgative. I am glad to cite, on this point, the late Dr. Hillier, who says (in his Monograph on Children's Diseases) that from experience he had been led to abandon mercurial treatment for pleurisy; and I believe that, whatever some of the class-books may still say, mercury is practically given up by the best physicians in this country, not only in children's pleurisy, but in that of adults. It seems the general opinion among those with whom I have conversed, that the absorptive action with which mercury used to be universally credited is more than doubtful in the case of pleuritic effusions, whether fibrinous or serous. And certainly if it fails to do good, mercury may do very sensible harm. I have seen cases in which it apparently produced the most decided anæmia—at least there was scarcely any other possible cause for the latter condition—which set in rapidly after the first occurrence of pyæmia.

"The treatment by so-called 'counter-irritants,' as pursued by many physicians, is no less repugnant to me than is that by mercury or bleeding. Let me make two admissions. In the first place, the mere application of a mild mustard plaster, or, still better, of a hot poultice, or epithem, undoubtedly may give some ease; perhaps even arrest incipient inflammation; and the use of small flying blisters, in the limited attacks of pleurisy which are so common in phthisis, undoubtedly appears to give relief in many cases. But the use of large blisters, especially if kept open, appears to me both useless and often prejudicial. I shall not repeat here what I have said at length elsewhere; suffice it to say that I adhere to my opinion, already stated, which is the same as that previously announced by many of the greatest masters of practical medicine in the present century.

"The practise of painting the chest-wall with iodine, though not open to the same positive objections as apply to blistering, has never, in my experience, yielded any very positive results. It is I believe very inferior in utility to the application of the simple adhesive, or Burgundy pitch, plaster, to afford mechanical support; this really does sometimes appear to favor absorption of the fluid, and it usually gives much comfort.

"The employment of diuretics to promote absorption is another point on which I find myself at issue with the opinions of many. The only drug which

has appeared to me, in some cases, directly to promote absorption by means of increased diuresis, is iodide of potassium, in quantities amounting from 6 to 18 grains daily, according to the age of the patient. I think it is worth trial for two or three days (along with the external use of iodine) when effusion comes to a standstill.

"The medicine, however, which stands quite alone in its power to promote the process of absorption is iron—best given in the form of *muriated tincture*; and in all cases where there is marked anæmia it should be exclusively employed from the moment when the necessity for administering opium ceases."

After adverting to some matters of minor importance, Dr. Anstie alludes to the change of opinion which the writings of Trousseau, Bowditch, and others have produced during the past few years. With regard to paracentesis thoracis Dr. Anstie says:—

"It can hardly be doubted that the whole feeling about the dangerousness of paracentesis rested upon the use of clumsy and imperfect means of operation, and on exaggerated ideas of the evil effects of admitting a small quantity of air into the pleural sac. With regard to the first point, we are entitled to say that it is quite possible so to operate as to insure that no damage will be done to viscera, and that no more than a trifling quantity of air will be admitted to the pleura. And upon the second point we may certainly now assure ourselves that there is no reason to fear serious mischief from the admission of a limited quantity of air if the opening made in the operation be afterwards properly closed. It is even unnecessary, as Dr. Bowditch's large experience has shown, to make the opening valvular. But the most important advance that has been made is the invention of apparatus which allows of the operation being made either simply exploratory, or carried on at once to evacuation of the fluid. With the instrument either of Bowditch or Dieulafoy we introduce a very small trocar and canula guarded with a tap, and by attaching a suction-syringe and opening the tap, we withdraw a small amount of fluid, the exact nature of which we can identify: if we elect to continue the evacuation, we can do so with the aid of the syringe; if, on the other hand, no fluid can be obtained, the guard tap has prevented the entrance of air, and we can withdraw the canula and close the wound without having done the least mischief. By the use of the small canula we are able to operate without risk, because, in the case of an entirely mistaken diagnosis, we should have done no damage, even though we had perforated a consolidated lung, a solid tumor, or an intercostal artery. The suction power of the vacuum-syringe will enable even thick fluid, such as somewhat concentrated pus, to be withdrawn through the smaller-sized canula; but the puncture is such a trifle that in case of our desiring a larger tube, the smaller one can be withdrawn, the finger being pressed on the spot as it emerges, and the more capacious canula introduced at the same place.

"The site of puncture should be selected in ordinary cases according to Bowditch's rules: Find

the inferior limit of the sound lung behind, and tap two inches higher than this on the pleuritic side, at a point in a line let fall perpendicularly from the angle of the scapula. Push in the intercostal space here with the point of the finger and plunge the trocar quickly in at the depressed part; be sure to puncture rapidly and to a sufficient depth, or you may be balked by the false membranes occluding the canula.

"It will sometimes happen that with the greatest care and trouble we are unable to get a flow of fluid at the point where we first puncture; it is then our duty to try elsewhere, for our failure may be owing to unusual thickness of the false membranes in the lowest inch or two of the pleural cavity. We thereupon repeat the puncture a little higher up, and further towards the axillary line, and here we perhaps find fluid; at any rate, no harm has been done by the two punctures.

"The circumstances under which paracentesis ought to be performed for pleurisy are the following:

"1. In all cases of pleurisy, at whatever date, where the fluid is so copious as to fill one pleura, and begins to compress the lung of the other side; for in all such cases there is the possibility of sudden and fatal orthopnoea.

"2. In all cases of double pleurisy when the total fluid may be said to occupy a space equal to half the united dimensions of the two pleural cavities.

"3. In all cases where, the effusion being large, there have been one or more *fits* of orthopnoea.

"4. In all cases where the contained fluid can be suspected to be pus, and exploratory puncture must be made; if purulent, the fluid must be let out.

