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THE LATE SIR JAMES Y. SIMPSON, PROFESSOR OF MIDWIFERY, UNIVERSITY OF  
EDINBURGH.

# CANADA MEDICAL JOURNAL.

## ORIGINAL COMMUNICATIONS.

*Introductory Lecture to the Session 1870-71, delivered on the 4th October, 1870. By WILLIAM FRASER, M. D., Professor of the Institutes of Medicine, McGill University.*

GENTLEMEN.—At the commencement of another session, I am happy to meet again those of you who have already attended here, and to you who do so for the first time, I, in the name of my colleagues, offer a hearty welcome. In after days of ceaseless occupation, amidst the cares and struggles of the world, the remembrance of the time you may pass here, will, I trust, never fail to call up pleasant associations.

On the present occasion it has become my duty to give the time honoured introductory lecture, a task which, till very recently, I had entirely overlooked. After some deliberation as to the most suitable subject on which to address those of you who are about to commence the study, and which may not be without interest to students of what ever standing, I have determined to make a few remarks: 1st. on the past history of medicine. 2nd. on its present condition. 3rd. on the mode in which it should be studied.

*Past History.*—To Ancient Greece, we are indebted for the earliest records of medicine. By its fathers or founders it was fancied that all matter consisted of the four elements, *fire, water, earth and air*. Some believed that in water the secret of life was to be found, others that it was in the air, others that it was in the earth, while Pythagoras and his followers thought that it was to be found in heat. Strange to say this old Pythagorean idea, which originated twenty-four centuries ago, is now a popular tenet with some of the leading men of the present day. In those early ages when human dissection was forbidden by religion, by custom and by prejudice, and medical practitioners were continually seeking to solve the problem of life and the processes of health and disease by dissecting the lower animals, we can easily understand how uncertain the practice of our art must have been.

Last of the fathers of medicine came Galen, who lived seventeen centuries ago; a man of brilliant genius, who eagerly studied anatomy and the functions discharged by the various organs of the body. His

labours gave medicine a new and powerful impetus. His knowledge of the minute structure of parts was so much more profound than that of his predecessors, and his notions regarding their functions so ingenious, that for centuries after his death his followers simply accepted and believed all that he had said as though he had been an oracle.

But the progress which anatomy and physiology had thus made under Galen and his followers was doomed to be arrested. The struggling light of the lamp of science grew dim by reason of the thickening darkness of barbarism which set in, and more than a thousand years came and went ere further progress was made in the investigation of living things. Down through the dark ages as monks kept alive, but scarcely extended, the classical and mathematical lore of the ancients, so the practitioners of medicine, who were often, indeed, monks too, kept alive but did not extend the science of medicine.

The 15th century ushered in a new era. Learning revived, and with it medicine. But it was not till the discovery of the circulation by Harvey, 200 years ago, and the application of the Baconian inductive method in the investigation of vital phenomena by the great German Physiologist and Physician, Haller, that modern medicine began to assume its present shape. This brings me to the second head of my subject.

#### THE PRESENT CONDITION OF MEDICINE.

The chief object of medicine as a science and an art being the *prevention, cure and mitigation* of disease, I will endeavour briefly to explain how it accomplishes these desirable results at the present time.

As regards the first of these objects, the prevention of disease, modern medical researches into the causes of disease have triumphantly shown that a large number are preventable by proper sanitary regulations, and the mortality of communities where such regulations are enforced is, as a consequence, greatly diminished. By way of illustrating the importance of preventive medicine, I will direct your attention to the following facts in connection with it. It is beyond question that the food we consume, the air we breathe, the soil on which we live and the water we drink have a marked influence on health. For example, sea scurvy is due to a diet deficient in fresh vegetables; chronic lead poisoning to the entrance of that metal into the system, either through the stomach in soft drinking water that has passed through leaden pipes or been kept in leaden cisterns, or through the skin or lungs in the case of painters or others whose occupations expose them to the noxious influence of the metal. Localized outbreaks of typhoid fever, diarrhoea and cholera, to the introduction of poison by water, although atmospheric conditions may also play an important part in their development.

Malarious exhalations from undrained marshes give rise to ague and some allied forms of disease. The chief cause of phthisis is hereditary constitution, but it has been shown that it may be also developed in individuals who have no such taint, by living on poor food, in damp, low localities, and by overcrowding. On the other hand recent researches appear to show that persons living generously, in dry and elevated situations, are comparatively exempt from the disease.

Isolating patients labouring under contagious diseases has long been recognized as a means of preventing the propagation of such maladies. The late Sir James Simpson believed that by such means all contagious diseases may be utterly stamped out. Another world-renowned means of preventing and modifying disease is the grand discovery of *vaccination by Jenner*, and I believe that carbolic acid, as now employed in surgical practice by Mr. Lister, will, to a great extent, if not completely, prevent pyæmia in surgical cases. During my recent visit to Europe, I had the pleasure of accompanying that accomplished surgeon in his visit round his wards in the Glasgow Royal Infirmary. On asking whether he found pyæmic disease diminished since the introduction of his treatment by carbolic acid, he replied that he might say the disease was, in his wards, unknown.

Such, gentlemen, are a few examples, illustrating the present state of medicine as a preventive science. The field is far from being as yet completely explored; future researches, which I trust some of you may undertake, will, I am satisfied, be attended with additional success.

As regards the present condition of rational medicine as a *curative science and art*, I may state that some of its *branches* are considered to have all the certainty of sciences, and are hence termed scientific and collectively the science of medicine. The others are practical, and collectively are termed the art of medicine and surgery. The former class comprises botany, anatomy, chemistry and physiology; the latter all the other branches included in the curriculum of medical studies.

The scientific branches explain the gross and minute structural and chemical composition of the human body and the functions of its various organs in a state of health. Hence they constitute the basis on which all surgical procedure and pathological doctrines are founded. For example, the rules which guide the surgeon in all operations are based on human anatomy and physiology, and so is the knowledge required by the physician in exploring the various regions and organs. To comprehend the abnormalities of function and structure, which are the pathological causes of the various derangements and diseases, you must understand healthy structure and function. For instance, to enable you to say whether a

muscle is in a state of degeneration or not requires you to know the ultimate structure of healthy muscle. To enable you to judge as to the abnormalities of the pulse and respiration requires you to be familiar with their frequency and other qualities at the various periods of life and in the different positions of the body during health. To recognize abnormalities of the urinary secretion, requires a knowledge of its healthy qualities, and so on with the other functions. You will thus perceive how necessary it is for the surgeon and physician to understand anatomy, chemistry and physiology, in order to practice their respective branches in a rational manner. As I have already said they are the basis on which medicine at present rests so far as it is scientific.

Another feature which characterises the present condition of medicine and gives us great advantage over our predecessors is our more precise modern methods of exploring disease, by the stethoscope, the microscope, the ophthalmoscope, the sphygmograph, the thermometer and the speculum. These instruments have contributed much to our accuracy of diagnosis, and thus advanced our exact knowledge of disease.

The medicine of the present day is also characterized by more attention than formerly to the natural history of disease, to its causes and pathology, by less heroic treatment, by more attention to good nursing and judicious feeding. Its course is closely watched, complications corrected and appropriate medicines administered when these are known to be useful.

In former times the cure of disease was attempted by specific remedies without any reference to the constitution of the patient, to the cause, nature or stage of the disease. For example, inflammation was universally treated by bleeding and other lowering remedies, and the same agents were frequently employed in the treatment of fevers. By physicians of the present day bleeding is seldom employed, and the reason is this: Formerly, theory was the ground work of therapeutics, now facts are the basis of treatment. Formerly diseases were treated by their name; if inflammation, by bleeding; now they are treated by their known conditions. Formerly local changes were the main guides, now the general condition of the patient is the chief consideration. What we now believe and act upon is not theory, but a better knowledge of the laws and relations of morbid change. We see that the general condition of the patient is of greater importance than his local malady, and that no treatment can be of any real service which sacrifices the greater to the lesser. In all treatment therefore the general condition is by physicians of the present day first considered. If it be one of weakness it matters not that the brain, the heart or the lungs may be in the state

of so called inflammation, the weakness is the only thing that demands immediate attention, and to neglect its treatment is to run the risk of sacrificing the patient. This is the reason why nutritious food, wine and tonics are now advantageously employed in inflammatory and febrile diseases instead of the antiphlogistic treatment. Most of those diseases curable by any means are curable by the unaided powers of nature; and the chief art of the physician as of the surgeon consists in regulating and directing the *vis medicatrix naturæ*, or those natural forces which will cure a fever or an inflamed lung as surely and as completely as they will heal a wound or fractured bone.

Owing to the comparatively small amount of medicine now administered, physicians of the present day have been charged with a want of faith in their power to cure disease. But such is not the case. On the contrary, I believe more real good and less harm is done by medicines now than formerly. Remedies injurious to the constitution and dangerous to life are less frequently administered, and when they are deemed necessary they are discontinued as early as possible and milder means substituted.

Time will not permit me to review the present state of surgery and obstetrics. Suffice it to say that in both these departments advances of the most striking and satisfactory kind have been made within the past few years, which will be fully explained in the lectures.

*Palliative Medicine.*—It unfortunately happens that many diseases are incurable by any means yet devised. In such cases all that the medical attendant can do is to relieve the most urgent symptoms and sustain the patient's strength. This is done by attention to his general health and by the administration of remedies that alleviate pain and promote repose. Here, too, Modern medicine has within the last quarter of a century discovered two of the most efficient means. I refer to the hypodermic injection of anodynes and to *anæsthetics*; the former the most prompt means we now possess for the relief of urgent local pain, and the latter, besides rendering a patient about to undergo a severe surgical operation oblivious to suffering, is often successfully employed by the physician for the relief of the most acute pain. By these means so recently discovered more can be done than formerly for the prevention and relief of suffering. And so well are the functions of the human body and the influence of medicines, food, clothing and climate, understood at the present time, that much more can be done than formerly by judicious medical treatment and hygienic measures, for persons convalescing from ordinary diseases and for promoting the comfort and prolonging the lives of invalids affected by chronic and incurable maladies.

As regards the study of medicine, I will lay down the following maxims for your guidance.

1. Do not attend too many classes.
2. Be methodical in the planning of your time, and punctual in carrying out whatever plans you have formed. By this means you will soon become trained to work and able to accomplish much more in the same time than the man who works by fits and starts.
3. Endeavour to master thoroughly the subjects treated of, in the classes you attend. Take notes and follow the lectures by reading in the best text books. Nothing is so uninteresting as half learning a subject. You do not become interested till you begin to comprehend it.

The first classes you should attend are botany, anatomy, chemistry, physiology and materia medica. They, as already explained, form the basis of all medical knowledge, and should therefore be at once *done*. *Anatomy* is the most important; it is an immense subject, and to the beginner proverbially dry, but becomes interesting as he advances and examines the parts for himself. Hence, so soon as you have acquired the necessary elementary knowledge, engage in dissection, of which you cannot in my opinion do too much.

I would strongly urge on you who are just commencing the study, the importance of a thorough knowledge of the fundamental branches referred to, and exhort you who are more advanced with your studies, above all, to cultivate clinical medicine, surgery and obstetrics in the wards of the Hospitals. The principles and practice of these branches will be fully explained in the respective classes, but it is in the Hospitals you will see them carried into practice. It will avail you but little to know what the various physical signs may indicate, unless you can recognize them when you hear them. This you will learn to do in the Hospital where you will also see under treatment a variety of medical and surgical diseases.

Finally, gentlemen, let me offer you a word of council as regards your general conduct. Formerly the medical student was looked upon as a rowdying, rollicking, disreputable specimen of the genus *homo*, who was hardly responsible for his actions. In this respect things are altogether altered, and he is now held to be as responsible for his actions as any other sane member of society. Therefore, endeavour by gentlemanly conduct and hard work to maintain his reputation as well as that of this University, and thus become worthy members of our ancient and honorable profession.



## HOSPITAL REPORTS.

## MONTREAL GENERAL HOSPITAL.

CASES IN MEDICINE AND SURGERY UNDER THE CARE OF DR. D. C. MACCALLUM.

Case 11.—*Acute Prostatitis with Perineal Abscess and irritation of the Bladder.* Reported by Mr. JOHN H. MATHIESON.

Henry V., *æt* 31, was admitted into the Montreal General Hospital, August 18th, 1870, suffering severely from retention of urine.

He had been a soldier for six years, and got his discharge three years ago. In 1865, he got gonorrhœa, which he neglected, it continued for eighteen months, and was followed by stricture; shortly after this he suffered from retention of urine; catheterism was attempted but failed, and he got relief from hip baths and some kind of suppositories; he has not had any difficulty in micturition since then until the present, though he has not been able to pass his urine in a full stream; he has been a hard drinker.

