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## Original Communications.

### ON PARESIS.

Read before the Toronto Medical Society

BY J. WORKMAN, M.D., PRESIDENT

*Continued.*

I have examined carefully over 130 reports of U. States and Canadian asylums for the last 3 years. In more than one-half this number I have found that paresis is either totally unmentioned, or but very exceptionally noted in the obituary tables. I believe it is a recognized fact that in the Southern, and the farthest Western States, the disease is unknown; or at least it has been unnoticed. A year or two ago a very intelligent superintendent of a Southern asylum stated at the annual meeting that he had never met with a case of paresis in his institution, and several others made similar statements. To an English superintendent, who numbers his paretics by the score, and shows a parietic death proportion of 1 in 3, or 4, this fact could not fail to appear marvellous; but even in Philadelphia, only 18 years ago, I was shown in the Insane department of Blocksley Alms House, which then lodged over 1,000 pauper lunatics, one case of reputed paresis—the only one said to be in the house;—and it was not one at all—or at all events it was not like any I had seen: for the only symptom adduced in support of the diagnosis, was one I had never met with in the Toronto Asylum—and that was, intense and constant pain in the head. Never yet have I met with a Paretic who would say he had pain in the head, nor indeed, in the vast majority, any pain, whatever, in any part. I do not say that this exemption from head-pain is an invariable fact, in the earliest stage of this disease: it has, however, as far as I can recall, been the rule in all cases

after admission into the asylum; and I have regarded it as one of the pathognomonic indications of the disease.

As illustrative of the great disparity between the numbers of male and female paretics, in the largest city in America, I present the following figures from the reports for 1876 and 1877, of two large asylums, representing the lower classes of the insane of the city of New York.

Ward's Island, 1876,—male asylum 44 deaths of Paretics, in a total of 131 deaths, or 1 in 3; 1877, do. 55, in a total of 126, or 7 in 16.

1876, Blackwell's Island—female Asylum, 2 deaths, in a total of 97, or 1 in 48½; 1877, do. 2 deaths, in a total of 98, or 1 in 49.

These figures astonish even me, for in the first place the New York city male mortality from paresis, comes fully up to the highest English parietic rate, and in the next place, the female rate is far below that of either the English asylums, or any others from which I have had reports showing the comparative mortality of male and female paretics. But the reports of the Ward's Island asylum are from the pen of our talented fellow-countryman, Dr. A. E. MacDonald, whose veracity and correctness of diagnosis, I regard as thoroughly reliable. I do not venture to say so much for the other reports, as I am not personally acquainted with the author. I am disposed to believe that the female returns of Blackwell's Island asylum are quite erroneous, and that the under-rating has arisen from the dis-similarity of the mental symptoms in the two sexes. I also believe, that the paresis of females is of much longer average duration than that of males, and may therefore be ranked as mere dementia. Why a New York city asylum should show a lower proportion than an English asylum, I fail to understand.

In striking contrast with the preceding reports, is that for the year 1876, of a third New York city asylum at Flatbush, where, in a total under treatment, in the year, of 1080, (459 males and 621 females), only 4 deaths from paresis are given in a total of 62 deaths. Distinction of sex is not given. I must observe, however, that 7 deaths are ascribed to apoplexy, 7 to exhaustion of chronic mania, and 3 to mollities cerebri. I question if two-thirds of these were not paresis.

I find from the records of the New York State Lunatic Asylum at Utica, which are perfectly



reliable, that in 29 years, from 1849 to 1877, inclusive, 267 deaths resulted from paresis, of which 250 were of men, and only 17 of women, being in the proportion of nearly 16 men to 1 woman.

I need not trespass on your patience with any further citation of figures, illustrative of the fact that paresis is paramouly a disease of the male sex; nor need I press upon your attention the concomitant fact, that an asylum, lodging any considerable number of these cases, must exhibit a higher death rate than others containing none, or only a few such cases. Figures are of little value dissociated from the facts from which they are derived. From a recent inspection of my friend, Dr. Clark's resident paretics, I venture to predict that his future death tables will show higher figures than did that of last year, when he had only 4 from paresis: whereas in 1874, I had 14. It would be very gratifying to find that decrease in the supply of new cases has begun to take place, but since this paper was written, Dr. Clark has had 3 deaths of paretics.

It is now time that I should offer a few observations on the leading characteristic symptoms of this formidable disease. Although very ample, if not indeed confu-ingly prolix, details are presented in all our late writers on insanity, it is a fact of which you all are cognizant, that to the general practitioner of medicine, opportunities of observing paresis in the living subject are of comparatively rare occurrence. The 40 counties of Ontario do not average one case each, annually, or, at least, they do not contribute this quota to our 4 asylums. I believe the total number admitted into the Kingston asylum, since its opening 23 years ago, would not exceed a dozen. The number admitted at London has not been great. The Hamilton Asylum has received none. Toronto has come in for the lion's share, and it has had to bear the bulk of the opprobrium of failure to cure, and of consequent augmented mortality. Now, taking the entire number of medical practitioners in our Province at 1500, and putting the number of annually occurring cases at 30, we have one case presented for every 50 practitioners; but considering that the majority of cases are furnished by the cities and larger towns, it may not be an exaggeration to say, that very many physicians in the rural districts may pass their whole lives without meeting with a single case; and coming down nearer home,

and supposing that our own city sends into the asylum one-fifth or one-sixth of all the cases of insanity admitted, and that it sends in a like proportion of paretics, we should have, yearly, for the 100 doctors of Toronto, 2, or at most, 3 paretics for observance, which in the course of 40 years, would come to about one case for every doctor. But then, bearing in mind that doctors emancipate themselves from these cases with all becoming, or possible celerity, it must be evident, that unless they follow up their cases by frequent visitation, in the asylum, (which, I am very sorry to confess, they too seldom do), they deny themselves the advantage of valuable clinical observation. I am very sure that my worthy successor would derive no less gratification from such visits by his professional brethren, than I did, or perhaps, I may more truly say, than I would have done.

Writers on insanity have generally assigned to the disease three different stages, but here, just as in many other morbid progressions, it is found that we cannot draw any clear line of demarcation between the stages; for they sometimes run into each other under such interchanging shadings, as to render their identification very difficult. We may this week find a paretic in such a condition of both body and mind, as to tempt us to the conclusion that his case is far advanced in the second stage, and yet in the succeeding week, he may have, apparently, retrograded, and may present only the symptoms of the first stage, and even these only in a moderate degree.

It has been usual to speak of the *first* stage as that of incubation; of the *second*, as that of full development, or pronounced maniacal disorder; and of the *third* as that of established *dementia*, with unequivocal subversion of both bodily and mental competency.

Now, as to the first stage. It is my belief that nothing can be more difficult than the fixing of its inception. It is true, indeed, that when once the destined paretic has begun to exhibit palpable extravagancies of thought or conduct, and to appear under a totally transformed character, few of his more reflecting, intimate acquaintances can fail to see that reason no longer holds her sway, and that the dire alternative of substituting extrinsic control for frenzied anarchy, must soon be submitted to by his weeping friends.

It has been questioned by some writers, whether

the mental or the physical symptoms of paresis have antecedence. It is my belief that the uncertainty presented in this relation has arisen mainly from defective observance, or unskillful appreciation of the germinal manifestations of *mental* unsoundness.

No doubt it not unfrequently happens, that an experienced alienist may, from the observance of some physical impairment, which has escaped the notice of others, detect the presence of paresis, even before the patient's nearest relatives or most intimate friends have suspected the incubation of mental disease; but considering how reluctant we all are to *believe* that which we do not *wish* to be true, we must not be surprised to find that the early aberrations of the insane are regarded, rather in any other light than the only true one. It would seem that we prefer to regard our endeared afflicted ones, rather as culpable moral delinquents, than as the innocent victims of tyrannous disease. Not unfrequently it happens, among a certain class of short-cut logicians, that the devil is blamed for many bad deeds and words, of which he is totally innocent. Poor old wretch. The annals of medicine prove that he has been the most flagitiously traduced reptile that ever crawled about in search of lost legs.

The first observable physical, and reliable pathognomonic symptom of paresis, is that peculiar blunting of speech articulation, or tongue-lameness, which so closely resembles the thickened utterance of drunk persons, as very often to be mistaken for it, and which I have had frequent opportunities of discovering, has led to error in assignment of the cause of the disease.

In some cases, even in an advanced stage, this muscular defect is but slightly observable; whilst in others, even at the outset, it is so manifest as to be detected even by the most casual interlocutor. Concurrently, perhaps, with this defect, though not unfrequently of later incidence, there may be detected a paretic irregularity in the gait, which is best observed by causing the patient to walk at some distance before us. It will then be seen that the muscular power in one leg is comparatively enfeebled, and that the foot comes down somewhat precipitately. This peculiarity in locomotion is, by an experienced observer, as readily detected by the ear, in the dark, as by the eye in broad day. There is, however, at present a res-

pectable paretic in the Toronto asylum, whose speech articulation is as badly impaired as I have seen it in some cases advanced in the third stage, and yet his locomotive co-ordination is as normal as it probably ever was. How long it will remain so, I would not venture to predict, for some day he may have an epileptiform seizure, and hardly after that, will he walk as squarely as he now does. This patient's amnesia is very marked.

Perhaps, in a diagnostic point of view, no symptom is more significant than increased keenness of appetite, though in some cases, this exaggeration of alimentive function may not be manifested before the commencement of the second stage, and in some it may not, if we are to believe all that is written, appear at all. I may here note that in the excellent monograph on General Paralysis, written about 20 years ago, by Dr. Austin, of the *Bethnal House*, a private institution, receiving, probably, only the wealthier class of patients, I have not found the symptom of morbid gastric activity mentioned. May it have been, that as Englishmen are usually big eaters, this fact may have escaped observance?

I can assure you, gentlemen, that I have had under my care, not a few paretics who were magnificent feeders, and I may add, with, as I trust, a good conscience, that I never stinted them. There was a time when insanity of every type, was treated by low diet, and short allowance even of that, but thank God, that day is now past; and surely, when we well know that paresis will not be cured by any course of treatment, and that paretics live as long, or far longer, when well fed, than when half-starved, and when we know, also, that to them short allowance means unspeakable torment, and full feeding is their *most*, if not their *only*, delectable fore-taste of Heaven, it would be nothing short of stupid cruelty to deny them the only comfort their sad condition permits them to enjoy. Never can I forget one noble wreck, who, erewhile, had been a keen sportsman, and was accordingly a great lover of duck. Duck had become his gastronomic beau-ideal; and when at last kind nature cheated into complacency his artistic palate, he had but one name for every viand presented to him, and that name was *duck*, and for long weeks before his exit, *duck* was the one sole word he could utter. Tom Moore has told us that "the vase in which roses has once

been distilled" never, though shivered and ruined, parts with its acquired sweet odour; so, verily, did the shattered vase of poor Sam Alderdice retain, to the last, the odour of his beloved *duck*. On last Saturday I saw in the asylum, two paretics, who, for several months past, have been unable to utter a single word. Had these men been keen shooters of duck, is it not probable that they might yet be able to articulate their darling monosyllable. But at least as to *one* of these two, his dumbness is a great blessing to his neighbours, for when I first became acquainted with him, his language was very disagreeable, and his veracity was very frail. Rest assured, gentlemen, there is, in Moore's simile of the rose-hallowed vase, a valuable truth involved. The mind that gathers and skillfully distils the roses blooming on life's pathway, may, even when shattered by disease, give out fragrant perfumes, whilst that which has become saturated with the fetid emanations of poisonous weeds, must disgust, or corrupt, all that approach it.

The three physical symptoms which I have mentioned, even when considered apart from those mental aberrations which are usually associated with them, might suffice for a reliable diagnosis; but when the somatic impairment is supplemented by the concomitant mental manifestations, it is impossible that any doubt as to the true character of the malady can remain.

The extent to which I have already trespassed on your time, forbids enlargement of this paper by a detail of the various intellectual and moral wanderings of the parietic. Suffice it to say, that though they present different forms in the two sexes, they are, nevertheless, essentially identical. In each, they derive form and colour from the pre-existing mental habitudes; so that, while the male parietic revels in his imaginary possession of uncountable riches, or in the projection of superherculean enterprises, his female co-mate luxuriates in silks and priceless jewels. Whilst *he* showers his gold in hundreds of thousands on all who question not his assertions, or marshals armies a hundred times more numerous than those of Napoleon or Xerxes, *she* revels in the delightful anticipations of marriage, and the bringing forth of the most beautiful children that ever yet fond mother laid eyes on. Not seldom, indeed, does it happen, that already she has assurance of being in that de-

licate way which all ladies who love their lords, rejoice in; and she befittingly engages herself in preparing those "*little things*" which the newcomer must need.

Both are perfectly self-satisfied, and what is equally good for those who have them in care, they are usually satisfied with all their surroundings. Nothing can be more unfounded than the dread of the friends of paretics, that they must find asylum residence miserable.

I should not close without alluding to a very striking mental impairment, which, in various degrees, is exhibited by paretics. This is feebleness of memory, which from simple aggravated forgetfulness, sometimes extends up to total obliteration of the faculty. The asylum inmate, who, perhaps has been resident for months, or even longer, will tell you he has been in for ten days, or three weeks, and he is always going home to-morrow, or next week. I have had parietic patients who have forgotten having dined within half-an-hour after swallowing a double allowance. These patients will tell visitors, (who are always so charitable as to believe anything *bad* that bears against the superintendent or his assistants), that they are starved—though it is wonderful how little like starvation they appear.

