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CANADA

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MEDICAL & SURGICAL JOURNAL.

A Monthly Record of

MEDICAL AND SURGICAL SCIENCE.

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CANADA

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Original Communications.

ABSTRACT OF A CLINICAL LECTURE BY DR. WILSON FOX, OF UNIVERSITY COLLEGE HOSPITAL, JUNE 30, 1881.

By T. W. MILLS, M.A., M.D., L.R.C.P., Eng.

Dr. Fox has been long known for his, in some respects, unrivalled clinical lectures—which, by the way, are not quite clinical lectures, as commonly understood,—for this illustrious teacher does not confine himself to the points of the case before him, but rather makes it a text for an exhaustive discussion of some subjects in medicine. The man who follows these lecture for months is taken, I am told, over the greater part of the entire field of medicine. His lectures, in fact, are rather a combination of what we usually term didactic lectures, with the clinical lecture as commonly known to us. I confess I like the combination, and I never could myself quite see how merely teaching the observance of symptoms and the attempt at a diagnosis was precisely the most philosophical or useful way to advance students in the knowledge of scientific medicine; and that the more so, as no case, or no score of cases, it may be, convey an adequate idea of the disease in its various phases to the student's mind, or, in other words, enable him to form that *ideal* for each disease which shall be a sort of test, measure or standard for comparison; for, say as you will, *men see commonly only as much as their ideals lead them to look for* in any one of Nature's realms. I raise this point at the outset as a centre of suggestion for those who feel

interested in education, medical or otherwise. But to return to Dr. Fox.

At the hour of 2 P.M., a tall, rather slightly made man, with a quick, elastic step—though his grey hairs showed that the period of youth and middle age had been passed—stepped from a hansom and proceeded at once to Ward No. 3 of University College Hospital, followed by a small, but most attentive and intelligent-looking band of students, and casting first a glance at the patients, and then taking a keen, observing survey of his class with his large grey eyes, proceeded with a discussion of the case, or, as I should, perhaps, rather say, of the subject—*Phthisis*. The doctor had already discussed some aspects of the subject in one or two previous lectures. The patient was a girl of scrofulous aspect, of about 13 or 15 years of age. The doctor, exposing her neck, pointed to some deep, puckered scars, and then, with only the interruption of two or three brief examinations of the chest (a thorough examination having been made on previous occasions), proceeded to discuss the case in some such fashion as I shall now most imperfectly imitate:—

“These, gentlemen, are the indications of what were and are called ‘scrofulous glands.’ There has been a great deal of discussion as to the real nature of the changes in the glands so affected; but at present the changes are generally considered to be of a tuberculous character. In this young girl’s lung there is a large cavity; if you listen behind, or, better still, low in front, on the right side, you will hear large moist sounds and what is commonly called cavernous breathing. In this case it is rather more like large tubular breathing. This is not a case of tuberculous phthisis—that is to say, not primarily so; there may now be, or may be at a later period, tubercles scattered through the lung; but the character of the onset, the diathesis of the patient, the extent of the disease, and the immunity of the other lung, all point to ‘pneumonic phthisis’ as the form of disease here present. Now let us consider the sputa; it was abundant, purulent, and very fetid. This points either to gangrene, bronchial dilatation, septic processes due to germs, or to a very strong preponderance of the destructive over the formative changes in

the body. To the latter we must, in this case, largely attribute the fetor. You observe, too, that this patient has had a strong tendency to sweating, which also points to the same destructive changes I have referred to. The *temperature* in this case is most instructive, and is of the utmost importance in the diagnosis. You will observe from this chart (a large and very fine one it was) that for weeks there has been constant pyrexia—the temperature really may be said never to have been 100° , and generally it has been above that. It shows, it is true, considerable oscillation, but still, be it marked, there is *constant fever*. This indicates that the disease is pursuing an acute course, there is rapid disintegration of tissue, there are constantly preponderating disintegrating changes. Note, also, the delicate aspect of this patient—the thin skin, the light, fine hair, &c. But you who have been following the case will admit there has been very considerable improvement; and this brings me to the very important matter of the *treatment* of this class of cases. The sputa now are no longer fetid. What have we done? We have used inhalations of a disinfecting material (one of the oils) in this, the best thing I know of for the purpose—‘Wordsworth’s washable respirator,’ which, as it can be so easily washed, can be itself kept perfectly clean. But there are other modes of disinfecting the sputa in the air passages. One is to have an atmosphere more or less saturated with carbolic acid; another, to allow iodine to evaporate in the patient’s room. But it will not do to check expectoration—such a result would be disastrous, as increasing the very condition we wish to obviate. The next point to be attained is to lessen perspiration, or, rather, to meet the condition which gives rise to it. In getting rid of the fetor of the sputa, we have contributed to this in part already; but as sweating arises when the arteries are dilated, the tension diminished, and, therefore, occurs during sleep, it is obvious we should look for remedies that tend to counteract this. To this class belong belladonna, picrotoxin, &c. Oxide of zinc does good in a large number of cases, though I cannot explain its action. But one of the best remedies is to give the patient alcohol at *the critical time*. If such patients would wake up in the small

hours of the night and take a dose of alcohol, they would be saved much discomfort. But here, again, one is met by a theoretical difficulty, for alcohol is considered a dilator of vessels. But in the treatment of cases like this before us, there is nothing so important as to diminish pyrexia; so long as this continues, the patient's course will be retrogressive. In the first place, *absolute rest* in bed must be strictly enforced; the utmost possible tranquillity of mind and body must be enjoined; *all movement*, so far as possible, must be forbidden. This having been done, we are led to ask, What can be accomplished by medicine? And in this matter, gentlemen, we must simply confess our failure and our ignorance. One remedy after another has been vaunted; I have tried them all, and I must say there is no remedy or medicine that will permanently reduce the pyrexia. You may give a large dose of quinine to-day, and find the temperature down to-morrow; but you can never be certain that it will not rise again, you can never know *when* it may rise, and all the while your patient is in other respects subjected, it may be, to much discomfort in consequence of our futile medication; and the same applies to the other so-called antipyretics. You may do something by dieting. Give light, easily digested material. If the pulse is rapid, you may give aconite, or, perhaps better, digitalis, which also, in a certain proportion of cases, diminishes the sweating. The so-called Niemeyer's pill (which dated long antecedent to Niemeyer however) is a very valuable remedy, by the joint action of its ingredients. But among our most useful remedies to lower temperature, induce tranquillity, and prevent tissue waste, &c., is opium: not in doses to induce sleep at night—this is a wretched practice—but in *small* doses. When opium checks expectoration unduly or causes sweating, it, of course, must not be given. But, gentlemen, when you commence to give opium in cases of this kind, as it may be necessary to continue it for some time, you incur a grave responsibility. Remember, you may forge for your patient a most galling chain; for there is no habit that men even of the strongest wills find it so hard to conquer as the habitual use of opium. Take care that you always be sure that at any stage your patient can *leave*

it off. But in cases of phthisis, there is another remedy you will find mentioned in your pharmacopœias, viz., Vinum—wine. It is as much a medicine as opium or quinine. Much that I have said of opium, however, applies to it. It is true we sell opium to the natives of the East, by which traffic we rendered it necessary that laws should be enacted to limit its use to prevent the actual extermination of the inhabitants of some of those countries; we sell this “to the great glory of the British nation.” But it is to no such abuse of a valuable drug I am now referring, but of alcohol. The distinguished Dr. Flint of America has abundantly shown the great value of alcohol in certain cases in phthisis. Now it is in just such cases as this it is useful. But be careful, as of opium, that your patient can leave it off at any time, and always prescribe alcohol in definite doses. Do not allow it to be slopped about in tumblers, for people often then give it ‘as if they loved you.’

“A great deal has been said of *climate*; but in such cases as this one is, you must not put much dependence upon it. It is possible that there may be isolated cases, in which, with even a temperature of 100°, it may be worth while allowing a patient who has plenty of money, and has set his mind upon a journey, to take it; but for patients with high temperatures, as a rule, any sort of move is extremely hazardous. It is better to risk the patient even in a climate such as ours, than to sanction any sort of journey with its excitements of body and mind. To talk to the poor of the advantages of climate is simply to be guilty of cruelty.”

I do not know whether I have conveyed to the reader adequately Dr. Fox's meaning or not, but he seemed to lay the greatest stress on the value of absolute rest, opium and alcohol in the treatment of that sort of phthisis of which his case was an example. The entire lecture was most systematic, and so classical the language, that every word might have been reported *verbatim* with the best effect. His auditors were reverently attentive, and must have been deeply impressed by what is not too frequently found in medical lectures in any high degree—the *moral force* of the teacher. Students taught by such a man

must go forth to this matter-of-fact world well equipped with the best of all safeguards against degeneracy—a *high ideal*. Such a lecturer must have a double gratification, having taught science well, and in having assisted his students to become men as well as doctors.

TWO CASES OF OPIUM POISONING.

By T. A. O'CALLACHAN, A.M., M.D., WORCESTER, MASS.

On June 2nd, 1881, I was summoned in haste to a man (J. B., æt. 35) who had, half-an-hour before I arrived, taken six drachms of laudanum. He had been drinking for several days, and in the depression that followed, had taken the poison with suicidal intentions. I found that the drug had already begun to act. He was growing quite stupid, his speech was hardly intelligible, pupils were greatly contracted, and with much difficulty he was kept awake. Mustard water had been given without effect. While waiting for a stomach pump, I administered free doses of sulphate of zinc, and soon had the satisfaction of seeing most of the opium vomited. On the arrival of the pump, I washed the stomach freely till the water returned clear and devoid of the opium smell. I then ordered Tincture of Belladonna in 30 minim doses hourly, gave strict injunctions that the patient should not be allowed to sleep, and left. At 11 p.m., three hours after, I again visited my patient, and found that all the symptoms, with the exception of sleepiness, had disappeared. The pupils were normal in size, and responded readily to light. The belladonna was continued at longer intervals, and the patient kept awake till about 4 o'clock the following morning. No results followed, except a feeling of weakness, which gradually disappeared.

On July 12th, a young lady, aged 18, "tired of life," took four drachms of laudanum. I saw her in about half an hour. She was so cool and unconcerned that I gave her statement little credit. I noticed that her pupils were contracted and enlarged alternately, that one cheek was much flushed, the other pale, and that peppermint, which she afterwards told me she had taken to destroy the taste of the laudanum, was the only odor to be

detected on her breath. Seeing no immediate danger, I left an emetic—which was soon thrown away—and departed, with the understanding that I was to be immediately sent for if bad symptoms set in. That evening, just 10½ hours after the dose had been taken, I was hastily summoned, and found that my patient had greatly changed. She was perfectly conscious, but had lost control over her lower limbs, and was unable to stand. On attempting to rise, she was seized with dizziness and a strong desire to vomit. The eyes were surrounded with dark circles, and looked heavy and dull; the pupils were reduced to pin-holes; the pulse, 60, was strong, full and regular. Since taking the poison she had felt no inclination to sleep; on the contrary, she was very wakeful. She now begged piteously for aid, and was willing to do anything to save her life. I administered sulphate of zinc, which soon produced copious vomiting of a dark blue liquid, on which floated mucous-like curds. She swallowed and immediately rejected large draughts of water, thus cleansing the stomach as thoroughly as the pump would have done. When the vomiting had stopped, strong coffee was given her, but not retained. Tincture of Belladonna was prescribed, to be given every hour in 30 minim doses. The patient remained awake till 4 o'clock the following morning, after which she enjoyed several hours natural sleep. The following afternoon she visited my office, and appeared none the worse for her experience, but felt as if she had been sick for a long time. She is now entirely well, and not at all so anxious to leave the world.

TINCTURA FERRI PERCHLOR.

By T. D. REED, M.D., Prof. Mat. Med. Mont. Coll. Phar.

Notwithstanding the numerous preparations of iron which are from time to time being brought forward by the manufacturing chemists, the old tincture keeps its place, and is by many practitioners preferred to all other forms. The prescriber, however, generally feels constrained to combine it with glycerine, or something of the kind, to lessen its unpleasantness in the mouth.

There is a simple method of dealing with this tincture in prescription which is not, perhaps, as widely known as it deserves

to be, and I therefore venture to bring the plan before the readers of the CANADA MEDICAL AND SURGICAL JOURNAL.

It is simply the addition of a little alkaline citrate. For every drachm of the tincture, add half a drachm of potas. citras. The result is a liquid of a beautiful green colour, quite free from the peculiar roughness of the iron. For a tablespoonful dose, containing 10 minims, the prescription can be written thus :

R	Tinct. Ferri Mur.,	ʒij
	Potas. Citrat.,	ʒi
	Syrup Limonis,	ʒiiss
	Aquæ ad	ʒvi

This elegant combination ought to suit fastidious patients. If it should be found that "children cry for it," I would not be surprised. Another advantage of this mixture is, that astringent tinctures, as bark, gentian, &c., may be added, without decomposition.

By adopting the combination here described, the prescriber can have the advantage of, while being independent of, the fancy elixirs of iron which at the present time are being pressed on the attention of the profession by enterprising pharmacists.

Hospital Reports.

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

MEDICAL CASE UNDER THE CARE OF DR. MOLSON.

Case of Obstruction of Rectum by a Cancerous mass—Perforation—Death from Peritonitis. (Reported by Dr. A. HENDERSON.)

S. D., æt. 45, a large, well-nourished man, third officer of S.S. B—. Good family history and of previous good health, with the exception of being subject to attacks of constipation during last three or four years. Has been a hard drinker; history of gonorrhœa, but no distinct history of syphilis. Admitted June 27th, 1881, with following history: Ten days previous to admission, was seized with dull, heavy pain in lower abdominal region, which has continued with more or less severity ever since.

Bowels in the meantime acted regularly up to two days before admission, but motions were never free, in spite of purgatives, which were freely given—castor oil and croton oil (the latter, in two or three drop doses, being given on two or three occasions) and large enemata, consisting of soap suds with olive oil. Two days before admission the stomach began to reject everything that was taken, and at times large amounts of bilious matter were thrown up.