"5. In all cases where a pleuritic effusion, occupying as much as half of one pleural cavity, has existed so long as one month, and shows no sign of progressive absorption.

"The *limits* of the operation form an important question. Formerly one great error seems to have been, that operators were often too anxious to extract the whole of the fluid; in this way they often protracted the operation to a mischievous extent, and gave abundant opportunity for that very entrance of air to the pleura which was theoretically so much to be dreaded. Among the latest writers, Bowditch and Murchison have most authoritatively shown that it is neither necessary nor useful to extract the whole of the fluid, and that the removal of just so much as may be necessary to relieve substantially the mechanical distress, will in most cases give the necessary spur to the natural process of absorption, by means of which the rest of the fluid will be taken up. One rule seems absolute; the withdrawal of fluid must be arrested the moment that the patient begins to complain of constricting pain in the chest or epigastrium. Even in the case of purulent effusion there can be little doubt that absorption often takes place, though unquestionably there is here a danger that concrete cheesy matter may be left unabsorbed, and under unfavorable circumstances may become the starting-point of tubercular infection.

\* \* \* \* \*

"It remains to say a few words on the treatment

of those least fortunate cases where, from one cause or another, a purulent fluid forms and re-forms with great rapidity after each tapping, and perhaps becomes putrid and stinking. Where it is only a question of excessive purulent secretion, simple washing out of the pleura with warm water after tapping may possibly change the action of the membrane, but in most cases it will be necessary to keep the canula in, cork it up, and daily allow the exit of pus, and then wash out the cavity. But in my opinion, if it comes to this, the better plan by far is the drainage-tube. A needle-eyed probe, being introduced through the original opening, is carried through to the opposite chest-walls, and is there made to protrude the muscle and skin of an intercostal space, the finger outside carefully feeling for it. The probe is cut down forced out through the chest-wall, and threaded with a strong thread; this is then drawn back through the chest till it comes out at the original opening. The thread is fastened to an India-rubber drainage-tube (pierced with openings in the manner devised by Chassaignac), and the latter is then drawn through the chest till it issues through both orifices. Nothing more then remains but to tie the ends of the tube lightly together."

#### ON THE INHALATION OF CHLOROFORM IN PARTURITION.

The following is Sir James Simpson's summary of the rules for the exhibition of chloroform in parturition:—

"1. Begin the inhalation of chloroform when the patient complains of much pain. This is generally towards the end of the first stage.

"2. Always inculcate perfect quietness around the patient, particularly when commencing to give the chloroform.

"3. Only give it during the pains, and withdraw it during the intervals.

"*Exceptions.*—Give a whiff of the chloroform also during the intervals when the pains are very severe, and the patient awakes complaining of them. Give small doses, or only repeat them every second or third pain, when the chloroform affects the action of the heart or uterus. These cases are very rare.

"4. When given during the first stage the anaesthesia need not be deep, unless the suffering be great or the symptoms of anaesthesia disagreeable.

"5. As the second stage progresses make the anaesthesia so complete as to destroy all sensibility.

"6. Do not allow the urinary bladder to become over-distended.

"7. Do not restrain the patient in one position.

"8. Be sure to remove the chloroform as soon as the child is born.

"9. Do not awake the patient artificially."

#### ON THE TREATMENT OF HEAD INJURIES.

Having carefully considered the whole subject of concussion and injuries of the brain, including compression and extravasation of blood with or without fracture of the skull—Mr. Bryant writes in his

excellent manual, just published—may be fairly deduced:—

*General conclusions.*—1. Injuries of the head are of importance only so far as they involve the cranial contents—a simple uncomplicated case of fracture of the skull being of less danger than a general concussion of the brain.

2. A slight concussion of the brain, associated or not with a fracture of the vault or the base of the skull, which manifests itself by a slight or passing suspension of the cerebral functions, generally does well.

3. A severe concussion or shaking of the brain, associated or not with a fracture of the vault or the base of the skull, is liable to produce contusion or laceration of the brain substance, either upon its surface or within its ventricles, with more or less extravasation of blood, and when the vessels are diseased, a copious hemorrhage often follows a slight injury.

4. In cases of concussion of the brain, the cerebral structure is at least as much injured by *contre-coup* as at the seat of injury, the base of the brain suffering the most. Fracture by *contre-coup* does not take place.

5. A fall upon the vertex from a height, or a blow upon the head from a blunt instrument, may be followed by fracture of the skull, or not; such an accident produces, as a rule, a general concussion of the brain, with such complications as contusion or laceration of the brain, and effusion of blood either upon its surface or within the ventricles.

6. Falls upon a pointed object, and blows with a sharp instrument, as a rule, are followed by a local fracture; and if the brain be injured, it is at the seat of injury. As a consequence, the symptoms may be accounted for by local causes only, and the surgical treatment directed by local considerations.

7. When symptoms of compression of the brain immediately follow an injury to the skull produced by a fall from a height, or a blow from a heavy and blunt instrument, the cerebral injury will be general, the brain contused and lacerated, particularly at the base by *contre-coup*, and if extravasated blood be found external to the dura mater, blood will also be found upon the surface of the brain, or within its membranes.

8. If symptoms of compression of the brain follow a local injury produced by a fall upon a sharp object, or a quick blow from a pointed one, such symptoms, as a rule, are produced by local causes, such as depressed bone, or extravasation of blood from rupture of the middle meningeal artery.

9. Such local injuries, when they give rise to marked or persistent symptoms, should be treated by elevation of the depressed bone: but if no general symptoms are present, unless the bone be comminuted and can be easily removed, no operation is indicated; a local pressure of the brain by bone, although severe, uncomplicated with symptoms, generally doing well.