This impairment of memory presents itself, in some cases, at an early period, long before entrance into an asylum, in the inability of the patient to find the fitting words for expression of his beclouded thoughts; so that we are sometimes unable to say whether his speech interruptions are the result of muscular tongue lameness, or of mere amnesia. It is my belief that when this mental condition obtains, the course of the disease will be rather rapid. I have seen, in private consultation, three cases, in which early dissolution occurred before intellectual aberration had been markedly exhibited. One, indeed, of recent occurrence, seen with me by my friend, Dr. Covernton, could hardly be regarded as a case of mental dethronement. A very sure means of detecting amnesia is to induce the patient, provided he is able, to write a letter. In ever so short a page, you may find him reiterating the same phrase three or four times over—in almost immediate contiguity. In closing a letter to his wife, he may subscribe himself, "your obedient servant," or "very respectfully yours," and he may have begun with "Mrs. S—;

Madame," &c.; or if to a brother, "Dear Sir," and then forget to subscribe his own name.

In Ziemsin's huge work on Medicine, we are treated with some 300 pages on the various forms and modifications of aphasia and amnesia. If any of you feel strongly desirous of augmenting your vocabulary of Greek derivatives, undoubtedly you will do well to apply at this treasury. I wrote out until I reached 47, and then I gave up, from sheer exhaustion. Half-a-dozen, or half a score might have been useful, for it is always well, when hard squeezed by the ignoble vulgus for our diagnosis, to have at command some word of "learned length and thundering sound," with which to exemplify our immensity of knowledge; but to be embarrassed with more of these than a regiment of parrots could learn to repeat in half-a-year, is rather too much of a good thing for any cultivator of Anglo-Saxon simplicity.

You must now, gentlemen, feel thoroughly convinced that this paper is not an exhaustive treatise on paresis, but I am very much mistaken if it has not been rather exhaustive of your patience. All I could propose to myself was to offer to your indulgent attention, something which might fill up time, rather than nothing at all. The subject, however, is one of much interest, and it has already engaged the skillful and close observance of a goodly number of able writers; but, as the wise man said, "of making many books there is no end; and much study is a weariness of the flesh," I think, gentlemen, that any time within the last fortnight, very few in Canada would have questioned the truthfulness of that text.

I must not sit down without congratulating you as Canadians, and as quondam students in our Toronto Schools of Medicine, on the high standing to which two of your number have attained in the specialty of Insanity. I allude to Dr. Wm. Julius Mickle, who is now the Medical Superintendent of a large Insane Asylum in the outskirts of London, Eng., and to Dr. A. E. McDonald, Medical Superintendent of the City of New York Asylum, on Ward's Island. Both of these young men have gallantly fought their way up to their present positions, which they assuredly have not reached without keen competition, and a goodly share of subjection to national prejudice and mortified jealousy. Dr. Mickle has already acquired distinction, by the publication, in the medical press,

of several valuable papers on the disease touched on by me this evening. His observations on the relation between syphilis and paresis, as well as other forms of insanity, are exceedingly interesting, and as 400 of his patients are invalided soldiers, his field of observation is by no means a barren one. His papers on this subject are to be found in "The British and Foreign Medico-Chirurgical Review" for July and October, 1876, and April 1877. Dr. McDonald's paper was published in the "American Journal of Insanity," for April, 1877. As you will have perceived from the figures which I have cited from his annual reports, he also works in a large field, and I think he is cultivating it very diligently. The success of these two young Canadians speaks well for our native talent and energy, and should prompt every industrious and honourable young member of our profession, to press onward and upward, and to add still another leaf to the lovely wreath of his dear native land.

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#### ON VERTIGO.

Read before the "Bathurst and Rideau Medical Association" at Arnprior, June 27,

BY J. D. KELLOCK, M.D., PERTH, ONT.

During the past few years much light has been thrown upon the true pathology and treatment of diseases of the brain and nervous system, chiefly through means of the labors of Brown, Sequard, Kristraber, Ferrier, Hammond, Mitchell, and others whose names do not now occur, indefatigable workers in this interesting field of medical research.

Whilst thus each succeeding year has served to correct former erroneous ideas or has evolved new facts in connection with nervous diseases, the field still remains and will ever prove to be a most interesting and profitable one to the earnest student of medical science. True progress ever has been a plant of slow growth. This growth may even for a time be imperceptible. Yet the discovery and establishment upon a sound basis of a single vital truth, is of far more value than ten thousand speculations, however theoretically beautiful and plausible such may be. The one is the gem of intrinsic value, the other but the glittering soap-bubbles which float buoyantly upon the current only to col-

lapse into nothingness against the slightest opposing force.

It is now generally admitted, I believe, although the fact was formerly disputed and denied by such as Monro, Abercrombie, Kellie and others, (their theory and experiments however were completely overthrown by Dr. G. Burrows, see Watson's Practice), that an increased amount of blood is to be found in the cerebral vessels under certain conditions *e. g.* during mental exercise; that the brain, like other organs and tissues of the body, is liable to permanent vascular enlargement and interstitial structural change. What relation these conditions bear to each other is of course a matter of importance, could we fully determine that relation in all its bearings. This, however, I imagine, is no easy matter to do, since we cannot experiment upon and place under observation the living brain in the same manner in which we may with regard to most of the other parts of the body in man and the lower animals. We are all aware of the modifying effects produced upon the solids and fluids of the body by emotional disturbances. We see this daily exemplified in the effects resulting from sudden fright, from anger or shame, violent exercise, or in fact from any circumstance which powerfully impresses one through his nervous system and circulation. The brain must necessarily be affected by the disturbance in such cases, although we may be unable to determine with accuracy either the nature or the extent of the change which occurs. We may, however, reasonably conclude that like causes will produce in the brain, changes similar to those which take place in other parts of the body and which we can readily determine. Now any cause, be it mental emotion, protracted mental exertion, excesses, or whatever tends to disorder the cerebral circulation, produces a condition of cerebral hyperæmia. This condition remaining with more or less permanence, constitutes a disease which, according to Prof. Hammond, is more often found than any other nervous affection. Unhappily it has been far from being an uncommon event, to learn of the death of many distinguished persons from this hyperæmic condition of the brain, the result of excessive mental work and strain. Then are brought under our notice, many cases of serious illness oftentimes proving fatal, which result from that continued bodily and mental excitement, that anxiety and care which the unceasing struggle in the

battle of life entails upon so many men and women in this day of bustle and progress. It is, however, not my purpose here to enter upon in detail the particular disease referred to, but merely to make a few remarks upon one of the prominent symptoms, derived chiefly from a too intimate personal experience of its operation in myself. I refer to the occurrence of vertigo, or more particularly to that denominated gastric vertigo, a most troublesome and distressing affection. Except an able and exhaustive clinical lecture by Prof. Weir Mitchell, to which I am much indebted in making these observations, I have not met with any lengthened, and, in some cases, not very accurate description of this peculiar condition, in the range of medical literature to which I have had access. I have therefore thought it might be profitable to bring under notice some of the more prominent features of this singular aberration, with suggestions as to the treatment, as these were developed in my own case.

At the time when I experienced the first attack of vertigo, now about seven years ago, I had been very much run down mentally and physically from a variety of causes unnecessary here to mention. The first seizure occurred one morning whilst in the act of stooping. The room appeared to become suddenly inverted, and I fell to the floor. Here let me remark that in this, as well as in each subsequent complete attack, this inversion of the surrounding objects appearing simultaneously with the dizziness, produced a most singular sensation, the whole surroundings appeared to be whirling and surging to and fro like the reels of an inebriate. This condition of externals is however, in some cases, reversed, when the opposite effect is produced, the person finding himself reeling and giddy while the surrounding objects appear to be unaffected. At the first the attacks were more frequent and usually came on in the morning or evening, seldom during mid-day. They came on at irregular intervals, and there was little or no warning of their approach. First would be felt a peculiar sickening sensation, a *gone*ness in the epigastric region, immediately followed by a fullness and swimming in the head.

The epigastric uneasiness led me to determine that an accumulation of gas in the stomach from indigestion was the usual exciting cause of the vertigo, hence the designation "stomachic vertigo".

first applied to it, I believe, by Trousseau. Other circumstances, such as sudden changes of posture, mental excitement, loss of regular sleep, nauseating odors, reading closely; these and others, acting through one or other of the organs of special sense, predisposed to and often induced the attacks; but the cerebral hyperæmia was without doubt the *causa et origo mali*. When the vertiginous state has become fully established, the unhappy sufferer leads a most miserable existence. If unaware of the true nature of his disease, his mind becomes a prey to the most gloomy forebodings. Thoughts of apoplexy, brain-softening, paralysis, locomotor ataxia, epilepsy, insanity and the host of cerebro-spinal diseases flit through his weary brain,—feelings which a perusal of most medical authorities will not tend to dispel, but the rather to strengthen. As the giddiness is liable to come on suddenly, the patient dreads to walk alone or even to appear in public places, lest an attack supervening, charitable onlookers might ascribe his weakness to intoxication. Thus living in constant dread of the constantly recurring attacks, with mental and physical powers weakened and depressed, life becomes a burden, which many a poor fellow might rashly attempt to surcease “with a bare bodkin” or “a cup of cold poison.” In addition to the foregoing symptoms, there generally remains for some hours after each attack, a dull, sleepy feeling about the head, which has become abnormally hot. There is never any loss of consciousness. The pulse becomes quickened; in my own case it remained for days at a time about 90. Occasionally it became intermittent, each intermission being accompanied with a precordial spasmodic disturbance, producing a momentary disagreeable choking sensation and cough. There is usually anæmia and wasting, with, of course, greatly impaired muscular and nervous power. In myself and in other similar cases coming under notice, no organic lesion could be detected. The urine is usually normal, but may often be paler and increased in quantity, oxalate of lime being present with an excess of phosphates. I have already stated that, in my own case, I believed the cause of vertigo to have been primarily cerebral hyperæmia, with various concomitant dyspeptic derangements. There are, however, a variety of conditions which occasion vertigo, and the true condition or cause is not always readily determined

by the vertiginous symptoms themselves, for these may vary greatly and be found somewhat indefinite. Vertigo is not to be regarded in itself as a disease, but rather as a symptom, a compound symptom, comprising usually confusion of the head, apparent disturbance of external objects, and more or less defect of equilibrium. Some of the states included in this definition are also found in various diseased conditions, *e.g.*, disturbance of equilibrium in ataxia, in anæmia, in disease of the cerebellum and parts of the cerebrum. Dr. Ferrier has demonstrated that the means whereby we maintain our equilibrium depend upon the condition of the co-ordinative centres, the afferent and efferent nerves to and from the muscles which sustain the steady upright position. Disturbance of the co-ordinative movements of the two fields of vision cause vertigo. Affections of the ear, especially of the internal ear, such as is now familiar to the profession in that very intractable affection known as “Menière’s Disease,” and inflammation of the semicircular canals, are attended with vertigo. Certain drugs, also, especially those of the narcotico-stimulant class, induce giddiness. Alcoholic vertigo, unfortunately, can every day be seen. Some patent medicines, such as Fellow’s Syrup, which contains strychnine, occasion it. I read lately of several cases arising from the use of Dean’s Rheumatic Pills, said to be due to the poke root, an ingredient of these pills.

The immediate cause of simple vertigo is no doubt due to a disturbance in the circulation in the nerve centres, for suddenly rising erect, stooping, swinging round in a circle, or the like, will often occasion it. This disturbance, however, may and often does take place through an influence primarily felt through the sympathetic nervous ganglion, and therein acting upon the circulation of the brain and other nerve centres. In this way gastric vertigo no doubt comes on. The epigastric uneasiness immediately precedes the cerebral derangement, and often a distinct and constant relation may thus be traced between the condition of the stomach and the vertiginous attacks.\* Stomachal vertigo is not always so readily discriminated from other varieties. When, from repeated attacks, the brain becomes highly sensitive to impressions

\* I have frequently experienced a momentary disturbance in the head from pressure with the finger upon the pneumogastric nerve in the neck.

which under ordinary circumstances would likely produce no disturbance whatever, but now give rise to the vertigo, and I myself experienced such a condition, we have now established a more or less permanent *vertiginous status*, characterized by an almost constant sense of cerebral uneasiness, haunted by the continual dread of progressive increase. There is now set up such a state of actual mental and physical irritability and weakness, which seems to keep the nervous system up to its highest tension and leave it open to be impressed by the slightest disturbing cause. The vertigo is now no longer evolved only by its primary cause for bright lights, acute sounds, nauseous odors, crowded places, mental excitement, worry, emotion, constraint of posture, in short any sudden excitement of the sensorium will give rise to an attack; it may be a momentary confusion with brief swimming round of objects and disturbance of equilibrium, or a feeling that one needs to lay hold of some support to prevent the erect from becoming the horizontal. This vertiginous status lasts for a varying length of time; and it is most important to note this fact, that no matter what has caused the vertigo, if it recur often, there will be found an increasing capacity to suffer from lesser causes.