On admission—Patient presented a perfectly healthy appearance, and not in any way cachectic. Temperature normal. Organs generally in an apparently healthy condition. Abdomen a little full. No evidence of abdominal tumour, with exception of slight dulness in region of ascending colon, with some resistance felt on deep palpation. Complains of pain in lower abdominal zone, but no special seat of tenderness can be made out. Appetite poor; tongue moist and furred; urine normal.

June 30th.—Castor oil and enemata of soap and water freely used, but without producing more than a slight evacuation of mucus, with a small amount of semi-solid faecal matter; patient takes only a small quantity of beef-tea and milk, but vomits it shortly after, stomach not being able to retain anything longer than about an hour.

July 5th.—Constipated condition still remains unaltered, and vomiting continues; complains intensely of pain, which he locates chiefly in region of umbilicus; enemata of soap-suds, alternating with injections of 4 ozs. linseed oil and 1 oz. turpentine, are being made use of twice daily, and, internally, patient is taking pills containing aloes, nux vomica, and belladonna, but stomach is still irritable, and pills are seldom retained.

July 11th.—Patient became suddenly worse, symptoms of general peritonitis setting in during the afternoon, the inflammation spreading rapidly, terminating in death on the night of the 12th.

Autopsy twelve hours after death.—Abdomen excessively distended. Intestines, liver and general contents of abdomen covered with flaky lymph, and cemented together by recent adhesions. Vessels of omentum engorged; about a pint of turbid

serum removed from dependent parts. Large intestine distended and coiled up in front of the other organs fully six inches in diameter throughout its whole length, as far as upper part of sigmoid flexure. The bowel was removed with difficulty owing to its extreme friability. On removing intestines, nothing special noted in small bowel, except containing a considerable amount of fæcal matter. The large intestine contained an enormous amount of semi-solid fæces, scybalous masses, milk-curds, and undigested fruits. Just above the brim of pelvis, on left side, and outside the psoas muscle, was a hard mass the size of an orange, bound down posteriorly by adhesions, and containing pus and fæcal matter in its cavity, which was about the size of a hen's egg. The mass was in the interior of the bowel, 8 or 10 inches from the anus, and occupying the whole circumference of the gut, $1\frac{1}{2}$ to 2 inches across, and almost completely obliterating its lumen; moderately firm in consistence, nodular, and in many places ulcerated. Just above the margin of the mass was a small perforation in the bowel, opening posteriorly, through which some fæcal matter had escaped into the abdominal cavity. Other organs healthy.

UNIVERSITY LYING-IN HOSPITAL.

*Case of Protracted Labour from Occlusion of the Os Uteri—
Incision—Forceps.* (Reported by Mr. DUNCAN.)

The patient, E— D—, 37 years of age, a strong, robust, and healthy-looking woman, was admitted into the University Lying-in Hospital on the 6th of April, 1881, expecting her labour about the 20th of the same month. The patient said she had always been exceedingly strong and healthy. She began to menstruate at eleven years of age, and was always regular both as to time and quantity, and never experienced any unusual feelings of pain either before or during the flow. She was married at the age of seventeen, and has always lived with her husband, but never became pregnant before the present time. After marriage the menses were regular and general health good. The menses last appeared on the 17th of July, 1880. After impreg-

nation she suffered from irritation of the bladder, with difficult micturition. She was treated for this by local applications, and the symptoms gradually passed away. During her stay in the hospital she again had difficult and sometimes painful micturition, the urethra presenting a sacculated condition, rendering it exceedingly difficult to introduce a catheter. Patient had considerable morning vomiting, and during the latter months had uneasy feelings in the lower part of the abdomen, but previous to this never had inflammation of the cervix or any uterine disease whatever. On the 12th of April (six days after her admission to the hospital) she felt pains similar to those of labour, but on making a vaginal examination no dilatation of the os uteri could be felt, and on auscultating the abdomen no pulsation of the fœtal heart could be heard. These pains were slight, continuing only a few hours, and after passing away the patient again felt quite well, and went about as usual until four o'clock on the morning of the 23rd; when she again felt labour pains, and on making an examination, at 7 A.M., what appeared to be a nearly fully dilated os uteri was felt very high up, with a bag of membranes protruding, and in the interval of a pain a hard substance could be felt, apparently the child's head. The pains continued all that day, with no progress in labour, and also all the following night, recurring every eight or ten minutes. It appeared at this time as if the os was fully dilated, the head of the presenting child being distinctly felt above a fold of mucous membrane of the anterior vaginal wall, which was mistaken for the anterior lip of the os uteri. After 2 P.M. the pains seemed to increase in severity, and at half-past 3 it was thought best to allow the liquor amnii to escape. The supposed bag of membranes, still high up, was very tense during a pain, but resisted all attempts at being ruptured by the finger; accordingly a puncture was made with a stylet, and a considerable amount of fluid came away. The pains became stronger, and the patient, who, up to this time, had not appeared fatigued, now began to show signs of exhaustion. Dr. MacCallum was now sent for to complete the labour with forceps. He arrived at half-past nine that evening, and on making a digital examination, found

slight shortening of the conjugate diameter, and determined to give an anæsthetic and make a thorough examination. The woman was then put fully under the influence of chloroform, and Dr. MacCallum introduced his hand into the vagina and found that there was no dilatation of the os whatever, and that the supposed bag of membranes that had been punctured was the thin expanded cervix in front of the head of the child. There was no projection whatever at the site of the os, and it was recognized by the part being slightly depressed, and yielding more to pressure of the finger. The os was then opened with the finger, and the patient, after recovering from the effects of the chloroform, was given hydrate of chloral gr. xv. every half hour till four doses had been taken, and then a few minims of chloroform were given during the pains, which became strong, dilating the os, and the head could be felt presenting in the second or right occipito-cotyloid position. At a quarter-past 3 in the morning, the patient was again put fully under the influence of chloroform and Simpson's long forceps applied at the brim. Traction was made in the usual manner, and at ten minutes to 4 the head was delivered and the forceps removed, the body and extremities followed in five minutes without artificial assistance, causing no laceration of the cervix uteri or perineum. The child was a male, weighing 6 lbs. 4 ozs. There was no pulsation in the cord and the child showed no signs of life; it, however, appeared fully matured and well nourished, but on the soles of the feet and palms of the hands were seen evidences of intra-uterine maceration. The placenta and all the membranes were expelled in an hour and ten minutes, and weighed 1 lb. The uterus contracted firmly, and after a bandage was applied to the abdomen, the patient felt quite comfortable, and continued well until her third day, with scarcely any rise in temperature. On that day she had a chill, and her temperature rose to $104\ 3\text{-}5^{\circ}$; during the night she threw off her blankets while the nurse was out of the room, and the result was an attack of bronchitis, with sore throat, a hard dry cough, and complete loss of voice. She was given a large dose of quinine, and immediately put upon Tinct. Ferri Mur. m x, with chlorate of potash gr. v every four hours, and

was also ordered brandy in small quantities. Her condition rapidly improved under this treatment, and the patient left the hospital on the eighth day after delivery, feeling perfectly well, and had no bad symptoms afterwards.

Reviews and Notices of Books.

Cyclopædia of the Practice of Medicine.—Edited by H. VON ZIEMSSSEN, Professor of Clinical Medicine in Munich, Bavaria. Vol. IX—Diseases of the Liver and Portal Vein, with the chapter relating to Interstitial Pneumonia. New York: Wm. Wood & Co.

The appearance of this volume, so long delayed and so anxiously looked for, completes the series. The publishers, who some years ago boldly entered upon this great undertaking, are to be congratulated upon its successful completion. The ability with which the large staff of translators have done their work is worthy of great praise, and the regularity with which the books have followed each other from the very commencement, together with very superior excellence in the typographical department, have served to satisfy the most exacting amongst the subscribers. To add to the good things already furnished, the publishers now announce by circular that, on the completion of the volume on Skin Diseases in Germany, it is their intention to present a copy of the translation to each subscriber who has then completed his set.

The present volume begins with an introductory chapter on certain important anatomical and physiological points—the exact topography, structure and function of the liver, and on jaundice. Then follow in order the various congestive, inflammatory and degenerative disorders to which this important organ is subject. The chapters on the pathology of the various forms of cancer written by Von Schueppel are particularly good, as also is that by Leichtenstern on the clinical aspects of cancer of the liver. A large portion of the volume is devoted to the affections of the biliary passages and portal vein. Catarrh, gall-stones, phlebitis, &c., are all treated of most minutely. Amongst the rarer affec-

tions, a case of aneurism of the hepatic artery, with multiple abscesses, reported in this JOURNAL by Drs. Ross and Osler, is mentioned as having presented unusual features.

The volume is an admirable addition to the Cyclopædia, fully up to the standard of its predecessors, which have been received with such widespread marks of approbation.

A Treatise on Bright's Disease and Diabetes, with especial reference to Pathology and Therapeutics.—By JAMES TYSON, A.M., M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, &c. With illustrations, including a section on Retinitis in Bright's Disease. By WM. F. NORRIS, A.M., M.D., Clinical Professor of Ophthalmology in the University of Pennsylvania. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers.

The above is an excellent monograph on these important urinary disorders. It is carefully prepared, and contains all the latest researches. The bulk of the volume is sufficiently reduced to render it an admirable book for the use of students. The section on retinitis, written by a specialist, increases materially its value, although, perhaps, it is rather more curtailed than we should have expected. Several woodcuts of renal sections, &c., are added, as well as colored plates of the urinary tube-casts, and one frontispiece lithograph of a case of albuminuric retinitis.

Photographic Illustrations of Cutaneous Syphilis.—By GEORGE HENRY FOX, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to New York Dispensary, &c. Nos. VII, VIII, and IX. New York: E. B. Treat.

These numbers which we have received in continuation of the series continue to present illustrations from life of some of the various forms assumed by cutaneous syphilis. The photographs are fully equal to any of those of which we have already expressed such a high opinion: and the cases which furnish the plates have evidently been selected with great care, so as to

furnish marked examples of the affection it is desired to exemplify. Those which are illustrated on the present occasion are the following: Syphiloderma tuberculosum, S. serpiginosum, S. ulceratosum, S. pustulo-crustaceum, S. squamosum, and S. gummatosum.

Books and Pamphlets Received.

SUPPLEMENT TO ZIEMSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.—Edited by George L. Peabody, M.D. New York: Wm. Wood & Co.

A TREATISE ON THE CONTINUED FEVERS.—By James C. Wilson, M.D. With an introduction by J. M. DaCosta, M.D. New York: Wm. Wood & Co.

A MEDICAL FORMULARY, BASED ON THE UNITED STATES AND BRITISH PHARMACOPEIAS.—By Laurence Johnson, A.M., M.D. New York: Wm. Wood & Co.

A TREATISE ON DISEASES OF THE JOINTS.—By Richard Barwell, F.R.C.S. Second edition. New York: Wm. Wood & Co.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS.—By John M. Keating, M.D. Philadelphia: Henry C. Lea's Son & Co.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held June 10th, 1881. The President (Dr. Hingston) in the chair.

Dr. Osler exhibited:

1st. Two specimens of fibroid degeneration of the heart. The *first* was from a middle-aged woman who was admitted to the Hospital under Dr. Reddy, with symptoms of advanced mitral disease, and death ensued in a few days. The mitral valves were found thickened and adherent, the orifice much contracted and the edges covered with small vegetations. The aortic valves were competent and not thickened, and covered with small endocardial outgrowths. The left ventricle was much dilated, and the wall in vicinity of apex unusually thin, measuring only 4-5 mm., which in other parts was 15-20 mm. The endocardium was opaque, particularly at the lower part of septum and at apex. The whole of these regions were involved in a fibroid change; on section, presenting scarcely a trace of muscle fibre, but having the greyish-white aspect of connective tissue. There was a change about the tips of the papillary muscles, but the

remainder of the heart was free. *Aorta* free from degeneration ; smaller arteries not thickened. *Spleen* a little firm. *Kidneys* a little fibroid, not enlarged ; arteries not prominent.

The *second* specimen was from a very stout woman admitted into Dr. Osler's wards on June 1st, having suffered for about fourteen days from a moderate general anasarca. This is now present, together with effusions into the peritoneum and right pleura. Complained of weakness, and was somewhat breathless. A large greyish-yellow slough occupied the outer ankle and dorsum of the foot. No organic disease was determined. Heart-sounds only slightly feeble. Diagnosis—Muscular degeneration of the heart. At autopsy, heart enlarged ; aortic valves incompetent ; two of the segments had united, and the point of junction was firm, calcified, and projected from the arterial wall, preventing both the full opening and the perfect closure of the segments. Ventricle dilated ; apex and lower half of septum thin, endocardium opaque, and on section were found in state of fibroid change ; muscle substance only seen in small streaks between the greyish-white connective tissue. Over the front and upper parts the muscle substance was increased in thickness, measuring 18–20 mm. Aorta was stiffened and atheromatous ; small vessels in various organs very thick ; one branch of the front coronary was almost occluded by arteritis, the primary divisions of the renals were much thickened, and the lumen of one nearly closed. Kidneys of average size and weight ; capsules a little thick ; surfaces not roughened ; cortices not diminished ; smaller arteries very prominent.

3rd. Specimen of cancer of cœcum ; slight stenosis of bowel, perforation ; enormous perityphilitic abscess.

Dr. Wilkins read a paper on "Cerebellar Disease," controverting the views lately advanced by Nothnagel in opposition to those of Ferrier ; that lesions of either lateral lobe are accompanied by well-marked disturbances of equilibrium. In the reader's case there was a lesion in the left lateral lobe of the cerebellum, 3 centimetres in length, 1 centimetre in breadth, and 8 millimetres deep, besides extravasations in the anterior portion of the frontal lobes. Dr. W. diagnosed cerebellar lesion,

from the invariable loss of equilibrium towards the left when the patient attempted to walk : he then always reeled and staggered towards the left side. There was also psychical disturbance due to the large clot in frontal lobe ; no persistent motor disturbance ; deafness of left side was present, as was also diplopia and ocular incöordination.