10. When compression of the brain follows a local injury over the course of the meningeal artery

after an interval of time, and when reaction has been established, although no depressed bone be present, the operation of trephining may be performed with a chance of success, the blood often, however, passing downwards towards the base, where the operator cannot relieve.

11. When compression of the brain follows, as a secondary result, a general injury—although that compression is evidently produced by extravasation of blood—the operation of trephining is useless, if not injurious; for although blood may be effused from rupture of a meningeal artery, there will certainly be found some contusion or laceration of the brain itself, or extravasation beneath its membranes, which the operation cannot relieve.

12. Encephalic inflammation may follow any concussion or injury to the brain, however slight, whether complicated with fracture or not; and the danger of such a result is in proportion to the encephalic injury. In cases of contusion or laceration of the brain, with extravasation of blood, it is almost sure to follow, and, as a rule, it will produce a fatal termination. This inflammation may appear within a few hours of the accident, or it may be postponed for some days; it may be very rapid in its course, or very insidious in its nature. If the brain itself is the seat of the disease, it is generally insidious, giving rise to either a diffused or local abscess; but if the membranes are involved, effusion, convulsions, coma and death will rapidly take place.

13. The operation of trephining is perfectly useless in cases of severe concussion of the brain, whether, associated or not with fracture, although it may relieve compression arising from local conditions; for the brain is generally injured by *contre-coup* at its base or in positions where no operation can be of benefit, but must prove injurious.

14. The operation of trephining is only of value in local injuries to the skull, when associated with symptoms of compression from depression of bone, or the local extravasation of blood between the bone and the dura mater.

15. Fracture of the base of the skull may take place alone, and be marked by only special symptoms; they may be associated with, and are generally found in, all cases of severe fracture of the vault, when produced by a heavy fall or blow, the fissures radiating downwards in a direction parallel to the forces employed.

16. Fractures of the base may be complicated with encephalic injuries similar to fractures of the vault, and may consequently be manifested by general symptoms as well as special ones; in severe cases the former completely masking the latter. The injury, however, may generally be diagnosed, the mode of its occurrence indicating the probability of its nature.

17. All injuries to the head should be treated with extreme care, and regarded as serious. Rest in the horizontal posture, freedom from excitement, bland, nutritious, unstimulating food are essentials, under all circumstances, the great principle of practice being to ward off excess of reaction or inflammation of the cranial contents.

## OXIDE OF ZINC OINTMENT.

J. Kalish, in the *Am. Journal of Pharmacy*, suggests the following method of manipulation for preparing a smooth ointment of oxide of zinc: Rub the oxide in a wedgewood or unglazed porcelain mortar with considerable pressure, until as finely divided as possible; now add, gradually, with constant trituration and pressure sufficient sweet oil of almonds to form a smooth paste; then add a little lard, mix thoroughly, and finally, add the remainder of the lard. The same process will answer for all ointments containing insoluble substances.

## SUCCESSFUL EMPLOYMENT OF PROPYLAMIN IN ACUTE ARTICULAR RHEUMATISM.

M. Dujardin-Baumetz, in a recent communication to the Société Médical des Hôpitaux of Paris, related the results of his trials of propylamin in acute and subacute articular rheumatism. They had been very successful; the pain had first diminished, then the movements became easier, and the swellings in the joints disappeared rapidly. The duration of the attack seemed generally to be greatly shortened, and, on an average, the disease was stopped in about eight days. Dr. Dujardin-Baumetz generally uses the following formula: Propylamin, ten to thirty grains; tilleul water (infusion of linden-tree leaves), three ounces; syrup of morphia, five drachms; essence of aniseed, sufficient quantity.

## USE OF PERCHLORIDE OF IRON IN VARIOLA.

During the recent epidemic of variola at Gleiswitz, Dr. Silbergleit derived the very best effects from the employment of a solution of perchloride of iron. Twenty to thirty drops of the solution in an ounce of glycerine, given several times successively, at an hour's interval, produced considerable amendment in variolic angina; the pustules were speedily transformed into dry crusts, and the swelling and hyperæmia of the mucous membrane soon diminished. The medicament acted both as an astringent through the medium of the blood, and locally through the glycerine.—*All. Wiener Med. Zeitung.*

## LARGE DOSES OF BELLADONNA IN WHOOPING-COUGH.

A paper in the *Practitioner* for March, by Dr. Charles Kelly, gives particulars of a rather bold experiment in the treatment of whooping-cough by large doses of belladonna. In the first case, a child, aged five years, took more than thirteen drachms of the tincture in four days and a half, thus: "July 30th: At 6 a.m., and again at 10 a.m., he had thirty minims of tincture of belladonna. At 11.30 a.m. the tongue was rather dry and glazed at the centre, but the pupils were natural, and there was no flush or feverishness; fifteen minims of the tincture were then given every two hours. The next day the same quantity was given every two hours, but without producing any apparent effect." On Aug. 2nd, he was rather restless during the afternoon; at 3 p.m. ten minims were given every hour. On Aug. 3d, the face was slightly flushed; the cough was so much relieved that at 8 p.m. the

medicine was discontinued. After taking the tincture for four days and a half the whoop nearly ceased. He coughed slightly after this date, but whooped only four times the following week, and was then quite cured. The second child, much thinned by previous illness, was two years and eight months old; and had fifteen drachms of the tincture of belladonna in four days, with no more result than a blush over the skin for a short time and dilated pupils. The whoops diminished a little in frequency and considerably in severity. After a few days' interval sixteen drachms were again given in four days, and a rapid recovery took place. The third case, a boy six and a half years old, was more affected than the others. Rather more than eleven drachms were given in four days, and, after a short interval, fifteen drachms were given in five days. The whoops were rather more frequent while taking the medicine than after its discontinuance.