On the 13th inst., immediately after quitting a hard day's work, he sat down for some time on a wet log; that night he was seized with very severe pain in the perineum, and in the morning he had some difficulty in voiding his urine, and noticed slight swelling in the perineum; nothing was done for it, and it has increased in size and become very tender the difficulty in micturition has also increased, and for the last thirty hours he has not passed any urine.

He is now in great distress, the bladder is very much distended; there is a swelling in the perineum to the median line, about the size of half a lemon; it also extends forwards along the urethra, forming in the posterior part of the scrotum a tumor as large as one of the testicles; there is a large amount of effusion into the whole of the cellular tissue in that region, and the septum scroti can be distinctly felt as a prominent ridge. On introducing the finger into the rectum, a large, firm, exquisitely tender tumor is felt pressing back upon it, and compressing it firmly into the hollow of the sacrum. The finger cannot be passed beyond it without considerable difficulty, and causing great pain to the patient; pulse 119; surface hot; tongue dry. Dr. MacCallum ordered a warm hip-bath to be followed by poultices of linseed meal to the perineum, and if this did not afford relief, to administer chloroform and pass a catheter.

August 19th.—While in the bath yesterday he passed some urine, and it has been passing involuntarily since then; the swelling in the perineum and the prostate remain unchanged; pulse 102; bowels have not been opened for four days; ordered  $\mathcal{R}$ . antimon. tart. gr.  $\frac{1}{3}$ , tinct. aconit.

m ij. aquæ.  $\zeta$  ss. to be taken thrice daily; repeat the hip bath, continue poultices and give a simple injection.

August 20th.—Pulse 100; the tartar emetic has produced some nausea; there is less pain, and he passes his urine more freely; the perineal swelling and the prostate are no smaller but are less tender; examined the urine and found a large deposit (about 10 pr. c.) of very tenacious mucus; sp. grs, 1020; reaction slightly alkaline; microscopically, a few pus corpuscles, and a great number of very large crystals of the triple phosphates; continue the same treatment.

August 21st.—Pulse 98; he can retain his urine now; the pain in perineum is less, and there is distinct fluctuation in the tumour. Dr. MacCallum opened it, and about 3 ss. of pus escaped; the prostate is as large, but rather softer and less tender than before.

August 22nd.—He has been much more comfortable since the tumor was opened; it discharges a little pus, is diminishing in size and becoming softer.

August 23rd.—Pulse 96; was much better this morning, and passed his urine freely; about 3 p.m his bladder became distended; he had a great desire to micturate but could not, and was in great distress; he got a warm hip bath, and while in it a quantity of pus escaped, and after that he micturated freely.

August 24th.—He is much better; the perineal tumor is smaller, and has ceased to discharge pus; the prostate also is smaller, the finger now easily passes it in the rectum, the middle and left lobes are the largest; he defecates easily; the mucus in the urine is increasing.

August 26th.—He continues to improve, the swelling in the perineum is very much reduced, but there is rather more infiltration into the scrotum; the prostate is smaller, softer, and less tender, the left lobe is reduced, and the middle one only is enlarged; ordered to stop the tartar emetic and aconite, and to take the following every fourth hour,  $\mathcal{R}$ . potass. bromid. gr. v. tinct. hyoseyam m xv. aquæ  $\zeta$  ss. solve.

August 28th.—He has great difficulty in passing his urine; it contains a greater amount of mucus; ordered to stop the last mixture and substitute the following  $\mathcal{R}$ . infus. uva. ursi.  $\zeta$  j. tinct. hyoseyam m x. soda bicarbon grs. x. solve, to be taken every fourth hour; the crystals of triple phosphate are smaller and fewer.

August 29th.—Much better, but there is still a large quantity of mucus in the urine.

August 30th.—He had great difficulty in passing his urine last night, requiring to strain a great deal, and passing a large quantity of mucus; had a hip bath this a.m. and is now much relieved; the swelling in the

perinenm is a little greater, and there is more effusion in the scrotum. Examined per rectum and found a prominent ridge in the median line, no tenderness, and no obstruction to defæcation. He thinks that while straining last evening to pass his urine some pus escaped per rectum. I cannot detect an opening.

August 31st.—Still some difficulty in micturition ; ordered acid. gallic. grs. v. every fourth hour.

Sept. 2nd.—The irritation in the neck of the bladder still continues and the quantity of mucus is about the same. There is a burning pain after micturition, ordered pulv. opii. gr. j. acid. gallic gr. v. every fourth hour.

Sept. 4th.—There was a large quantity of pus discharged with the urine to day, forming about one half of what was voided ; the prostate is now very nearly its normal size.

Sept. 5th.—The urine to day contains only about 4 per cent of pus and mucus ; he is quite easy and micturates freely and without pain ; the triple phosphates have disappeared.

Sept. 12th.—He has improved in health rapidly since the discharge of pus ; the urine is now clear, the swelling nearly gone and the prostate normal ; there is no pain or difficulty in micturition.

*Case 12.—Prostatic Hæmorrhage.* Reported by Mr. J. H. MATHIESON.

James C. *æt.* 36, a labourer, was admitted into the Montreal General Hospital, September 2nd, 1870. He is a strong, healthy fellow, has been drinking hard of late, and his work (handling bales) is often very heavy. About three weeks ago he noticed a few drops of blood pass *before* the urine, when he went to micturate ; this was repeated frequently, though not every time he micturated, also at times without micturition it passed involuntarily ; the amount varying from a few drops to several drachms, He never noticed it follow immediately the passing of his urine, or accompany the last drops ; the stream was a little smaller than usual, and he required to force considerably, but there was no burning, pain, or other inconvenience ; he has not felt the least indisposition or constitutional disturbance ; there is no difficulty in defæcation or pain or tenderness in any part ; he never had syphilis—had gonorrhœa six years ago, but has no stricture. He did not notice any change in the amount of the urine, but there was a frequent desire to pass it ; examined per rectum and found slight enlargement of the prostate, but no tenderness. On sunday the 28th ult. he with three others went down the river in a boat, and slept at night in a hut on shore ; about midnight he awoke,

and found his pants saturated with blood, also the sail beneath him. He is positive there was not less than a pint; he had no premonition whatever of its occurrence. Since then he has had less difficulty in passing his urine, and there has been less blood, though it still passes by drops; bowels are regular; tongue a little coated. Dr. MacCallum ordered five grains of gallic acid, to be given every fourth hour.

September 3rd.—No change; examined his urine and found a few flakes of mucus; color normal; sp. gr. 1018; reaction neutral, microscopically a large number of blood corpuscles; ordered acid, gallic, gr. xx every fourth hour.

September 6th.—Passes a drop or two of blood occasionally, but not nearly so much as before.

September 12th.—The amount of blood gradually diminished, there has not been any for the past two days. Discharged.

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*Case 13.—Lupus Exedens of the Nose.* Reported by Mr. T. D. REED.

Emily G., aged 13, a pale and somewhat scrofulous looking girl, was admitted into the Montreal General Hospital, July 25th, 1870, with an affection of the nose, which was pronounced to be true Lupus. She presents (July 25th.) the following appearances:—There is a patch of soft elevated tubercles, of a dull red colour, and covered in parts by a dry crust, involving the right ala nasi and septum, and extending about half an inch up the right naris and partially occluding it. Both cutaneous and mucous surfaces of the ala are affected. The entire patch would measure about  $1\frac{1}{2}$  inches in diameter. The disease commenced about three months ago in the form of a small soft tubercle near the margin of the nose, and it has continued to increase until it has attained its present dimensions, and threatens to destroy a considerable portion of the organ. It has not been attended by any pain whatever. Dr. MacCallum ordered ℞ liq. arsenicalis ʒj. vini ferri ʒiv. aquæ ad ʒvj. a tablespoonful to be taken three times a day immediately after meals; also one drachm of cod liver oil thrice daily.

July 27th.—The patient being placed under chloroform, the crusts were carefully removed from the entire surface of the patch, and the blood carried off. A stick of fused chloride of zinc was then lightly passed over some parts of the tumor and deeply between the tubercles in other and more spongy parts. It was then covered by scraped lint; when the patient emerged from the chloroform sleep, the pain was intense, and a draught containing 10 minims of liq. opii. sedativ. was administered.

July 28th.—A poultice was ordered to be applied until the slough separated, and the parts to be dressed subsequently by the following ointment  $\mathcal{R}$  ung. simp.  $\mathfrak{z}$  j. acid carbol.  $\mathfrak{z}$  ss.

August 5th.—The chloride of zinc was again applied in the same manner and with the same precautions as before.

August 18th.—Chloride of zinc again applied.

August 26th.—Chloride of zinc again applied.

August 28th.—The arsenic seeming to disagree with the patient was stopped. Cod liver oil continued.

Sept. 2nd.—Cicatrization just about completed. She will have only the least possible deformity, namely, a little nick in the border of the right ala.

Sept. 3rd.—Left hospital.

*Case 14.—Acute Pneumonia unattended by cough or expectoration.*

Reported by Mr. THOS. G. JOHNSTON.

H. C., aged 27, was admitted into the Montreal General Hospital on the 17th August, 1870. He states that about a week ago, while crossing the Atlantic, he caught a severe cold; he felt a sense of constriction in his chest, could not take a deep inspiration, felt more or less headache, thirst, and loss of appetite, and was quite feverish; never had any cough.

*Symptoms on admission.*—Chest expansion much more marked on the right than on the left side, respirations 50 in the minute, and laboured; cannot endure lying on his left side, prefers lying on his back; has neither cough nor expectoration.

On percussion, dulness is found over the whole of the back of the left lung, most marked at the base, vocal fremitus greatly increased, particularly at back.

On auscultation, crepitation discovered over left back, tubular breathing very marked at inferior angle of scapula, as also is bronchophony; pulse 96; respirations 50; temperature 102; was ordered liq. am. acet.  $\mathfrak{z}$  iij. every two hours, with pulv. ipecac co. grs. v., to be taken at night, and turpentine stupes to chest; chlorides in urine greatly diminished.

August 18th.—Respiration not nearly so laboured; feels much better although he did not sleep well last night; is perspiring freely; bronchophony and tubular breathing still very marked; percussion dullness still intense with great sense of resistance to percussing finger; pulse 84; respirations 48; temperature  $100\frac{1}{2}$ ; ordered to stop the Dovers powder at bed time; reduce dose of liq. am. acet to  $\mathfrak{z}$  ij. and add spts. ammoni aromat m. x: to have 6 oz. of port wine.

Aug. 19th.—Much improved, expression cheerful, perspired a great deal last night, percussion note not so high pitched, find redur rates at left base; pulse 74; respirations 24; temperature 99½.

August 31st.—Has gradually improved; vesicular murmur returning dullness on percussion very slight.

Sept. 4th.—Was ordered ext. senegœ. fl. m. x. ammon. carb. grs. v. tr. hyosciam m. xv. three times a day; has not had the slightest cough or expectoration since he was admitted; average temperature has been about 99°; to day it is 98½; was ordered full diet and clothes on the 26th.

Sept. 5th.—Complains of slight tightness across the chest; painted with tr. iod. co.

Sept. 9th.—Was examined to day; found entirely well and was discharged.

**CASE 15.**—*Acute Rheumatism cured in eight days by a combined alkaline and blister treatment. Slight relapse from exposure and complete recovery in five days by same treatment.* Reported by MR. GEORGE A. STARK.

Peter D. —, aged 17, was admitted into the Montreal General Hospital on the 4th August, 1870, complaining of severe pains in the joints. He states that he is a farm servant, and has lately been much exposed to vicissitudes of temperature. His present illness commenced on Sunday, 30th July. He was first seized with high fever, which obliged him to go to bed, and this was followed by painful swelling of the ankle joints. On the following day the knee joints became affected, and subsequently the wrist, elbow and shoulder joints. At present all the articulations of the upper and lower extremities, with the exception of the hip, are involved. They are very painful, the slightest motion being almost unbearable, and he cannot endure the affected parts to be touched. He is perfectly helpless and has to be assisted in his movements. Skin hot and covered with perspiration having an acid reaction; pulse full, 96; tongue coated with a yellowish fur; saliva scanty and decidedly acid; urine high colored and acid.

Dr. MacCallum ordered potassæ bicarb. ʒj. every third hour. Blisters to be applied to the fore arm above the wrist joints. Pulv. Ipecac: Comp: gr x at bed time. Milk diet. Extra, 1 pint beef tea.

August 5th.—Feels much easier to-day. The pain is now most severe in the right shoulder. Heat of skin less. Pulse 76. Perspiration and saliva slightly acid. Urine alkaline (within 18 hours.) Has experienced much relief from the blisters; is anxious to have one applied near the

right shoulder. Treatment continued. Blister to be applied to the right arm below the shoulder.