Dr. Henry Howard mentioned the facts given by Otto in three cases. First, that of a soldier, who during life had obeyed orders as an ordinary soldier, but at death a *post-mortem* revealed an entire absence of cerebellum ; second, that of an imbecile girl, in whom the cerebellum was scarcely seen, and yet there was perfect cöordination ; a third similar case was quoted. In the last two cases, immoral tendencies were strongly marked. So Otto concluded that the cerebellum was not the centre of cöordination.

Dr. Osler said some of the members may remember an old cerebellar cicatrix exhibited to the Society some time ago. In that case there was great loss of power in the lower limbs. In only one or two cases of coarse tubercle in the cerebellum, seen by Dr. Osler, was there any loss of cöordination. Dr. Wilkins' case was interesting, in that he had lateral movements. The point of great interest was the hæmorrhage in the left frontal lobe, with no paralysis of the side.

Dr. Buller said complete deafness on the left side was seen. The semi-circular canals play an important part in cöordination.

Dr. Wilkins, in reply, stated that the only incöordination present in his case was in the movement of the eyes ; that the symptoms to which he particularly directed attention were the disturbances of equilibrium. This, he thought, could be understood, if we viewed the cerebellum, to some extent at least, as an automatic organ. For instance, in an infant attempting to walk, some of the volitional impulses originating in the psychomotor area of the cerebrum are transmitted to the cerebellum, which co-operates with those going directly to the corpora striata, in order to effect the necessary movements to keep erect. After frequent attempts, the cerebellum acquires the power of regulating these movements, and in this way becomes " automatic."

This *acquired* automatic movement explains why, in Dr. W.'s case, sudden destruction of a part of one lateral lobe of cerebellum should cause disturbances of equilibrium, which did not exist in the cases referred to by Dr. Osler, as in the latter cases the slow growths of the lesions permitted other parts of the cerebellum to assume the functions of the parts destroyed. When loss of power was present in connection with cerebellar growths, it was generally due to pressure on the pons. The deafness he (Dr. W.) thought could be explained without reference to semi-circular canals, as the auditory nerve was closely connected with the same side of the cerebellum.

Dr. Armstrong read a paper on "Perityphlitis." The patient, aged 38, of medium height and spare build, had been sick for a fortnight; on examination, well marked symptoms of saturnism were evident. Abdomen slightly tympanitic; temperature $99\frac{1}{2}^{\circ}$, pulse 92; integument œdematous. Pressure showed localized fullness and pain; percussion dull; no fluctuation; liver and spleen slightly enlarged; heart and lungs healthy. The originating cause of his trouble was a strain of the right side in lifting two weeks before. Then, by medical direction, mustard and poultices were used, but from that time till seen by Dr. Armstrong had received no medical aid. On the 20th March he had a rigor; then for 15 days had severe rigors, having two or three in the 24 hours; high fever, up to 106° on one occasion, followed by profuse perspiration, accompanied by retching and vomiting, also epistaxis. Was seen in consultation by Dr. Fenwick, and for the diarrhœa present a large dose of olive oil was advised. Afterward seen by Dr. R. P. Howard on the 11th April, who deemed it a case of hepatic abscess. On the 15th, there was foetid diarrhœa, but no pus; after the diarrhœa there were no rigors till the 27th April, during which time he improved. On the 3rd of May, not so well, and complained of severe pain in the stomach. From then till the 15th, got worse, when death ensued. On the 13th, found dullness on percussion; no bulging nor fluctuation. Next day, Dr. Fenwick being present, passed a hypodermic needle and drew off some serum; an aspirator was then passed and a quantity of serum removed. Dr. Osler had,

by *post-mortem* examination, found an abscess at the head of the cœcum. The treatment pursued by Dr. Armstrong was, at first, pot. iod. in 10 grain doses, and morphia; ten days after, symptoms of blood poisoning being evident, put him on bark and ammonia, and for vomiting, bismuth and ox. cerium, &c., but with no benefit. Believed the case to be one of inflammation of the cellular tissue behind the cœcum, followed by abscess which opened into the cœcum. Complete cessation of chills followed the bursting of the abscess.

Dr. R. P. Howard said when called to see this case, understood there was no doubt that there had been local peritonitis, which had disappeared. All that remained was symptoms of septicæmia. The question was, where was the abscess? He inferred that there was suppuration in the liver. Had seen a great many such cases, and they had most frequently resolved. When it begins in the cœcum, such is the end; not so in the peri-cœcum. Once we get local peri-cœcal inflammation, the question arises, shall we make an exploratory puncture or not? Many of these cases, under leeches and poultices, resolve; when, however, we have evidence of pus, parts thick and œdematous, then a puncture can be made. Confusion exists in the books: inflammation of the cœcum is one thing, of the appendix quite another. The first is followed nearly always by recovery; the second nearly always fatal. Sands, in his twenty-six published cases, makes no distinction in these two diseases.

Dr. Osler referred to the fact that no part of the body varied so much as the appendix vermiformis. It coils in various directions, and owing to its changed situations may get inflamed. Indeed the cœcum itself changes, as in a case once seen, where it was just about the gall-bladder.

Dr. Geo. Ross said a great difficulty arises in making a correct diagnosis in these cases. He mentioned a case lately seen, where the violence of the symptoms were most intense, as in severe peritonitis, and he had great fears that it was one of perforation, but by leeches and morphia he recovered. Cases that will recover set in just as intensely as those from genuine perforation. Dr. Ross cited a case where a patient had had perforating cœcal

ulcer, and the evidence was that it had taken place some time before death. He died afterwards of general peritonitis.

Dr. Hingston exhibited a patient lately referred to in the Society, upon whom he had done the ordinary operation for talipes equino-varus without satisfactory results. A clean cut was made to the bone across the sole of the foot, put in a splint, and extension made. Dr. Hingston said he was not the originator of this operation, it having been done previously by Dr. A. M. Phelps of Chateaugay, N.Y., and the idea of such an operation was derived from the fact of the mode of treatment of wryneck done by Dr. Post of the Presbyterian Hospital, New York city.

The meeting shortly afterwards adjourned.

A regular meeting was held June 24th, 1881. The President, Dr. Hingston, in the chair.

Dr. Fenwick exhibited a fibroid tumour removed from the back of the throat of a girl aged 20. She has a number of these tumours on all parts of the body, which are excessively painful. The incision was made externally. He has since removed others from the same patient, and they are all found to be situated in the vicinity of nerves.

Dr. Gurd reported the following case:

On afternoon of June 17th, 1881, I was sent for to see M. S., a muscular young French-Canadian of 19 years, whom I found suffering agony from a strangulated indirect inguinal hernia of right side. He had had pain and occasional vomitings since previous evening, but this morning went to his work at Hudon Cotton Factory, where he was employed as clerk—had to leave soon as pain was intolerable. On his way home he saw a French doctor, who told him to go to bed, that he had a hernia. As he continued to grow worse, his friends sent for me. He gave a history of chronic constipation, and did not know the nature of the "lump" in the groin, which he had noticed for about six months being there at night but away in the morning. Occasionally he would lift a bale of cotton, but says he had not done so immediately previous to present illness. Some dif-

ficulty was experienced in reducing the hernia, which was about size of an egg, tense, red and very sensitive. Simple taxis failing, I applied a bag of ice and gave a dose of morphia. Taxis again failing, I arranged my fingers in the form of a cushion over the tumor, and with moderate pressure, after some minutes, it gradually receded, without making the usual gurgling sound. A slightly thickened feel was left on upper part of canal. Patient felt easier after the reduction. Some one-quarter grain morphia powders were left to be given if necessary.

18th—A.M.—Had a poor night; vomited several times; pain is now all over the belly, which feels hard; temperature 98.5. P.M.—Pain less, but is restless and very thirsty; pulse 126; is taking mixture of bismuth, soda, morphia and hydrocyanic acid.

19th.—Face anxious looking; tongue coated, dry at tip; vomited through the night; micturition difficult and very painful; belly hard, slightly swollen and tympanitic; gave hypodermic of morphia.

20th.—Vomiting continues and is of bilious-looking fluid; pulse 130; skin felt natural; tympanitis worse, so gave injection of turpentine, castor oil and soap-water, but without bringing away either gas or fæces; two hypodermic injections were given to lessen pain to-day.

21st.—Had a better night. Dr. Roddick saw him in consultation to-day at 4 P.M.; pulse was then 122, temperature 99 3.5°; dulness on percussion in region of descending colon; elsewhere over abdomen tympanitis rather worse. Dr. R. thought that possibly it might be a case of fæcal obstruction, and recommended that before operating copious injections be thrown high up the bowel by using an O'Beirn's tube. This I did several times, at first trying soap-water, and after sweet oil, without getting away any fæcal matter. Towards evening mind wandered, would only be conscious for a minute or two after being roused and spoken to. Vomiting now became stercoraceous.

22nd.—Patient very weak; had bad night; fæcal vomiting continues. Belly less hard, but more swollen; not very sensitive to pressure. Doses with eyes half closed. I saw and explained condition to Dr. Roddick, who concurred in the advisa-

bility of an operation ; so, after much coaxing, got his parents to allow his being removed to Montreal General Hospital, where, about midnight, Dr. Roddick operated ; Dr. Fenwick was present at the operation. The abdomen was opened by an incision 3 in. long in linea alba, below umbilicus. Feeling towards the right inguinal region, Dr. Roddick at once found a small portion of the ilium nipped in the internal ring, and which he easily released by gentle traction and drew it out of the external wound. It was collapsed and darkly congested. For fear of adhesion in inner walls, gas was made to pass through the part from the bowel above, it was then returned, and the wound closed with silver and carbolized catgut sutures. The whole operation, which did not take long, was done under the spray and with full Listerian precautions. The patient's condition, which was very bad before the operation, improved a little for an hour so after, when he vomited a large quantity of dark, stinking fluid, and from this time, in spite of hypodermic of ether, he gradually sank, dying about five hours after the operation. At the *post-mortem*, the portion of intestine which had been nipped was easily detected, being smaller in calibre and much darker than the rest. Signs of recent peritonitis was visible all over the intestines, but more marked at lower end.

Dr. Roddick said when first seen he could see nothing in the vicinity of the ring to account for his condition. Dullness was seen at the left side, and thought that an overloaded colon existed. A large injection was given without any effect. Patient brought to hospital at 7 on Wednesday, and at 10 an incision of $3\frac{1}{2}$ inches in length from the umbilicus down was made. Hand was passed into the wound and down to the right inguinal region, and a knuckle of intestine was found in the internal ring. This was drawn out, and air passed through to see that it was pervious. Stertoraceous vomiting, which had existed, continued, and the patient died at daylight of the day following.

Dr. Rodger mentioned a case of puerperal convulsions which he had at present under his care. The patient, a primipara, aged 20 years, was first seen on Monday night (June 20th), when she was then suffering from violent headache, dimness of

vision and more or less general anasarca. Until about within ten days ago she had enjoyed good health, in fact better than before marriage. Confinement not expected before the end of July or end of the first week in August. Procured some of the urine and had it examined that same night, finding about 75 per cent albumen. Early the following morning (June 21st) I was summoned to attend this case, and found the patient in violent convulsions. The husband informed me that the patient had frequently complained during the night of pain over the top of the head, and on that account had been rather restless. Within a very short space of time three convulsions occurred, whereupon I injected hypodermically one-fourth of a grain of morphia at seven o'clock, and on returning at nine o'clock learned that during that time two convulsive seizures had taken place. No apparent return of consciousness had occurred since the first convulsion, and it is quite impossible to arouse the patient by any means whatever. Passed a catheter into the bladder and drew off about two ounces of very dark-coloured urine, which I found perfectly solid with albumen. Examined the os uteri, but found no evidence of dilatation. Administered an enema of turpentine and castor oil, which moved the bowels freely. At 12 o'clock noon, patient was still quite insensible; pupils slightly dilated; breathing slow and stertorous; pulse 120 and temperature 100°. Between the convulsive seizures, the nurse states that the patient is very restless, which I looked upon as due possibly to the action of the uterus. She has had two convulsions since 10 o'clock, which it is thought were more severe than any of those previous. The clonic spasms appearing to continue for an unusually long period, I commenced the use of chloroform, not only with the view of allaying that condition, but also, if possible, aiding in the dilatation of the os uteri. At one o'clock, found the os softer, and could pass the top of my index finger, the uterine action showing itself well marked. I now determined to encourage the action of the uterus, and commenced digital dilatation at once, the patient being kept under the influence of chloroform. Notwithstanding the use of the chloroform, convulsions occurred at intervals of about forty minutes;

and at 4 o'clock, having the os sufficiently dilated, I decided to apply the forceps and deliver. My friend Dr. Alloway very kindly came to my assistance, and we shortly afterwards delivered the patient of a living child. Forty-five minutes from the time of delivery convulsions again set in, and within an hour three had occurred. Hypodermic injections of chloral hydrat. having been spoken highly of lately in cases of this kind, I injected 10 grains, dissolved in 10 minims of water, every half-hour. Two hours were occupied with the use of the chloral, yet during that time patient had two convulsions. Patient very restless; tossing arms and legs about violently, yet still quite unconscious. Pulse 120; temperature 103°. The condition of the pulse at this time being full and bounding (hammer pulse), I resolved to bleed, and, with the aid of Dr. Alloway, took 20 ounces of blood from the right arm, which seemed to give relief, breathing being somewhat more tranquil. There being but little appreciable result upon the condition of the pulse, I opened a vein on the left arm, and this time withdrew 25 ounces of blood, This seemed to have more effect upon the pulse, it being much softer. Scarcely half-an-hour had elapsed when another convulsion took place, though not severe. At 12 o'clock (midnight) again saw the patient, and learned that she had been exceedingly restless since my last visit; this great restlessness I attributed to the chloral, and on that account determined not to resort to its use again. Again passed a catheter, taking off about three ounces of urine, which, on examination, I found perfectly solid from albumen. It was agreed, in conversation with Dr. Alloway, that in the event of there being no change for the better in the condition of the patient, that is, in a reasonable time from the hour of bleeding, to resort to the use of pilocarpin. Let me mention here that I have had experience with pilocarpin lately in two cases of uræmic convulsions following scarlet fever. One of the cases was attended with rapid œdema of the lungs, and was seen by R. P. Howard, who was in consultation upon the case, and at whose suggestion pilocarpin was used. Both these cases did well under its use, profuse perspiration being produced in each, with speedy recovery following. Accordingly, at half-

past one o'clock, I injected one-quarter grain of this drug hypodermically, and in about an hour the skin, which previously had been quite dry, was now perceptibly moist. Still at half-past two the general condition was alarming, conjunctiva deeply injected, breathing rapid, loud and stertorous, mouth filled with mucus, but no evidence of any accumulation in the bronchial tubes, pulse 140, temperature 104 3-5°. To all appearances death from coma seemed inevitable at no distant period. The patient having another convulsion, I tried once more the use of morphia sulph., hypodermically, injecting fully a grain. In a short time the restlessness began to subside. Visiting at half-past six, ascertained from the nurse that shortly after I left patient turned over on her left side and has slept quiet ever since. Perspiration during all this time has been most profuse, perfectly saturating the bed linen. Patient up till this time has not shown any evidence of returning consciousness. Pulse 90, temperature 99°.