The vertigoes of anæmia are well known; they are rarely alarming; women are most frequently the subjects, and in them notably at the menstrual period, when the circulation is prone to excitement. Albuminuria may also be noted as a cause of vertigo, and should always be considered and tested for if the cause is not otherwise apparent. We know that violent headache is sometimes an accompaniment of Bright's disease, and no doubt has been met with by all in practice. It is also not uncommon to find vertigo associated with hemiplegia, in the commencement of the attack. For many years I was the subject of periodical attacks of severe *migrain*; when the vertigo supervened the headaches almost entirely ceased, seeming to have been replaced altogether by the vertiginous affection. The vertigo of old age is another familiar example of this disease. Here we find it occurring sometimes paroxysmally as a single symptom, unassociated with any special state that might account for it. Other conditions and circumstances which act as the exciting causes of vertigo might be instanced, such as intestinal irritations, a re-

markable case of which occurred in the practice of our worthy President, where the lodgment of a herring-bone in the rectum produced a sudden and violent attack, which was promptly relieved on removal of the cause. I might also cite defects of nutrition and inequalities of the circulation from cardiac affection, the menstrual crises, the attacks of fever, sea-sickness, sexual exhaustion—a frequent cause, the use of alcohol and tobacco, etc.; but after all these have been noted, there would still remain to be considered cases which occur as unaccountably as chorea and epilepsy do. These essential cases are usually grave and but little amenable to treatment. Coming now to the question of prognosis and treatment, it is satisfactory to be able to give assurance that vertigo *per se* is not usually to be regarded as a dangerous symptom; that it is not a premonition of apoplexy, paralysis, epilepsy or other grave affection. Recognizing the true nature of the disorder, we can dispel the needless fears and misgivings of the patient and thus greatly assist in his restoration to health and vigor, a result which removal of the cause and the carrying out of the proper medical and hygienic treatment will in time bring about.

In the treatment the usual farrago of drugs and dyspeptic remedies, strong purgatives, and every other measure calculated to lower the system should be discarded. Long patience and steady perseverance on the part of the patient in the use of the proper remedies are absolutely necessary, as the cure will be but gradual, requiring months to complete it in a confirmed case. If the confidence of the patient be not retained, he will likely "go the rounds," trying, at the suggestion of some sagacious friend, now this sovereign remedy and again that other, to-day consulting one doctor, to-morrow another, until very likely he passes beyond the reach of assistance,—a victim to his own indiscretion. Such persons, like most cases of confirmed dyspepsia, constitute the *bete noir* of our profession. Due attention must be paid to the usual hygienic means of invigorating the body, such as bathing, gentle exercise, full and regular sleep. A diet, at first light but always nutritious, carefully regulated as an intelligent person will soon learn to do for himself, avoiding sweets, fats, pastry, coffee, alcoholic stimulants, etc., is of much importance.

Of drugs, the best results may be expected from such general and nerve tonics as strychnine, phos-

phorus, bromides of potassium and ammonium, alkalies, pepsin, ergot, valerian, etc. In my own case neither quinine nor strychnine could be tolerated, owing to the unpleasant fullness in the head which resulted. This, however, might be obviated by a combination with Fothergill's hydrobromic acid. I derived the greatest benefit from a faithful perseverance in the use of the bromides, bicarb. potass., ammoniated valerian, solution of phosphorus and peptonics. A visit to the seaside for a few weeks, during the first fortnight of which I gained ten pounds in weight, gave me the first start on the road to recovery, which, being followed up by the treatment indicated, sufficed to put the enemy entirely to rout. The best prophylaxis will be found "in rigid self-control, a moderate ambition and the observance of regular habits,—

Learning our little barks to steer,  
With the tide, and near the shore."

UNUNITED FRACTURE OF THE RADIUS  
AND ULNA, OF SIX YEARS' STAND-  
ING, SUCCESSFULLY TREATED BY  
RESECTION OF THE ENDS OF THE  
BONES, AND THE APPLICATION OF  
SILVER AND ANNEALED WIRE SU-  
TURES.

BY ARCHIBALD M'LAY, M.D., WOODSTOCK, ONT.

Read before the Oxford Medical Society, July 11th, 1878.

The patient, Mr. McFarlane, of Ratho, Ont., aged 54, consulted me about one year ago, relative to his arm. He informed me that in April, 1872, while working a stationary engine in the town of Hamilton, Scotland, he met with an accident which resulted in simple fracture of bones of the fore-arm.

The surgeon of the works was immediately sent for, and attended to the fracture. The patient was under his care for 11 months, during which time the bones failed to unite. Afterwards he was removed to the Glasgow Royal Infirmary, under the care of the celebrated surgeon, Prof. Buchanan, who, shortly after his admission, performed the operation of resection.

During the first few weeks he was confined to his bed, with the arm extended from the body

without splints, and as soon as the external wounds were healed, a starch bandage was applied and worn for a long time. On removal of bandage, it was discovered that no union had taken place. They desired to operate again, but the patient would not consent, and shortly afterwards came to Ratho, with a perfectly useless arm.

On examination, I found that the bones had been broken at the junction of the middle and upper third, at or contiguous to the nutritious foramen. The bones were lapping each other about  $1\frac{1}{2}$  inch; forearm greatly atrophied and flexion of phalanges completely impaired, which impairment was largely due to the long continued use of the posterior splint on the forearm. I could not bring the ends of bones in a position, there being strong fibrous attachments between the bones laterally. After explaining the nature of operation necessary, the risk of same, and the probably unsatisfactory result, the patient left, concluding to think over the matter.

In about 6 months afterwards he called and requested me to operate. I did so last March 13th.

After the patient was about fully under the anesthetic, (ether being used) an Esmarch's bandage was applied, extending a little beyond the elbow. An incision about four inches in length was made along the post-superior part of forearm, over the seat of fracture. A similar one along the post-inferior part, and the bones exposed. It was with some difficulty that the bones were turned out, owing to extensive fibrous adhesions between the bones.

The ends of the bones were covered with dense fibrous tissue, and much pointed. About one half inch was sawn off each end, and a strong silver wire passed through the radius, and an annealed iron wire through the ulna, and twisted up, this bringing the cut surfaces in apposition. The ends of the wire were cut off and pressed down evenly to the bone, the flesh wounds being drawn together by silver sutures.

A solution, consisting of carbolic acid 1, and oleum olivæ 16, was applied as a dressing, and a rectangular splint, (a modification of Bond's) along the anterior surface, and firmly bound by a roller bandage.

Opposite the wounds, the bandage was cut across, converting that part into a many-tail, in order that the nurse could dress the wounds with-



out disturbing the splints. Outside of this bandage, another roller was applied, keeping the whole well-supported.

March 14. Passed a comfortable night, wounds looking well, pulse 100 and feeble. Ordered beef tea and milk diet.

March 15. Pulse 120; temperature 102, tongue coated, slight headache, pus not discharging freely. Removed two sutures from the wounds. A quantity of pus came away freely from the under wound. There were marked symptoms of erysipelas extending from elbow half way up the arm. Removed the perpendicular part of splint; order 5 grs. of hyd. chlo. mite., followed in four hours with ʒ grs. sulph. magnesia.

A lotion of plumbi acetatis et. opii. to be applied constantly to elbow and arm. Internally, 10 m. tinct. ferri. mur., every three hours after the bowels move.

March 17. Symptoms good; pulse 85, temperature normal, tongue moist, part of wounds healing kindly. Packed the wounds opposite the fractured ends, with lint saturated with the carbolic sol., and continued aforesaid treatment. Requested the patient to walk out a little every day. Take a good nourishing diet, also a pint of best porter daily.

March 20. Wounds looking well and healing. Erysipelas symptoms all abated. Stopped the lotion and ferri. mur. mixture; continued the other treatment as before.

April 8. Moved patient to Woodstock; dressed the wounds every day.

May 12. The wounds were nicely healed, and union of bones established. Applied a leather splint to the posterior part of forearm, and banded as before.

July 1. Complete bony union having taken place; flexion of fingers almost perfect. The patient was dismissed, but is still wearing splints, and will continue to do so until the parts get stronger.

I am much indebted to Dr. Swan, who kindly and ably assisted me during the operation, and to Alex. Munro, (my student) who administered the anæsthetic.

#### REMARKS:

My reason for using the iron wire in this case, was simply owing to the fact that we did not have a sufficient quantity of proper silver wire with us,

but from the result of this case, it is equally as good as the silver.

The Esmarch's bandage facilitated the operation very much, as not one drop of blood interfered with the operation, and on its gradual removal, not more than 1½ oz. escaped.

Now, when we take into consideration the age of the patient, the time elapsed since the accident, the seat of fracture, relative to the nutritious foramen (which is still held by some to be the chief cause of non-union in such cases), and the excellent result of this operation, it will give us encouragement in other apparently hopeless cases.

#### ATTEMPTED SELF-DESTRUCTION BY TAKING PART OF A STRONG SOLUTION OF CYANIDE OF SILVER, WITH SUBSEQUENT DELIRIUM TREMENS.—RECOVERY.

BY DR. BURROWS, LINDSAY.

The victim, a young married man of intelligent and prepossessing appearance, a silver-plater by occupation, and a late arrival in this town, attempted to commit suicide on the morning of the 26th. Some time previous to coming here, it appears he had been quite dissipated, the disastrous effects of this pernicious habit being perceptible in its usual characteristics. Being an excellent workman, he was taken into a shop here, devoted specially to his particular line of business. It appears that for the last few days, he had endeavored to break himself off the degrading habit, and thoroughly realizing his unfortunate position, became low-spirited and desponding. On the morning in question, he told his wife that he had, while working with the cyanide mixture, a mind to take some of it, and do away with himself. This being repeated to his employer, he endeavored to cheer him up, and to dispel the depression and relieve a diarrhoea of which he complained, took him to a hotel and gave him a glass of brandy, sending him back to his work. Soon returning himself, he asked for his man, not finding him in the shop. He was informed by his wife that he was very sick, and had confessed to have taken part of the cyanide solution. I was immediately sent for, and taking my pocket case and a small quantity of Tinct. Ferri, was soon at his bedside.

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I found my patient stretched on the bed in the recumbent position, breathing with great difficulty, but partially sensible, could articulate with great difficulty, face livid, blood vessels gorged, conjunctiva injected, pulse imperceptible, beating with great difficulty. He complained of a feeling of great constriction in the throat, also in the region of stomach and heart, and gasping for breath. A perceptible odor of cyanuric acid, and slight frothing at mouth.

I immediately sent for stomach-pump, administered the iron, and produced copious emesis by means of emetics and tickling of the fauces with a feather. I also administered a solution of common salt, in fear of some portion of nitrat. argenti being present, and sweet oil to allay irritation. After free evacuation of the stomach, I administered tea, extract of beef, and whiskey, part of which was retained, and somewhat revived him. After being with him an hour, I left, taking a part of the liquid last vomited, which I carried to a drug store and found it still to contain traces of cyanide, developing, with the iron test, the characteristic blue of cyanuret of iron. I had an emetic again given him, after which, support by liquid nourishment and stimulants as before, when he again soon felt somewhat better. The face had resumed a more natural expression, the lividity entirely gone, pulse more full, breathing easier, and warmth of body and extremities returning. I left him sleeping quietly, some little nervous twitching being noticeable. On my evening visit, I found him to have gained in strength, with symptoms of D. T.'s beautifully developing, mind wandering with some mutterings. Not thinking further depletion necessary, I advised beef tea, whipped white of eggs, to be given early and often, with a limited supply of whiskey. I also put him on pot. bromid. and chloral. On visiting him again, I found him to have passed a restless night, entertaining his watchers with odd fancies; he had, however, further gained in strength. I now recommended one-sixth grain muriat. morphia, in compressed powders of Wyeth's manufacture, one to be given every hour. Nourishment and stimulants to be continued. This treatment was attended with good results, he passing the night more quietly, though still some little muttering and delirium. He now became more quiet, and gaining rapidly, made a good recovery.

The cyanide solution which I have mentioned, is largely used in the silver-plating business, and is kept in a large vessel. It is necessary to be very strong, representing  $\bar{3}$  x. or  $\bar{3}$  xii. to the gallon. This at the low estimate of  $\bar{3}$  viii. to the same quantity of water, would represent grs. xxx. to the  $\bar{3}$ . Having his hands in the position named he could readily take up that quantity, and must have taken at least the equivalent of 30 grains of this very poisonous solution.

Lindsay, June 29th, 1878.

#### TRANSLATIONS FROM FOREIGN JOURNALS.

#### ENCHONDROMA, DEVELOPED IN FIFTEEN DAYS.

From "Le Progrès Médical," Paris, July 13th. (Reported by Dr. Poinot, Consulting Surgeon of Bordeaux Hospital).