*August 8th.*—Marked improvement; pain has disappeared from all the joints; pulse 64; urine alkaline. Treatment suspended. Ordered. Half diet.

*August 11th.*—Continues to improve; perspires freely; tongue clean and moist. Ordered. Quinæ Sulph: gr xii. Acidi Sulph: dil; 3 ss: Aquæ ʒ vj. a tablespoonful three times a day.

*August 12th.*—Feels perfectly well. Is now walking about the ward.

#### RELAPSE.

*August 15th.*—The patient having exposed himself to a comparative cool air, with insufficient clothing, was seized with severe pain in the left shoulder. A blister was ordered to the left arm below the joint.

*August 16th.*—Pain much relieved in left shoulder. No other joint affected; urine acid. Ordered: Alkaline mixture as before.

*August 17th.*—Pain in shoulder steadily diminishing, urine alkaline.

*August 20th.*—Pain has completely disappeared; tongue clean; urine alkaline. Ordered, omit mixture, full diet.

*August 24th.*—Discharged from Hospital completely convalescent.

*Case 16.*—*Intermittent Fever (Quotidian); treated with large doses of Quinine.* Reported by Mr. HENRY P. WRIGHT.

P. J. aged 26, sailor, admitted into the Montreal General Hospital, on Tuesday, 30th August, 1870; is a robust healthy looking man; had an attack of yellow fever eight years ago, does not remember ever having been ill before, and has not been since.

About three weeks ago was at Toledo (U. S.) where he contracted the present illness, the first symptoms of which were headache, languor, loss of appetite and vomiting; continued in this way until Friday last when he was seized with a severe chill followed by great "heat and sweating." Every day since then he has had a similar paroxysm commencing about noon; when seen at 5 p.m. was in sweating stage; pulse 106; tongue slightly furred. Dr. McCallum prescribed grs. xxx of quinine, to be taken in divided doses of grs x, before the next fit.

Wednesday, August 31st, 10 a.m.—Slept pretty well through the night although he continued to perspire freely; the paroxysm yesterday lasted about twelve hours.

Thursday, Sept. 1st, 5 p.m.—Had no fit to day nor yesterday; feels much better: pulse 70; tongue still furred; bowels constipated, ordered  $\frac{5}{ij}$  of black draught and quinin sulph grs  $ij$  to be taken every four hours.

Tuesday, Sept. 6th—Looks quite well; feels quite satisfied that the “ague has left him.” Discharged.

*Case 17. Acute Dysentery treated with large doses of Ipecacuanha, &c.*  
Reported by Mr. JOHN W. MATHIESON.

H. McL., *æt* 37, second mate of a barque, was admitted into the Montreal General Hospital on the 17th August, 1870, with dysentery.

He has been a sailor for twenty years, exposed to every change of weather in all climates. He had a very severe attack of dysentery two years ago, and since then his bowels have been susceptible to the slightest irritation. He was last on a voyage to South America, and on his return up the St. Lawrence, three weeks ago, was seized with dysentery. Some days he had twenty motions in the twenty-four hours, and at times there was considerable blood in the stools, though it was not always present. There was great tenderness in the abdomen, and from the first there had been severe tormina. He took brandy and some medicine the captain gave him, but without improvement.

August 18th.—Pulse 68 and moderately full; expression languid and indifferent; dorsum of the tongue (especially towards the root) coated with a white fur, tip and edges clean; skin cool and moist; there is almost constant tenesmus, but no tormina, or tenderness of the abdomen; a muscular pain in the lumbar region after forcing at stool. He has had fourteen motions since he was admitted (eighteen hours ago); the dejections are thin, very offensive, and contain a good deal of blood.

Ordered, tinct. opii. m xv. to be taken immediately and followed in an hour by pulv. ipecac. gr. xx. with strict instructions to use the least possible amount of fluid for the next twenty-four hours, not more than a teaspoonful to be given at a time. To have milk diet.

August 19th.—Pulse 52, soft and full. He retained the ipecac. for eight hours, has had nausea ever since he vomited. Tongue same as yesterday. He had ten motions in the last twenty-four hours, character of the stools unaltered. Ordered to repeat the opiate and follow it by pulv. ipecac. gr. xv. to be taken as before with a minimum of fluid.

August 20th.—He retained the powder and is much better. There is very little blood in his stools, and the tenesmus is less; has had seven



motions in the last twenty-four hours. He complains of pain in passing his urine. It is normal in amount, highly colored, and very strongly acid, sp. gr. 1010, lithates in excess, urohæmatine very abundant. Ordered pulv. ipecac. co. gr. v. every fourth hour.

August 21st.—He is improving, had six motions, still a little blood.

August 23rd.—Had six motions; blood has disappeared. Ordered pulv. kino. co. gr. x. every fourth hour.

August 24th.—Pulse 60. He had eight motions and the stools were streaked with blood. Ordered, pulv. doveri gr. v. every fourth hour.

August 25th.—He feels better than he has done since he was admitted. He has had only two motions in the last twenty-four hours, they were of normal consistency and contained no blood.

August 29th.—He has continued to convalesce without any relapse, feels quite well, but is weak and much reduced. To day he joined his vessel, which sails this evening.

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*Case 18—Acute Dysentery treated with large doses of Ipecacuanha, &c.*

Reported by Mr. KENNETH GUNSOLUS.

M. R., aged 40, was admitted into the Montreal General Hospital on the 23rd July, 1870. On Tuesday, July the 19th, she exerted herself a good deal, and it being a very hot day, took sick, and the following day was confined to her bed. She passed a very little blood on Tuesday, but on Wednesday passed a great deal, and with much pain and tenesmus. She took no medicine from the day she was taken sick until she entered the Hospital.

Her present condition is as follows: the motions are almost continuous; she passes a good deal of blood, with great straining and pain; there is considerable tormina, and the motions are very offensive; she has considerable fever: her pulse at 4 p.m. is 120 in the minute. Dr. MacCallum ordered her tr: opii m. xv. at once and three powders, consisting each of fifteen grains of ipecacuanha, the first to be given at 4 p.m., the second at 10, and the third at 4 next morning; to be given no fluid of any kind except a little rice water; turpentine stupes to the abdomen.

July 24th.—She vomited the three powders immediately after taking them, and is about the same as yesterday; she goes to stool as often and has great tenesmus; skin dry and hot, and abdomen very tender; pulse about the same; ordered pulv. doveri. grs. 5, every three hours, also a half pint of boiled flour and milk daily.

July 25th.—Much better, skin cool; pulse down to 106; motions much less frequent, and pain much less; vomited once to-day.

July 27th.—Still passing blood, and says she feels very weak; pulse 88; ordered one dose pulv. ipecac. grs. 15. preceded by 15 minims of tincture of opium; the Dover's powder still continued.

July 28th.—Did not pass any blood, was up about twelve times during the last twenty-four hours; pulse 96; perspiring a little; has still great pain on going to stool.

July 29th.—Pulse 80; does not pass any blood; what she passes is of a yellowish colour and very offensive; perspiring freely; tongue almost clean, and moist; Dover's powder continued.

July 31st.—Pulse 98; says she has very little pain on going to stool; passes no blood; the tormina continues; was ordered a  $\frac{1}{2}$  lb. of raw beef well pounded; still taking the boiled flour and milk, also the Dover's powder.

Aug. 3rd.—Pulse 30; a little worse to-day, passed some blood, but had little or no pain with the motion; considerable tenderness over the abdomen. Had four motions.

August 4th.—Was up four times during the day, but passes no blood and has no pain; tongue clean and moist; perspiring considerably; her countenance is brighter.

August 6th.—Better, only four or five evacuations in the last twenty-four hours, very little blood passed; countenance brighter; perspiring a good deal; skin cool, tongue moist and no vomiting; considerable tenderness on pressure over the course of the descending colon and especially over the sigmoid flexure.

August 7th.—Pulse 90; worse to-day, passing considerable blood; was at stool nine times in the last twenty-four hours.

August 8th.—Only one motion last night, passed no blood, perspiring very freely, and has not the slightest pain or tenderness over the abdomen; two motions during the day.

August 9th.—Pulse 92; one motion last night and four or five to-day; passed blood twice to day; has a drowsy expression of the countenance; not perspiring much.

August 13th.—Pulse 84, two motions last night, and three to-day; vomited twice last night; countenance not so bright and skin is hotter and drier than yesterday; the Dover's powders were stopped and an injection ordered three times a day; 20 minims tinc. opii. and a teaspoonful of starch at each injection.

August 15th.—Pulse 100 and weak; much worse to day; abdomen very tender with tormina and tenesmus all night, which was relieved this morning by the application of turpentine stupes to the abdomen; vomited twice this morning, once at five, then at ten, the second attack

being immediately followed by a chill, coldness of the body, and especially the limbs; teeth chattered; a good deal of headache, &c., which, on the addition of a woollen blanket, and the administration of warm drinks, was followed by copious perspiration.

August 16th.—Only one motion to-day; countenance brighter, but more fever than yesterday; vomited a good deal of yellowish matter, which she says was very bitter; considerable heat of skin, and some headache; rested well last night; only one motion during the day. Starch and opium injections continued.

August 19th.—Evacuations very loose and of a very disagreeable odour, no blood; had considerable epistaxis this morning; the raw beef was stopped and replaced by corn starch and chicken broth.

August 23rd.—Evacuations a good deal better; no tenderness whatever; she is quite cheerful and hopes she may sit up in a few days.

August 27th.—Got her clothes to-day, and is quite well, but very much weakened.

*Case 19.—Acute Dysentery treated with large doses of Ipecacuanha, &c.*

Reported by Mr. G. O. D. WALTON.

J. G., an emigrant recently arrived in the country, was admitted into the Montreal General Hospital on the 5th August, suffering from acute dysentery.

He has an emaciated, sickly appearance, and complains of great debility. His stools are scanty, very frequent, accompanied by great pain and tenesmus, and consist almost entirely of blood; they are highly offensive. His skin is hot and dry, and pulse accelerated.

Dr. MacCallum ordered him tinct. opii. m. xv, to be followed in an hour by pulv. ipecac. gr. xx. in a teaspoonful of water, and not more than a teaspoonful of fluid to be given at a time, for the next twenty-four hours. To have milk diet.

Aug. 6th.—Patient much better; did not vomit the powder of ipecac; skin cooler and moister; motions much less frequent, and do not contain so much blood; tenesmus still continues; the same prescription to be repeated, substituting 10 grains for the 20 of ipecacuanha powder.

August 7th.—Blood has entirely disappeared from the motions; tormina and tenesmus no longer present; has perspired freely; ordered pulv. ipecac. comp. gr. v. every fourth hour.

August 10th.—Since last report has continued to make steady improvement and is now quite convalescent.

*Case 20.—Acute Dysentery treated with large doses of Ipecacuanha.*  
Reported by Mr. T. D. REED.

J. H., *æt.* 21, boiler maker, not long in this country, had been complaining for a week of his bowels, and getting worse, sought admission to Montreal General Hospital. Admitted August 17th, under Dr. MacCallum; the day previous he had suffered much with griping pains and tenesmus; the stools were scanty, containing mucus and blood, and were passed almost hourly; he was at once put on milk diet and ordered to take tinct. opii. m xv. followed in one hour by pulvis ipecac. gr. xx., liquids to be avoided as much as possible, not more than a table spoonful to be given at a time, and to keep his bed.

August 18th—Much better, has been moved three times during the night; patient to get 15 grs. pulv. ipecac. preceded by opium as before.

Aug. 19th.—Continues to improve, has had but one motion during last twenty-four hours.

Aug. 20th.—Convalescent and discharged next day.

The ipecacuanha acted very satisfactorily in this case; it was well borne by the stomach; diaphoresis followed its administration, but no emesis.

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## PERISCOPIC DEPARTMENT

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### Surgery.

#### ON THE TREATMENT OF ACUTE ORCHITIS.

By J. Rouse, Esq., Assistant Surgeon to St. George's Hospital.

[There can be little doubt that, as a rule, the secreting structure of the testicle is entirely unaffected in the acute orchitis following gonorrhœa; and that the disease is a diffuse inflammation of the connective tissue of the part.]

If we refer to the various authorities as to the treatment to be pursued, we are surprised at the active, not to say violent, means adopted to subdue the inflammation, the character of which (established as it is by the excellent observers quoted) seems to be quite overlooked. Mr. Curling recommends antiphlogistic treatment: "Acute orchitis, if treated quite early with nauseating doses of tartar emetic, usually subsides rapidly, so that this plan renders local depletion unnecessary." "Tartar emetic may be prescribed in camphor mixture, with small doses of sulphate of magnesia and tincture of henbane. Pain and constitutional derangement may be relieved by one or two grains of calomel, combined with eight or

ten grains of Dover's powder, or half a grain of morphia taken at bedtime. In addition to these active measures, leeches along the cord, or bleeding from the veins of the scrotum, is recommended." The treatment by antimony, calomel, and local bleeding seems active enough; but it was reserved for Mr. Henry Smith to recommend a very startling method of cure.