June 22nd, 10 A.M.—Consciousness returned about 9 o'clock, having recognized her mother, calling her by name. Dr. Gardner saw the case at this time. For slight restlessness, injected $\frac{1}{4}$ grain of morphia. From this time the case progressed favorably, and to-night (Friday), on examination of the urine for albumen, find no trace whatever.

Dr. Gardner said it is the opinion of Schroeder, also of Fordyce Barker, that labour should not be induced in these cases. Dr. Gardner would not be at all active in inducing labour. He mentioned one case which he left to nature, and succeeded in controlling the convulsions by giving \mathfrak{m} xxx. of Bat. Sed. Sol. repeatedly. In regard to pilocarpin, it was objected to on account of the mucous secretions which it occasions in the bronchial tubes, and death from apnoea has followed. Success of the morphia is excellent; chloral is of great value in certain cases, but is used too much to the exclusion of morphia.

Dr. Fenwick said in regard to emptying the uterus in these cases, in some half dozen he witnessed, had associated each convulsion with each pain, and he would empty the uterus as soon

as possible. In three cases he had attended, the convulsions ceased immediately after the uterus was emptied.

Dr. F. W. Campbell said he had seven or eight cases of convulsions, and where venesection was used, good was done.

Dr. Trenholme said when the uterine spasm causes convulsion, the emptying the uterus is clear; but if not, a large dose of morphia, say $1\frac{1}{2}$ grs., could be given and convulsions controlled.

Dr. Godfrey said his treatment had been to abstract blood and cause free action of the skin.

Dr. Kennedy said that as he had no experience of the use of pilocarpin in puerperal convulsions, he at first did not think of making any remarks upon the case reported; but as Dr. Rodger, as an afterthought, had just mentioned that he had also bled to a large extent, there was the possibility that the benefit experienced was due as much to the bleeding as to the drug. Dr. K. had seen a great many cases of puerperal convulsion, and considered that bleeding was the most efficient remedy when convulsions set in after delivery. Very early in his practice he had met with a case in which the convulsions had thus continued; bleeding was had recourse to, with the greatest benefit, and this had led him to continue the practice. For some years past had not seen convulsions continue after delivery, as in all these cases he favored the uterine flow, which was apt to be very free on account of the large amount of chloroform administered, this being a well known effect of that anæsthetic, and in this way the full benefit of the bleeding was obtained without the necessity of further venesection. He believed in inducing labour in these cases, as it had been his experience to find the exciting cause of the convulsion to be uterine contraction. About two months ago had a very severe case, the woman being in her eighth month; each pain was followed immediately by the convulsion, and this in spite of the free administration of chloroform. Barnes' dilators were used, and delivery rapidly effected by forceps; there was a very free hæmorrhage, and no further attack of convulsions.

The meeting then adjourned.

Extracts from British and Foreign Journals.

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

Pasteur on Rabies.—When a man has a hobby, there is no knowing how far he will go with it; and this may be applied to M. Pasteur, who sees germs everywhere. This eminent biologist has made some most important contributions to science, and his name will ever be connected with his ingenious researches on fermentation, and other important discoveries; but, like most investigators, he has drifted from the right path, and gone into a more speculative kind of scientific experiments. As an example of this may be mentioned his recent experiments with the saliva from the mouth of a child with rabies, with which he inoculated rabbits and guinea-pigs. All the animals died, and their blood was found to contain myriads of micro-organisms, which he concluded to be the specific germs that produced hydrophobia. He then performed a second series of experiments, by inoculating other rabbits with the blood of those that had succumbed from the first inoculation. These also died, and their blood was found to contain the same micro-organisms. He, however, soon discovered by further experiments, but this time with the saliva of children who died from other diseases, that the results were precisely similar to those observed with the saliva of the child. In pushing his experiments still further, but with the saliva of a healthy adult, he met with the same results, and the same germs, as in the preceding cases. This rather puzzled the persevering experimenter, but he is not so easily beaten; and if he has not yet discovered the real nature of the virus of rabies, he fancies he has laid his hand on the organ that secretes it. According to him, the virus of rabies is not secreted by the salivary glands, but by the brain—or rather, the latter is the seat of the malady; and in support of his thesis, he inoculated a small portion of the bulbous extremity of the medulla oblongata of a rabid animal under the cerebral covering of a healthy animal. The latter became rabid. These results were recently communicated to the Academy of Medicine, in a paper read by the general secretary for the learned experimenter, which called

forth some trenchant remarks from M. Béchamp, who positively refused to accept the principle on which M. Pasteur has hitherto founded most of his theories, and added that it is not outside the body that one must look for the germs or elements of destruction; but they are to be found in our own body, in the form of microzymes, which are the only cause of all fermentation, and the lowest element to which our organism can be reduced. M. Pasteur has not yet had the time to send in his rejoinder; but it is to be hoped that, when he shall do so, he will read his communication himself, which is sure to be a most interesting one. Nothing daunted, however, M. Pasteur continues his parasitic warfare with unbroken zeal; and, by further experiments with human saliva, he has made the startling discovery that the saliva of a person fasting is venomous, as it contains the same parasites as those found in the saliva of children above described; but that, on the person breaking his fast, his saliva is deprived of the venomous quality, as the parasites are taken into the stomach with the food. All this is terrible to contemplate; and even M. Pasteur was confounded, as the result of his experiment was as awful as it was unexpected. The learned biologist made no attempt to offer any explanation, but said that he would for the present only point to the fact, which, he added, was in itself very suggestive.—*Brit. Med. Journal.*

Washing out of the Stomach.—M. Bucquoy and M. Constantin Paul have recently published some interesting details on this subject, which are analysed in the *Journal de Médecine Pratique*. M. Bucquoy, who was one of the first promoters in France of this method, borrowed from Kussmaul, relates a new case concerning a man suffering from a considerable dilatation of the stomach, consecutive on a stricture of the pylorus itself, which supervened after the ingestion of nitric acid. He was dying literally from hunger, in consequence of complete gastric intolerance, when he was submitted to washing out of the stomach with Faucher's tube; a considerable improvement was then quickly produced, and the patient increased in weight more than two kilogrammes in a fortnight; however, he was attacked

by new troubles, and succumbed to pulmonary phthisis shortly afterwards. M. Bucquoy enlarged greatly on the various indications which might be met by washing out the stomach.

M. Constantin Paul has especially studied this question at great length, and has published some very useful hints on the method of employing the operative proceeding. It must first be noted that, for the operation in question, the sitting position of the patient is most favourable; certain timorous and nervous persons, however, should be put in the reclining position for the first few times. The instrument used is Faucher's tube, with this restriction, however, that it may be useful during the first few days to use the ordinary stiff sound to overcome the œsophageal spasm which sometimes occurs at this moment, but which disappears after a few applications. In order to remedy this inconvenience, M. Debove has had a screw constructed which much facilitates, in this case, the introduction of a flexible India-rubber tube. When, however, the patient himself introduces his sound, which he always does very rapidly, a stiff tube is, on the contrary, a necessary condition, since it enters by a true swallowing movement. M. Audhoui has had constructed a flexible tube with a double stream, which much facilitates the washing out of the stomach, but in which the tube whence the liquids issue is, as a matter of necessity, restricted, which is a serious inconvenience. The method of introduction, as described by M. Bucquoy, is as follows: The tube being slightly moistened with water (M. C. Paul recommends that it should be greased with vaseline during the first few days only), the patient takes the free end of the tube, places it in the pharynx, and pushes it slightly, making a swallowing movement. He repeats this swallowing movement a certain number of times, guiding the tube with the hand; this penetrates into the stomach rather rapidly; and the patient stops when he sees near his lips a mark traced at from 45 to 50 centimètres from the free end then lying along the large curve of the stomach. To charge the siphon, the patient pours alkaline water into the receiver; and, after having filled it, raises it above his head until the liquid has entered almost entirely. At this moment, he lowers the receiver below

the level of the stomach, and above the basin. The cylinder becomes filled immediately with the contents of the stomach; and it will be seen that there returns a more considerable quantity of liquid than has been introduced, bringing with it the residue of digestion. The operation is repeated a certain number of times, and as often as necessary, until the water returns in an almost limpid state. Alkaline water is generally employed for these operations. M. Constantin Paul has found that the silicated water of Sail, or an antiseptic solution containing thymol or hyposulphite of soda, is useful. To conclude the operation, he pours into the stomach two or three hundred grammes of milk.

The first liquids injected are tepid, because they cleanse the parts better; the later ones are cold, because they form a better coating for the mucous membrane, and induce contraction more easily. In certain serious cases, the operation is renewed twice daily; in ordinary cases, once only at the beginning, then less frequently afterwards. Whatever may be the nature of the gastric affection thus treated, according to M. Paul, good results are almost immediately obtained; in the first place, cessation of the pain; then the appearance, at the end of some days, of spontaneous action (in the case of dilatation); finally, a reappearance of the appetite, and a much more rapid augmentation of weight than would be believed. At the present time, washing out of the stomach is no longer limited to dilatation, as it was at first. It is applied to various affections. M. Paul quotes cases of gastralgia, of hysterical vomiting, of gastric ulcer, which have been thus completely cured. He has thus been able to greatly relieve the sufferings of a woman who had fæcal vomiting, and who suffered from an umbilical hernia; finally, in cancer of the stomach, the symptoms are very much relieved, and it is possible even to bring on a notable temporary improvement. M. Bucquoy and M. Ferrand have also observed cases of cure of simple ulcer. M. Debove likewise has reported, in the *Progrès Médical*, an extremely remarkable case of cure of a patient suffering from a simple ulcer, probably very old in origin, with absolute intolerance of the stomach, and a state of extreme cachexia. The favourable results obtained were almost immediate; and, at the

end of six weeks, the patient, who had increased from 100 to 125 grammes daily, was on the road to complete recovery.

Professor Germain Sée, in his treatise on gastro-intestinal dyspepsia, relates a certain number of cases which well demonstrate the utility of this method in gastric affections of very different kinds. He speaks of the case of a young girl suffering from serious anorexia, with invincible refusal of all nourishment, who had reached the last stage of marasmus, and who was treated for six months with this mechanical treatment. Dr. Sée has also seen obstinate vomiting thus stopped; cancer is greatly relieved, and dyspepsia of the cachectic form, which seemed of the nature of cancer, has been completely cured. In the last case, as well as being a means of treatment, it forms a true method of diagnosis. This brief enumeration shows the great importance of this new mode of treatment, which unites perfect harmlessness to very great facility of employment, since, up to the present time, not a single accident has been known to occur from the operation.—*Brit. Med. Journal.*

Action of Coffee and Sugar on the Stomach.—In a paper presented to the Société de Biologie (*Rev. Méd.*, May 14), M. Leven states that coffee, so far, as is often supposed, from accelerating the digestive process of the stomach, rather tends to impede this. When thirty grams of coffee, diluted in 150 of water, is given to a dog, which is killed five hours and a half afterwards, the stomach is found pale, its mucous surface being anæmic, and the vessels of its external membrane contracted. The whole organ exhibits a marked appearance of anæmia. Coffee thus determining anæmia of the mucous membrane, preventing rather than favoring vascular congestion, and opposing rather than facilitating the secretion of gastric juice, how comes it that the sense of comfort is procured for so many people who are accustomed to take coffee after a meal? A repast, in fact, produces, in those whose digestion is torpid, a heaviness of the intellectual faculties and embarrassment of the power of thinking; and these effects, and the disturbance of the head, are promptly dissipated by the stimulant effect which the coffee produces on the nervous centres, as shown

by experiments with cafein. Coffee and tea, when taken in excess, are a frequent cause of dyspepsia, for the anæmic condition of the mucous membrane being periodically renewed, a permanent state of congestion is at last produced, which constitutes dyspepsia. Sugar, which with many doctors has a bad reputation, is an excellent aliment, which assists digestion, and should not be proscribed in dyspepsia. By experiment, digestion of meat is found to take place much more completely when sugar is added. Coffee exerts both a local and general action, operating locally by means of its tannin, by diminishing the calibre of the vessels, but acting on the general economy by exciting the nervous centres and the muscular system. It renders digestion slower, and is only of good effect by relieving the feeling of torpor after meals. Its injurious action on digestion may be corrected by adding sugar so as to counterbalance its effects on the mucous membrane. This adding sugar to coffee is not only a pleasant practice, but one contributing to digestion.