On the 20th of March, 1873, M. L., living in the neighborhood of Bordeaux, brought to my office his young son, aged four years, upon whose condition he desired my advice. In the first days of the month the mother had perceived that the child carried his hands often to the genitals, and, after some remonstrances, she was desirous of assuring herself that there was nothing that justified this unaccustomed proceeding. She noticed that the left side of the scrotum was slightly increased in size. A little frightened although the child complained of no pain, and fancying that a hernia was developing itself, she called in, on the 4th of March, the ordinary family medical attendant, M. Cozic-Pénanguer, who after having examined the little patient, reassured her and advised simply compresses soaked in an absorbent lotion. Nevertheless the scrotum increased in volume, and in a second visit which took place five days afterwards, M. Pénanguer announced to the parents that there was an accumulation of watery fluid in the bag, and explained the necessity for its liberation by incision. This procedure was accepted, but by common consent delayed for a short time. Great was the surprise of the family when, on a third visit made at the end of eight days, M. Pénanguer declared that tapping would be useless and ordered as an application to the tumor (which had become hard and the size of an egg) a plaster of hemlock, to be retained over the tumor for several days. It was

under the influence of emotion produced by this unexpected change of opinion, that the father, M. L., decided upon seeking my opinion. From the commencement of the examination, it became evident to me that I had to deal with a solid growth. The tumor of the size of a large hen's egg, limited to the left side of the scrotum was of an absolute ovoid form, regular, smooth, a little flattened in transverse diameter; its consistence was uniformly hard, resisting; in front only could be discovered an obscure kind of fluctuation. At no point did pressure occasion pain. The form, the exact limits of the tumor, did not allow it to be mistaken for hydrocele, of which the aspect is pyriform or even cylindrical and which sends generally a prolongation more or less remarkable towards the external ring of the inguinal canal. Besides, examined as to transparency, the tumor was in no place traversed by luminous rays. Resistance to the touch, furnished another diagnostic sign, as it could only have been explicable on the hypothesis of hydrocele, by a great thickness of the coverings or walls, an idea absolutely incompatible with the very rapid development of the disease. This incompatibility did not exist however for hæmatocele, but it was impossible to discover in the antecedents any traumatic violence exercised on the scrotum; the objections drawn from the form, and limitations preserved here, all have their value; in fine, if hæmatocele, in consequence of fibrinous deposits and of false membranes with which the tunica vaginalis in that affection is invested, can acquire so remarkable a resistance, it has never an absolute hardness, and in every case this hardness is superficial in front and behind, whilst with our little patient it was only perceivable in front, through a thin layer of fluid. But, among the neoplasms with which the testicle may become the seat, to which did it point? This diagnosis, so important from the point of view of treatment to be determined on, and that the examination of the tumor alone did not suffice to establish, was not rendered any easier by the reunion of other local signs, or even by the consideration of the general condition. Here are the particulars that I find in my note book on the subject: "The skin which covers the tumor is healthy and rolls easily on the subjacent parts; it is nevertheless distended and furrowed on its surface by large vessels. The glands in the groin are not swollen, on both sides they present the same

aspect and the same volume. The spermatic cord is absolutely distinct from the tumor, it is easy to grasp it between the fingers to discover the integrity of its constituent parts. The right testicle is normal, it is only drawn up a little towards the ring, in consequence of the development of its fellow congenital. The general health of the child leaves nothing to be desired; he is large, well developed, robust. The plumpness (*embonp int*) is natural and satisfactory and every function of the body performed with perfect regularity. There does not exist in the family any cancerous antecedent; an uncle died of pulmonary tuberculosis."

The idea of hæmatocele set aside for reasons already given, the age of the patient, the course of the disease, left place for no other conclusion than that of malignant tumor. It is true that this hypothesis did not at all agree with the excellence of the general health; but the so rapid development of the tumor permitted the right of concluding that the neoplasm although malignant, had hitherto remained local, and not had the time for infecting the general economy. I carried then the clinical diagnosis to cancer, without going further into the histological determination of the morbid product that I supposed however to be of a sarcomatous nature.

I communicated my fears to Mons. L., without at the time pronouncing the formidable word that was uppermost in my thoughts, and did not conceal from him the absolute necessity for immediate operative procedure. Appreciating at the same time the legitimate emotion that this unexpected announcement must cause him, dissipating his hopes of mere trifling derangement, I besought him to have further counsel. The gentlemen assembled to the number of three, gave opinions slightly differing on the nature of the disease submitted to them. Two concluded as I had done on the existence of cancer; a third basing his opinion on the consideration of the general state, and on the rapidity even of the development of the tumor, on the pre-existence of a serous infiltration, determined that it was a hæmatocele. All three agreed upon the necessity for an operation.

On the 24th of March, at my request, Dr. Cozic-Pénanguer consulted with me. I had then a confirmation of the particulars of the case which had been furnished me by the family. My honorable confrère had established at the commencement of

the case an elastic, perfectly transparent tumor, and in the course of twelve days he had perceived the consistence of this tumor modify without appreciable cause, its hardness become extreme, its transparency disappear. Although at first induced to consider it hæmatocele, the same motives that had determined my opinion had prevented him from continuing of the same mind, and from that time he had remained convinced of the cancerous nature of the disease. Under these circumstances there could not be between us any divergence on the mode of intervention to be selected. Castration was decided upon and proposed to the parents, who accepted it immediately, although warned of the chance of a return. The operation took place in the presence of MM. Cozic-Péananger and Orlé. In this short space of time, the tumor, without doubt under the influence of the manipulations which the frequent examinations had given rise to, had notably increased in size, in breadth as well as length; in the last measurement the increase had extended to the neighborhood of the external inguinal ring. The glands remaining all the time unaffected, I commenced the operation according to the practice and teaching of M. Gosselin, in making an exploratory puncture with a trocar. This puncture gave issue to a few drops of blood, which, joined to the impossibility of moving the point of the instrument, gave a new confirmation to the diagnosis which had early been arrived at—necessity for castration imperative, and I proceeded to the accomplishment of it in the following fashion: A racket-shaped incision was made on the anterior surface of the tumor—simple at the superior part; it bifurcated below, in such a manner as to circumscribe a certain extent of integuments, that I purposed dissecting back. I took care to prolong this incision backwards, to avoid the formation of a pouch in which the products of suppuration might stagnate. The skin thus divided, I isolated the tumor from the integuments, then from the septum of the dartos, taking care according to the advice of Chassaignac to graze closely the tumor, to avoid this partition which may enclose vessels of considerable size. The hemorrhage was trifling, a few small cutaneous vessels poured out a small quantity of blood, to which were applied torsion forceps. The operation was terminated by a ligature of the cord, which was cut below; I tied equally the vessels which continued to spout after the removal of

the forceps. Two twisted points of suture were placed in the upper part of incision. I stuffed the wound with charpie, after having taken care to bring the ligature threads to the most dependant part. Charpie and compresses steeped in cold water completed the dressing, that I kept in position by means of a spica bandage, for fear that the child with the indocility of his age might derange the dressings and irritate the wound. Examined two hours after operation, the tumor weighed one hundred and fifty grammes (over four ounces and a-half). It presented the form of a regular ovoid, its largest extremity directed downwards. Its consistence was equally hard, its surface smooth without knobs. At the superior and anterior parts, there existed a little tumor, superadded to the principal one; this tumor is softer, partly transparent, and an incision gave exit to a small quantity of serous fluid. Examination made it apparent that this outpouring had its origin in the tunica vaginalis, which was nearly healthy. As regards the epididymus, it had disappeared in the morbid mass. The spermatic cord is healthy, and may be followed to a certain extent to the superior and posterior part of the tumor. Under a section, the constituent tissue of the tumor presents a smooth aspect, shining on reflection a bluish white. This appearance was not absolutely uniform: the shining parts, like mother-of-pearl, display themselves under the form of rounded plates or scales of variable dimensions, isolated from each other by bundles of fibrils. Scratching does not occasion a juice to exude. The specimen was sent to Dr. Vergely, assistant professor at the School of Medicine, who was kind enough to undertake the microscopical examination and to send me his report, which I copy verbatim: "The mass of the tumor is formed of cartilaginous tissue. The cartilaginous cells, of which only some possess a capsule, and which for the most part are large, irregular, furnished with prolongations with one or several nuclei, are united by groups corresponding to the lobules of the surface of the section. Between these masses and isolating them, we meet abundant fibrous tissue; even on a point of the tumor, this tissue is nearly the sole, and with difficulty you perceive in the interstices of fibres, a few cells. The arrangement that I have described justifies the anatomical diagnosis of fibro-chondroma." The results of the operation were favorable. Immediate

union was obtained at the upper part of the incision where I had placed sutures; a healthy and abundant suppuration was established on the second day in the rest of the wound. This rapidly granulated; between the eighth and the twelfth day all the ligatures came out, and in three weeks there remained only a linear wound the granulations of which I had several times to repress. A month after the operation the healing was complete. There had not been the slightest threatening of a local return, and the general health continued perfect. The family, entirely given up to the joy of a result that our prognostications did not permit them to hope for, thought of nothing but of enjoyment with their child restored to them, and I lost sight of my little patient. In the following month of September Madame L. brought me back her son. For several days she perceived the abdomen to have increased in size, presenting at a certain point extreme hardness. The general health had continued good, nevertheless Madame L., remembering the fears that we had expressed on the subject of the future of the case, came in great haste to ask me whether they were about being realized. The following is the result of my examination:—Normal coloration and plumpness. At the level of the cicatrix and of the cord no swelling could be discovered. Glands of the groin normal. Abdomen presents in left hypochondrium a manifest arching, which extends on one part from the median line as far as the external border of the quadratus lumborum, and on the other part from the border of the false ribs with which it seems continuous to the umbilical line. On a level with the iliac fossa in forcing the fingers deeply into the pelvic cavity, nodosities are perceived which must be degenerated glands. Respiration normal. Patient has no cough. I did not conceal from Madame L. that I regarded her child's condition as beyond the resources of art. Notwithstanding this prognosis, the family determined on having recourse to homœopathy, and a second time I ceased to see my patient. Three weeks after I was called in afresh. The promises of the homœopath had been belied by the result, and the unfortunate child, pale, drawn and emaciated, had arrived at the last moments of its existence. The abdomen had become larger and contained evidently fluid; the respiration anxious, frequent, interrupted by paroxysms of a short dry cough.

No appetite, fever in the evenings. The cicatrix continued healthy. Death occurred in the first days of October. With difficulty I obtained permission to make an autopsy. The cord was healthy starting from cicatrix to an extent of four centimetres; at this point a sort of fibrous cord began, hard, resisting, formed evidently by one or several lymphatics, full of cancerous matter. This cord bordered on a tumor, softish, elastic, which was nothing else than an hypertrophied lumbar ganglion. All the ganglions in this region had undergone a similar change. The principal tumor was constituted by the spleen, which was very large and presented several nodosities, one the size of the fist. Both lungs were infiltrated with nodules, varying in size from millet seed to a hazel nut. Under the microscope these tumors were recognized of the character of enchondroma (myxochondrome).

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### Correspondence.

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To the Editor of the CANADA LANCET.

STR,—Will you kindly allow me space in your journal to call the attention of the Medical Council and the profession generally to what I consider a piece of gross mismanagement, and wilful determination to act illegally, on the part of the Western and St. Clair Division Medical Association.

At their regular meeting in Chatham in February, 1877, contrary to the spirit, as well as the letter of the law, the Association elected a chairman from its ranks for the current year. The Act distinctly says that "the representative in the Medical Council *shall be ex officio* chairman of such Division Association." I hold that since that time all the transactions of the Association are illegal and void. Section 6 of the Ontario Medical Act erects the medical profession into an incorporated body, having all the powers of a legally constituted joint stock company, and any departure from the course laid down by law for their guidance, subjects them to penalties which would follow an illegal act on the part of a joint stock directory.

By the 18th clause of the same Act, certain powers are delegated to "Division Associations," but the spirit of the Act evidently intends to retain a member of the Medical Council to preside over the deliberations of Division Associations.

This being the case, it devolves upon the Med-

cal Council, at its next meeting, to correct the error which has crept into the Western and St. Clair Division Society.

I can see no other way by which the Association can be replaced on a proper footing, as a very considerable number of the members themselves show no inclination to conform to the *law*, but on the contrary seem inclined to act in defiance of all law, and I might with propriety add—common sense.

Fancy a deliberative body of men, acting in a judicial capacity under an Ontario statute, calling a meeting in a foreign country! Preposterous as this may seem, it was the last act of the Western and St. Clair Division Association; the June meeting was called in Detroit, Michigan, and attended by some ten medical men from Ontario and fifteen from the United States. Surely this was never intended by the framers of the Act, nor can it be endorsed by the profession generally. If persisted in it can only result in breaking up a Society, which at one time bid fair to be fraught with mutual advantage to its own members, and of untold benefit to the community in which they practised.

Yours, etc.,

JOHN COVENRY.

Windsor, July 15th, 1878.

To the Editor of the CANADA LANCET

SIR:—That Dr. Henry B. Baker of Lansing and a certain little clique in the profession of this state should feel as Dr. B. in his letter published in your last issue says they do, "*ashamed*" of what every rightminded member of the profession heartily approves, is quite in keeping with the general walk and conversation of these gentlemen in matters pertaining to the Michigan State Medical Society and this Medical School.

To the profession of Ontario who have so honestly and effectually grappled with the huge bugbear, homeopathy, the policy of Dr. Baker and his little clique here, (as expressed in the resolution whose signal defeat Dr. B. so pathetically bewails) must appear ridiculous and contemptible in the extreme. That policy would exclude all the graduates of the Ontario Schools, for have they not all appeared before and passed what Dr. B. designates a "mixed" board?

There is no homeopathic examiner on the board which our graduates have to pass, and there is no homeopathic teacher in our faculty. By what rule of grammar or of logic then can Dr. B. apply the term "mixed" to *our* graduates? If Dr. B. will kindly forward to you a list of the members of the profession here who are ashamed of the action of the State Society in repudiating as it did by an overwhelming majority the medical policy of Dr. B. and his clique, I will send you a list of members of the State Society composed partly of those known to be interested in certain poverty stricken *diploma mills* called Medical Schools; and partly of those well known to be disappointed candidates for chairs or other positions in this institution, and the uniformity of the two lists printed in parallel columns will undoubtedly amuse your impartial readers, while it will afford Dr. Baker and his friends more cause than ever to "feel ashamed."

I am, etc.,

DONALD MACLEAN.

UNIVERSITY OF MICHIGAN.

ANN HARBOR, 15th July, 1878.

### Selected Articles.

#### TUNBRIDGE WELLS INFIRMARY.

TUMOUR OF THE BRAIN.

(Under the care of Dr. WARDELL.)

For the report of the following cases we are indebted to Mr. J. BULKLEY FOOTNER, House-Surgeon.