A patient suffering from acute gonorrhœal orchitis, with an unusual amount of swelling and pain, came under Mr. Smith's notice in July, 1863. From the severity of the symptoms it was thought that suppuration must have taken place, and a free and deep incision with a bistoury was made with the view of letting out the pus. To the dismay of the surgeon, a little serum and blood escaped, and the tubes of the testicle protruded through the wound. Two days subsequently the patient was quite free from pain, the swelling and redness had almost disappeared, the protrusion no longer existed. Mr. Smith was so struck by the fortunate termination of the case, that he determined to try the same treatment in other cases; and finding the method of "making a free and deep incision" give relief to pain, Mr. Smith was led to adopt it as the usual treatment of acute orchitis. No one can doubt Mr. Smith's statement of the result of his experiment; but from what has already been stated with reference to the pathological condition of the testicle in cases of gonorrhœal inflammation, we may safely conclude that Mr. Smith's idea that "the free division of the fibrous tissue enveloping the body of the testis, and the consequent removal of tension from the organ, was the secret of success," was erroneous.

Severe and unnecessary as the treatment seems to me, I think it is to be preferred to the calomel-and-antimony treatment still in vogue, for in all Mr. Smith's cases treated by incision no other remedies were employed and the patient escaped all the horrors which Mr. Smith in his paper so well describes, that I am tempted to quote his words: "We all know what a terrible ordeal of violent remedies a patient with acute inflammation of the testicle has to undergo. In the first place, he is obliged to lie in bed for several days, a large number of leeches, or the constant application of ice, being necessary to relieve the pain; and at the same time the unfortunate wretch is compelled to undergo the process of severe purging and continued nausea by repeated doses of salts and tartar emetic, before any decided mitigation of his symptoms ensues.

Having thus briefly discussed the treatment usually adopted for acute orchitis, I must now lay myself open to criticism by stating that, in my opinion, the simplest, most satisfactory, and most efficient treatment is by opium. Until three years ago I was in the habit of treating all cases of

gonorrhœal orchitis with calomel and opium, *i. e.*, two grains of the former with one of the latter, night and morning; and I never found it necessary with this treatment to give antimony, or to make use of local depletion. I object to antimony, not only because it is unnecessary, but also for the reason that patients with orchitis almost always complain of nausea; and it seems to me cruel to add more to the patient's sufferings than can possibly be avoided. Local blood-letting is undesirable: firstly, because it is unnecessary; and secondly, because, if the leeches be applied to the scrotum, it is often difficult to arrest the hæmorrhage without causing the patient pain. In private practice there are many inconveniences connected with blood-letting in such cases, and these ought to have due weight with the surgeon. I was induced to leave off giving calomel in these cases from having observed the following case. I was sent for late one night to see a gentleman, who was said to be dying; and on my arriving at his bedside, I saw him in what appeared to be tetanic convulsions. I was told that he had been suffering from orchitis, and that, at the advice of a medical man, he had been taking calomel and antimony, and rubbing blue ointment into the scrotum over the inflamed testicle. The suffering was so acute that the poor fellow was screaming with the pain; the pulse was 160, and there was profuse sweating. I found that he was already salivated; the testicle was enormously swollen, acutely tender (as well it might be), and looked as if suppuration was going on. Hot opiate fomentations were applied to the part, and a large dose of opium given. The following morning the pain had subsided; and finding so much improvement, I continued the opium and the fomentations. I confess I was surprised to find that in three days, without any other remedy save a purge, the pain quite vanished, and the swelling and tenderness considerably subsided. In the course of a few more days the swelling had quite gone, and the patient was able to resume his usual avocations. This case was so striking in its result, that I resolved to treat the next case I met with in the same way, and see whether the opium really influenced the course of the malady, or whether it had only been useful to allay the irritation set up by injudicious treatment. Accordingly, in the next case that came under my care, having first purged the patient with an ordinary senna draught, I commenced giving a grain of opium night and morning. The pain was quite relieved after two grains had been taken; and in three days all the tenderness had gone, and much of the swelling. I then, bearing in mind the pathological condition of the organ, prescribed twenty drops of the acid tincture of steel three times a-day; and in a week from the commencement of the treatment the patient had quite recovered. Since that time I have always treated

acute orchitis on this plan. My colleague, Mr. Pick, and several of my friends who have been induced to try it, have met with equally satisfactory results; so that I think I am not carried away by my own prejudice when I advocate this simple treatment in preference to the old and complicated one.—*St. George's Hospital Reports, Vol. iv., 1870, p. 251.*

#### ON THE TREATMENT OF INCONTINENCE OF URINE IN CHILDHOOD AND YOUTH BY COLLODION.

By Sir D. J. CORRIGAN, Bart., Physician in Ordinary to the Queen in Ireland.

[The treatment of this painful affection may be divided into the constitutional and the local. Mechanical means of treatment hitherto used are difficult or impossible to be carried out, and blisters, copaiba, belladonna, and preparations of iron are very uncertain and unsatisfactory.]

Long since I tried to close the opening of the prepuce with adhesive plaster, or court plaster, and in one case, that of a young man of twenty years of age, who had entered the army, and who was intelligent and careful, the result was favourable, but there were great difficulties about it. The application took time, and could not be carried in successful effect with boys and children.

The mechanical treatment to which I now wish to draw attention is the treatment by collodion. It is most easy of application, occupies scarcely a minute, and can be carried out at school, college, or elsewhere, in perfect privacy.

All that is necessary is, while the prepuce slightly curved up is held with the left hand, to smear over the little cup thus formed by the extremity of the prepuce, with collodion by means of a small camel's hair pencil or blunt end of a penholder. Almost as fast as applied the collodion solidifies. In contracting it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed.

A boy of eleven years of age has, after one lesson, been able to use the collodion, and has used it every night carefully and diligently, so anxious has he been to cure himself of what he considered a disgrace. A fortnight's use is sometimes sufficient for the cure. A relapse is easily dealt with. A solution of gutta-percha in chloroform would seem at first sight to be equally applicable, but it is not. The solution of gutta-percha is much longer in hardening, and it possesses no contractile powers.

When the child or youth desires to pass water the little wedge or cap of collodion is easily removed with the finger nail.

When I first used this collodion application, my expectation was, that the bladder would act so forcibly against it as to cause sudden pain, and oblige the patient to jump at once out of bed and quickly remove the collodion, and that he should then repeat the application before returning to sleep.

I was agreeably disappointed. There was no pain; no awaking; but on rising in the morning the prepuce was found slightly distended with urine, and the collodion was removed without difficulty.

This unexpected result would lead us to infer that the action of the muscular contractile fibres of the bladder has little to do in causing the nocturnal incontinence of urine in childhood, and that the escape of the fluid is rather due to want of opposition in the sides of the canal of the urethra, or to a feeble state of the circular fibres which are supposed to constitute the sphincter of the neck of the bladder.

Acting on this view I have recommended the child's bed to be made in such form as that while preserving the usual slope for head and shoulder, the rest of the bed shall gently rise as an inclined plane, from hips to feet, so as to allow the urine in the bladder to gravitate towards the fundus, rather than towards the trigone.

In all the instances in which I have used the collodion application the prepuce has been, as, I believe, is nearly always the case in children and boys, projecting over the glans, or in a state that may be designated as natural phimosis. But I do not anticipate any difficulty in using the same application in cases where the corona glandis might be exposed, as the collodion would, I should expect, act equally well over the orifice of the urethra as over the opening in the prepuce.

It may be presumption; but I cannot conclude without expressing a strong opinion against one part of the management of these cases, which is very frequently practised through the best motives on the part of mothers and nurses, and sanctioned by the recommendations of some medical authorities—the practice of awaking the child at stated intervals to pass urine.

I have never seen any benefit whatever from it, and I think I have, on the contrary, always seen aggravation of the affection from it, not unreasonably to be explained, on the principle that such practice is really training the bladder to empty itself at stated periods, when the object is that it should be trained to retain its contents.—*Dublin Quarterly Journal, Feb., 1870, p. 113.*



## Mercurine.

ON THE CONSTITUTIONAL TREATMENT OF DISEASES OF THE SKIN.

By Dr. McCALL ANDERSON, Professor of the Practice of Medicine in Anderson's University, Glasgow.

A disease which is purely local cannot be benefited by any internal medicine (except arsenic, which acts specially upon the skin), while local treatment is almost always preferable to it. On the other hand, if an eruption is symmetrical—thus indicating, as a rule, its constitutional origin,—or diffused over an extensive surface, it is much more likely to yield to constitutional treatment. Again, if an eruption is coming out rapidly, even when there is constitutional reaction, it generally requires what is denominated a cooling treatment, and is likely to be aggravated by the use, at the outset, of iron, arsenic, and such remedies. It must also be borne in mind that if any derangement of internal organs, of the kidneys, digestive organs, &c., complicates a skin affection, remedies specially directed against the skin disease—tonics, for example—are almost certain to aggravate it.

As long as an eruption continues decidedly to improve, and if the general health is not suffering from the use of the remedy, no radical change should be made in the treatment; but if, as sometimes happens, the patient tires of the long continuance of one prescription, the remedy may be given in another form. Further, if particular medicine is decidedly indicated, and if the patient starts objections to it without good reason, and if you are of opinion that no other medicine has any chance of being equally effectual, it is sometimes allowable to give it in a concealed form. (It is in order that the patient may not know that he is taking opium that the name of the opium pill of the Pharmacopœia has been changed from "pilula opii" to pilula saponis composita.")

In conclusion, let me say that the most judicious treatment is very apt to prove abortive if the diet and regimen are not carefully attended to, in regulating which you must be guided by broad general principles. But let me warn you—and this is a point which is too often ignored,—that sea-air and sea-water are very apt to prove prejudicial in the subjects of skin affections, with the exception, perhaps, of those labouring under strumous diseases.

*Purgatives or aperients* are of service in at least one-fourth of all skin-diseases, at the outset at all events; and many can be cured by the exclusive use of them. This is especially true of the eczematous group when seen in the early or acute stage, and when associated with digestive derangement or constipation. In doubtful cases it is safer to inaugurate

the treatment with aperients; but it must never be forgotten that where debility is well marked, or where there is a decided tendency to ulceration, great caution is required in the use of purgatives. In the employment and selection of purgatives and aperients we must be guided by general principles.

A very excellent aperient is the well-known sulphate-of-magnesia and sulphuric-acid mixture; to which, if there is a gouty tendency, a little wine of colchicum, or, if anæmia, sulphate of iron, may be added as follows:—Sulphate of magnesia, three ounces; dilute sulphuric acid, an ounce and a half; sulphate of iron, three drachms; simple syrup, six ounces; syrup of ginger, one ounce; infusion of quassia to twenty-four ounces; a tablespoonful in a good deal of water, three times a day.

Another very useful tonic aperient, especially if the bowels are easily moved, and if there are indications of nervous debility, is the following:—Phosphate of soda, three ounces; dilute phosphoric acid, two ounces; syrup of ginger, six ounces; compound infusion of gentian, eight ounces; distilled water to twenty-four ounces: shake the bottle: a tablespoonful, in a large wineglassful of water, to be taken three times a day.

In each case the dose must be so regulated that the bowels are kept freely open. If purging is induced it must be diminished; while, if the bowels are not acted upon, a pinch of sulphate of magnesia may be added to each dose in the case of the first prescription, a little phosphate of soda in the second.

In acute cases, one or two full doses of calomel, followed by castor oil or a seidlitz powder, is often beneficial at the outset; but prolonged purgation must in every case be avoided, for although it may remove the eruption for a time, it returns whenever the treatment is stopped, and, by weakening the patient, may indefinitely prolong the disease.

We are told that sulphur is the great blood depurant in the case of diseases of the skin; but, for my part, I have as little faith in it when administered internally as when used as a local application. When it does good, it is generally in virtue of its purgative action; while it has this drawback, that it is converted into sulphuretted hydrogen, so that the secretions have a disagreeable odour. It is usually given in electuary with acid tartrate of potash, but it is better to prescribe one of the natural mineral waters containing it; and the fact that some of these do not act as purgatives must not be taken to disprove my assertion with regard to the *modus operandi* of sulphur, for the benefit which accrues may be due to the combination of salts held in solution. Those of Harrogate and Moffat in this country, and of Aix-la-Chapelle, Enghien, Barèges, and Luchon on the continent, have the greatest reputation, in this

respect; and while some of these waters may be had from the chemist, it is always more judicious, when it can be effected, to send the patient to the spring itself, for he is thus certain to get the waters fresh and pure, and, away from home and the fatigues and anxieties of business, his body is at the same time invigorated and his mind refreshed.