A Hint to Chloroformists.—When in Paris I was invited by Dr. Labbé to assist in a case of ovariectomy at a private hospital. The patient was given chloroform. When the anæsthesia was complete, the surgeon made his incision in the linea alba, through the skin and cellular tissue. Suddenly the respiration stopped, and the heart ceased to beat, as clearly shown by the cessation of bleeding and the bloodless appearance of the lips of the wound. The mouth was cleansed from mucus, the tongue drawn forwards, the patient's head thrown well back, and artificial respiration was practised for quite ten minutes, but without result. The case appeared desperate, when Dr. Labbé put a large cloth in boiling water and applied it to the cardiac region. Instantly the heart commenced to beat and the patient to respire. She was saved. The operation was not terminated. The cloth which had been applied was of such a heat that a large blister was raised at the seat of its application. Such simple and ever at hand means, which has succeeded several times with Dr. Labbé, may be unknown to a few of your readers, and possibly useful to all.—*Dr. Adolphi Paggi in London Lancet.*

Cantharides Poisoning.—Mr. Clark treats almost every case of gonorrhœa during its primary symptoms—*e.g.*, scalding, chordee, etc.—with thick discharge, by saline medicines with tepid-water injections. When the discharge becomes thinner and all active inflammation has abated, iron and cantharides are prescribed internally in the form of tincture of the perchloride of iron and tincture of cantharides, of each five minims three times a day, and an injection of sulphate of zinc of the strength of two grains to the ounce. In the first case of poisoning, the patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine he was attacked with violent pain over the bladder, and this was accompanied upon the following day with strangury. The symptoms which, at first were very severe, passed off at the end of about four days under the use of nitric acid and hyoseyamus internally and hot baths upon the recurrence of the strangury. In the second case the patient after taking two doses only of the cantharides mixture had some of the symptoms of poisoning, *viz.* frequent desire to pass urine, burning pain during micturition, which was very difficult and was always accompanied towards the end of the process by a few drops of blood. Half the dose was then ordered but the directions were not followed, the full dose being continued, yet the symptoms rapidly abated. In each case every trace of the gonorrhœa was removed, and as soon as the active symptoms produced by the cantharides had passed off the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. The delay of the symptoms in the first case may probably be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gives rise to the symptoms of poisoning.—*London Lancet.*

Skin-Grafting with Grafts taken from the Dead Subject.—In the latter part of June, 1880, while sitting on a door on which there was a steel hinge, the patient was struck by lightning, and became comatose, in which

condition he remained for several hours. He was brought to Bellevue Hospital and placed in Ward 12, at that time, under my charge. When his clothes were removed the skin came off his left arm and scapula, leaving a large raw surface. This surface was treated by different means for some weeks, until a healthy granulating surface was obtained all over the affected part. About this time, a healthy young German, who had attempted suicide by cutting his throat, was brought to the hospital, and died within a few hours. Six hours after his death, I went to the dead-house and removed a portion of skin from the inner side of the thigh, where there was least hair, and the skin most delicate. Having cut this piece of skin into a great many small pieces, I applied them and dressed the surface after my own method, which is to apply first, next to the grafted surface, a piece of the green protective used in Lister's dressing; over this I strap the ulcer with ordinary rubber or adhesive plaster, and over the whole throw a roller loosely. The object of the green protective is to prevent the grafts from adhering to the plaster and being torn off when the dressing is removed. The strapping is simply to make pressure, which must be firm and evenly applied. After the dressings had remained on for four days, they were removed, and after some little discharge had been washed off, I had the patient photographed. About one-fourth of the grafts had failed to take, and were washed off when the wound was cleansed. The remainder have attached themselves to the ulcer, and the lower and central portions of the ulcer on the arm are already covered with a thin, delicate skin, as a result of the fusing together of the little islands of skin, each graft serving as a point of departure for the formation of these islands. As in other and similar cases, cicatrization would have doubtless gone on to complete cure in a short time, but for an attack of erysipelatous inflammation, resulting from the low condition of the boy's general health, and his exposure to other cases of that disease, which destroyed a large portion of the newly formed skin, requiring subsequent graftings, but finally resulted in a cure, with much less of contracting cicatricial tissue than is commonly witnessed after recovery from such extensive burns.

Skin and mucous membrane removed from the living in surgical operations have been often used for grafts. But I wish to state here my claim, that the idea of removing skin from the cadaver and grafting it on to the living subject is original with me, and that I was the first to perform this operation, which has since been done many times successfully by other gentlemen. It seems to me that any one who has witnessed, as I have done repeatedly, skin taken from the dead body several hours after death return again to life, adhere to a granulating surface, and with surprising rapidity send out prolongations of delicate skin in all directions, covering the surface with a new skin comparatively free from contraction, must agree with me that skin-grafting is in its infancy, and that when men of ability have given it more attention, and found out the possibilities of the proceeding, we may expect to see frightfully contracting cicatrices which follow burns and *nævi* removed by excision, and their places filled with a skin almost as perfect as the surrounding, and which has been removed from the dead or living body of another person.—*Dr. J. H. Girdner in N. Y. Med. Record.*

Simple Tests of Water.—The complete analysis of water requires much chemical skill, but the more common impurities may be detected by simple tests and various injurious salts thus recognized. "Among them," says the *Boston Journal of Chemistry*, "are the nitrates, whose presence is chiefly significant, as showing that organic matter has been acted upon, and may be present. The danger is not in the salts themselves, but in their source, which should, if possible, be ascertained. To examine water for nitrates, put a small quantity of it in a test tube, add an equal quantity of pure sulphuric acid, using care that the fluids shall not mix; to this add carefully a few drops of a saturated solution of sulphate of iron. The stratum where the two fluids meet will, if nitric acid be present, show a purple, afterward a brown colour. If the nitric be in minute quantities, a reddish colour will result. The presence of ammonia, if in excess, can be determined by treating the water with a small quantity of potassic hydrate. Ammonia, if present,

will be liberated, and may be recognized by its odor, or by the white fumes of chloride of ammonium, when a glass rod wet with muriatic acid is passed over the mouth of the test tube. If chlorine is present in any form in water used for drinking, it is evidence that sewage contamination in some form exists. The presence and amount of chlorine may be ascertained by the following simple method: Take 9 grains of nitrate of silver, chemically pure, and dissolve it in 200 units (say, cubic centimetres) of distilled water. One unit of the solution will represent 1-100th of a grain of chlorine. Take a small measured quantity of water to be examined, and put it into a glass vessel more than large enough to hold it. Add to the water a small quantity of the solution; if chlorine be present, a white precipitate will result. Repeat the addition, after short intervals, until no precipitate results. The units of the solution used will determine the hundredth of a grain of chlorine present. If more than a grain of chlorine in a gallon be present, reject the water, unless it can be clearly determined that the excess does not come from sewage. The water should be slightly acidulated with nitric acid before the test is applied. Heisch's sugar test for the presence of dangerous organic matter is at once simple and trustworthy. Place a quantity of the water to be examined in a clean glass stoppered bottle; add a few grains of pure sugar, and expose to the light in a window of a warm room. If the water becomes turbid even after exposure for a week, reject; if it remains clear it is safe."

Transfusion in Profuse Menorrhagia.

—Mr. T. Whiteside Hime has performed this operation with success in a sterile married woman, aged 35. Menorrhagia had existed for five years, commencing from fatigue and severe shock during a catamenial period. The anæmia was very marked; the cervix uteri was conical, the os narrow; it was incised and the uterine cavity painted with a strong solution of perchloride of iron, but with little good effect. Mr. Hime drew six ounces of blood from the patient's husband, and, using a special transfuser, introduced the blood through the patient's medio-cephalic vein. During the process her breathing stopped; a drachm of

ether was immediately injected subcutaneously, and artificial respiration employed; she rallied, and the transfusion was completed. This was done in November, 1878; since then menstruation has never been excessive. The transfusion was indirect, the blood being first whipped and defibrinated in a warm vessel, then strained into the apparatus, which is double-chambered, so that the blood may be surrounded by hot water. The blood runs, by gravitation, out of the apparatus, through an elastic tube into the vein. The apparatus is very cheap, and cannot easily get out of order.—*Brit. Med. Journal.*

Nurses.—There has been much discussion recently concerning the stated objection of certain sisterhood nursing associations to send nurses to small-pox cases. Mr. Lewis Wingfield has written strongly to the papers on the subject, and the *Gentleman's Magazine*, in commenting on his published letters, observes that “not the least serious question opened out by Mr. Wingfield's letter is that of the value of our nursing sisterhoods. One and all of these to whom Mr. Wingfield applied declined to send a nurse to serve in a house in which there was small-pox. I do not deny that a woman may well hesitate to face the risk of so serious and loathsome a disease. For those, however, who, in the profession of religion, have formed a sisterhood, to decline such a call is like a soldier refusing to join a forlorn hope. They may be volunteers. That, however, does nothing to free them from responsibility. Fancy our volunteer soldiers refusing, on account of the danger, to front an enemy when he had once landed! I hope this refusal to face danger will open men's eyes to the real value of not a few of the institutions in which women play at being nurses. In our hospitals the presence of lady nurses is not an unmixed blessing. I have spoken to patients who have felt the weariness and suffering of life in hospital augmented by the fact that they dared not ask ladies of gentle birth for the menial service they required. Though less brutal in language, moreover, than the nurse of former times, the lady nurse knows how to make the patient wince when he has the misfortune to get into her black books. We are in a curious

transition stage in many matters. When we have settled down to the new order of things we shall find that in nursing, as in other matters, professional service is better than amateur, and shall learn that the sufferer is as often pained as cheered by ministrations that not seldom owe their origin to forms of mysticism, fanaticism or hysteria.—*British Medical Journal*.

Billroth's Patient Dead.—The patient on whom Billroth operated, January 29th, for cancer of the pylorus, died May 23rd, symptoms of a return of the disease having shown themselves three weeks before. The autopsy revealed a recurrent colloid cancer, which in all probability had arisen from the retro-peritoneal lymphatic glands and had spread over the entire abdominal peritoneum. The outer surface of the stomach, the transverse colon, as also the neighbouring parts of the duodenum and jejunum, were covered with colloid cancer, so that it was difficult to isolate the stomach and duodenum. The stomach was of a natural shape, so that no one would have suspected that a piece $5\frac{1}{2}$ inches long had been removed from it. A sort of sac-like dilatation was found in the site of the greater curvature; notwithstanding this, however, the patient had borne and digested her food well up to the time of her death. There was no stenosis at the point of union of the stomach and duodenum, and it was with difficulty that the line of suture could be distinguished.—*Deutsche Medizin. Wochensch.*, June 4th.

The proper way to give Aconite.—In the *London Medical Record*, Dr. Wm. Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite, because they do not know now to use it. The dose of the tincture recommended in the *British Pharmacopœia*—from 5 to 15 minims—is absurdly large, and no one with any respect for his patient's safety or his own reputation would ever think of giving it. The best way is to put half a drachm of the tincture in a four-ounce bottle of

water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the pharmacopœia.

Out-Patient Treatment of Rickety Tibiæ.—Dr. T. F. Chavasse of Birmingham, finding that osteotomy can be safely performed under antiseptic precautions for the relief of rickety curves in long bones, has successfully operated for deformity of the tibia on twelve children, all under five years of age. In these cases the curves were mostly lateral; and in none was it necessary to remove a ridge of bone to bring the leg into a straight position. After cutting down on the concavity of the curve of the tibia, along the inner edge of that bone, the chisel is employed to cut from within outwards until the tibia is so far divided that the fracture may be completed with the hands. The fibula breaks close to the fracture of the tibia. Antiseptic dressing is then applied, and suitable splints secured by a plaster-of-Paris bandage; the patient is then sent home. At the end of six weeks—the plaster bandage being removed about the fifteenth day—the splints are taken of, and the child is able to run about.—*Brit. Med. Journal.*

Small-Pox and the Efficacy of Vaccination.—This question has recently had new facts brought to bear upon it by Dr. Buchanan. During the past year the death-rate per million in London, from small-pox, was ninety among the vaccinated against three thousand three hundred and fifty among the unvaccinated. Similar statistics show that the mortality among children under five years of age was forty and one-half per million among the vaccinated, against five thousand nine hundred and fifty among the unvaccinated. Among adults the mortality rates are one hundred and eleven for vaccinated, to one thousand nine hundred and six for unvaccinated. These figures show very clearly the efficiency of vaccination, and also the need of revaccination.

CANADA

Medical and Surgical Journal.

MONTREAL, AUGUST, 1881.

THE ANNUAL MEETING.

We devote as large a space as possible this month to giving a full Report of the Proceedings at the Annual Meeting of the Canada Medical Association, at Halifax. Although the attendance was not large, still it may be considered to have been successful. The papers read had been carefully prepared, and contained much that was of interest. We are glad to see that the Association is to continue its well-directed efforts towards obtaining legislation tending to establish some systematic supervision of the public health. The important matter of animal vaccine received a good deal of attention, there being a strong feeling that it would be well if a proper supply of reliable lymph could be constantly maintained by the public authorities for use throughout the country.

Socially, everything was done by the profession of Halifax to render the meeting pleasant as well as profitable. On the second day, at noon, a steamer was placed at the disposal of members and friends, and, after a pleasant sail down the harbour, landed them at the Provincial Lunatic Asylum, where a bountiful lunch had been prepared. In the evening, there was an illumination in the public gardens, with music and torchlight procession.

The place of meeting for next year is to be Toronto, and Dr. Geo. E. Fenwick is the President-elect. We congratulate our predecessor of the JOURNAL upon this high mark of confidence and respect from the united profession, one to which his long services in many ways in the service of the public have rendered him fully entitled.

CANADA MEDICAL ASSOCIATION.

The annual meeting of the Canada Medical Association was held in the Legislative Council Chamber, Halifax, on the 3rd and 4th August, 1881.

On the first day, the meeting was called to order at 10 o'clock, by Dr. Canniff, the President of the Association.