A. B., aged 38, a greengrocer by trade, was admitted into Tunbridge Wells Infirmary on March 5th, 1877, suffering from severe pain in the back of the head and neck. Twelve years ago, the patient had syphilis, but had been a fairly healthy man; he was married, and had several healthy children. Two years and a half ago, he fell downstairs, pitching on his shoulder and the side of his head; but he was not stunned, and sustained no scalp-wound.

His illness began two years ago with pain at the back of the head and neck. He felt weak, and had restless nights. These symptoms became worse, and, six months latter, he complained of his tongue feeling "too large for his mouth," and was unable to protrude it as far as formerly. He also spoke, as his friends expressed it, as if "his mouth were full of plums."

—The secretion of saliva was also greatly increased,

necessitating frequent spitting. Nine months ago, he began to suffer from diplopia, due to paralysis of the left external rectus muscle of the eyeball. As he got no better, he was admitted into Tunbridge Wells Infirmary. On admission, he was seen to be an emaciated man, looking older than his years warranted. He complained of a severe pain situated at the back of the head and radiating down the back of the neck to both shoulder-blades. This pain was seldom absent, but was aggravated at night, and greatly increased by the recumbent posture.

There was complete paralysis of the left external rectus muscle of eyeball, and slight ptosis of the same eyelid. The velum pendulum palati was paralysed and drooped on the left side, and the uvula was deflected to the right. The tongue was exceedingly soft and flabby, and the patient could not protrude it beyond the teeth. The mouth was full of a viscid saliva. He was unable to turn his head without moving his body at the same time; nor could he raise his right arm above his head. A tumour, some deposit, or thickening at the base of the brain was diagnosed, and, as it was suspected to be of a syphilitic character, iodide of potassium was administered in fifteen grain doses, without, however, any beneficial effect. Sedatives were also given to allay pain.

The patient remained in the infirmary about one month, and then, as he was no better, went home to his family. While there, the pain became more intense and unbearable, and the patient's tendency was suicidal. He suffered from cough and dyspnoea during this time. Five days after leaving the infirmary, he suddenly complained of a suffocating sensation in his chest, and asked his wife for a mustard poultice. She went out of the room to get it, and, when she returned, he was dead.

*Post Mortem Examination.*—On opening the head, the walls of the skull were found to be enormously thickened—nearly half an inch in thickness. The dura mater was very adherent. There was a quantity of serous fluid in the cavity of the arachnoid and ventricles of the brain. The brain-substance was healthy. On its removal, there was seen to be a tumour of the shape of a horse-chestnut, and double that size, situated beneath the dura mater, on the anterior and left lateral margins of the foramen magnum, projecting upwards into the cavity of the skull, and extending down the vertebral canal. By its pressure, the upper part of the spinal cord and medulla oblongata was flattened and pushed to one side. On cutting into it, the contents were found to be grey curdy pus, with several sequestra lying loose in the cavity of the abscess. The largest of these sequestra measured one inch long and half an inch broad. The bone round the cavity of the abscess was soft and carious. Neither the cavity of the thorax nor the abdomen was examined.—*British Medical Journal.*

## THE CONSTITUTION OF MALT LIQUORS.

How often do we find people saying that they cannot get on without their beer. How often, on the other hand, do patients tell us that they cannot touch a drop of beer without it disagreeing with them. Indeed, there could not be a better illustration of the truth of the old adage that "what is one man's food is another man's poison" than the experience of different people with regard to the use of this homely and time-honoured beverage. In the *Chemical News* of May 3rd there is an able and suggestive paper on 'the Constitution of Malt Liquors and their influence upon Digestion and Nutrition, by Mr. J. J. Coleman, F.I.C., F.C.S. Considering the vast consumption of these liquors in this country, the importance of the subject in a social point of view, and the outcry that has been lately raised against the use of any kind of alcoholic beverage whatever, we shall make no apology for calling the particular attention of the reader to a question in which, as a medical man, he cannot fail to be interested.

A liquid, resembling in appearance British porter, and labelled "Hoff's Malt Extract," has been recently very much in vogue. It has been largely patronised by the medical profession, under the impression that it was a very nourishing and strengthening beverage, and was of great service in restoring the energies of patients suffering from faulty nutrition. Mr. Coleman having in his own person experienced the good effects of this extract in the usual dose of a wineglassful twice or three times a day, has been induced to investigate its composition and the circumstance to which its value as a wholesome and nutritious liquor should be attributed. The mean result of a number of analyses showed it to consist of—

Alcohol	...	...	4.00	per cent.
Extractive matter	...	...	8.12	"
Water	...	...	87.88	"
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			100.00	

The preparation is therefore a variety of porter or beer, and closely resembles in its composition the celebrated Bavarian Bock beer, which contains the same amount of alcohol, but rather less (7.20) extract than Hoff's liquor. The Bavarian beer was much praised by Liebig, who ascribed its "precious quality" to a peculiar process employed for fermenting the wort—that is, fermentation from below. It may also be remarked that Hoff's liquid is something more than "malt extract," as it contains alcohol, and the usual quantity of carbonic acid gas which causes any ordinary fermented liquid to froth up when liberated from the bottles containing it. "But," says Mr. Coleman, "this liquid of Hoff's produces, on evaporation to dryness, an extract

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which differs from the solid extract usually obtained from British beers. Malt extract obtained from such sources contains a large percentage of crystallisable sugar, whilst that from Hoff's liquid is almost entirely constituted of the dark brown uncrystallisable extractive matter present, but in less proportion, in the beers of this country."

The most interesting question for consideration is: To what constituents of Hoff's liquid are to be attributed its marked physiological effects? Relying upon the evidence of Drs. Edward Smith and Richardson with respect to the action of alcohol on the system, Mr. Coleman rejects the idea that the spirit in the "malt extract" has anything to do with its diætic virtues. And even on the assumption that alcohol is a food, he considers that the quantity of carbon contained in the alcohol present in Hoff's liquid is so small (not more than 150 grains) in proportion to the quantity (from 4,000 to 6,000 grains) consumed daily by an average man that it could add very little to the nutrition of the body. But Mr. Coleman very justly observes, although these liquids have no food value of any importance, may they have the power of influencing the digestion of other food? If the extractive matter of beer and porter be really malt extract—that is, if it possesses the qualities of original malt—then the question is answered affirmatively. It is well known that if lukewarm water be poured upon fresh bruised malt a certain principle dissolves, which, from the difficulty of separating it in the pure state, has hitherto evaded chemical analysis. This substance, called diastase, is a ferment, being capable of converting an indefinite quantity of insoluble starch, through the stages of soluble starch and dextrin into the final product, glucose or grape sugar.

For reasons we cannot here mention, malt liquors may contain little or no diastase; but the nature of these ferments is very obscure, and it occurred to Mr. Coleman that the extractive matter of our ordinary malt liquors might contain the elements of a ferment in some latent form ready to be called into activity during the process of digestion. Now it is obvious if malt liquors exert a solvent action upon starch (a substance which constitutes 47 per cent. of wheaten bread), the phenomena can be investigated externally to the stomach, provided the necessary precautions be taken. Consequently, Mr. Coleman instituted several series of experiments to test the solvent action of Hoff's liquid and ordinary beers upon substances containing starch. For the details of these experiments we must refer the reader to the original paper; suffice it to say, that experimental proof was obtained that 4.82 grms. of bread, or about 20 per cent. of its constituent starch, could be dissolved by the agency of Hoff's liquid. It was also found that ordinary beer possesses a solvent power similar to that of Hoff's liquid, but to an inferior degree. Thus Burton ale,

Wrexham ale, London porter, and Hoff's liquid dissolved 15, 26, 40, and 60 per cent. of starch respectively. Thus it was not the richest ales coming from our large breweries which afforded the best result; which may be explained in two ways—either from the fact that in large breweries the diastase of malt is made to go as far as possible, by using raw grain with the original malt, or, secondly, as suggested by Dr. Wallace, from the excess of alcohol in strong ales precipitating the diastase before it reaches the consumer.

In an eighth series of experiments all sources of error existing from the action of the malt liquors upon the gluten of the bread were removed by using pure starch, and the result was as satisfactory as those obtained from previous experiments. Chemically it is interesting to know into what substance or substances the starch is transformed; whether into ordinary dextrin, Bechamp's soluble starch, Dabunfrants' maltose or ordinary glucose; but at all events, Mr. Coleman's experiments appear to have established a food value for malt liquors not before known, and if the results of his investigations are confirmed by other chemists and physiologists, the poor man's beer will not be so much at a discount as it has been lately, while the known action and properties of malt liquors will enable the practical physician to judge in what cases they may be beneficially prescribed.

We cannot, however, conclude this article without protesting against the assumption that the action of the alcohol present in malt liquors (which is generally pure and produced by internal fermentation) is to be altogether ignored in accounting for their therapeutic or diætic effects on the system. If the extractive matter of malt liquors may "have the power of influencing the digestion of other food," may not the very moderate quantity of pure alcohol which they contain act in the same indirect and beneficial manner? Indeed, from time immemorial, wine, taken in moderate quantity at the principal meal, has been considered a promoter of digestion, an effect it may in many people of weak stomachs certainly lay claim to if only in virtue of its action upon the brain, for it will be generally admitted that exhilaration of spirits and a happy frame of mind are very favourable to digestion. But whatever its *modus operandi* may be, action of some sort, good or bad, it must have; it cannot be inert; and therefore, in those cases in which Hoff's malt extract, or any other malt liquor, has been found to benefit patients suffering from faulty nutrition, it may be presumed that the alcohol which they contain has at least some share in producing that effect.—*Medical Press and Circular*.

SCARLET FEVER has been imported into Wimbledon. At a private school in the locality twenty-two boys have been attacked with the disease. So far, one fatality only has been recorded.—*Lancet*.



UNUSUAL OCCURRENCE IN THE ATTEMPT TO REDUCE A DISLOCATED HUMERUS.

BY THOMAS SMITH, F.R.C.S.,  
Surgeon to St. Bartholomew's Hospital.

The following is an account of a case where, in an attempt to reduce a dislocated humerus by manual extension, the anterior integumental fold of the axilla was torn, and the pectoral muscles were ruptured. I am anxious to place the case on record as showing that the above-mentioned catastrophe can take place without the employment of pulleys, and that its occurrence is no proof that undue force has been employed in the attempt to reduce dislocation.

My previous experience would have led me to believe that it was impossible to produce so dire a result with the means used, yet I am now convinced that in this particular case the upper extremity would have been completely torn from the trunk had the extending force been continued for a few seconds beyond the time when it was abruptly arrested.

The gentleman who made the extension was my then house-surgeon, not an athlete, nor was he supposed to possess any extraordinary physical force. He was of medium stature, compact and well knit in his frame, and he had not, I should say, put out his full strength as he was making sustained extension, and I had not asked him to make his final effort when the accident occurred. The hollow of his foot seemed to pass through the anterior fold of the axilla as if the latter were formed of wet paper. To an observer it was as if the foot cut its way through the tissues, and not as if these were torn by excessive stretching. There was nothing about the patient to make one suspect extreme degeneracy of tissue, though his occupation (that of a cellarman) was of an unfavourable kind. On other occasions I have employed far greater force without mischief to patients whose appearance was much more characteristic of degeneracy. Had the catastrophe occurred under the use of the pulleys, I should not have been held blameless, for no mere assertion as to the moderation of the force employed would have had much weight in face of the effect produced.

J. E.—, aged fifty-eight, a cellarman, was admitted under Mr. Thomas Smith's care, April 30th, 1877. Eight weeks before admission he fell on his elbow, his hands being in his pockets at the time. As the result of this accident he suffered from paralysis of the radial nerve, and his arm lost its ordinary mobility, for which he was treated in various ways. On examination at the time of his admission he was found to have suffered a subcoracoid dislocation of the left humerus, which had escaped notice. On May 3rd, with the concurrence of the surgical staff of the hospital, he was put under the

influence of ether, and after Mr. Smith had manipulated the limb so as to break down recent adhesions, an attempt was made to reduce the dislocation. The house-surgeon sitting on the ground by the side of the patient, placed his left foot, covered only by a thin sock, in the axilla; a jick-towel was fastened by a clove hitch round the arm just above the elbow, the other end of the towel being passed behind the house-surgeon's shoulder, who also made extension by pulling from the patient's wrist. No other force was employed, and no assistance was given by bystanders. After extension had been maintained for a minute or so, the whole of the anterior fold of the axilla, integuments and muscles gave way like "rotten leather." The cavity of the axilla was laid widely open, and pretty free hæmorrhage took place. This was at once arrested by pressure, the patient was lifted on to the operating table, the bleeding vessels were secured, the axilla was washed out with carbolic solution, the wound was partially closed, and drainage established by lint soaked in carbolic lotion.

The pectoral muscles were found to have been almost completely torn, and the large vessels and nerves, with the head of the humerus, were laid bare, but not torn; the dislocation was reduced with ease. No immediate constitutional disturbance followed the accident. The patient took his food well, and his temperature was normal for four days; but as the discharge set in, his strength began to fail, and he died on the ninth day from exhaustion.

On post-mortem examination, diffuse suppuration was found to exist in and around the axilla, and the parts about the upper and middle lobes of the right lung were in a state of consolidation. The heart was flabby; the liver large, pallid, and fatty; the kidneys normal; the spleen large, soft and semi-fluid; vessels of the size of the tibials were rigid from calcareous degeneration. The muscles generally were paler, softer, and more flabby than normal. At the seat of injury nothing could be ascertained as to their condition as regards degeneracy owing to the amount of sloughing that had taken place. No microscopical examination was made—*Lancet*.