The chief interest of this somewhat startling experiment is in the doses of belladonna borne without serious toxicological results. We are disposed to question the genuineness or quality of the tincture. The remedy was tried in a great number of cases, with benefit in some, but with quite negative results in other cases. We congratulate Dr. Kelly on the merely negative results. We have to thank him for a remarkable experiment in therapeutics, though there is little in its results to encourage an imitation of the practice. Children were known to be tolerant of belladonna, but Dr. Kelly's cases give an illustration of the fact that will surprise the profession.—*Lancet.*

ORCHITIS TREATED WITH ABSOLUTE REST.—Dr. Brambilla, of Lodi, Italy, publishes, in the *Lombard Medical Gazette*, an account of twenty-two cases of orchitis treated by this means; twelve of these were gonorrhœal, six traumatic, and four idiopathic. In all the cure was complete. Medium time of treatment was five days, "although on admission the affection had lasted from two to six days, and the testis had acquired from two to five times its normal size. By absolute rest is meant that the patient should lie continuously on his back, with a small cushion between the thighs, in order to support the testis, and that he must never get off the bed even for the purpose of attention to his natural wants." The Doctor thinks orchitis can be more rapidly and more effectually cured in this way than by any other ordinary means.—*Chicago Medical Journal.*

COLOTOMY FOR INTESTINAL OBSTRUCTION.—(*Medical Times and Gazette*).—Mr. Steele commences by observing that many cases of intestinal obstruction terminate fatally without surgical interference, which, were timely operative measures adopted, would very probably end in recovery. He relates the case of a man, aged fifty-two, who, usually enjoying good health, had lately suffered from diarrhœa. On June 2d he was unable to relieve his bowels; he took castor oil, but without effect. Mr. Steele saw him early next day, and found tympanites, colicky pains, and faecal accumulation in the rectum,

with strong desire for defecation. Various aperients and enemata were unavailing; the rectum was cleared out and galvanism applied, but without result. Bad symptoms soon set in, succeeded by failing power of the heart. This was relieved by ether and laudanum. Liquid food was well taken and retained. On the sixth day, the patient, who had somewhat rallied, suddenly becoming worse, colotomy was performed. Flatus immediately escaped, and fæces some few hours afterwards. Localized peritonitis, inflammation of the skin, diarrhoea, gastric and intestinal irritation, etc., gave great anxiety for about four weeks. By this time the wound was well healed around the intestines, and the patient improved, and became restored to fair health; but remained weak. No passage per rectum has occurred since; but free discharges of thick mucus had proved troublesome. A swelling high up the pelvis, which, before operation, seemed like fæces accumulated in the intestinal coils, afterwards descended, and proved to be a tumor, and the cause of obstruction. The patient was doing well. Mr. Steele concludes with observing that where the cause of obstruction is obscure, and appears to be fæcal accumulation, all legitimate endeavors should be made to dislodge the same; that when the cause of obstruction is purely mechanical, opiate treatment should be immediately commenced, and operative interference promptly adopted; that in such a case as the one narrated, surgical aid is the only means of saving life; that a person with a tumor compressing the lower bowel is in a much better condition with an artificial anus than with a constantly forced passage by the natural orifice; that the growth of the tumor will not be nearly so rapid as if it were subject to compression by the fæces and strained defecation, and that operation is most likely to be successful when the obstruction is caused by tumor, there not being sloughing to fear, as in internal hernia or intussusception.—*Medical Times*.

#### TREATMENT OF CHILBLAINS.

F. RHEIN recommends an aqueous solution of iodine and tannin as a remedy for chilblains. He says that the result exceeded his expectations—five applications of the remedy being successful. The application has also been tried by others, with good results when properly applied. The solution is made as follows: About an ounce of tannin is dissolved in half a pint of water; seventy-four grains of iodine are dissolved in an ounce and three-fourths of spirit of wine; the two solutions are then mixed, and enough water is added to make up the whole to two and a half pints. The remedy is applied once daily, the best time being before going to bed. The mixture is gently warmed over a very slow fire; the affected part (e. g., the hand) is dipped in it while still cold, and held there until the liquid, on being stirred, feels uncomfortably hot. The vessel is then removed from the fire, and the hand is dried over it, without gloves. The vessel used must be of earthenware or porcelain, not of metal. Care should be taken not to use too great a quantity of iodine, especially when

abrasions are present. According to Rhein, four or five applications are sufficient.—*Brit. Med. Journ.*, Feb. 8, 1873.

W. T. Carter, M.D. Louisville, Ky. (*Am. Practitioner*, Oct. 1872), recommends the following solution for the destruction of parasites: Corrosive sublimate, gr. xij.; alcohol  $\frac{5}{8}$  iv.; Oil of Bergamot, Mvj. Mix and add water  $\frac{3}{4}$  iijss. This mixture should be thoroughly applied to every part of the body infested. The first application will, in the majority of cases, cause the death of every accessible louse; but it should be continued twice daily for at least one week, in order that none may escape. In that peculiar condition of the system, described so well by Dr. McCall Anderson, in which lice multiply on the body in such numbers and with such astonishing rapidity, the iodide of potassium alone, or in combination with prussic acid, given internally, has yielded the most satisfactory results.