Hon. Dr. Parker, as chairman of the Committee of Arrangements, presented a verbal report.

Moved by Dr. Clark, seconded by Dr. Oldright, that Dr. Strong, Superintendent of the Cleveland (Ohio) Lunatic Asylum, be elected a member of the Association "by invitation."—*Carried.*

The military and naval surgeons of Halifax were also elected members by invitation.

Dr. Strong and the ex-presidents present were requested to take seats by the President.

The minutes of last session at Ottawa were read and approved. Dr. McDonald of Londonderry, Drs. Slayter and Lanigan of Halifax, Dr. Townshend of Parrsboro, and Drs. Somers and Fitch of Halifax, were elected permanent members.

An invitation was read from the Sandy Cove Bathing Establishment, asking the members to avail themselves of the privileges of the baths.

Dr. Reid, Halifax, read the report on Medicine. Special attention was drawn to the disease known as General Paralysis of the Insane—a malady of most fatal character and on the increase, and not receiving sufficient attention. The report was received for discussion.

Dr. Stewart, of Brucefield, Ontario, read the report on Therapeutics.

The President of the Association, Dr. Canniff, read a paper on "Vital Statistics and Public Health." The President stated that the committee appointed at the last meeting had waited upon Sir John A. Macdonald, and had been accompanied and assisted by many of the medical men now in Parliament, that the Government are heartily inclined to assist in forwarding the

movement to provide for the public health, and that if it had not been for the very indifferent health of the Premier himself, it is probable that legislation on this important matter would, before this, have been introduced into the Dominion Parliament. He believed that the Association was doing a good work in keeping the subject before the country, and hoped they would continue their efforts until brought to a satisfactory issue.

Hon. Dr. Parker considered this a most important matter; hoped that further action of a decided nature would soon be taken. His idea is that our aim should be to have a committee formed of good representative men from each Province to initiate and watch the progress of a bill for this object. This law-making should begin with the separate Provinces, each for itself, and the whole should be consolidated under some Act governing the entire Dominion, and passed by the House of Commons. Sir J. A. Macdonald used formerly to say that all matters connected with statistics belonged to the Provincial Legislatures, but he has seen reason to change this opinion, and would be ready to admit the control of the general government over statistics and such like matters which are necessarily intimately connected with sanitary legislation. They had recently held a meeting of the profession of Nova Scotia at Antigonish, and had been able to lay the foundations for taking their share in the proposed plan of concerted action.

The report of the President was received, and laid on the table for future discussion.

Moved by Dr. Botsford, seconded by Dr. Steeves, that the following compose the Nominating Committee: Drs. Robillard, Ross and Fenwick of Montreal, Dr. Eccles of London, Drs. D. Clark and A. H. Wright of Toronto, Drs. Lawson and K. F. Black of Halifax, Dr. Steeves of St. John, and Dr. Atherton of Fredericton.—*Carried.*

Dr. Hill of Ottawa then read for Dr. Grant of Ottawa a short paper descriptive of a method of using the ordinary enema-syringe for a stomach-pump. This method has already been described by Dr. Grant in the last volume of the CANADA MEDICAL AND SURGICAL JOURNAL, to which we would refer our readers.

Some members objected to the method, that it would be found very difficult to introduce a flexible and soft tube down the esophagus, but Dr. Hill said that he had been assured by Dr. Grant that in trying the instrument he had not experienced this difficulty.

The Association adjourned at 1 p.m.

AFTERNOON SESSION.

The President took the chair at 2.30 p.m., and proceeded to read his address on "Medical Ethics." He stated that it was with some difficulty he had selected a subject for an address which might be of practical interest to the Association, and he finally determined to review the present code of ethics by which we are guided, and make some remarks upon certain of the clauses. He entered fully into the duties of the members of the profession towards the public, towards each other, and towards themselves. Towards the public, in leaving nothing undone tending to the restoration to health of those entrusted to their care; towards each other, in the most delicately honorable bearing; towards themselves, in not neglecting those much-needed recreations and moments of rest which the generally overworked practitioner so much requires. He strongly deprecated any assumption of superiority, pointing out that the proper line of conduct for a physician was that of the unobtrusive gentleman; advised free, untrammelled consultations in all cases when difficulty or doubt presented themselves; and endeavored, throughout his address, to show that a code of medical ethics could not be otherwise than in harmony with a Christian code of ethics. But charlatanism, in or out of the profession, received a severe castigation. The address was of a very practical character, and cannot fail of having a beneficial tendency in recalling attention to many of those points upon the strict observance of which depends the existence of harmony amongst our *confrères*.

In accordance with a previous resolution, a discussion on Dr. Reid's paper followed, in which Dr. Clarke, of Toronto, Dr. Jennings, of Halifax, Dr. Botsford, of St. John, Dr. Hill, of Ottawa, Dr. Morse, of Amherst, and Dr. Oldright, of Toronto, took part.

The report on Therapeutics, read by Dr. Stewart, was next discussed. Several members gave their views on the comparative safety of chloroform and ether, the former being the favorite.

Dr. Atherton said that in his opinion the bad results in Great Britain from chloroform were chiefly to be attributed to two causes. 1st, the complicated apparatus frequently made use of, and 2nd, the dread which they appear to have of it. In Edinburgh it is given freely and he thinks carelessly. In judging of the comparative merits of various anæsthetics we should be guided more by the opinions arrived at by those who are in the habit of daily administering it, and not so much from the results obtained by experiments. He gave some particulars concerning a case (published in the *Canada Lancet*) where he had performed Tracheotomy for the purpose of resuscitation from chloroform poisoning.

Dr. Hingston asked why, in this case, a tube might not have been passed *per vias naturales*, avoiding the operation. The answer was that, opening the trachea was the idea which first presented itself in the urgency of the moment, and it was fortunately successful.

Dr. Fitch spoke strongly in favor of ether which he uses exclusively. He thinks that drawing the tongue forcibly forward should always answer every purpose for admission of air into the trachea.

Dr. Stewart said that many were in the habit of entirely neglecting the pulse, regarding the respiration only. He thought that this was a mistake, that the pulse should be carefully observed. Kepler has shown by sphygmographic tracings that, in all dangerous cases, there is great fall in the blood-pressure. He knew of three deaths in three years in Edinburgh alone. French experimenters have shown that the application of very hot water to the cardiac region is of great service in stimulating the heart's action.

Dr. Oldright referred to the anæmia observed in chloroform administration as indicative of syncopal tendency, and to the frequency of accidents in dentists' chairs, the latter being due

perhaps to two causes, the semi-erect position, and the known danger of interference with the fifth nerve. He had made one trial with Bromide of Ethyl, using f. ʒ i. He entirely failed to anæsthetize the patient and has never used it again.

Dr. Oldright then exhibited his method of treating empyema. After the chest is punctured with a trocar, and the pus drawn off, he attaches a tubing, passing through a vessel containing an antiseptic solution, and held some distance above the patient, the pleural cavity is then washed out and fluid is passed through until it returns quite clear, and this is repeated every few days. Dr. O. gave several cases treated in this way, in which the results had been very satisfactory. In one the expansion of the lung had been such that subsequently no difference could be detected between the two sides.

Dr. Jennings preferred a counter opening, but also advocated washing by syphon.

Dr. Fenwick thought the plan had no advantage over simple incision. This plan was now used by him in the Montreal General Hospital and was very satisfactory. He employed Lister's dressings. Never advises aspiration, for the pus always re-collects. Does not think recovery is ever complete, but that there always remains some shrinking of the affected side.

Dr. Atherton formerly treated it by washings but had abandoned the plan, finding it inconvenient and reaching as good results by incision and dressings of carbolyzed oil. He agreed with Dr. Fenwick as far as concerned operations on adults or aged persons, but believed that in the young, perfect expansion of a lung could be obtained. He alluded to the fact that sudden death had occurred from injecting the pleura.

Dr. Farrell advocated draining by a tube with the extremity beneath an antiseptic solution, as being cleanly and effectual. Always used an oval and not a round tube, as fitting better between the ribs.

Dr. Geo. Ross said that the procedure of Dr. Oldright contained nothing novel. It was better than syringing, as giving a less forcible stream. The principle of very copious washings was that taught by Fraentzel and the Germans.

He alluded to the plan by valvular drainage advocated by Dr. Phelps, of Chateauguay, N. Y., but could not admit that any other procedure ever gave better results than a large incision and Lister's dressings, without any injections.

EVENING SESSION.

The President took the chair at 7.3 p.m.

Dr. Bessey, of Montreal, read a very interesting paper on "Vaccination from animal vaccine." In the paper he referred to the prominence which vaccination with lymph direct from the animal had already attained. He called attention to the bad results which had followed vaccination in the past especially in former years in the city of Montreal, when done with long humanised lymph which had in spite of every care used in its collection, conveyed various *materies morbi* associated with the vaccinal disease.

He took it for granted that certain propositions were now accepted by the profession from which other propositions naturally followed. 1st, That vaccination was our best prophylactic against small-pox. 2nd, That not to be disappointing it must be well and thoroughly done with lymph capable of reproducing a perfect vaccine vesicle. 3rd, That to avoid "accidents" the lymph must be pure. That to fulfil the obligation resting upon the practitioner it was necessary to avoid the use of either degenerated lymph from too long human transmission, or lymph containing blood impurities, which it could hardly fail to do if taken promiscuously from human subjects. He showed by drawings of the disease when in full bloom and the resulting scars, 15 varieties of typical vaccinal cicatrices here given, that bovine lymph or heifer transmitted lymph induces a development of vaccinia in a greater state of perfection, and of more protective efficacy, in consequence, than humanised lymph. That the calf lymph was benigner in its action and gave all the results of true Jennerian vaccination. He would not deny that humanised lymph might by carefulness in selection, in the hands of careful men, be used for even 30 or 40 years with apparently satisfactory results as regards accidents, but it was now established

beyond cavil that each remove a greater distance from the animal perceptibly shortened the period of duration of the disease and diminished its effect on the constitution, thus lessening the amount of protection afforded by the operation. That vaccine being indigenous to the heifer, does not degenerate: the painting of the arm shown is from a child vaccinated from lymph taken from the 240th heifer, from the original spontaneous cases which occurred at Longue Pointe, near Montreal, in Nov. 1877, during which year an epidemic of animal pox prevailed among cows and horses. He traced the progress of animal vaccination, and mentioned the various new stocks of animal lymph that have been introduced to the profession since the time of Jenner, 1798, which were, Woodville in 1800, Passey of France in 1836, Galbeata's retro-vaccination in Italy 1810 followed later by Prof. Negri. The introduction of animal vaccination into France by Janvix, discovery of the Beaugency stock in 1868 by Prof. Depaul, the Longue Pointe stock by himself in 1877, and the progress of animal vaccination under Dr. Warlomont in Brussels, and last of all its introduction into England by Act of Parliament in 1881. That he had vaccinated three children of a family with lymph from a case of horse pox, and two of the same family with the cow pox, as an experiment upon the same day, the result was in both cases the development of typical vaccinal vesicle, the horse pox producing rather more local disturbance but running its course and terminating satisfactorily. That accidents follow vaccination and lack of prophylactic effect, are directly traceable to an imperfect vaccination with imperfectly developed or impure lymph. That a perfect vaccination consisted in the reproduction of a perfect vaccine vesicle with its attendant constitutional fever, and nothing else; that he feared, and believed in the possibility of conveying syphilis, skin affections, scrofulous taints, &c., with humanised lymph. He described a number of spurious vaccinations which might result from the operation, none of them protective, and suggested revaccination at an early date in all doubtful cases, which is not like past vaccinal inoculation—illegal. He concluded by instancing the following advantages

to be derived from the use of heifer lymph: 1st, It guarantees against the possibility of transmitting any other blood contamination. 2nd, The advantages of constant supplies of reliable lymph. 3rd, It gives the greatest possible guarantee of protection by emulating perfectly spontaneous vaccination, as observed by Jenner on the hands of milkers, and which has always been found to give absolute security against future contagion. 4th, It enables the practitioner to be independent of his patients as to his stock of lymph. It had been objected to it that it was hard to take, this objection would be entirely removed with due care in its propagation and use, which he very fully explained, showing that both producer and user must use considerable judgment in the matter to secure success. He concluded a most interesting paper with the hope that the Association would press upon the attention of the Government the duty of establishing a National Vaccine Institution for the benefit of the whole country.

Dr. Slayter does not believe that syphilis can be communicated by vaccination. He has always used lymph supplied by the Royal Institution, and has never been dissatisfied with the results. He thinks with Dr. Bessey that there should be some means by which the public could be supplied with pure vaccine lymph.

Dr. Robillard said that in 1874, during an epidemic of smallpox, he vaccinated two children with lymph procured in Liverpool from the Royal Institution. In both of these, eruptions showed themselves, one of which he felt satisfied was of a syphilitic nature, and which disappeared under mercurial treatment. He had never felt safe with that lymph since.

Dr. McDonald (Londonderry) procured his vaccine from Boston. He found that animal lymph was more insoluble than humanized lymph, and ignorance of this fact probably led to some of the failures when the former was used. He would also urge on the Government the importance of their taking charge of this matter.

Dr. Cowie said that formerly the lymph used in Halifax was perfectly satisfactory. In 1860 he had, in one day, vaccinated 120

persons; only six or seven failed, and in none were there any troublesome symptoms. During the past two or three years it had not been so satisfactory. There were now many more failures, and he had recently seen a man, vaccinated a month before, with large unhealed ulcers and enlarged glands.

Dr. Geo. Ross said that he would like to bear testimony from his own observation to the excellent results which had followed the introduction of animal vaccine in Montreal. Previous to this, with the ordinary crusts and lymph which were passed along from one to another, not only were failures comparatively frequent, but unpleasant consequences were often met with. He had seen long-standing ulcers, axillary abscesses, erysipelas and cellulitis, and even, in rare cases, pyæmia with multiple abscesses. These unfortunate occurrences had led to the widespread opposition to vaccination which had prevailed in Montreal. Now, however, we had a supply of pure animal lymph, which we used with perfect confidence, and could say that such accidents as the above never occurred. He was satisfied that animal lymph should always be used when procurable, and that to that end it was highly desirable that the Government should arrange some plan for perpetuating and disseminating a generous supply of the pure article.