TEMPERANCE COFFEE TAVERNS AND "TEMPERANCE STALLS."

At the annual meeting of the East-end Juvenile Mission, known as Dr. Barnardo's Homes, held last Wednesday at Exeter Hall, the Lord Chancellor, who presided on the occasion, remarked that "Dr. Barnardo was the first to institute the system of temperance coffee-houses. He was able in the East-end to secure a magnificent gin place and

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large shop. They were fitted up in an extremely attractive way, and there the working-man escaped the ruinous temptation to drink which had been the curse of the metropolis. One of those coffee palaces during the year had realised a sum of £2,300, its expenses amounting to £2,000. In the mission rooms there were evangelistic addresses, and he had himself seen one of these rooms crowded from end to end with most anxious and inquiring auditors to hear a plain, simple address, which had nothing in it to attract except the truth and simplicity of the Gospel. It had been determined to add a medical mission, through the exertions of which there would be a power of carrying the message of the Gospel to people whom they could not otherwise approach."

There can be no doubt that the establishment of these attractive and well-conducted coffee-houses is one of the best means that could be adopted to check the enormous amount of intemperance prevalent in the metropolis; and therefore we are glad to see that the establishment mentioned above has turned out such a success. In connection with these places, we may also notice the "temperance stalls" that are springing up in different parts of the town. They are simply covered refreshment stalls similar to those seen on the Continent, supplied plentifully with tea, coffee, lemonade, &c., but no intoxicating liquors whatever. By such measures we may hope in time to see more good done in the cause of temperance and towards repressing the drunkenness of the working-classes than all the lectures and demonstrations that are being continually given in favour of the "total abstinence" movement and the absolute proscription of all kinds of alcoholic beverages under any circumstances whatever.—*Medical Press.*

### GOITRE AND THE HÆMORRHAGIC TENDENCY.

BY R. BRUCE LOW, M.D.,

Medical Officer of Health, Helmsley Rural Sanitary District

In the course of my reading, I have been unable to find any mention of the fact that goitrous persons are peculiarly subject to hæmorrhages. As I reside in a district where goitre abounds, I have had opportunities of remarking the frequency of flooding among the women, and more especially among the women with goitres. During the last few months, I have collected notes of one hundred and eighty-three cases of goitre. Of these, there were ninety women who had borne children, and, out of these, thirty-one were habitual flooders; besides these, a considerable number of others showed a hæmorrhagic tendency, especially at their menstrual periods. There appears to be a great predisposition to flooding in the district, so much so,

that the medical men of the neighbourhood are united in their opinion that more care and attention are requisite after labour is over here than in any other districts. Even with the greatest care flooding sets in. For example: in a case where a goitrous woman was confined safely and the placenta removed, I grasped the contracted uterus through the abdominal wall, and held it firm for more than an hour; but feeling exhausted, I transferred my post to an attendant, with the effect of seeing the woman flood and faint exactly four minutes after I left hold of the uterus. In cases, again, where labour is over before the arrival of the medical man, flooding is very apt to go on to a very serious extent. The tendency to flood is not entirely confined to goitrous women in the district, but these are usually the worst cases.

The etiology of goitre is still far from clear; but it is now accepted that the disease is endemic in certain well-defined geological districts, and also that it may be produced by some bad hygienic conditions, *e. g.*, dampness, overcrowding, and bad ventilation. The water-supply of the Helmsley district is pure and good, but, owing to its situation on the oolitic lime-stone formation, the water contains carbonate and sulphate of lime and, in smaller quantity, magnesia. The permanent hardness is not great, the water being used for washing and other domestic purposes. It contains no trace of iron. The district is extensively wooded, and is intersected by numerous small valleys, which are constantly filled with damp foggy emanations. The dwellings are small, badly constructed, ill-ventilated, and generally overcrowded. Many of them are in bad repair. The people for the most part, are engaged in agricultural pursuits. Inter-marriage has hitherto prevailed to a great extent, the isolated position of the district having prevented the inhabitants from mixing with those of other neighbourhoods.

Many medical men have called attention to the evils which arise from the continued use of water impregnated with lime and magnesian salts. Dr. Murray, in an able paper in the *BRITISH MEDICAL JOURNAL* for September 28th, 1872, mentions a number of diseases which arise from water so contaminated. Among others, he names goitre, cretification of the arteries and valves of the heart, rheumatic arthritis, and calcareous deposits in various organs. In this district anæmia is soon produced, when young females, especially from the South of England, come to reside here. This is a most frequent occurrence amongst the domestic servants of the neighbourhood. The majority of the young girls, living in the small farm-houses scattered over the moors and in the sequestered valleys, are highly anæmic in appearance, and are often under treatment for that condition.

Pregnancy has a powerful effect on goitre. Many bronchoceles appear during the first pregnancy, or

are noticed immediately after the first labour; the popular notion being that the swelling is due to the exertion of bearing down during the expulsion of the child in delivery. An eminent continental observer has shown that, in pregnancy, there is enlargement of the thyroid gland; there are fewer red blood-corpuses, and there is a watery state of the blood; the tone of the system is reduced, as in those who show a goitre from bad hygienic conditions or surroundings. The thyroid is a vascular organ; and those causes which reduce the tone of the system reduce the tone of the vaso-motor nervous system and dilate the vessels: thus the circulation is rendered slower. This allows exudation of white cells to take place into its tissue, and produces degeneration of the thyroid gland. Many goitres disappear after the climacteric period.

The results of these observations may be summed up as follows.

1. The water-supply in limestone districts has a powerful influence in deteriorating the blood, causing dyspepsia, anæmia, and a want of contractile power in the blood-vessels, as shown by the development of goitre and tendency to hæmorrhages, more especially flooding in child-bed.

2. Goitre and the hæmorrhagic tendency are aggravated, and sometimes even produced, by certain conditions: e. g., overcrowding, bad ventilation, and damp wellings.

3. Pregnancy assists in the development of goitre and the hæmorrhagic tendency.

4. The predisposition to goitre and "flooding" is affected by consanguinity and heredity.

5. The best treatment for both conditions is change of locality, and the prolonged administration of some preparation of iron—*British Med. Journal*.

## CÆSAREAN SECTION IN A DWARF;

### RECOVERY OF MOTHER AND CHILD.

By E. M. Wrench, F.R.C.S. Fng.

Mary T—, aged twenty-eight, single, 4ft. 3 $\frac{3}{4}$  in. in height. I was sent for by my partner, Mr. F. G. Atkins, of Bakewell, on the afternoon of March 12th, 1877, to Stanton Lees, a hamlet on the side of one of the steepest Derbyshire hills, unapproachable by a carriage, to a house where even the coals had to be carried up on men's backs. I found he had been twelve hours with a case of labour in a dwarf, who, though twenty-eight years of age, was not larger than many girls of ten. She was not deformed, but simply small, her hands, feet, and head being quite in proportion to her height. She was pregnant by a large quarry-man, and had gone her full time, the child proving to be a well-formed and rather large boy.

At 6 P.M. I found her not much exhausted,

though she had been about twenty hours in labour and the waters had escaped early. The presentation was difficult to make out, but was apparently the head, with a succedaneum pressed through the brim of the pelvis, the os uteri being dilated, high up, and out of reach. The child was lying with its long axis at right angles to the mother's spine; the vicinity of the chest to the pelvis having necessitated the expansion of the uterus directly forwards, so that it was lying almost anterior to a line drawn from the ensiform cartilage to the pubes, and projected in a most unusual cone, of which the umbilicus was the summit. As a consequence, the feeble efforts at expulsion were not in the axis of the pelvis, and there was not the least descent of the head during the pains. The pelvis was so small that it was quite impossible to introduce the hand, and it was evident that delivery *per vias naturales* would be impossible without evisceration, and that even then it would be attended with almost insurmountable difficulty and risk. We therefore decided to perform the Cæsarean operation; but I was seven miles from home, without the necessary instruments, and the cottage was small and dark, so we decided to give her a large opiate, and operate in daylight in the morning.

March 13th.—9 A.M.; I found her very little altered from what she was last night. She had had very little sleep, but had had no very severe pains, and her pulse was weak, but regular. Having placed her comfortably on a table, drawn off the water, and mapped out where (from the louder soufflé) I imagined the placenta to be attached on the right of the median line. Mr. Atkins who was my sole assistant, administered chloroform, followed by ether. Under the former, the pulse, which was previously weak, became flickering; but when the other took effect it greatly improved. I operated in the usual manner by an incision eight inches in length in the median line, four inches above and four inches below the umbilicus. I was somewhat embarrassed by finding the walls of the abdomen and uterus no thicker than cartilage paper, and the placenta extending about an inch across the median line. I cut through it before I was aware of it, and the blood obscuring my view, I for a moment mistook a very thick coating of vernix caseosa on the child's back for the membranes, and made a slight incision into it. Discovering my mistake (and do not our mistakes often teach us more than our successes?) I speedily removed the child, and when the uterus began to contract firmly, the placenta, without any very serious hæmorrhage. I passed my finger from above into the vagina to make sure it was pervious, and, when most of the hæmorrhage had ceased, I put no sutures into the uterus, but closed the wound in the abdomen, with eight deep iron-wire sutures, adhesive plaster, and a bandage. A few

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knuckles of intestine protruded, but were easily replaced.

14th.—Has passed a quiet night, free from pain. (She is naturally very quiet and uncomplaining.) Pulse 160, weak; temperature 100°; respiration 19. Water drawn off by catheter.

15th—Quite easy. Pulse 140; temperature 100°; respiration 26. Has passed water freely. Lochia free from smell and abundant.

16th—Easy. Taking milk and beef-tea well; no stimulants. Asks for solid food. Pulse 126, full; temperature 100°; respiration 20.

17th—Pulse 132; temperature 100°; respiration 20. Bowels moved three times without medicine.

18th—Pulse 130; temperature 101°; respiration 20. Very little discharge from the wound. Three sutures that were cutting their way out removed.

19th—The same. Bowels moved twice. Two more sutures removed.

20th—Bowels moved once. Slight tympanites.

21st.—Pulse 121; temperature 99.7°; respiration 20. Two sutures removed. Some sanious discharge like lochia, from wound.

22nd—The same. The discharge from wound more purulent. Abdomen much reduced. Wound gaping but healthy. The last suture removed. Bright-colored lochia flowing both from vagina and lower part of wound, where there is a small piece of serine wall protruding.

23rd—Not so well; appetite bad; sudamina; no lochia; tongue coated; no increase of temperature.

24th—Better, tongue clean. Ordered quinine and mutton chop. Wound healthy. No lochia until the evening. Measures 24 in. around the waist.

26th—Improving. Slight hectic every evening.  
29th—Much improved. Wound granulating and contracting. Appetite good.

April 4th—Complains of slight pain in left leg.  
7th—Has phlegmasia dolens in left leg. Pulse 124; temperature 101.8°. Left calf 10½ inches, right 8 inches in circumference. Ordered ammonia internally; camphorated oil and cotton wadding to leg.

8th—Easier.

14th—Has gradually improved. Left calf now 9¾ inches, right 8¾. The wound in abdomen healed all but for one inch. Menses just now flowing freely from the wound, as well as from vagina. Allowed to sit up in bed.

24th—Has gone on well until last night, when the right leg began to swell, and she had no sleep. The left leg is now 8 inches, and the right 9 inches in circumference.

May 23rd—The wound in abdomen is almost healed. She has gradually gained strength, and she was to-day moved thirty miles, by road and rail, to New Mills.

Oct. 15th—She came at my request to show

herself. The wound has apparently healed, but she has three times noticed blood on her linen opposite the cicatrix, during the period of menstruation. I thought there might be some fistulous opening into the uterus, but though I sought carefully with a probe, I was unable to find any. The scar is somewhat puckered, 3¼ inches in length, 1 inch below and 2¼ inch above the umbilicus. She has grown fat, but only measures 26 inches over the hips down to pubes (as you measure for an inguinal truss); 8½ inches across from one anterior supra-spinous process to the other. The finger, when inserted into the vagina, feels in contact with the bones all round. She weighs 73lb., but is so small and child-like that she is allowed to travel for half fare on the railway.

I heard from her on the anniversary of the operation. She continues well, is regular every month, and still notices a few drops of coloured discharge from the cicatrix at each period. The child is alive, and is a very large child for his age.—*Lancet*, July 6th

#### MEDICAL NOTES FROM THE TRANSVAAL.

BY S. K. COLTER, M.D., M.CH.

##### *Croup—Tracheotomy—Recovery.*

On September 11, 1874, I was called to see a child suffering from catarrh apparently. His age was about four years. The cough was not very troublesome or harsh then, but became so next day, and as he appeared a delicate boy, a stimulant cough mixture, consisting of carbonate of ammonia, ipecacuanha wine, and syrup of tolu in anised water, was prescribed. On the 11th, the harsh croupy cough was very troublesome, and towards night he began to suffer much from oppression of the breathing. During the whole of the day his bed was kept near the fire, and the steam of two kettles directed through bamboos kept a constant vapour about his head. At 2 a.m. on the morning of September 14, the dyspnoea being urgent, the sternum drawn in at each inspiration, and the lips livid, I performed tracheotomy (without chloroform). The result of this case was complete recovery.