*Diuretics* are indicated if the kidneys are torpid, especially in the treatment of the erythematous and eczematous group and in acute cases. Their diuretic action, however, does not always account for the good result observed; thus alkaline diuretics, such as the bicarbonate of potash, or neutral (which in the system are converted in alkaline) salts, such as the acetate of potash, probably do more good in virtue of their alkaline reaction. And this leads me to remark that *alkaline medicines* are especially useful in the treatment of skin diseases occurring in rheumatic and gouty subjects, and in persons who are martyrs to acidity, or in whom there is a tendency to the deposit of uric acid and of urates in the urine. The alkaline and neutral preparations which are most used are salts of potash, such as the acetate, bicarbonate, and citrate; but, if a stimulant is required, I generally prefer the carbonate of ammonia; and it will often be found of advantage to combine these remedies with arsenic, or, if there is a gouty tendency, with colchicum:—Carbonate of ammonia, one ounce; solution of arsenic, three drachms; syrup of ginger, six ounces; infusion of cascarrilla to twenty-four ounces. A tablespoonful in half a tumblerful of water three times a day after food.

It must never be forgotten that alkalis should be given largely diluted, and also some time before food, for although the administration of a small quantity of an alkali seems to cause an increased flow of gastric juice, a large quantity may neutralise its acidity. The dose should be so regulated as to keep the urine constantly alkaline as tested with litmus-paper; and the medicine should be steadily continued, unless it disagrees, until some time after the disease has disappeared.

*Sedatives and narcotics* are indicated under the same circumstances as in the treatment of diseases of other organs. But let me remind you—and the remark applies not merely to skin diseases—that sleeplessness is often the result of debility, in which case tonics, especially iron and arsenic, are the best narcotics. Sedatives and narcotics are of no use for the relief of irritation of the skin, except in so far as they may induce sleep; indeed if they derange the stomach they are very apt to increase the irritation.

But, as is well known, opium in small doses, frequently repeated, is of value in the treatment of affections of the skin occurring in broken-down subjects, especially in cases of ulceration; but then they do good in virtue of their stimulating, rather than of their narcotic, properties.

In genuine cases of urticaria persistans, that is nettle-rash, recurring from day to day, and from week to week, when it is independent of local causes, and when no constitutional derangement (disorder of the digestive organs or the like) is present, sedatives are sometimes curatives, especially bromide of potassium in full doses.

Lastly, it need only be mentioned that the neuralgia which so frequently accompanies and follows attacks of shingles is best relieved by the subcutaneous injection of morphia.

*Cod-liver oil* is indicated in the treatment of strumous diseases of the skin, although it is of more value in preventing fresh outbreaks than in removing existing manifestations.—*Lancet*, *March* 19, 1870, p. 401.

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### THE THERAPEUTICS OF CHRONIC CONSTIPATION.

By JOHN KENT SPENDER, M.D., London, Surgeon to the Mineral Water Hospital and to the Eastern Dispensary, Bath.

I do not think that the usual Professional treatment of chronic constipation of the bowels is very satisfactory. It appears to aim at the relief of the one obtrusive symptom, and to help the patient out of a present difficulty without sufficient reference to the future. It removes the obstacle of to-day by legitimate and easy means, but the obstacle of to-morrow is not prevented; hence what is done to-day must be done again to-morrow, and the remedial formula has an awkward *ad infinitum* look about it. My object in this paper is to try and raise a point of every-day practice to a scientific level.

The peristaltic action of the bowels is essentially a quiet and unfelt reflex function. Assuming that the voluntary movements subsidiary to defecation are efficiently performed—I mean the pressure exercised by the muscles of the abdomen on its containing viscera—the fault lies mainly in a defect of the peristaltic action: either it is too slow, or it has too little force, or both force and time may share the torpidness so characteristic of the phlegmatic and serofulous temperaments. And the root of this state is a sluggish habitude of the nervous system: an insusceptibility which is strictly congenital, which may be roused for a while by dynamic and even by physical stimuli, but which tends to lapse by inherent vice into its chronic torpor. This is the key to any right theory of obstinate constipation of the bowels. The term implies simply that a person being otherwise in tolerable health, the excretory function of the alimentary canal is performed at rarer intervals than is compatible with complete health. And a twofold discomfort arises—partly mechanical, and partly depending upon a contamination of the blood by excrementitious matters.

Among the odd idiosyncrasies which nature displays in the regulation of the digestive functions, an infrequent evacuation of the bowels is very common; and it is important to distinguish this condition from the genuine morbid state rightly denominated constipation. For what is natural to a person can in no sense be called a disease. Many persons seem well, and really are well, whose physiology could not be transferred to any one else, without becoming a pathology more or less developed. No strong hard line can ever be drawn between what is health and what is not health. And it may be declared with absoluteness that if a person can bear an infrequent flux from the intestines, without the slightest apparent inconvenience, it is part of his regular vital plan, and ought not to be stigmatised by the name of disease at all.

It does not come within the scope of this paper to discuss the subject of constipation as subordinate to other maladies, but only when it exists by itself as a primary disorder of function. Assuming, then, that we have before us a case which clearly deserves the name of constipation of the bowels, the therapeutic inquiry is, how shall it be treated? And by the word treatment I push aside all temporary refuges and expedients. all drastic doses and exosmotic drains which merely empty the bowels *pro hâc vice* in the fashion of flooding out an unclean sewer. It may be necessary to do this once as a preliminary step, but what ought to come next? The object of philosophic Medicine is to enable the patient to live without medicine—to realise such a state of health that the medicine (*i. e.*, the medium of health) is no longer required. To purge again and again largely and painfully for a chronic disorder is to clear away a nuisance without removing its cause, and therefore the nuisance must again and again recur. Galen and Hippocrates would have done more than this, an herbalist or quack can scarcely do less.

And yet in recent sound and classical works on digestion and its troubles, I find no very precise indication of higher aims. Aperient medicines are enumerated, and their characteristic properties described, with the completeness and minuteness of a system of *Materia Medica*. Each drug has its specific virtues; give this or that according as the constipation is more or less obstinate, and according as you have an adult or a child, a strong or a weak person, to deal with. But when the present exigency is remedied, what about a week hence, a month, a year? Is the same drugging to go on eternally—the same potions, pills, or powders to come round in rhythmic order, always satisfying the present need and no more?

The plan which I now propose does bestow some care on the future, and professes to be, so far, curative in its operation. It comprises four therapeutic

factors; (a) minute and frequent doses of watery extract of aloes, very rarely of extract of colocynth; (b) a dose of sulphate of iron (gr. jss. or ij.) always combined with each dose of the direct aperient; (c) regulation of the diet; (d) constitutional exercise. I have to write chiefly of factors (a) and (b). The quantity of extract of aloes, in all but extraordinary cases, should not exceed one grain. It is conveniently given in the form of a pill. With this pill there should always be mixed a dose of sulphate of iron varying from one to three grains; this is the essential point of the treatment. Any other tonic of the neurotic kind cannot supply the place of iron; for the purpose I am now relating, iron is not only *facile princeps*, but is not interchangeable by anything else. Extract of nuxvomica may be added, if the prescriber pleases, as an ornamental appendage or as a means of blending the other constituents together; and belladonna is a remedy of definite auxiliary power, but both these drugs, *quoad* constipation of the bowels, are uncertain or unsatisfactory, and rarely do permanent good. I begin, then, by desiring an adult patient to take a pill composed as above three times a day, immediately after the principal meals. He is cautioned that at first there will be probably no apparent effect, and that two or even three days may pass before any medicinal evacuation of the bowels takes place, perhaps even then difficult and discomforting. But within the next forty-eight hours there will be most likely an evacuation of the bowels once or possibly twice in the day; *but nothing approaching to purgation ought ever to be permitted*, and therefore the patient must be instructed, on the occurrence of the first loose motion, to withhold a pill, and to take only one in the morning and one in the evening. He then continues for a time his morning and evening pill, and is pleased to discover that so slender a medication has such a decided effect. Not improbably, at the end of another week or fortnight he is compelled by the same reason as before to drop a rather pill, and the same result is now brought about by one pill daily, as was originally produced by three pills. Within another month, he may reduce his allowance of medicine to a single pill once or twice a week; and, finally, his whole scheme of Medical treatment becomes merely preventive in its design and scope, and he takes a pill occasionally for the sake of maintaining health and warding off old troubles.

When there is a real or fanciful difficulty in the administration of pills, the best way of carrying out the plan above described is by combining the *mistura ferri composita* with the *decoctum aloës compositum*, the doses being determined by an application of the same principles. There is wider room for the addition of auxiliary drugs, but, on the whole, I have not obtained such satisfactory results by this method.

I cannot lay too much stress on avoiding anything like an over-purgative effect by the drugs employed. If on this account the treatment has on any occasion to be stopped, there is so much time lost and so much ground to be retraced. A patient may, unintentionally, exaggerate his difficulties, but the skilful practitioner will not therefore depart from the fundamental principle of minute and frequent doses of his medicine. In this way Nature is coaxed and assisted, instead of being forced and worried; and I declare, without hesitation, that only by this means can a sure and permanent benefit be realised.

The urgency of regulating the quantity and quality of the food is so obvious, that I need add nothing to what has been so well laid down by systematic writers. The necessity of constitutional exercise—a definite amount every day—is equally clear, and its physiology requires no illustration here. The serious and ingravescent forms of constipation which are secondary to stricture (cancerous or fibrous) may be temporarily relieved by the plan I have sketched; but ultimately the obstruction will defy all ordinary remedies, and our suspicions should be aroused to the possibility of organic disease, whenever a retrograde step occurs again and again after apparent success has been attained.

There is a form of constipation, observed chiefly among women, marked by intense neuralgia of the rectum after every motion. It is well to ascertain that there is no fissure of the mucous membrane; but, this point being assured, speedy (and eventually perhaps complete) relief may be obtained by the following powder taken twice a day:—Sesquioxide of iron, one drachm; bitartrate of potash, one drachm; powdered cubebs, fifteen grains; mix. This may be continued once daily for weeks or months. I conclude with a caution. Constitutional tuberculosis had better be let alone, *quoad* aperient medicines. Peritoneal or intestinal tubercle is a grave malady to light up, and a state of comparative constipation may be nature's method of keeping things quiet in the abdominal region. At all events, aperient medicines of every kind ought to be strictly subordinate to general treatment.

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#### THE MANAGEMENT OF SOME CUTANEOUS DISEASES OF THE LOWER LIMBS.

By JOHN KENT SPENDER, M. D., London.

Cutaneous diseases of the lower limbs are either (a) a fragment of a larger trouble spread over more or less of the entire body, or (b) they are the outcome of a local lesion, and express with some preciseness the extent and severity of that lesion. In the former case, the therapeutics of a part are merged in the therapeutics of the whole, and one skin-area is not

thought of more than another, except so far as may concern the convenient use of external applications. In the latter case, the local lesion stands to the cutaneous disease in a casual relation, either producing it or aggravating it, and requiring distinct and specific attention before its effects can be permanently removed.

Every practitioner will recognise *Erythema nodosum*, although it may be difficult to state anything definite about its nature and origin—whether it be an exanthem or a neurosis. And though it comes to an end “spontaneously,” and leaves behind “no ill effects,” it does not follow, as Hebra seems to suggest, that treatment is unnecessary or superfluous. It may be safely asserted that the constitutional affinities of the disease indicate what may and ought to be done. Internally, I combine sulphate of iron with a dilute mineral acid and very mild saline purgatives.

R Magnes : Sulphat : gr. xx. Ferri Sulph : gr. iiss. Acid : Sulph : dil : m v. Tr : Aurant : m. xv. Aquæ puræ ℥ i., ft. haust. ter die sumend.

This may be given to an adult woman, and a mild aloetic pill, now and then, may be necessary also. Pure neurotic remedies, like quinine or strychnine, do little good by themselves; but they may assist the hæmatic powers of iron, and arsenic may favourably influence the vaso-motor nerves.

In nearly every case I support the limb with a Domette flannel bandage, which may be applied with considerable pressure. Domette flannel is a material which makes an excellent bandage; it is yielding and elastic, and yet almost any degree of compression can be exercised with it. The calorific properties of flannel are useful, too, as nearly all erythematous legs are below the normal temperature. Every third or fourth day the bandage is removed, and the limb may then be shampooed with a lather soap and hot water. Sea-bathing is highly to be recommended.