Dr. Bessey, in reply to certain enquiries by members, said that he was in the habit of personally selecting perfectly healthy young animals exposed for sale for the purpose of inoculation. He keeps always two in the stable—one in the later stages and the other partly vaccinated. He once used a lean, poor heifer, but found that the lymph was bad, and caused weak, unhealthy sores. He was obliged to recall all the results of that inoculation. He found from experience that for human vaccination it was better to charge points on the sixth day and not wait till the vesicles were at their height on the eighth day; but that for inoculating another heifer, he would wait till the eighth day or later. The reason for this is, that in the first case, for complete absorption, you require a thinner lymph than in the latter case. Full maturity also implies a larger size of the lymph

vesicles which renders them unsuitable for use on the human subject, but has no effect when used for bovine inoculation.

On motion of Dr. Black, seconded by Dr. McDonald, it was resolved that, as the time was limited, no discussion on any paper should exceed ten minutes.

Dr. Worthington (Clinton, Ont.) then read a paper on "The Treatment of Scarlatina Maligna by Cold Water and Ice." He selected a number of instances where, during the epidemic prevalence of this disease in his locality, he had adopted this treatment in apparently very desperate cases, accompanied by high temperatures and the usual concomitants of delirium or coma, and had saved many cases thereby. In these frightful attacks, such is his confidence in these antipyretic measures, that if he cannot gain the consent of the friends to their employment, he prefers to retire from the responsibility of their treatment. He urged very strongly the more general adoption of these very valuable measures of combating this formidable complaint.

Dr. Jennings spoke highly of the plan of inunction for reducing fever, and

Dr. Fitch said that he had latterly employed glycerine for the same purpose, and found it answer well.

Dr. Coleman advocated the repeated cold-water bathing in this as well as in typhoid fever.

Dr. Eccles remarked that the same principle as advocated in the paper applied to all febrile diseases when violent symptoms seemed purely due to fever-heat.

Dr. Fenwick then read a paper on "Antiseptics in Ovariectomy and other Surgical Operations." (This article, which contains a number of Dr. F.'s hospital and private cases, will appear later in this JOURNAL.)

No discussion owing to the lateness of the hour.

The next paper was by Dr. Hingston, "On certain features in Ovariectomy." The reader of the paper dealt hurriedly with the history of the operation in Canada, giving credit to the late Dr. Robert Nelson of having performed the first ovariectomy here. He went into some of the reasons why ovariectomy had not, until recently, been as successful in Canada as in Great

Britain, one chief reason being that the operation had been performed too much like other operations, with a view rather to speed than thoroughness. He disposed of the claims from time to time put forward to cure ovarian cysts by other than surgical means. He admitted that spontaneous cure sometimes occurred, and mentioned two instances under his own observation. He discouraged too early operation, while yet no discomfort is felt, and while yet the tumor is insignificantly small and when the parietes of the abdomen had not undergone that process of thinning which fits it for the operation. He deprecated that eager hunting for cases which led to unnecessary operations on the one hand, and, on the other, that avoidance of an operation which seemed more than usually hazardous lest the fair average in statistics should be disturbed. He spoke of the circumstance noticed by operators generally that good cases run in succession and bad ones in like manner, and thought it due to atmospheric conditions which we could not at the moment recognize, but which we soon learned to respect. Dr. Hingston then gave the particulars of his last fifteen operations, dismissing his successful ones with a few words, but dwelling at length on the cause of death in the unsuccessful ones. All the operations were completed, though the adhesions in two cases were of a nature to almost demand discontinuance. He had learned to regard adhesions to the parietes as of small moment; more formidable were those to liver, spleen or intestines, but what he most dreaded was intimate connection with the omentum, from the difficulty of separating them and proneness of that viscus to hæmorrhage, and the great difficulty of controlling it without extensive ligaturing. He considered the length of time occupied in the operation of small moment, and he did not think the length of the incision (under certain limits) of great moment, yet he thought an incision greater than necessary was unpardonable, and an instant more time in the performance of an operation equally unjustifiable. He thought limiting the number of spectators of the first moment, and that the direction of the wind in blowing in at, instead of out, should not be overlooked, especially at hospitals. He was averse to the use of the clamp; he

had seldom used it, and had regretted its use. He had found the thermo-cautery unreliable as a hæmostatic, except with very small vessels, and in these compression forceps usually sufficed. The anæsthetics used were always the same—chloroform till complete anæsthesia, and ether during the continuance of the operation.

In reply to Dr. Slayter, Dr. Hingston said, with reference to antiseptics, that in most of the cases Listerism had been carried out thoroughly; in a few, not. He could not, so far, recognize any difference in the two methods.

Dr. Slayter was surprised to find Dr. Hingston not in favor of Listerism. Compare any old statistics of this operation with those of the present day, such as those of Spencer Wells and Knowesly Thornton. It is Listerism which has been the means of enabling these operators to shew their marvellous successes. The term absolute cleanliness is very vague. He had seen what was called Listerism in many of London Hospitals, and he called it a perfect parody, and therefore they did not believe in it. The truth is that the lukewarm men never did the system justice and thus failed to look on it with favor. Let us give it a *fair* trial, that is all its advocates want. Why, operators did things now they would not have dreamt of doing before the introduction of Lister's dressings.

Dr. Black supported the same views.

The Association adjourned at 11.10 P.M.

MORNING SESSION, AUG. 4.

The Association met at 9 A.M.

The Treasurer's report was submitted, and Drs. Hill and Atherton were appointed auditors to examine and report upon it.

The Secretary, by direction of the President, exhibited some spruce shaving splints sent by Dr. Grant, of Ottawa.

Dr. Slayter exhibited an ingeniously-contrived self-retaining speculum, which enables the surgeon in certain cases to dispense with the service of an assistant.

Dr. J. W. Macdonald, of Londonderry, read a paper on

"Water Analysis," and at the same time exhibited a case containing chemicals and apparatus for the examination of water. He answered questions put him by Drs. Coleman and Hill.

Dr. Stewart of Brucefield, read a paper on "Treatment of Exophthalmic Goitre by ergot," and, at its conclusion, replied to questions by Drs. Steeves and Coleman.

Dr. Coleman read a paper on "The use of the Ophthalmoscope in the diagnosis of brain disease." He cited several cases and their mode of treatment, and his success in such treatment.

Dr. Jennings read a report of some cases in practice, shewing the effect on the temperature of a patient on a water bed by using hot or cold water; also some cases shewing the effect of constant irrigation with carbolized water as compared with the ordinary Listerian spray and gauze. At the same time he exhibited an instrument used in the process of irrigation, which was worked on the syphon principle.

The accounts of the acting General Secretary, Dr. A. H. Wright, for \$11.39, and of the Local Secretary, for \$21.40, were ordered to be paid.

Dr. Slayter gave notice of the following resolution:

"WHEREAS,—The system of specialism and specialists, which at present obtains to a certain extent in the Dominion, and which has developed to a very large proportion in the neighboring Republic, is for the most part the outgrowth of superficial professional education and want of success as practitioners of medicine and surgery;

"THEREFORE RESOLVED,—That it is the opinion of this society that specialism should be discountenanced by the members of this society, and that specialists should be treated and looked upon as irregular practitioners, except in rare cases, where long experience, extended study, and peculiar aptitude have placed a medical man in a special position towards his brethren;

"BE IT THEREFORE RESOLVED,—That the members of this society pledge themselves to do all in their power to check the growth of this species of evil."

In supporting his resolution, Dr. Slayter said the evil complained of was ruining their profession in America, and must be stopped if they ever expected to come up to the European standard.

Dr. Farrell spoke of the difficulty of the doctors getting to-

gether in these annual meetings, as now held, and thought the smaller societies in the Maritime Provinces should be consolidated into a branch of the Dominion Association. He moved that a committee be appointed to consider the matter and confer with the various provincial medical societies for the purpose of bringing about a plan of organization of the medical societies in the Dominion in connection with the Canada Medical Association. Drs. Clark, Canniff, Hill, Fenwick, Hingston, Steeves, Atherton, J. F. Black, Farrell and the Secretary were appointed such committee.

Dr. Fenwick of Montreal, for Dr. Howard, brought up a notice of motion made at last session to amend chap. 7, sec. 2, of the by-laws, so as to impose a fee of \$2, to be paid by each member only at every annual meeting attended.

The motion passed.

Dr. Page made a short speech on sanitary legislation, and moved that Drs. Canniff, Oldright, Grant, Hill, Bruce, of Ontario; the President-elect (Dr. Fenwick), Drs. Osler, Larocque, of Quebec; Botsford and Atherton, New Brunswick; and Hon. Dr. Parker and J. W. Macdonald, of Nova Scotia, be a committee to seek from the Dominion Government improved legislation in respect to sanitation and vital statistics, and to insist upon the organization of the profession as a condition of political support at the next election.—The motion passed.

On motion of Dr. J. F. Black, seconded by Dr. Slayter, the Committee on Public Health was instructed to hold a conference with the committee on the same subject of the Nova Scotia Medical Society.

It was decided to defray the travelling expenses of the Secretary and Treasurer from the funds of the Association.

The President of the Association having announced that Dr. A. H. David had withdrawn from the office of General Secretary of the Association, a resolution was passed expressive of the Association's deep regret that any cause should prevent him from continuing his services, and more especially that this cause should depend upon personal indisposition. The success of the Association had heretofore largely arisen from the steady and

persevering efforts of Dr. David, and the Association trusted that he might for many years witness the continued success of an institution to which he had been so devoted.

The auditors, Drs. Hill and Atherton, reported having carefully examined the Treasurer's accounts, which they find to be intelligently and well kept and quite correct. They show \$138.35 received since last September and \$133.66 expended, leaving a balance on hand of \$4.69.

Dr. Oldright gave notice that at next meeting he would move that clause 18 of by-laws should be amended by substituting the words "Public health, vital statistics and climatology," for the words, "Climatology and epidemic diseases."

On motion of Dr. Slayter a vote of thanks was passed to the railway companies for reduced fares.

On motion of Dr. Atherton a vote of thanks was passed to the Sandy Cove Bathing Company and the Local Government, the former for the use of baths, and the latter for the use of the Provincial building.

On motion of Dr. Hill a vote of thanks was passed to the medical profession of Halifax for their kindness to visiting members.

The following is the report of the nominating committee which was read by the chairman, Dr. Robillard :

President—Dr. Fenwick, of Montreal.

General Secretary—Dr. W. Osler, of Montreal.

Treasurer—Dr. E. Robillard, Montreal.

Vice-President of Ontario—Dr. D. Clark, of Toronto.

Local Secretary of Ontario—Dr. A. H. Wright, Toronto.

Vice-President of Quebec—Dr. F. W. Campbell, Montreal.

Local Secretary of Quebec—Dr. Belleau of Quebec.

Vice-President of Nova Scotia—Dr. R. S. Black, Halifax.

Local Secretary of Nova Scotia—Dr. C. D. Rigby, Halifax.

Vice-President of New Brunswick—Dr. P. R. Inches, St. John.

Local Secretary of New Brunswick—Dr. C. Holden, St. John.

Committee on Arrangements—Dr. D. Clark, Oldright, Temple, A. A. McDonald, of Toronto, with power to add to their number.

Committee on Necrology—Drs. Fulton, Toronto; Atherton, Fredericton; Lachapelle, Montreal.

Committee on Education—Drs. Eccles, London; Holmes, Chatham, and Bessey, Montreal.

Committee on Climatology and Public Health—Drs. Botsford, St. John; Worthington, Clinton, Ont.; Larocque, Montreal; McDonald, Londonderry, and Coleman, St. John.

Committee on Ethics—Drs. Canniff, Toronto; Malloch, Hamilton; Gardner, Montreal; Marsden, Quebec; Bayard, St. John; Parker and W. J. Almon, Halifax; Steeves, St. John; Beaudry, Montreal, and Chas. Moore, Sr., London.

Committee on Publication—Drs. Ross, Montreal; Cameron and Fulton, Toronto; the general Secretary and Treasurer.

Committee on Practice and Medicine—Drs. Lawson, Halifax; Graham, of Toronto; Duncan, of Bathurst.

Committee on Surgery—Drs. Shepherd, of Montreal; J. F. Black, Halifax; and McFarlane, Toronto.

Committee on Obstetrics—Drs. Temple, of Toronto; Trudel, Montreal, and McKarren, St. John.

Committee on Therapeutics—Drs. Tye, Thamesville; Wilkins, Montreal, and Somers, Halifax.

The Committee recommended that the next meeting be held in Toronto, the time to be decided by the Association.

The report was adopted *en bloc*.

On motion of Dr. Hingston a vote of thanks was passed to the retiring President for his able conduct in the chair and his admirable address, containing many useful and practical hints. This was acknowledged by Dr. Canniff amidst applause.

The association then adjourned to meet in Toronto on the first Wednesday of September, 1882.

DR. ANDREW CLARK.