McINTOSH ON DYSMENORRHOEA AND ITS TREATMENT WITH SULPHATE OF QUINIA AND EXTRACT OF STRAMONIUM SEEDS.—The results of an experience with each of these drugs, used separately, led Dr. McIntosh (*American Quarterly Journal of Medical Science*, Jan., 1873) to unite them in the following proportions, varied according to the requirements of each individual case. 'Give a pill consisting of  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. ext. daturæ stramon. sem.;  $\frac{1}{2}$  to 3 grs. sulph. quiniæ;  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. opii; 1 to 2 grs. camphor, three times a day for five days; beginning three days before the catamenial discharge, and continuing for two days after its inception. The same treatment is to be commenced just previously to the next monthly period, and usually from four to eight repetitions, where there is no mechanical obstruction, will secure a regular, painless monthly flow.' Latterly Dr. McIntosh has added powdered ipecacuanha to the above pill, and, as he states, 'with benefit.' With the foregoing treatment should always be combined such emmenagogue and ferruginous medicines as an anæmic or other condition may require, while special directions should be given to procure a daily action of the bowels. A careful avoidance must be observed of exposure to cold or wet, and great care in keeping the feet warm, and a good circulation in the lower extremities generally.'

#### ARSENIC IN DYSPEPSIA.

Dr. J. C. Thorowgood, in the *Practitioner*, speaks highly of the action of arsenic in many diseases of the stomach. He has found that one-drop doses of Fowler's solution in half an ounce of infusion of columbo had the effect, in a case he treated, of allaying the pain, stopping the vomiting of food, and enabling the patient to eat and digest small quantities of mutton. He states that the usual irritable tongue, with projecting papillæ and yellow or gray fur, indicate arsenic. The more purely local the gastric symptoms, the better is the chance of arsenic doing good. Where there is much general exhaustion of the system, with disordered urine or hepatic congestion, it does not promise much.—*The Georgia Medical Companion*.

That clerical and lay functions were once conjoined, the following old-time advertisement will sufficiently show: "Wanted, for a family who have had bad health, a sober, steady person in the capacity of doctor, surgeon, apothecary and man-midwife. He must occasionally act as butler, and dress hair and wigs. He will be required sometimes to read prayers, and to preach a sermon every Sunday. A good salary will be given."—*Medical Times*.

#### SENNA-COFFEE.

It may not be generally known that the disagreeable taste of infusion of senna may be completely removed by the addition of coffee in its preparation.

For a full dose, take a teacupful (say 1 oz.) of senna leaves, a heaped teaspoonful (say 2 drachms) of freshly parched and ground coffee, and boiling water a sufficient quantity to make a teacupful (say four fluid ounces) of infusion—steep till of sufficient strength.

To the infusion prepared, add milk and sugar to taste. The drink will be quite acceptable to adults, and not disagreeable to children.

#### APPLICATION FOR CHILBLAINS.

Two parts oxide zinc; one part tannic acid; ten parts glycerine; eight parts balsam Peru; four parts camphor; to be applied night and morning.—(*Union Med.*, Oct. 15.)

#### POMADE IN LOSS OF HAIR.

M. Bouchut recommends the following, to be rubbed in night and morning, when the hair falls off after delivery or serious illness, giving at the same time, internally, iron and quinine, and in some cases the arseniate of soda: Ten parts extract henbane; five parts tincture of iodine; thirty parts beef marrow; scenting with bergamot.—(*Ib.*)

#### OINTMENT FOR PILES.

M. F. Guym, of the Necker Hospital, Paris, prescribes, in painful hæmorrhoids, an ointment compounded of one part extract belladonna, two parts extract rhatany, and fifteen parts lard.—(*The Doctor.*)

#### NIGHT SWEATS.

Sidney Ringer announces that belladonna has a decided effect in checking anomalous cases of habitual sweating; and a number of other observers have found atropia, in 1-60 grain doses two or three times a day, to exercise some control over the profuse sweats of advanced phthisis, when other remedies had failed.

#### ATROPIA IN NIGHT SWEATS.

Dr. J. C. Wilson, in the *Philadelphia Medical Times*, calls attention to the efficacy of atropia in arresting the night sweats of phthisis, in doses of one-sixtieth of a grain once or twice a day. It was promptly successful after the failure of sulphuric

acid, tannic acid, oxyd of zinc, and other remedies. Dr. Sidney Ringer also furnishes similar testimony in the *Practitioner*, he having injected it in the skin in doses of the hundredth part of a grain. Dryness of the fauces and dilatation of the pupils result from a continuance of the treatment.

#### ON A MEANS OF INTENSIFYING CARDIAC MURMURS.

At a meeting of the Clinical Society of London, held on December 13, Dr. Vivian Poore explained a simple means of intensifying cardiac murmurs, which is likely to prove useful at the schools as an aid to clinical teaching. He illustrated the scheme by making his patient lie down upon a common mahogany table, placing a walking-stick vertically on the centre of his chest about the level of the third costal cartilage, and balancing upon the top of the stick the sounding board of a guitar with the orifice downwards. His patient was the subject of an aortic diastolic bruit, and the arrangements made caused the murmurs to be distinctly audible to the members standing around at a distance of several feet from the patient.

#### TESTING OF URINE FOR BILIARY ACIDS.

M. Straburg (*Repertoire de Pharmacie*) uses the following method, which seems elegant, safe, and easy: 1. a bit of sugar is dissolved in the urine. 2. A bit of filtering paper is dipped in the urine and dried. 3. When the paper is dry, one or two drops of sulphuric acid are put upon the paper. If the urine contains biliary acids, the paper assumes a bright violet color on being examined with a strong light.—*The Lancet*.

#### TINCTURE OF CHLORIDE OF IRON FOR CORNS.

Dr. C. Barber states (*Lyon Medicale*) that he has cured three cases of corns on the toes by the application of a drop of the tincture of chloride of iron applied on the corns night and morning. This application was continued for fifteen days in one case, when the corns from which the patient had suffered for thirty or forty years were entirely destroyed, and pressure on the part gave not the least uneasiness.