##### *Croup—Tracheotomy—Death.*

On March 15, 1875, I was called in consultation to see a child aged about five months. On the 16th the surgeon in charge of the case had to leave town, and asked me to attend if called. The symptoms were, as usual, those of catarrh and progressive dyspnoea. The latter becoming so urgent during the day, and the face dusky, I operated, with apparent intense relief, the child falling into a quiet sleep. I delayed operation as long as pos-

sible (as my *confere* had promised to be back early), but not too late, I think, were there not some unfavourable circumstances connected with the case—namely, the early age of the child, and secondly, bronchitic implication of the lungs. The steam of hot water was kept up carefully during the day and night, but in spite of all care the child died at 7 a.m. on March 17.

Regarding the performance of tracheotomy, I have come to the decision that I should hesitate to perform the operation again except upon a child who was at least two years old and intelligent; except that there was no lung implication whatever—and this is a case I have never experienced, having always seen some degree of bronchitis.

The act of coughing wholly depends upon the power of making a firm stoppage above the lungs, and the sudden relaxation of this stoppage constitutes a cough. Now, when a tube is in the trachea no more than a sigh is possible, unless the finger of the patient or some other be placed on the mouth of the tube and suddenly withdrawn; and not only this, but consentaneous action on the part of the patient is necessary: from this it at once appears what a difference age and intelligence will make in the operation. Even if there be no lung complication, there will yet be always a certain amount of mucous accumulation in the tube; and if the lungs are affected, this accumulation will be large; so that if the child has not the intelligence which is requisite, the lungs will slowly fill up hopelessly like a sponge in water, in a manner which inversion of the body to a slight degree, clearing of the tube, or any other measure, seems incapable of counteracting.

#### *Vomiting; Beetles.*

In January, 1876, a Kaffir woman, aged about eighteen, came to me showing a sample of beetles which she had been in the habit of vomiting every day for some weeks. At intervals of about three days she vomited three or four dozen of them. There is a difficulty in sending a specimen, but it is quite unnecessary, as the beetle is exactly similar to the *Coleoptera* which hum about on a summer evening in England, with two outer dark brown scale-like wings, under which the real wings are. The only exception to the similarity is that there is a horn-like growth from the forehead and hence it is called the "rhinoceros beetle." Like those in England its habitat is in dung-hills, etc.

The remedy I prescribed was turpentine, which seemed to relieve her of them. I could gain no clue as to how they had been swallowed. The girl was much wasted, and suffered much from gastralgia and vertigo—*Med. Times and Gazette.*

THE CHIVALRY OF THE LANCET.—The "Red-Cross Knight," remarks a new weekly contemporary, "figures in numerous ancient ballads as a hero, and ready to go forth and battle with dragons

and other monsters." After the period of the Crusades, however, we hear little of him, and the world has come to regard this dragon-encountering paladin as somewhat of a myth. It has been reserved for the nineteenth century to recall him to life. The surgeons who recently represented English humanity on Eastern battle fields, were truly "Red Cross Knights." With the Geneva badge on their arm, they have encountered dragons more terrible than any Amadis of Lancelot ever slew—the twin horrors of war and pestilence. The latter has succeeded in laying many of them low. Under the auspices of the various English Committees—Stafford House, the Red Cross, the Red Crescent, and the Turkish Compassionate Fund—a total of 105 medical men, mostly surgeons, have been sent forth. Wherever Russian and Turk were employing themselves in the fell work of mutual slaughter, in the shadow of Kars, amidst the horrors of Plevna, and in the fever-stricken hospitals of Ezeroum,—the "Christian Knights" have well and nobly done their duty, and a fatal duty it has proved. Nearly one-third of their number were stricken down by fever, and, in ten of these cases, the fever has proved fatal. Thus, literally, has our surgeon-regiment been decimated. England may well say, of each dead hero, as was said of the great soldier, whom fatal sickness struck down in the very moment when he and his colleagues had succeeded in turning the tide of the Indian mutiny—

"The prize he sought and won  
Was the crown for duty done."

And the same deathless laurel must be accorded to the heroic women who, as sisters of charity, have also so nobly toiled and died.—*Student's Four. & Hospital Gaz.*

#### NEW REMEDIES AND NEW APPLICATIONS OF OLD ONES.

##### CAUSES OF DECAY IN TEETH.

The primary cause of decay in teeth may undoubtedly be due, in most cases, to the inheritance of a *bad constitution*, but this may also be acquired by improper diet, and the prevalence of bad teeth in children may often be attributable directly to the too great whiteness of the bread used. It is unnecessary here to refer to the injury to teeth which may arise from the use of certain drugs. Brown bread contains or has not been relieved from the phosphate of the wheat, and a good supply of this is necessary for the building up, nourishment and preservation of the teeth; this is withheld from our children in using white bread, hence their teeth suffer for it. The remedy at once suggests itself; give them brown bread with all the native

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elements intact, and it will not only nourish the teeth, but the *bran* is a muscle-feeding element which is of great value to the development of their muscular system. Special cases may call for special medication when the hypophosphates of lime or the phosphate of wheat (as prepared by Messrs. Devins & Bolton, Montreal) with lime water, will furnish the necessary elements of growth and stop the decay as by magic spell. Experiments in feeding children prove the success of this plan, of which one instance will be sufficient illustration.

An eminent barrister, whose great intellect does not overlook ordinary matters in the contemplation of great things, having discovered that all his children were losing their teeth before they were fifteen, resolved to try what restoring the lost material of the teeth would do to save them. The children were made to eat brown bread, (which contained the phosphates), and had also given to them phosphates of wheat and lime water, mixed in their tea or in water, which *at once* stopped the decay. This simple plan is worthy of a trial by all whose teeth are showing signs of premature decay, especially by young women, whose teeth is a most important feature, and ought to be preserved.

#### SUN STROKES IN ST. LOUIS.

The *St. Louis Globe-Democrat*, in its account of the intense and fatal heat in that city, makes the following statement:—

Of the total cases of *coup de soleil* reported there were but a very few which could not be immediately traced to the use of stimulants. Somehow an impression has gained general indorsement that a perspiring man can not fall before the heat. It is true that one of the earliest symptoms of prostration is the closing of the pores of the skin and an absence of perspiration. That is a symptom, and there is no more reason in trying to avert the impending disaster, by treating it, by forcing an unnatural and not healthy perspiration by the lavish use of beer or whiskey, than there would be in attempting to cure a case of typhoid fever by removing the heated patient to a refrigerator.

Such use of stimulants but increases the temperature of the blood, and the stroke when it does fall, does so with double force and with the accompaniment of horrible convulsions and utter derangement of the brain.

[The foregoing is sound doctrine, as viewed in the light of modern medical thought, but practitioners are not so much to blame for following the guidance of standard authors, who direct that the remedies upon which *it is probable*, (a saving clause), most reliance may be placed, are

cold to the scalp and the frequent administration of stimulants. Dr. Edward Smith, long ago, pointed out that alcoholic stimulants and coffee, *lessen* the activity of the skin during the first stage of their digestion, but that *tea* has an opposite effect. Now as the three most urgent wants in sunstroke are the cooling of the body, increase of perspiration, and removal of listlessness and oppression, it will at once be evident that upon no hypothesis are alcoholic stimulants admissible, but hot applications to the head, hydrobionic acid, bromide of ammonia and copious draughts of hot infusion of tea.]—ED. LANCET.

#### USE OF LOBELIA IN HYDROPHOBIA.

A Doctress—Mrs. J. P. Dimond, M.D., of Cambridge Port, Mass., writing to the *Journal of Materia Medica*, says:

"In reading your Journal which I peruse with interest, I occasionally see an article on hydrophobia, a disease which I think has ever baffled the skill of physicians in all countries.

Allow me to give you a receipt which from study of medicines I think might be very valuable.

I should use it in preference to anything I have ever heard of, if I were bitten by any rabid animal. If you think it of any value you can publish it; it not, cast it aside.

When a person is bitten they need immediate attention. As soon as possible after being bitten apply tobacco—plug tobacco is the best—wet with water; keep that bound on until tincture of lobelia can be obtained, then use the tincture or cotton saturated with it, and kept wet, also give tincture of lobelia as soon as possible in half teaspoonful doses, once in three hours; then three times a day for three days; and make a strong tea of hawk-weed, and drink very freely of it for two weeks, every day. The lobelia may be taken in a very little water. To cut or cauterize the parts bitten I think is of but little use, the virus passes so quickly through the system. In my opinion the poison must be killed in the blood. Hawk-weed is an antidote for the poison of the rattle snake."

[Hawk-weed is an indigenous plant with which the outside medical world is unacquainted. Perhaps the learned correspondent would give its botanical class and order and generic term, that we may be rendered more familiar with so valuable a remedy.]—ED. LANCET.

ERGOT IN CONGESTION OF LUNGS.—Ergot and Ergotine are now being administered with marked success in cases of congestion of the lungs, based

upon the physiological action of the ergot in causing contraction of the capillaries. The value of ergot as a therapeutic agent, seems to be wholly due to the fact that it produces contraction of involuntary muscular fibre, whether in the coats of the blood-vessels, in the uterus, or in the bladder. It has been found by experiment with ergotine subcutaneously that the action was more prompt and decided, that the pulsations of the heart were lessened by 4 to 6 beats per minute, while the sphygmograph demonstrated a very decided contraction of the calibre of the blood-vessels.

In *hemorrhage* from the lungs, stomach, bladder, uterus, nostrils or bowels, ergot is found to be most successful. Internal hemorrhoids are cured by injection. When a prompt action is desired, in the absence of the *ergotine*, thirty to forty drops of the fluid extract may be used hypodermically every hour until the result is obtained. Many claim this to be more reliable than many preparations of ergotine, and no ill effects follow its use.

Besides being a valuable *hemistatic* in the diseases indicated, it is valuable in weakened and paralyzed conditions of the bladder, and is indispensable to the treatment of cases dependent upon a hyperemic condition of the vessels of the spinal cord, as in cerebro-spinal meningitis.

In hemiplegia we have tried it with success by both methods of administration. It acts like a charm.

**BELLADONNA IS ALSO A VALUABLE REMEDY IN COLLAPSE:**—Reinard Weber, M.D. recommends the use of belladonna as a restorative in collapse, for which it has been customary to administer camphor, musk and alcoholic stimulants. He has also employed it as an antidote to the toxic effect of digitalis, and reports a case in which a fourth of a grain of the extract had the effect of removing symptoms of collapse from digitalis. In a case of gastro-enteritis in a woman aged 41 years, a grain of the extract, with twenty drops of tincture of opium and  $\frac{1}{2}$  drachm of chlorate of potash, relieved the symptoms of failing heart-action. And in a third case of a little girl of six and a half years,  $\frac{1}{4}$  of a grain relieved the coldness of the surface, difficult breathing, and bronchial congestion occurring in the fourth week of a typhoid fever. He expresses his belief that, when used in medium or small doses, belladonna, through its action on the vaso-motor system, will be of service in cholera collapse.—*New Remedies.*

**VIBURNUM PRUNIFOLIUM IN PAINFUL DYSMENORRHOEA.**—The fluid extract of viburnum prunifolium is mostly employed as a prophylactic in threatening abortion, and in cases of habitual abortion, in doses of  $\frac{1}{2}$ —1 teaspoonful four times daily. But in dysmenorrhœa, accompanied with pain and loss of blood, it greatly alleviates the

symptoms if administered from a few days before, until a few days after menstruation. In cases of spasmodic or neuralgic dysmenorrhœa it should be combined with sedatives. The fluid extract should be prepared from the bark of the root and young branches. The ordinary dose is 1.8 to 3.75 grammes ( $\frac{1}{2}$  to 1 drachm) every two to six hours.—*Gynæcol Trans. in Ph. Zeit. f. Russl.*

Perhaps there is no more troublesome or obstinate affection to treat than Pruritus in either male or female. We have had difficulty enough with both, and appreciating the relief any suggestion may be, give the following treatment of Pruritus Vulvæ, as suggested by M. Duhring, in his late work on skin affections. He mentions most favorably camphor, chloral, and borax, variously combined:

R. Chloral.....grs. x to xxx.  
Water..... $\bar{3}$  i.

Used as a lotion to the parts:

R. Boracis..... $\bar{3}$  iv.  
Morphiæ sulphatis.....gr. viij.  
Glycerine..... $\bar{3}$  ss.  
Aquæ.....viiss.

M.

These preparations, a little weakened, may be used by injection. For this purpose the following has been found highly efficacious:

R. Nitrate of alumina..... $\bar{3}$  i.  
Aquæ..... $\bar{3}$  i.

N.

As an ointment the following is strongly recommended:

R. Camphoræ  
Chloralis hydratis..... $\bar{aa}$   $\bar{3}$  i.  
Ungt. aquæ rosæ..... $\bar{3}$  i.

**POPULAR REMEDY FOR AGUE.**—One of the most successful combinations ever tried in *agueish districts* is the following: Take of butter apple (colocynth) sliced  $1\frac{1}{2}$  oz., quinine, grs. viii, calomel grs. ij., Holland gin 1 qt.; mix and let stand for eight days, dose, a teaspoonful thrice daily in 1st stage directly after fever has abated, and two teaspoonsful a day continued until the attack has been broken up, one teaspoonful a day for some days after, to prevent relapse.

**SKIN ERUPTIONS.**—Among the peasants of some parts of Canada, an ointment made from the under bark of the saffras infused over a slow fire in sour cream, and set aside for use, enjoys an excellent reputation.

**HEALING BALM.**—The tender buds of the Balm of Gilead tree bruised and similarly treated with cream, is made into an ointment for healing wounds and old sores. It is extensively used and possesses considerable healing power.

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# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

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TORONTO, SEPT. 1, 1878.