The *Whitehall Review* has an article on Dr. Andrew Clark. As this eminent physician is well known in Canada owing to his having accompanied H.R.H. the Princess Louise, and from the fact that he is at present in attendance upon Sir John A. Macdonald, the following may be found of interest:—

“ Generally speaking, we may say of medical men that we have a new school and an old one. The old school were wonderful conversationalists. The patients looked forward to a brief, chatty, brilliant talk as the best part of the interview. The new school is much more business-like. At once you come to the point. The examination is a piece of work to be got through, and in as workmanlike a way as possible. The patient is simply ‘ a case.’ The patient of this celebrated physician will be unfortunate if he do not carry away some wise suggestion or interesting remark from Dr. Clark. He will certainly be struck by what is said to himself. A full, clear interpretation will be put on the facts that have seemed so baffling to him. There will be no reticence or obscurity in the opinion formed. A prescription, of course, will be written, for it seems to be *de rigueur*; a doctor seems always writing a prescription. But the patient sees that the doctor is watching, following, and assisting nature. He understands that the treatment is philosophical and physiological. He is to put himself under regimen. His cure will depend much on his own resolution and self-government. As, in most cases, the illness has been superinduced by chronic causes, so it must be met by chronic treatment. Such I take to be the ordinary line adopted by the patients whose ailments still permit them to make personal calls. Of course the whole field of therapeutics in which modern science has made such rapid advance is open to our doctor, but the basis of all solid treatment is the obvious, common-sense, natural procedure, of which the patient is himself able to judge, and by which he is most impressed. Dr. Clark is a younger and more athletic-looking man than you would expect from the long period during which he has been before the public. He bears the traces of labour and care, and no one has better reasons to appreciate the advantages of a holiday, especially if it be in one of Sir Donald Currie’s steamers. He has a Scottish name and descent, and is a very Scotchman of the Scotch. There is something that is almost suggestive of the Hebrew in the cast of his face and features, but they wear an expression of kindness and sympathy which in itself has a soothing efficacy. He has been long and intimately connected with the London Hospital,

of which he is physician. Twice a week, at an immense personal sacrifice, he is there to lecture, and he is a man who is never five minutes after his time. In his waiting-room you will not fail to notice a large and elaborate ornament presented to him in recognition of priceless services rendered in the awful cholera time. The London Hospital, the poorest in point of endowment, is largest in the number of its beds and the range of its usefulness, and Dr. Clark may claim his full share in its development. I once heard it casually stated as a curious fact that the Radical section of the Cabinet are patients of Dr. Clark. Well, I suppose they appreciate radical treatment in their own individual cases. City men come in crowds to him. A good dietetic treatment was probably the very thing they wanted, and would receive. Those who dine not wisely but too well will find the stern, un-deviating regimen, which would most likely be imposed, decidedly salutary. A large proportion of our most successful physicians come from the city westwards. I could cite many names both of the present and the last generation. Dr. Clark, without losing his old friends, has acquired troops of others, from Royalty downwards. He is probably one of those physicians whose lot it is to be baroneted. Why not make some great physician or surgeon a peer at once? The French had their Barons Larrey and Nélaton; why should we not follow such worthy precedents?

“For a man on whom the public has no mercy, and who is supposed to be sometimes obliged to work his eighteen hours a day, Dr. Clark has a remarkable breadth of intellectual interests. The two subjects to which his attention seems specially directed are metaphysics and theology. No doubt these have a direct relation to the higher problems of life and mind. ‘In natural science,’ as George Eliot truly says, ‘there is nothing petty to the mind that has a large vision of relations, and to which every single object suggests a vast sum of conditions.’ I believe that very often a serious and complicated case may have much light thrown upon it by material derived from a region that seems altogether remote from pathology. The higher problems of mind will frequently cast a light on obscure conditions of body. Dr. Andrew Clark is extensively read in patristic literature. He

was a Greek prizeman in his day, and has a natural affinity for the Greek Fathers. And not only is he ecclesiastical, but ecclesiological. His line of life necessarily takes him all over the country, and I believe I am correct in saying that his first thought in any brief season of leisure is to visit the church of the locality. Then, as for the general conversation, there are, indeed, very few items of talk which you can carry away. You are impressed, not so much by what our doctor says as by what he does *not* say. As Mezzofanti knew how to hold his tongue in thirty languages, so a physician is silent about three thousand cases. His conversation is literary and scientific; perhaps I ought to call it philosophical. When names are used, it is simply the names that are indicative of systems. He puts his mind fairly to yours; he brings matters to a direct issue. I will put down a few remarks of Dr. Clark on the subjects arising in conversation, or addressed to his students in lecture. 'Every Monday and Thursday I go to the London Hospital. It is work I love and glory in beyond everything. I consider that nothing is little, nothing is unimportant. What seem slight directions must be scrupulously carried out. I have been an hour and a half in the London Hospital investigating a case. I was two hours over a case yesterday. In the mystery of the human will, in the play of human thought which connects the visible with the unseen, in the emotions which agitate the human breast, there is an element of disturbance, which, in the phenomena of disease, is almost always in action, and which, in the calculation of causality, can never be precisely estimated.' (This illustrates the intercommunication of body and mind.)

"Dr. Clark is not opposed to the infliction of suffering on animals, though I will not say that he goes the length of vivisection. 'What is all the suffering,' he asks his students in one of his lectures, 'inflicted by all the vivisectionists of all the world in comparison with the hecatomb of suffering which political experimenters have inflicted upon mankind in their attempts to settle the question of the balance of power in Europe? Are the sufferings of men of less account than the sufferings of brutes? Are the countless woes of human hearts to be reckoned but as

dust in the balance against the wounds of guinea-pigs and frogs? Doctors are not like publicans—those ardent promoters of health, morality and happiness—a numerous and powerful body that can turn the tide of political party. We are still political nobodies. When we are sufficiently represented in Parliament and upon the Privy Council, and when we have a Minister of Health, who shall be also a member of the Cabinet, we shall probably take our just place.’

“I asked him whether he believed there was a general concert of scientific opinion in favour of the doctrine of Evolution. No; his own opinions were certainly not that way. Unbelief is spreading rapidly. There is no absolute scientific argument for a resurrection; he accepted the doctrine, but accepted it as a matter of faith. ‘I am particularly fond of St. Chrysostom. From what one reads of him, and especially when one is able from other sources to read between the lines, I am persuaded that modern Ritualism is to be found in the early Greek Church, say at the beginning of the fifth century. The Anglican clergy only accept the first four General Councils, while the Greek Church take the six. The clauses of the first four Councils do not occupy much space, but most Anglicans are not acquainted with their contents or know to how much they are pledged.’

“This seems a favourite aphorism. ‘Pathological changes grow out of long-continued mental disturbances:’ which illustrates the medical epigram, ‘All acute illnesses are chronic.’ Finally, I may quote his own high standard set forth to his students and characteristic of his own career. He defines it as ‘that spirit of sacrifice, sincerity, and faith which should rule your ways and works in life, and will place you in filial relations to the Eternal Mind.’”

—The *Popular Science Monthly* for August contains the following:—The Herring, by Professor T. H. Huxley, F.R.S.; Physical Education—Recreation, by F. L. Oswald, M.D.; The Blood and its Circulation (illustrated), by Herman L. Fairchild; The Teachings of Modern Spectroscopy (illustrated), by Dr. A. Schuster, F.R.S.; Origin and History of Life Insurance, by

Theodore Wehle ; The Insufficient Use of Milk, by Dyce Duckworth, M.D. ; Intelligence of Ants, by George J. Romanes ; Lunar Lore and Portraiture, by F. E. Fryatt ; The Visions of Sane Persons, by F. Galton, F.R.S. ; School-room Ventilation, by Dr. P. J. Higgins ; Origin and Uses of Asphalt (illustrated), by Leon Malo, C.E. ; The Unit in Plant-Life, by Byron D. Halstead, Sc.D. ; The Electric Storage of Energy ; Sketch of Robert Wilhelm Bunsen (with portrait) ; Correspondence, Editor's Table, Literary Notices, Popular Miscellany, and Notes.

Medical Items.

PERSONAL.—Mr. Rankine Dawson, student in medicine of McGill, passed his primary examination in anatomy and physiology for the degree of M.R.C.S., at the meeting held in London on the 4th July.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.—The following are the officers elect for the ensuing year : *President*, Dr. Cranston ; *1st Vice-President*, Dr. Lafferty ; *2nd Vice-President*, Dr. Baird ; *Secretary*, Dr. Bentley ; *Treasurer*, Dr. Hill.

—The following appointments have been made in the Toronto School of Medicine : *Adjunct Lecturer on Midwifery*, Dr. W. W. Ogden ; *Adjunct Lecturer on Surgery*, Dr. M. H. Aikins ; *Adjunct Lecturer on Medical Jurisprudence*, Dr. W. Oldright ; *Adjunct Lecturer on Anatomy*, Dr. L. McFarlane ; *Adjunct Lecturer on Materia Medica and Therapeutics*, Dr. George Wright ; *Assistant Demonstrator of Anatomy*, Dr. John Ferguson ; *Assistant Secretary*, Dr. A. H. Wright.

THE TRANSPLANTATION OF BONE.—The greatest discovery in surgery, thus far in the year 1881, is that of Dr. William MacEwen. He has successfully transplanted bone—fragments of wedges of bone taken from patients for curved tibiæ—into the arm of a child whose limb was useless by reason of extensive necrosis : two-thirds of the humerus had been destroyed and no repair of bone had taken place. A good new humerus was the result, less than an inch shorter than its fellow.

STATISTICS OF NEPHRECTOMY.—Dr. Barker, *Lancet*, April, 1881 : Number of cases on record, 54 ; recoveries, 26 ; deaths, 28. In eleven of the cases a wrong diagnosis was made. The lumbar operations show rather better results than those in the linea alba.

—A prominent physician of Cincinnati who was taking a mixture of cascara sagrada and strychnia for constipation, discovered that the alkaloid was acting as an aphrodisiac ; not being in need of such a remedy, he wrote a note to a neighboring druggist, in which he stated the case, and requested that the prescription be refilled, minus the strychnia. His messenger returned with the medicine and the following laconic reply : “ Here’s your cascara ; for G—d’s sake send me the strychnia !”

—A sick boy : “ Oh, Doctor, I’m so glad you’ve come. I don’t know what’s the matter with Charley, at all. He complains of the febrile rise in his peritoneum, and he says his hypochondrion is all twisted out of shape. Oh, he’s an awful sick boy, Doctor.” “ I should say. Must have been reading the Presidential bulletins.” The doctor leaves a seidlitz powder and departs.—*New Haven Register*.

—In Old England, marsh poison in ancient times swept down the haughtiest heads of the nobility and of royalty. Henry of Agincourt, Wolsey, Devereux, Lord Deputy of Ireland, and a host of distinguished persons died of dysentery or some cognate disease. Mary of England, Pole, James I, Cromwell and Charles II. died of marsh fever. It is a fact, albeit a quaint one, that the Reformation was, validly, the first step in the march of sanitary reform in England. It led to the filling up of the moats and stews, fish-ponds and lakes, which furnished diet for fast-days, and which maintained a constant supply of paludal poison at the very door-step of every country house in England, just as the tank or water-pit does to-day beside each hovel in Bengal.—*Chevers on the Physician’s Leisure*.

—Anent doctor’s signs, the *N. Y. Record* says : The brazen sign is large ; it covers the whole door-post, it stretches from window to window ; its lettering is brilliant, and it is set off with

scroll-work in the corners; the passer-by sees it, and cannot but read it; small boys shout out the name as they go by, and adults mutter it over till they reach another block. It is judiciously placed so that the street-lamp illumines it at night. It affects the more public ways, and it indicates the astute and enterprising physician. He is one who maintains a dignified equipoise between the Code which says, "Thou shalt not advertise," and the Bible which says, "Let thy light so shine." In these days, when æstheticism is in the ascendant, when every man of thorough culture lunches at least once a week on the sight of a lily, it would be strange if a love of the beautiful did not affect the style of that corner slab of modern civilization—the subject of this discourse. The *Æsthetic Sign*, in its supremest development, consists of a black marble slab, in which the physician's name is carved and gilded. When especially "intense," the letters are old Roman, with golden punctuation marks, which delicately suggest to the looker-on that he come to a full stop. Some superficial critics have already classified these evidences of the union of the beautiful with the pilular, as "mortuary signs"—a name which is uncanny and which stamps its user as a Philistine.

—If the President's recovery is much longer retarded, there will be but little further use for Medical Journals, as the newspapers are giving daily essays on the subject of his wound, treatment, etc. Some of them combine science and poesy in a manner wonderful to read. For instance: "There are sleeping organisms in the blood which fever wakes at 102° Fah. Then death summons its drowsy cohorts in tiny legions for their ghastly work. But they have slept there since babyhood, waiting for the signal. We begin to die when we begin to live. In all parts of the body are colonies of animalculæ as independent of us as we are of the stars, but no more so. As complete is their organization as ours, and with as good a reason for existence, as clear an office, and possibly as bright a future. In the crystal chambers of that masterpiece of Nature, the eye, they revel or rest, living out like us their day. And more wonderful still, even they have parasites as dependent and as independent. All this we say we know, but we know it in that misty, hazy way we know the stars go round,

because somebody said so, and nobody contradicted him." The author of the above is an Indiana man, and the only way it can be explained is, that he was taking his usual daily anti-ague medicine—whiskey and quinine.—*Peoria Monthly*.

FELLOWS' HYPOPHOSPHITES.—The attention of our readers is called to the advertisement of Fellows' Compound Syrup of the Hypophosphites, which appears for the first time in our pages. Having used this preparation for some years, we have no hesitation in recommending it in cases of overwork and where a good, reliable and pleasant tonic is required.

WYETH'S PEPTONIC PILLS.—This pill will give immediate relief in many forms of dyspepsia and indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want of proper secretion of the gastric juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary pepsin and pancreatin compounds; in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident that further trials will secure for them the cordial approval of the medical profession.

MALTOPEPSYN.—The following letter from a Toronto physician speaks for itself:—

TORONTO, 26th July, 1881.

HAZEN MORSE, Esq.

DEAR SIR,—In reply to your letter of the 12th inst., asking our experience of the use of Maltopepsyn in the Infants' Home, I beg to say, on my own account and for Doctors McDonald and Pyne, whom I have spoken to on the subject, that much benefit has been derived from the employment of your preparation wherever the use of agents required to promote digestion was indicated.

It has been found beneficial, also, in vomiting accompanying diarrhoea among the infants of the Home, and is advantageously administered in certain forms of diarrhoea.

Yours truly,

J. H. BURNS, M.D.,

Consulting Physician at Infants' Home.