#### INSTANT ARREST OF EPISTAXIS.

Dr. Marin, of Geneva, states, in the *Jour. de Med. et de Chirurg. Pratique*, May, 1872, that, as the bleeding in epistaxis generally flows from only one nostril, and most frequently from the anterior third of one of the nasal fossæ, he was led to believe, that by compressing the corresponding facial artery on the superior maxillary bone, near the ala of the nose, the afflux of blood would be diminished, and the hæmorrhage at once be arrested. He has tried this plan in very many serious hæmorrhages from the nose, and the expedient has proved perfectly and promptly successful.—(*L'Union Medicale*, 25th May, 1872.)

## CHLORIDE OF POTASSIUM IN EPILEPSY.

Dr. Lander advocates this salt as better than bromide of potassium in epilepsy. He finds it is more active, costs five-sixths less, and has not the inconvenience of the secondary effects of bromide of potassium. He begins with small doses, and has continued the use of the drug for several months without any bad consequences, in daily doses of from 3 grammes 50 to 5 grammes 50 (1 to 2 drachms). Moreover, Dr. Lander thinks that the bromide is converted into a chloride in the stomach, so he suggests the immediate use of the chloride.—*Philad. Med. Times.*

## CARBOLIC ACID IN PRURITUS.

In prurigo and pruritus, says Dr. Pintschovius, in the *Allgemeine Medicinische Central Zeitung*, I have successfully tried carbolic acid externally. I prescribe a solution containing  $2\frac{1}{2}$  per cent. of carbolic acid, and of this direct a tablespoonful to be mixed with a teacupful of rain-water. Every morning and evening the diseased skin is thoroughly sponged with this. I treated thirty patients in this way, and every one has recovered in from three to eight days' time.—*Medical and Surgical Reporter.*

## VERATRUM VIRIDE AS A HEMOSTATIC.

Dr. J. W. Collin calls the attention of the profession to the veratrum viride as a very powerful and very reliable agent for the arrest of hemorrhage, both active and passive. It should be given in doses of from three to fifteen drops, repeated every one, two, or three hours, according to the urgency of the case, always carefully watching its effects.—*American Practitioner, Sept.*

## POWDERED ACETATE OF LEAD FOR HÆMORRHOIDS.

M. Decondé has obtained very good results by the application of acetate of lead to hæmorrhoids. He places the finely powdered salt in a canula, which he introduces into the rectum, and then by means of a syringe forces the powder out.—*Revue de Thérap. Medico-Chirurg.*, Aug. 1, 1872.

## TREATMENT OF GONORRHOEA BY TANNO-GLYCERINE PASTE.

Dr. Tomowitz, K.K., Regiments Arzt, Austrian Army, reports the successful employment of a modified Schuster's (Aix-la-Chapelle) tanno-glycerine paste for syphilis and gonorrhœa. His formula is as follows:

℞ Acidi tannici..... 3 ss.  
Opii pulveris..... gr. iv.  
Glycerinæ..... q. s. ut ft. pasta.

Some 50–60 drops glycerine are requisite to bring the paste to a proper consistency. A sound or elastic

bougie is dipped into the paste warmed over a stove or spirit-lamp, and thus smeared is introduced into the orificium penis to the fossa navicularis, where it is held for five minutes. This operation is repeated three times a day. In gleet the catheter or bougie is carried back to the bladder and slowly withdrawn, so as to bring the paste into contact with every surface of the urethra. Even in acute cases the pain is but very slight.—*Allg. Militararztl. Zeit.*

## PRURITUS VULVÆ.

LISFRANC.

Take of Bichloride of mercury.....	1 part.
Alum .....	20 parts.
Starch .....	100 "
Water .....	2,500 "

Mix.

S. Apply freely to the part.—*Revue de Thérap.*

## THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A. M.D. L.R.C.P. LOND.

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MONTREAL, MAY, 1873.

## SUPPLY AND DEMAND.

A few years ago, it was a common thing to hear expressed—that the profession of Medicine in Canada was overcrowded, and that a large proportion of those graduating, would have to subsist upon but scant success, while not a few would be compelled to seek other methods of gaining a livelihood. While to a certain extent this expression was doubtless correct, yet we never believed that it was correct to the extent implied. If we can judge from facts which have lately come to our knowledge, it is, however, far from correct now. The impetus given to the country by Confederation has, by largely increasing our population, made the demand for medical men greater than it has been for many years. In several of our daily papers we have noticed advertisements, stating that a physician was wanted in a certain locality, while we are informed that the Dean of Bishop's College had applications from four different localities for medical graduates. McGill College and other medical schools doubtless had many similar applications, so that we may now fairly believe that the demand is fully equal to the supply. In the city of Montreal, within the past two years, fully twenty-five new medical men have commenced practice, all of whom are, we understand, making satisfactory headway.

## MONTREAL GENERAL HOSPITAL.

Just as we are putting the *Record* to press we have received a communication signed "Junior Practitioner," which is somewhat verbose, and which we are therefore unable to insert. He, however, informs us (and we confess the information was news to us) that several meetings of the Board of Management of the Montreal General Hospital have recently been held, at which the advisability of increasing the number of attending physicians, and also the propriety of some of the older members of the staff, retiring upon the Consulting Board or being made Honorary Governors, was discussed. He states "that the Board of Management were largely in favor of such a change, which would afford the younger members of the profession in the city, an opportunity of assisting in the work of the Hospital, and profiting by the vast experience which such a practice affords,"

"It appears, however, that the exclusive policy which has heretofore characterised the Medical Board, is likely still to prevail. At a meeting at which the Medical Board were invited to be present the proposition received their united opposition from the senior member of the Consulting Staff downwards, so that for the present at least, the matter is likely to be allowed to drop."