*Erythema cuberculatum* and *Erythema papulatum* are merely small patches of *E. nodosum*, and are most common on the back of the leg. The clammy purple legs of young women suffering from chlorosis improve wonderfully under the stimuli of the warmth and pressure of a Domette flannel bandage. This condition of the lower limb is not true erythema, but is more allied to passive congestion, or chilblain.

The neurological affinities of erythema are shown (*a*) by its tendency to recur, and (*b*) by its frequent association with rheumatism (*E. circinnatum*); but there is much yet to be learned about the disease.

*Eczema* assumes many forms on the lower limbs. Ascribing its origin to “perverted innervation,” according to the most recent doctrines, this multiform aspect of eczema is easily to be explained; and the constitu-



tional context of the disease will often correctly indicate its probable species.

In this place, however, I have to discuss not what eczema is, but how it is to be treated. When the vesicles of eczema burst, thin scabs cover the inflamed patches: the scabs are composed of "epithelium and the fixed constituents of the fluid of the vesicles" (Sir W. Jenner). Now, I accept this scabbing as a natural method of cure, and I try to assist nature accordingly. The scabs or scales ought not to be disturbed; they protect the hyperæmic inflammatory cutis, and wait until it is covered by healthy cuticle. *Eczema simplex* exhibits the so-called eczematous condition in its type-form: it can scarcely be confounded with anything else. A middle-aged, healthy man, a farmer, consulted me for two long transverse patches of *E. simplex* on the front of the leg and instep: the general health seemed good. The patches were washed with a solution of nitrate of silver (20 grains of the salt to the ounce of distilled water); they were then covered with chalk and benzoated zinc ointment, spread thickly upon soft lint, and a Domette flannel bandage was applied over all. The dressings were renewed on alternate days, and five drops of liquor arsenicalis were administered in water every six hours. There was an immediate relief from pain and worry, and a complete cure was effected in a very short time. It is worthy of remark that the nitrate of silver solution supplies a *chemical* scabbing, which is an aid to the crust formed out of the ointment and the epithelial scales.

*Eczema rubrum* has a distinct hyperæmic or quasi-inflammatory basis, and is frequently connected with varicose veins. There is often much œdema of the sub-cutaneous structures at the same time; a local anasarca which seems to proceed, at least in part, from cutaneous irritation. A large tract of skin may be hot and red, thin serum steaming out at every pore, and almost "scalding" the adjacent integument over which it flows. Most of the scales or scabs are washed away by the abundance of alkaline serosity, but the remains of some may be generally detected at the edge of the inflamed surface. No species of eczema goes so satisfactorily to prove that this is essentially a perverted nutrition of the skin structure.

I have already published a method of treating *Eczema rubrum*, which I have found very successful. I take some common black-wash (*lotio hydrargiri nigra* of the Ph. B.), mix with it a tenth or twelfth part of glycerine by measure, and let it be well shaken. A small quantity of this mixture being poured into a wide, shallow vessel (as a saucer), strips of linen are soaked in it, and, after being lightly squeezed, are placed evenly and smoothly round the affected part of the limb, a portion of the

black oxide of mercury adhering to the linen. A bandage secures the dressing in its place, and the work is done. The dressing should be renewed morning and evening; an impervious covering should on no account be put over it, as the pent-up secretion would decompose, and possibly inoculate a fresh area of sound skin; and the dry linen strips can always be easily removed by being first well saturated with warm water.

In certain cases, the cure of *E. rubrum* may be facilitated by brushing the red, moist surface with a solution of nitrate of silver, before the dressing of "black-wash" is applied.

Arsenic should never be prescribed for internal use during the early stage of this disease; an enervating saline draught is a pleasant form of "febrifuge" medicine, and a strong, saline purgative is often necessary. The diet should be nourishing, without stimulation.

The sub-acute variety of *E. rubrum*, in which the amount of fluid is so small, that it dries into thin crusts (resembling, at a hasty glance, psoriasis), is treated with great advantage by the administration of arsenic, and by the external use of tar. The therapeutic agency of tar has scarcely been fully recognised, owing, probably, to the fact that it is commonly applied in too strong a form. It is unfortunate that the British Pharmacopœia offers no convenient preparation, and the only resource is to dilute the *unguentum picis liquidæ* with a large per-centage of chalk and zinc ointments, which ought to be melted together and stirred while cooling; in this way a homogeneous ointment is prepared, which may be spread evenly on soft lint; and, when the leg is dressed with it, a new, healthy epidermis forms under the incrustation made by the chalky constituent of the ointment. The Domette flannel bandage may be put on the limb to keep the dressing in its place; and the application must be renewed every second or third day, according to circumstances.

*Herpes zoster* may affect the outside, front, and inside of the thigh. There is usually a history of severe pains, which are ascribed by the patient to "rheumatism." A combination of quinine and arsenic is certainly very useful in the early neuralgic stage of this disease; and when the neurosis is very severe, nothing relieves it so much as a blister upon the side of the lower spine corresponding to the seat of the disease.

—*Belfast Journal of Cutaneous Medicine.*

## REMARKS ON THE TREATMENT OF ACUTE RHEUMATISM BY THE TINCTURE OF THE PERCHLORIDE OF IRON.

By Dr. J. RUSSELL REYNOLDS, F.R.S., Physician to University College Hospital.

The marked effects produced by the tincture of the perchloride of iron on the course of such "spreading" inflammatory affections as erysipelas and diphtheroid sore-throat induced me, some months ago, to administer this medicine to cases of another "spreading" inflammatory disease—viz., acute rheumatism. I have treated eight cases by this drug—cases all of them severe, and, with one exception, occurring during the unfavourable weather of the spring of this year. The number of cases is too small for a general conclusion to be drawn from them as to the treatment of rheumatic fever; but the character of the facts is such that they may be used to point out the direction in which such conclusion may eventually be found; while the success which attended this mode of treatment was so great as to justify its employment upon an extended scale.

I will enumerate, as briefly as possible, the essential points of each case.

*Case 1.*—Male, aged 26; first attack. He had been eight days ill with fever and joint-affection. He was seen on the eighth day, with inflamed joints of all four extremities, and endocarditis. Pulse 112. The urine was alkaline. His face was anæmic. Temperature 101·4 deg. He was ordered thirty minims of tincture of perchloride of iron every six hours. The patient improved at once; and on the tenth day of illness—*i. e.*, on the second day from the commencement of treatment—he felt well, slept soundly, and took food. On the thirteenth day, the patient still feeling well, temperature rose to 102 deg., and, a few hours later, to 104 deg. Violent delirium set in suddenly on the fifteenth day. The temperature rose to 109 deg. The patient became comatose, and died on the sixteenth day; the temperature having reached 110·2 deg. shortly before death.

*Case 2.*—Male, aged 22; second attack. He was seen on the fourth day of illness. The knees and ankles were principally affected. He had much sweating and exhaustion, and endopericarditis. The urine was alkaline, with some discharge left from gonorrhœa of two months' duration. Pulse 100; temperature 102·2 deg. The medicine was ordered on the fourth day of illness. The pain was relieved on the next day, and was absent on the third day. The temperature was normal on the fifth day of treatment—*i. e.*, the ninth day since the attack. While this patient was taking iron, the pulse became as low on one day as 60 per minute.

*Case 3.*—Male, aged 20; third attack. He was seen on the sixth day of illness—*i. e.*, on the sixth day from the occurrence of the joint-affection, and the fourth day from the onset of fever. The joints were universally affected, and severely. A murmur was present both at the base of the heart and at the mitral apex—probably old. Pulse 96; temperature 102 deg. The tincture of perchloride of iron was given in forty minim doses; it was ordered on the sixth day of illness. The patient was much relieved, and the pain was almost gone, next day. The temperature was normal on the second day of treatment, or eighth day of disease. The temperature was below the normal on the thirteenth and fourteenth days.

*Case 4.*—Female, aged 18; second attack. She was seen first on the seventh day of illness, suffering in the joints of both upper and lower extremities, with much perspiration. Pulse 104; temperature 101.4 deg. The heart was dilated with aortic regurgitation. The pain was greatly relieved on the fifth day of treatment. The temperature became normal on the seventh day of treatment—*i. e.*, on the fourteenth day from the onset of symptoms.

*Case 5.*—Female, aged 18; first attack. She was admitted on the third day of illness, with typhoid aspect, much prostration, and pain and swelling of the joints confined to the lower extremities. There was a systolic murmur at the base of the heart, probably hæmic. Pulse 120; temperature 104 deg. Tincture of perchloride of iron, in forty minim doses every six hours, was ordered on the third day of illness. The pain was relieved, and the patient much improved on the fifth day of illness—*i. e.*, two days after the treatment was commenced. The temperature was normal on the fourth day of treatment, the seventh from the commencement of symptoms. In this case, after the iron had been discontinued, the pulse became irregular, weak, as low as 56 in the minute, and occasionally intermittent for two days. There was at the same time much pallor; but the patient made a good recovery.

*Case 6.*—Female, aged 30; seen on the eleventh day of her first attack. There had been illness, with cough and fever, for eleven days; inflammation of the joints for eight days; and sweating for one day, before admission. Both upper and lower extremities were involved. The heart was weak and irregular in its action, and there was no friction-sound at the base. Pulse 124; temperature 102.4 deg. Tincture of iron was prescribed on the eighth day of the joint-affection, and the pain disappeared almost entirely within twenty-four hours; the temperature fell at once, and became normal on the fifth day of treatment, or the thirteenth day from the occurrence of articular inflammation.

*Case 7.*—Female, aged 24; first attack, commencing seven days before

admission. On admission, the patient was pale and sweating, with much effusion in the joints of the lower extremities, and mitral regurgitation. Pulse 120; temperature 103·4 deg. The pain was diminished immediately, and almost removed at the end of the next day. The temperature became gradually reduced, and was normal on the seventh day of treatment; and remained so until the eleventh day, when the iron was discontinued. On the eighteenth day there was a relapse, and the temperature rose again, until on the twenty-third day, it reached 104 deg. Iron was administered on the second day of relapse, and relief followed on the third day of its administration; while the temperature became normal on the seventh day of treatment, or eighth day of relapse.

*Case 8.*—Female, aged 16, seen on the ninth day of her first attack. The joints of both upper and lower extremities were involved. There was pericarditis with effusion. Pulse 100; temperature 102·4 deg. The pain was relieved almost immediately; and the joint-affection disappeared in the course of forty-eight hours: but pneumonia occurred, and for many days the temperature remained high—finally, however, becoming normal on the twenty-seventh day, and the patient making a good recovery.

The points to which I wish to direct attention are the following.

1. *The relief of the joint-affection.*—This appears to me to have been so definite, uniform, and speedy, that it would be difficult to account for it upon any other supposition than that it was the result of the treatment. In four cases, it was relieved in one day; in three cases, it ceased in two days; in one case—viz., that of the relapse mentioned in No. 7—it was removed in three days; and the longest period of suffering noted after the commencement of treatment was five days. If we take the mean duration of the joint-affection after the exhibition of the iron, we find it to be two days.

2. *The duration of pyrexia after the administration of iron.*—In one case—viz., that which ended fatally with cerebral symptoms—the temperature never fell below 101·4 deg; and it is important to observe this fact, notwithstanding the disappearance of the articular affection. In one case, the temperature was normal on the second day; in one, on the fourth; in two cases, on the fifth; in three, on the seventh, one of these being an example of relapse; in one, on the eighteenth day, this being in the girl who suffered from pneumonia. If we exclude from analysis the first case—viz., that with cerebral symptoms and a high temperature; and also the last—that in which pneumonia was intercurrent—we find that the temperature became normal between the second and the seventh days; the mean duration of pyrexia after the iron treatment was commenced being a little less than five days and a half.

3. *The total duration of pyrexia*; viz., that which existed from the onset of symptoms to the permanent fall of temperature. Here, again, it is necessary to exclude the first case and the last; for in the one the pyrexia never ceased, and in the other it was maintained by an intercurrent affection. In one patient, the total duration of rheumatic fever was seven days; in two, it was eight; in one, it was nine; in one, thirteen; in one, fourteen; in another, fifteen. Hence it would appear that the mean duration of rheumatic fever in these seven cases was a little in excess of ten and a half days.

4. *The influence on the duration of the disease exerted by the time at which the treatment was commenced.*—In three cases, the iron was given on or before the fourth day of the disease, and the mean duration of the malady from first to last was eight days; in four cases, the medicine was administered for the first time on the sixth, seventh, and eighth days; and in three the mean of the total duration was rather above twelve days.

5. *The entire absence of any symptom of discomfort induced by the iron.*—There was no headache in any case; the tongue cleaned; and the general feelings of the patient speedily improved. As I have already said, the number of cases here examined is too small to allow of any general deduction with regard to so variable a malady as rheumatic fever; but, while the number of cases is small, the facts are, in my opinion, so definite, and so constant in the direction to which they point, that I trust they will lead others to employ, and on a large scale, a medicine which has certainly done no harm, and has appeared to relieve very materially the pain, and shorten the duration of one of the most distressing and most tedious of acute diseases.—*British Medical Journal.*

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#### NOTES ON CUTANEOUS THERAPEUTICS.

By J. WARING CURRAN, L.K. & Q.C.P.I., L.R.C.S.I.

In the columns of a much-respected contemporary, the *Medical Press and Circular*, I have already published my experience of the Iodide of Ammonium in the treatment of diseases of the glandular system. My experience of the drug has been extensive, and its success in the treatment of the diseases indicated in the communication to which I refer, is best exemplified by the fact that I continue its use in those diseases, and that the most eminent Dermatologists in England and Ireland have communicated to me corroborative testimony of its value and efficacy as a therapeutic agent, and its greater potency over the iodide of potassium.

Here I must content myself with the action of the iodide of ammonium in the treatment of a most common, but not the less troublesome disease, *Erysipelas*. Remembering that erysipelas is an unhealthy inflammation of the skin, with a disposition to spread, and that it is essentially a blood disease dependent upon some zymotic cause, depositing its morbid products—some unhealthy plasma—in the cutaneous structures. I must not pretend, as some enthusiasts boast, the power to cure the disease by local applications alone; but I do contend that the progress of the disease can be stayed until the germs of the complaint are diminished by a method of treatment which I shall presently explain.

*Simple Cutaneous Erysipelas* is never a troublesome complaint unless when it affects some loose cellular part, when it becomes somewhat complicated, and not unfrequently, owing to the amount of serous effusion, terminates in purulent infiltration. This is very tedious and very undesirable, whilst it seriously retards recovery by the introduction of fresh symptoms, not unfrequently difficult to overcome. In this variety of erysipelas I apply to the part affected the iodide of ammonium ointment. I prescribe it of the same strength as the iodide of the potassium ointment of the British Pharmacopœia, and its effect is to be observed rather than described. It rapidly promotes absorption of the effusion underneath the skin, and in sixteen cases in which I have employed it, this drug has been uniformly successful. In one patient the lancet had to be called into requisition, but in this I was late commencing my treatment. At the same time I exhibit internally with infusion of yellow cinchona bark, four-grain doses of the iodide of ammonium, thrice daily.

I must honestly acknowledge that I have fairly experimented with the iodide of ammonium ointment in *phlegmonous erysipelas*, and that I have failed in obtaining good results from its use in that form of the disease.

Now, and I trust success will actuate me in always adhering to the plan when called in to a case of erysipelas, erratic or otherwise, I direct some of the ointment to be smeared over the eruption; but following upon the plan of Mr. Higginbotham, applying nitrate of silver to the healthy skin immediately surrounding the diseased part, I spread iodide of ammonium ointment on strips of lint, and apply the pledgets around the circumferential parts, *I am proud to say that the rash has never yet spread beyond the anointed lint*. When erysipelas affects the face and head, this method of treatment is somewhat difficult to carry out, but I reason my patient into a permission to remove the hair, and carry into execution my plan.

In no single instance have I had *metastasis* to the *meninges*, because I contend that iodide of ammonium promotes the absorption of the unhealthy plasma when locally applied, and that when internally administered, it carries off through the eliminative channels the *materies morbi* of the disease. It is needless for me to remark that I freely purge in all cases as well, and that the purgative I use is podophyllin, combined with compound extract of colocynth. In the debilitated I have recourse to a milder aperient. Of course it is necessary to be guided by the habits, constitution, and strength of system indicated by the patient.

As an adjunct to the ointment I recommend, I have found in practice considerable, in truth very valuable, help from the effects of *pressure*, when the swelling is great and the effusion extreme. After the application of the cerate, I firmly, but not too tightly, adjust a bandage made of same light fabric. When it is not feasible, owing to the part affected, to apply bandaging over the dressing, I firmly but with equal pressure place some strips of soap plaster: from this I have attained more rapid absorption.

Some cases are accompanied by a high amount of inflammatory fever, with great increase of temperature; in simple language, when the hand is placed over the erysipilatous rash, a burning sensation is experienced. In such a case, before employing my cerate, I sponge (and if need be constantly apply for a few hours) this part with a lotion of spirits of ammonia.

If the patient be of an irritable habit, or complain loudly of pain, I prescribe a little liniment of belladonna with the cerate. It is a useful and tranquillising addition, steadying the capillary circulation, by overcoming the contracted condition of the vessels.—*Belfast Journal of Cutaneous Medicine*.

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#### THE CHIEF CAUSES OF HOARSENESS AND APHONIA, WITH HINTS ON TREATMENT.

By DR. GEORGE JOHNSON, Professor of Medicine in King's College, and Physician to King's College Hospital.

There are cases of purely nervous or functional, or, as they are sometimes called, hysterical aphonia. The voice may be reduced to a whisper, and even that is sometimes inaudible. On looking into the larynx, we see no evidence of structural change, but when the patient attempts to vocalize we find that the vocal cords remain motionless, or that they move very little. This nervous aphonia often comes on suddenly, and it often passes away as suddenly as it came. The best treatment for it consists in the application of electricity directly to the larynx by means of Dr. Mcrell Mackenzie's "laryngeal galvaniser." The shock excites spasm



and a scream, and the cure is sometimes very rapid. I have cured several of these cases at a single sitting, and one by a single shock of electricity. A boy, about twelve years of age, was much frightened, and nearly drowned, by falling into a pond. From that time he completely lost his voice, his intellect being unimpaired. When I saw him he had not uttered an audible sound for two years. I saw that his larynx was healthy, and I determined to apply electricity. The first shock elicited a loud scream, and at once he recovered his speech.

In most cases it is necessary to apply the electricity again and again before the cure is complete, and in some cases the treatment is unsuccessful; but these are comparatively rare. When the general health is impaired, treatment should be directed to remedy this while the electricity is being employed.

It is remarkable, but quite intelligible, that when, from any cause—a growth upon one of the vocal cords, or inaction of the muscles—the glottis remains partly open during vocalisation, the air escapes so rapidly during the expiratory act of speaking, that the patient is often compelled to draw in a fresh breath before he comes to the end of a sentence. In consequence of the patulous state of the glottis, there is a rapid escape and waste of air, and the chest is soon emptied.

There is a form of aphonia or weakness of voice which I look upon as the result of muscular fatigue and weakness. I have seen a considerable number of these cases, and most of the patients have been clergymen. The patient begins to speak in a clear and loud voice, and he continues to do so for a variable time; but after speaking or reading aloud for, it may be, a quarter or half an hour, the voice becomes feeble, and it may soon be reduced to a whisper. At the same time there is a feeling of fatigue, and sometimes positive pain in the throat. With these symptoms we may find, on looking into the larynx, no trace of structural change, or only slight congestion and redness without swelling. A common cause of this form of dysphonia is overwork of the larynx, from frequent preaching and reading in large churches. I have known it to result from over-exercise of the voice in singing, from straining of the voice by the habit of loud talking in the midst of noisy machinery, and from violent efforts in giving the word of command.

In some instances this peculiar form of laryngeal weakness has followed upon an inflammatory attack. It seems probable that inflammation may sometimes extend from the mucous membrane to the muscular structures beneath, and thus the nutrition and the tone of the muscles may be impaired. This is the more likely to happen if the larynx be much exercised in speaking or singing during an attack of catarrhal inflammation.

The best treatment for these cases consists in rest for the larynx as the organ of speech, change of air and scene, and a general tonic regimen. The daily application to the larynx of a saturated solution of tannin in glycerine often does good. Tannin lozenges, too, may help to give tone to the feeble voice, and the combination of iron with small doses of strychnia is sometimes useful. I have tried galvanism, but I have hitherto seen no benefit from its use in this class of cases.—*Medical Times and Gazette.*

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#### USE OF BELLADONNA IN CONSTIPATION.

By Dr. F. B. NUNNELEY.

[The remarks in the following paper on the medicinal treatment of constipation, by means of belladonna, are founded upon experience at the York Dispensary.]

The method followed was, in the main, that recommended by Trousseau. Extract of belladonna was given in doses of gr.  $\frac{1}{6}$  to gr.  $\frac{2}{3}$  on rising every morning. A grain of the extract and gr. iij. of the extract gentianæ were divided into six pills, and one to four prescribed for a dose.

On analysing the cases of constipation, both recent and of long standing, it was found that the greater number were associated with dyspepsia, and especially with that form presented more or less the characters of gastric irritation, in which the tongue was thinly furred, with prominent red papillæ at the tip, and in which there was tenderness at the epigastrium, pain, especially after food, and often more or less headache. Patients with these symptoms presented themselves with a history of inactive bowels for several months or years, often stating that they were obliged to take aperient pills, senna, castor-oil, &c., once or twice a week to produce an evacuation. The ages of those patients varied from twenty to sixty years of age, the majority lying between twenty-six and fifty. To these belladonna was given for from one to three weeks. It nearly always caused an evacuation, usually of solid stools, after breakfast on the morning on which it had been taken. Generally the bowels continued regular after the belladonna was discontinued, and sometimes headache was greatly mitigated. In one case, the patient, a woman, aged 47, had had constipated bowels for twenty-six years, for which she had taken pills or castor-oil once a week. Belladonna restored the natural daily action in fourteen days. In a few cases no permanent cure was effected, but relief could be obtained by taking belladonna every second or third day, the dose had not to be augmented, and no increased constipation followed its use.

In more recent cases the natural action of the bowels was restored in a few days: thus a man had taken pills every other day for five weeks, but the bowels acted naturally after taking belladonna for six days.

Treatment was especially directed to the dyspepsia in all cases, but no aperient except belladonna was given, and frequently not this, until the effect of regulated diet and habits, and of general treatment, had been observed.

The remaining cases of constipation occurred in very various diseases. Most often belladonna acted as an ordinary aperient when given in the manner before stated, and its use had not to be continued more than from one to three weeks to cure the constipation. Rarely, it produced no effect even in doses gr.  $\frac{1}{2}$  to gr. j, except causing dryness of the throat: such a failure occurred in the third stage of phthisis.

Belladonna in the usual dose of gr.  $\frac{1}{6}$  to gr.  $\frac{1}{2}$  produced no dryness of the throat, or dilatation of the pupil, but presented the following advantages over ordinary purgatives:—It did not gripe but gave usually a healthy solid stool, increased constipation did not follow its use, and it very often restored the natural action of the bowels, so as to render a recurrence to this or other aperient unnecessary. Another and important advantage is the small bulk in which the remedy can be given.—*Practitioner, April, 1870, p. 217.*

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#### INQUIRY INTO THE NATURE, ORIGIN, AND TREATMENT OF HYSTERIC DISEASE.

A PAPER READ BY DR. ROBERT LEE BEFORE THE ROYAL MEDICAL AND CHIRURGICAL  
SOCIETY, TUESDAY, MARCH 8, 1870.

DR. BARROWS, F.R.S., President, in the chair.

In the first part of this paper, the author gave an elaborate review of the history of Lysteric diseases from the earliest ages to the present time. The opinions and methods of treatment adopted by Artæus, Galen, Celsus, Sydenham, Hoffman, Cullen, and the most eminent writers of the present century, were given in detail. Respecting hysteria in the male sex, the author stated that he had never seen a genuine example; but in the female sex, a great number—a greater number than it was possible for him to state. An accurate report of upwards of two hundred of these cases accompanied the communication. If these histories were examined, the author stated, the following conclusions might be drawn. In none did the disease occur before the age of puberty, and in few after the middle period of life. In few of the cases recorded were the functions of the ovaries and uterus in a perfectly healthy state. In the greater num-

ber there was amenorrhœa, dysmenorrhœa, menorrhagia, leucorrhœa, or a morbid state of increased or diminished sensibility in the uterine organs, without any organic disease. The author added that, in the greater number, there was incurable sterility; and he stated that he had been led to conclude from the symptoms observed in these cases that hysteria originates in the ovary, on which menstruation depends, in which conception takes place, and to the influence of which are to be attributed the development of the female pelvis and mammæ, and all the peculiarities of the female constitution. The result of the author's dissections of the renal ganglia and nerves, and those of the ovary, now in the museum of the university at Cambridge, were given; and from them an explanation was given of the cause of the discharge of a great quantity of clear urine after the hysteric paroxysms. Other seats of hysteria were then described, with a letter on the subject from Mr. Joseph Swan. The paper concluded with a summary of the different remedies employed in the two hundred cases; the two last of these methods of treatment were clitoridectomy and cutting away the coccyx.—*Medical Times and Gazette.*

## Materia Medica and Chemistry.

### CHLORAL IN PHTHISIS.

What has struck me with regard to the hypnotic effects produced by chloral, is the fact pointed out by Liebreich, that it causes sleep without exciting the pulse or respiration. In the majority of cases, it produces no excitement or uneasiness, nor is it followed by headache, furred tongue, or feeling of depression. With a few exceptions, indeed, it seems in moderate doses, to occasion natural sleep.