Our correspondent complains that such a policy savors strongly of exclusiveness and monopoly, and is a gross injustice to the profession in the city. He says, "the principal arguments used against the proposed change were that the present staff were competent to discharge the duties required of them (which he regards as an unfair light in which to put the question) and secondly that it was undesirable and dangerous to the harmony of the Institution, to admit any one connected with any other school than the one to which all the Medical staff, but one, are attached." This objection," he says, "is flimsy, and does not meet the case, as there are many competent men not belonging to any school, who would be candidates were any vacancies to occur."

This is the gist of the letter, and upon it we will have something to say in our next number. In the meantime, we may remark, that our correspondent is not connected with any school, and is, we believe, likely to be well informed upon what he has written.

## CHAIR OF CHEMISTRY, BISHOP'S COLLEGE.

We direct attention to the advertisement concerning the Chair of Chemistry in this School.

## UNIVERSITY OF BISHOP'S COLLEGE MEDICAL FACULTY.

The Second Annual Convocation of this Faculty took place in the University Buildings, Lennoxville, Que., on Thursday afternoon, the 3rd of April. There was a very large attendance of ladies and gentlemen from the vicinity and from Sherbrooke. The chair was occupied by the Hon. Edward Hale, Chancellor of the University, having on his right His Lordship Bishop Williams, of Quebec, President of the Corporation, and on his left the Rev. Dr. Nichols, Principal of the College. Dr. Edmond Robillard, one of the Governors of the College of Physicians and Surgeons of Lower Canada, received the *ad Eundem* degree of C.M., M.D.

The following gentlemen were presented by Dr. David, the Dean of the Medical Faculty, and severally received the degree of C.M., M.D. :—

George B. Shaw, Ottawa, Ontario.

Godfroi Dubuc, Chambly, Que.

George F. Slack, Montreal.

Isaac Fontaine, St. Barnabé.

F. Charles Laurence, Richmond, Que.

Robert F. Godfrey, Montreal.

William Macdonald, Montreal.

Gaspard U. Peltier, St. Guillaume.

Dr. David announced that the Medical Faculty had the past season occupied their new building, which had been found to answer admirably every want. The number of students enrolled on the College Register was thirty—three being from the Province of Ontario, and the remainder from the Province of Quebec. The valedictory address on behalf of the graduates was delivered by Dr. George B. Shaw, while the address to the graduates was delivered by Professor Godfrey.

The Rev. Dean Slack subsequently addressed the Convocation.

Quite a number of the Medical men of the vicinity were present.

At the last annual meeting of the Ontario College of Pharmacy, held in Toronto, it was decided that the Diplomas of the Pharmaceutical Association of the Province of Quebec, the Pharmaceutical Society of Great Britain, and the Philadelphia College of Pharmacy, would be recognized by that College, and such diplomas would be considered by the Board of Examiners as sufficient evidence of the qualification of the holders thereof.

It is a matter of regret to all true friends of progress, that the local legislature has not yet placed the Pharmaceutical Association of the Province of Quebec on the same footing as the sister Association holds in Ontario.—*Com.*

## SPECIAL NOTICES.

Mr. Richmond Spencer, Druggist, McGill street, has a large stock of drugs and instruments on hand. We direct attention to his advertisement.

Mr. H. R. Gray, Druggist, St. Lawrence street, has several specialities, and offers good facilities for physicians in the country to deal with him.

Mr. James Goulden has within a few years rapidly extended his business. He has now three shops in active operation in various quarters of the city, all of which are doing a large trade. He has a very large stock of trusses on hand, to which he invites special attention.

Mr. Ebenezer Muir's, Place D'Armes Drug Store, is in one of the most prominent localities in the city, and is, therefore, admirably placed to attract business. In the matter of Vaccine, Mr. Muir asks the attention of the profession. It can always be obtained from him, and may be thoroughly relied upon. Orders by mail promptly attended to.

There is a practice for sale in one of the most thriving localities in the Eastern Townships. No opposition. The editor of the *Record* will supply full information. Enclose a stamp for reply.

## TO OUR SUBSCRIBERS.

With the issue of two more numbers our first volume will close; we therefore respectfully ask those who have not remitted the amount of their subscription to do so immediately.

Receipts will be enclosed in the issue of the *Record* immediately following the receipt of the money.

## PERSONAL.

Dr. Colin Sewell, of Montreal, has relinquished practice, and sails this month for England, *en route* for Melbourne, Australia, where, we believe, he intends establishing himself. We regret the cause, (illness of his wife) which compels him to seek a more congenial climate, and, in his new sphere, he has our warmest wishes for his success, accompanied with the sincere hope that the change may be the means of restoring Mrs. Sewell to complete health. During the seven years that Dr. Sewell has resided in Montreal, he has been held in high estimation by all his *confrères*, who deeply regret his departure.

On Thursday evening, the 17th of April, a number of his personal friends in the Medical profession entertained him to a dinner, which was one of the pleasantest social gatherings we have attended for a

long time. When the Medico-Chirurgical Society of Montreal met on Friday evening, the 18th instant, the following resolution was carried unanimously:

Moved by Dr. Francis W. Campbell, seconded by Dr. George E. Fenwick.—That this Society has learned with sincere regret of the approaching departure from Montreal of their fellow-member Dr. Colin C. Sewell. They desire to place upon record their estimation of his gentlemanly qualities and high professional abilities, and at the same time to express their sympathy with the cause (illness of Mrs. Sewell) which compels him to leave Montreal, and the professional success which has attended him.

Dr. Montizambert and staff have taken up their quarters at Grosse Isle, and commenced duty. Dr. M. is an able and arduous officer, and we feel that in his hands quarantine regulations will be strictly enforced.