Under its influence, I have seen rabbits motionless, breathing tranquilly, and evidently fast asleep, who could be roused so as to take a few steps, or eat a little cabbage, and then, overcome by drowsiness, fall asleep again. The same power of being aroused from a moderate dose occurs in the human subject. No doubt the somnolence may be augmented by increasing the dose, until it becomes soporose or comatose, when stimulants fail to rouse. Of the intensity of this last effect in man, however, little is known; but from what has been observed in the lower animals, there can be little doubt that sufficient coma can be produced to admit of operating without pain. Whether, however, chloral is so easily manageable as ether or chloroform, remains to be seen.

The qualities I have described render chloral highly serviceable to the physician. Although in a few instances it has occasioned excitement before sleep, and headache afterwards, in the majority of cases it is not a

narcotic but a pure hypnotic. The ill effects so common in the administration of opiates I have not witnessed on giving chloral at all. For example, the pupil is not contracted more than in ordinary sleep. There is not, for the most part, on waking, the confusion of head, the sense of depression, the furred tongue, want of appetite, nausea or vomiting, suppression of the secretions or constipation, so common after giving opiates. It therefore occurred to me that it would be a most useful hypnotic in phthisis. Thus it too frequently happens that cough, pains in the chest, and restlessness at night, if alleviated by opiates or by that excellent preparation chlorodyne, leave the patient so depressed, feverish and weak, as to do more harm than good. Indeed in my own practice I have found that such is the loss of appetite, increased weakness, and emaciation that follow their use, that I never give them except in the last stages of the disease, and when all hope of prolonging life having ceased, we choose the least of evils in procuring even unhealthy sleep. But matters are greatly changed when we are able to obtain the natural sleep that chloral produces. By its aid we can lull irritation, and give rest for a time, in many cases, without any injury whatever. I have recently made special observations on this point in nine cases of phthisis now under my care in the clinical wards, and have collected the experience of some of my colleagues.

I think that it will be admitted that no kind of opiate would have produced such uniformly good, and so few bad results in twenty-one cases of phthisis, as is here shown to have been the effects of chloral. In three cases individuals slept habitually, and the remedy only intensified sleep without effecting the head, tongue, or appetite. In one case, in addition to cough and restlessness at night, there was considerable sweating which was much alleviated by the chloral. To assure myself of this fact, it was given ten nights running, always producing good effects, and when stopped, the sweating increased. In one case it produced excitement and a state approaching delirium, but the dose was thirty grains. In one case the same dose caused slight headache in the morning. In one case also the tongue was more furred afterwards. In all the cases the relief to the cough and restlessness, with the production of sound sleep, was most marked, while the head, tongue and appetite were in no way affected. For the same reasons that chloral is useful in phthisis, it has been found beneficial in certain cerebral diseases, in which opium is contra-indicated. In an otherclass of cases, however, the valuable qualities of the latter drug in checking secretion while acting as a sedative, will give it superiority. I refrain, however, from entering into a consideration of the numerous diseases in which the drug has been adminis-

tered and recorded by Liebreich and several others. The first step, it appears to me, ought to be a determination of its physiological action; and this, so far as experiment and observation have yet gone, points to its being, in moderate doses of twenty to thirty grains, the purest hypnotic we possess; in doses of thirty to sixty grains, it causes excitement, giddiness, and headache more frequently.—J. H. BENNETT, in *Practitioner for May*, 1870.

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## Canada Medical Journal.

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MONTREAL, OCTOBER, 1870.

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### THE CANADIAN MEDICAL ASSOCIATION.

The third Annual Meeting of this body, which took place in the City of Ottawa, on the 14th and 15th of September, and whose proceedings occupied almost the whole of our last number, may be regarded as having been decidedly successful. In point of numbers present there was a falling off, compared with any previous meeting, yet we think there will be found reasons sufficient to account for this, in the very great excitement which existed throughout the Dominion, concerning the great boat race at Lachine. This international struggle gathered thousands from every portion of the continent, and many, who otherwise would have been at the Association, were among those who witnessed the race. But if the members present were not quite equal in numbers to those of former years, yet we think we may safely say that it was a truly representative meeting. Members of the profession were present, in force, from all the large centres of Medical Instruction, while the general profession throughout Ontario and Quebec were fairly represented by delegates from a number of county Associations, and independent members of the Association. The cities of Halifax, N. S., and St. John, N. B., sent some of their ablest physicians, men who, from the first meeting in Quebec down to the present one, have shown their great interest in the objects of the Association, by their constant attendance at its meetings. The presence of the delegates from the American Medical Association, Dr. Horatio R. Storer, and Dr. Sullivan of Boston and Dr. Garrish from New York, added a pleasing feature to the meeting. Although the greater part of the two days was taken up with the discussion on the proposed Bill, there were several interesting debates which took place on two papers that were

read to the Association. One on "Veratrum Viride," by Dr. Sheriff, of Huntingdon, the other by Dr. Hingston, of Montreal, upon Synovitis. The important business of the recent meeting, however—one which was looked forward to with no little anxiety by many—was the report of the committee appointed last year at Toronto, to draft a Medical Bill for the whole Dominion. Of this committee Dr. R. Palmer Howard, of Montreal, was chairman, and that, at all events, some of its members did their duty, the Bill published *in extenso*, in our September number, bears ample evidence. In the debate which took place upon the several clauses of the Bill, which were taken into consideration, there was exhibited an unanimity as to the desirability of having one Bill for the entire Dominion, for which we were not prepared. Even although this fact alone had been asserted, we think the Association would have had good reason to congratulate itself upon its accomplishment, and the success of its Ottawa meeting. But the Association having taken such an important step, proceeded to discuss some of the details whereby it could be carried into effect, and here again there was displayed a unanimity that was almost surprising. The question of a Central Examining Board was heartily, we might say enthusiastically, carried, the opposition to it being slight. By this vote the first great principle of a Bill was emphatically endorsed by the Association, notwithstanding a very urgent appeal against it from Dr. Botsford of St. John, N. B. We have ourselves opposed this Central Board and tried to preserve for Universities the rights they have so long enjoyed, and although we hold to our opinions as hitherto expressed in the pages of this *Journal*, we at the same time honestly acknowledge that the voice of the Profession is against us.

The only portion of the proposed Bill upon which there was anything like a division among the members of the Association, was the clause giving representation in the General Council to Universities—not having medical schools connected with them. In this category stands the University of Ottawa, and Bishop's College, Lennoxville. At a first glance it might seem unfair that any University—not in any way connected with medical teaching, although possessed of the right at any time to establish medical faculties—should be given the power of sending a medical delegate to the Council. A little examination will, however, we believe, dispel any such illusion. The latter body has the superintending of the details of the preliminary as well as of the professional examinations. And as Universities would in all probability select medical men to represent them who have passed through an Arts course—a class of men—well educated classically, and more qualified to overlook preliminary examinations—would find their way into the Medical Council. No

one will, we think, assent that the introduction of such an element would not be beneficial. On the contrary, we hold that their presence in the Council, and especially present there as members of the general profession free from any faculty or school influence, would be of incalculable good. It was, therefore, a matter of regret to us that the Convention decided by a majority of one, that none but Universities having a staff of teachers, or a Board of Examiners and regularly conferring medical degrees, should have representation. We, however, hope that a little reflection will convince many who voted nay upon this question, that they did so without having considered the subject in all its bearings. As the Bill will come up again for discussion and final adoption next year at Quebec, it is quite possible that this clause, carried by so tight a vote, may again be brought forward, when we predict for it a different result. We need not further enter upon the discussion of a few of the minor details which received the sanction of the Association, as we understand that very shortly the original Bill with the amendments passed will, as far as possible, be sent to every regular practitioner in the Dominion. It is to be hoped that it will be well studied, and that those who attend next year at Quebec, will exhibit the same spirit of candour and fairness which as a general thing characterized those present at the meeting in Ottawa.

In justice to our own feelings, we cannot close this editorial without adding one word with reference to the retiring President of the Association, the Hon. Dr. Tupper. If ever a society owed its success to the firm, courteous demeanour of its presiding officer, then certainly is the Canadian Medical Association under deep obligation to that gentleman, for we believe we simply state the truth when we say, that to him is due the success which has thus far attended the Association. After a three years' occupancy of the presidential chair, it was with regret the members in deference to his wishes, accepted his resignation. The enthusiastic manner in which the Association passed a resolution tendering the thanks of the members to him, could not be otherwise than gratifying to his feelings. In their new President, the Hon. Dr. McNeill Parker, of Halifax, N. S., we believe a worthy successor to their late President has been found. He is a good speaker, and in parliamentary experience and rule quite *au fait*. Moreover, he has been an active worker, and present at every meeting, including its organization. But there is one point in the election of Dr. Parker which gives us great satisfaction. It shows that the members of the Association can rise above the feeling of provincial jealousy, and vote for the best man come from whence he may. We have reason to know that a few desired that the President should be taken



alternately from each Province, but the nominating Committee saw clearly the difficulty which might at any time arise in being able to secure such a person from a particular Province as the wants of the Association demanded. It was therefore determined that this first change of Presidents should test the feelings of the Convention on this matter, and as Dr. Parker was considered the most competent member after Dr. Tupper to fill the Presidential chair, although he came from the same city, he was brought forward by the Nominating Committee. We are glad to say that his unanimous election set at rest, we trust for ever, what was only hinted at, viz., alternate provincial representation.

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#### DISTRICT OF BEDFORD MEDICAL SOCIETY.

The annual meeting of this society, for the election of officers for the ensuing year and the transaction of other business, was held at Dunham, on Wednesday, the 20th July, at one o'clock, p. m.

Dr. Chamberlin, the President, having called the members to order, the minutes of the last meeting were read and confirmed.

Several amendments were made in connection with the medical tariff for the guidance of practitioners in the Bedford District.

Dr. Stevens then read an article on the Bromide of Potassium. In addition to the authority of others, he adduced many interesting cases, occurring in his own practice, where the use of this salt medicine had been attended with the most satisfactory results. A lively discussion arose thereupon, in which all present took part, and many useful facts were elucidated and valuable suggestions offered with regard to the employment of this remedy.

On motion of Dr. Gibson, seconded by Dr. Stevens, it was resolved that the present officers of the society, viz: Dr. Chamberlin, President; Dr. Cotton, Vice-President, and Dr. Whitwell, Secretary-Treasurer, be re-elected for the ensuing year.

Drs. Chamberlin and Gibson were unanimously chosen delegates from the society to attend the annual meeting of the Canadian Medical Association to be held in Ottawa in September next.

Dr. Hamilton, by request, consented to read a paper on carbolic acid at the next meeting of the society. A vote of thanks was tendered to Dr. Stevens for his able and interesting address.

The meeting then adjourned until the second Wednesday in January next, at one o'clock, p. m., then to meet in Dunham.

THE LATE SIR JAMES Y. SIMPSON, PROFESSOR OF MIDWIFERY, UNIVERSITY OF EDINBURGH.

We present to our readers with the present number of the *Journal*, a portrait of the late Sir James Y. Simpson, Professor of Midwifery in the University of Edinburgh. A personal acquaintance with the deceased enables us to pronounce the likeness an admirable one. As we gave a short *resumé* of the leading features in his eventful life in one of our recent numbers, we will not repeat them here, but simply state that his death has been a severe loss to the Edinburgh School.

In our next number we will give a portrait of the late Mr. Syme, Professor of Clinical Surgery, Edinburgh University. As we believe many of our readers may desire to preserve portraits of both Professors Simpson and Syme, our publishers have made arrangements to have them printed on a superior kind of paper, and sold at 25 cents each. Orders sent to Dawson Brothers, with the money enclosed, will be promptly attended to.

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McGILL UNIVERSITY.

The classes in the Medical Faculty of McGill University were opened on the 4th of October, the introductory lecture being delivered by Dr. Fraser. We understand that the class is a large one—the number of first year students being more than usually numerous.

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THE HON. DR. ROLPH.

It is with very deep regret that we have to announce the death of the Hon. Dr. Rolph, which took place a few days ago at Toronto. In a future number we may have occasion to refer to the conspicuous place occupied by the deceased in the political as well as medical world.

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ARMY MEDICAL DEPARTMENT.

It may interest some of our readers to know that it is believed in official circles that there will be an examination in February next for admission to the Army Medical Department. There have been no admissions since October 1868, so that those who enter at the forthcoming examination will do so under comparatively favorable auspices, as regards promotion, as there will be a hiatus of more than two years between those immediately above them.