The Medical profession is worthily represented at present in the Dominion Cabinet by the Hon. Dr. Tupper, C.B., Minister of Customs, a graduate of the University of Edinburgh, and by our fellow-student, the Hon. Dr. Theodore Robitaille, a graduate of McGill College, who has recently been appointed Receiver-General.

Dr. Francis W. Campbell has resigned his appointment as Attending Physician to the Montreal Dispensary, after a service of nearly ten years. The Board of Governors passed a vote of thanks to him for his faithful services, and elected him to the Consulting Staff. Dr. John Bell has been elected to fill the vacancy created by Dr. Campbell's resignation.

## Report of Societies.

## MEDICO-CHIRURGICAL SOCIETY, MONTREAL.

Meeting held 4th April 1873.

Dr. John Reddy, Vice-president, in the chair.

Dr. William Burland read a paper on Cerebral Hemorrhage. The patient, Mrs. G., while sitting taking her tea was noticed to suddenly cease speaking and drop her head upon her chest. When spoken, to she did not reply, and on shaking her she was found to be insensible. He, Dr. Burland, was sent for. On his arrival she was comatose—pulse soft, slow and compressible; face pale and natural; pupils contracted, and the eyeballs fixed.

There was considerable emesis of the appearance and consistence of coffee grounds, and she had micturated and defecated involuntarily. She was a large

woman, rather of the phlegmatic habit; was fifty-four years of age; had suffered from rheumatism, and frequently complained of great pain in the head over the parietal region, on which occasions more or less stupor succeeded these head symptoms; had moreover suffered from so called gravel. Shortly after Dr. Burland arrived patient had a convulsive attack lasting a few seconds, and followed by an increase in heart's action, pulse being full and bounding, no alteration in the color of the face, nor was there any evidence of paralysis; the pupils much contracted and on strabismus. Vomiting soon set in followed by stertorous respiration, which, however, soon lost its pitch and became much hurried; pulse being 60, respiration 32; a clammy sweat bedewed her body; administered two ounces of Brandy, no impairment of deglutition from the fact of her being able to take the brandy. Dr. Roddick now saw the case in consultation. Discovered no heart murmur. Hemiplegia now well marked, right side being affected. The case was treated on the principle of counter-irritation, synapism to nape of neck, followed by blister, synapism to the epigastric region, and a stimulating enema of castor oil and turpentine; this produced copious evacuations and caused the temperature to be somewhat increased. Late in the evening had another convulsive attack, after which paralysis of the left side of the face was discovered. The symptoms following this, marked approaching dissolution; the heart's action became tumultuous; the pulse full but very irregular; respiration exceedingly harsh, and the contents of her bowels were evacuated profusely.

Reactionary stage set in rapidly, pulse becoming soft and thready; breathing laboured, the respiratory muscles acting forcibly and the temperature fell considerably; pupils dilated and insensible; remained in this condition about two hours, when she died comatose about 3 o'clock in the morning.

Autopsy showed the following: dura-mater firmly adherent to calvarium, the former intensely injected: entire surface covered with points of bleeding veins, it was also dark; surface of both hemispheres covered by large veins gorged with blood. Arachnoid was thickened with effusion of serolymph; beneath it sub-arachnoidean spaces were filled with serum in which flocculi of lymph were floating. The puncta vasculosa were large and injected; the whole of the left lateral ventricle was filled by a blood clot, which had also broken down by its pressure a large portion of the brain matter; this clot was firm and very dark, and extended through the mid line into the ventricle of the opposite hemisphere. Extensive atheromatous disease was discovered in the arteries.

Dr. Roddick read a case of Hemieplgia of the right side with aphasia. The patient, a short, stout man, had been temperate for twenty years. He was employed as a gaol guard, and on the morning of the attack when he returned home to breakfast, his wife noticed that tobacco juice was trickling out at one side of his mouth. When drinking his coffee it also ran out at the same side. After breakfast he attempted to split some wood, but the axe flew out of his hands. In spite of the earnest remonstrances of his wife he returned to his duty. When on guard in the afternoon, he was noticed by his comrades to fall, and when picked up he was quite insensible. He was at once removed to his house. In about an hour he became partly sensible, and was able to say "Yes." Two days after, he was admitted to the Montreal General Hospital, when there was found to be complete paralysis of the right side. He could not say anything consecutively, and his feces and urine were passed involuntary. On the day after his admission when asked to write his name (George Davis) he with his left hand (he was left-handed) wrote George, sometimes only Davis, never together, but at times the letters of both names were sometimes mixed. He did not improve, but on the contrary gradually got worse, and died on the fifth day after admission.

*Autopsy.*—Membranes and surface of brain healthy. On cutting into it an extensive patch of softening was found external to and above the corpus striatum of the left side, extending outwards for about an inch. Corpus itself was of less consistency than usual, and it, as well as the softened brain substance, was of a brownish yellow colour. The rest of the brain was to all appearance healthy.

*Heart*—Very large, weight 21 ozs. A large straw-colored anti-mortem clot was found in the right auricle, completely filling it, passing thence through the tricuspid orifice into the right ventricle, and extending for about an inch into the pulmonary artery.

*Lungs*—Much congested, but otherwise healthy.

*Kidneys*—Healthy; considerable amount of fat in pelvis.

*Liver, &c.*, healthy.

#### DIED.

On the 19th inst., at 20 McTavish street, Montreal, Janet Stuart, eldest daughter of the late Michael McCulloch, M.D.

—At Ogdensburg, N. Y., February 1, 1873, aged 71, Hon. SOCRATES NORTON SHERMAN, M.D., an eminent physician and citizen of Ogdensburg, and formerly representative in Congress of that district.

MONTREAL:

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