## VARIATIONS OF PULSE IN DIFFERENT POSTURES.—ARE THEY TO BE CONSIDERED AIDS TO DIAGNOSIS?

The numerous Life Assurance Companies very properly endeavor in framing the questions for the medical officers of the respective offices to answer, to include every subject likely to have a bearing upon the real condition—as regards immunity from disease—of the individuals offering themselves for insurance; and in proportion to the careful manner in which the medical referees discharge the work assigned, will the success of the company and their consequent ability to declare large bonuses depend. As a rule, the questions are strictly pertinent to the object in view, and are well calculated to determine whether functional derangement, organic change, or hereditary predisposition to disease exists—no ground for the question of immaterial investigation existing. A short time ago, the agent of an American Insurance Company in good standing, presided over by a distinguished physician, brought to us an applicant for insurance. On looking over the questions for the medical examiner to answer, we noticed one that we had never observed in other companies, and the question arose, Is it really material or not, is it calculated to throw light on incipient heart trouble, and would it be just to applicant to make the answer to the question an important factor in the consideration of acceptance, or refusal. The, to our mind, *sub judice* question, was, "State the variation of pulse in sitting, horizontal and erect postures." If important aid for accurate conclusion is to be derived by attention to the pulse in different postures, the sooner the Insurance Companies place the question in their list the better. However, as the question may fairly be considered

a moot one, it may be well to give it here a brief consideration, and invite our subscribers to ventilate the subject in our columns. Dr. McDonnell of Belfast was the first we believe to notice the difference of the pulse in the perpendicular and horizontal postures. He mentioned this fact to Prof. Thomson of Edinburgh, who acknowledges it in his work on Inflammation. Prof. Graves has also a paper on the subject in the Dublin Hospital Reports. The learned Professor declines to advance a plausible conjecture as to the reason why change of position affected the frequency of the pulse. Dr. Wood, in his "Practice of Medicine," remarks, "The frequency is usually greater in the morning than in the evening, after a full meal than before it, in the standing than in the sitting posture, and in the sitting than in the lying. The effect of posture may be resolved into muscular exertion." Dr. R. B. Todd has observed that in some instances of great debility of the heart, the rule of increased frequency in the erect position does not hold, and may even be reversed. In the inverted posture of the body the frequency is diminished, probably from pressure on the brain. Dr. Graves remarks on this subject, "It is very singular that a posture so unnatural as the inverted should produce no effect on the frequency of the pulse as compared with the horizontal, while a change from the latter to the erect, both natural postures, is attended with so great an acceleration." To test the question of muscular exertion being the cause of increased frequency in the erect posture, Dr. G. contrived means for placing the body in any desired position without the necessity for muscular exertion on the part of the subject of the experiment. This was effectual, and it was found that when the posture was changed by means of this contrivance, the difference between the frequency in the horizontal and erect postures was not less than when muscular exertion was used. The theory of muscular exertion thus being the cause, is set at rest for ever. Dr. G. continues, "I now anticipated that if the body was placed with the head down and feet up, a still further retardation of the pulse would be produced. It was, indeed, natural to be supposed from the preceding experiment, that posture alone was the cause of the retardation observed in the body when placed horizontally, and, consequently, that this effect would be augmented on still more depressing the head,



and that the maximum of retardation would occur in the inverted position. Here, however, as it not unfrequently happens, preconceived ideas were not found to accord with experiment, and no further retardation was thus effected; neither, on the other hand, was it accelerated beyond the number observed in the horizontal position."

In the Dublin "Journal of Medical and Chemical Science," No. xv. vol. 5, will be found an excellent article on this subject by Mr. Blackley. This writer solves the difficulty why change of position affects the frequency of the pulse, with what success our readers must determine. He says, "I believe it will be readily conceded, that the action of the heart in a strong and healthy individual, while in a state of rest, is uniform and equal: that it is possessed of a power sufficient to expel a certain quantity of blood at each contraction of the left ventricle, which power is necessary to overcome the obstacles presented to the egress of the blood. Let us suppose, for instance, that the heart of a healthy man in the erect posture beats sixty times in a minute, and at each beat expels one ounce of blood, sixty ounces per minute will of course be expelled; but if the power of the heart be increased or diminished, we must expect a corresponding alteration in the number of beats. Thus, if the power be increased one-tenth, it will require but fifty-four beats to expel sixty ounces in a minute; but if it be diminished by one-tenth, it will require sixty-six beats." The writer goes on to explain the relative force of resistance to the heart's action in the erect and horizontal positions; his views certainly merit careful consideration. They are as follows: "In the former—erect—we have the column of blood in the arch of the aorta assisted by that in the carotids pressing on the semi-lunar valves, and opposing the egress of the blood from the left ventricle. Next, we find that, the arteries being all full, a considerable *vis a tergo* is required to force on the blood which they contain, especially through the carotids, where it must be driven upwards. But by far the greatest obstacle to the action of the left ventricle and that which is the chief cause of the non-permanency of the pulse, is presented by the veins; if the arteries require the *vis a tergo*, their veins require it in a much greater degree, not only from the nature of their structure, which is inelastic, but that their contents contrary to the law of gravitation, must for the most part be

forced directly upwards to the heart. In the horizontal position those obstacles are lessened or removed: the blood in the carotids and arch of the aorta does not press with such force upon the valves, but chiefly the veins, namely, all those below the heart, being placed in the most favorable position for spontaneously returning their contents, remove an immense obstacle to the egress of blood from the left ventricle. Hence it follows, that less resistance being opposed to the heart in the horizontal position, and the same power exerted, a greater quantity of blood is propelled at a time, and consequently the number of pulsations necessary to transmit the same quantity in a given time in the erect posture, diminished. The frequency of pulsation, then, is in a direct ratio to the obstacles presented to the heart's actions, whether those be mechanical or arising from debility of the heart itself." Mr. Blackley's remarks on Dr. Graves' views, that muscular exertion cannot be considered the cause of greater frequency of the pulse when the body is in the erect posture, as also of its retardation when in the horizontal and inverted position, are extremely interesting, and by many may be considered conclusive: "In the inverted position there certainly is a greater facility for the return of the blood contained in the veins below the diaphragm to the heart, yet a new obstacle is offered to the action of the left ventricle in the relative position of the arteries. The blood in the aorta, iliac and femoral arteries, etc. must in this position be forced upwards, instead of gravitating to a certain extent downwards, as they do in the erect posture, and the blood in the veins of the head and neck will require a greater *vis a tergo* to be forced upwards to the heart. Hence, I think we might readily deduce a rule to ascertain the relative force of opposition in the veins and arteries to the action of the heart in the various positions of the body. Thus, if in the erect posture the most favorable for the transmission of blood to the heart contracts eighty times a minute; and in the horizontal or inverted position, the most favorable for the return of the venous blood and unfavorable for the arterial, it beat only sixty times, we conclude that the resistance opposed by the veins is one-fourth greater than that offered by the arteries. The easiest position then, in which the heart's action can be carried on, is that in which the arteries and veins, viz, the lower, these view contracted, tious or c perfectly is therefo pensate, l of blood i traction t to this pr of hyperti no such and horiz all the pa ment wer which the would be speaks: ' station wer (examined the left ve I am inc pulse, in found to where the siderable, obscure. the influe to be take also quote The follo the frequ postures: Males.... Females.. would exercises seems to employed exertion c change of continued not think favor of r ent positi be taken evidence or to ever

ries and veins are as little antagonized as possible, viz., the horizontal." It would follow, then, from these views, that when the valves of the heart are contracted by vegetations, or fibrinous, atheromatous or calcareous deposits, the openings are imperfectly covered and a reflux follows. The heart is therefore obliged to reiterate its beats to compensate, by its quickness, for that small quantity of blood it was incapable of furnishing at one contraction through the aorta. As a set-off, however, to this presumption, Dr. Graves records six cases of hypertrophy, with dilatation of the heart, where no such differences of pulse in the erect, sitting, and horizontal postures were perceptible, although all the patients at the time of making the experiment were in a debilitated state, which is that in which the changes induced by change of position would be most expected. On this subject he thus speaks: "In these cases the hypertrophy and dilatation were very great, and in five of them certainly (examined after death), and in the sixth probably, the left ventricle was involved in the disease; and I am inclined to think this permanency of the pulse, in all positions of the body, will only be found to exist in such cases, and not in those where the hypertrophy and dilatation are less considerable, and consequently the diagnosis more obscure. On the other side of the argument, that the influence of posture on the pulse is not, *per se*, to be taken as evidence of valvular disease, I may also quote the experiments of Drs. Knox and Guy. The following table has been framed by them, of the frequency of the heart's action in different postures:

	Standing.	Sitting.	Lying.	Differences.
Males.....	81	71	66	10.5.15
Females.....	91	84	80	7.4.11

It would thus appear that in the female, posture exercises less influence than in the male. Dr. Guy seems to think that the mechanical contrivance employed by Dr. Graves had reference only to the exertion of muscular force in the production of the change of posture, and not to that required for the continued effort to maintain the attitude. We do not think that, on the whole, the evidence is in favor of relying on this variation of pulse in different positions, as an aid to the diagnosis. Let it be taken *quantum valeat*, but not as such grave evidence as would subject an applicant to refusal, or to even being placed in the second-class risks.

CHINESE TREATMENT OF HYDROPHOBIA.

The *Medical Times* recently published an account by Dr. Dudgeon of the treatment by the "Celestials" of this fatal disease. His account, however, does not agree with the statements made by some returned missionaries, who have alleged that the Chinese doctors had some specific treatment for hydrophobia which never failed to cure. The following account is curious and interesting:

Dr. Dudgeon says, "The treatment followed by the Chinese is to catch the animal, take some of its hairs, mix it with lime, apply it to the affected part and in three days it is well. Our saying, 'a hair of the animal that bit you,' may have had its origin from this treatment. They also take the precaution in this, and in most other affections, to ligature the part tightly above the wound. They are ignorant of the venous and absorbent systems: their practice is drawn from their observation that the inflammation travels upwards towards the trunk. Trousseau, in his 'Clinique Medicale,' gives a Chinese prescription regarded as infallible, consisting of musk and cinnabar. The surgical treatment consists in having the wound immediately and freely scratched till it bleeds plentifully, and likewise sucked and washed. An empty walnut-shell is to be filled with human faeces, placed on the wound and the moxa applied. This is to be repeated one hundred times, if necessary, until the walnut-shell turns black and the contents are dry. A compound of various herbs mixed with saliva is then applied, and this is to be repeated on the second, fourth and fifth days. A mixture of cantharides, yellow earth, realgar and musk is administered internally, thrice daily, until micturition becomes painful. This latter symptom is to be relieved by administering a mixture of yellow earth, licorice, amber and indigo. On the top of the head a red hair will be found, which is to be extracted. Another method consists in using the curd of the black pea (peas and beans are considered antidotes to all poisons) made into a ball with hemp-oil, and rolled frequently over the wound, until a red hair is produced in, and again disappears from, the bolus. As a last resource, the powder of the skull, teeth and toes of a tiger are administered. Dry cupping over the wound is another plan advocated. This operation in China

consists of heating a cup by boiling wine in it, and pressing it over the wound. Another remedy is to take the body *only* of a Spanish fly, which is supposed to expel the poison through the urinary organs. Various prescriptions recommend the cantharides boiled in rice, the flies to be withdrawn and the rice eaten, on the supposition that strings or clots of blood will appear in the urine.

"Two things are particularly observable in the above Chinese practice, viz., the necessity for the immediate destruction of the poison, chiefly by the moxa or some practice involving the same principle; and the reliance placed on doses of cantharides. All agree in stating that a man bitten by a mad dog has three chances of dying to one of living, and nearly all lay great stress upon perfect quiet being maintained during the progress of the case."

#### MEDICAL EDUCATION IN GERMANY.

If medical education in all the schools of Germany be as multitudinously formidable as it seems to be in the University of Tubingen, we should be inclined to fear—that, unless the curriculum extends over fifteen or twenty years, the candidates for the final doctorate must come out with but slight proficiency, or that those who try to struggle through the entire catalogue of branches, must yield a large crop of lunacy or blindness. In the Berlin "*Norddeutsche Allgemeine Zeitung*," of 31st July, we find the announcement of the several Faculties of the above named University, for the winter courses of 1878-79. That for the Faculty of Medicine and Natural Philosophy, shows an array of twenty-four professors, who are to teach sixty, or more, branches, some knowledge of which (we know not how much) is, we presume, required to have been mastered by all aspirants to legal medical status. Now, of the two extremes, of teaching too many, or to few, branches of medical education, we have a most decided leaning to the latter; for we hold that it is far better to know half a dozen, or even three or four, essential subjects *well*, than to have a smattering of a score or two of heterogeneous, or merely ornamental characters; and we defy any medical school in, or out of, Christendom, to teach, with practical effectuality, such an aggregation as the school of Tubingen affects to handle.

If we are correctly informed, some other European schools eclipse that of Tubingen in the number of their professors, and of the subjects said to be taught. An old Calais proverb, spoken in English, says "send a goose to Dover, it will come a goose over." May we not say send goslings to Tubingen, or any other polymathic feathered shop, and they will come back quite *pluc'able*.

If our Canadian students would make good use of the advantages presented by our own schools and hospitals, and master well, even a moiety of the subjects there presented, they need not dread competition with those of any other land. He who learns a little thoroughly, will learn more easily and will know more, than he who attempts to learn too many things.

#### TRANSLATION.

[From the "*Revista Medico Quirurgica*.]

*Poisoning by Sulph. Atropica, Treated by Alcohol.*

In a woman operated on for cataract, prolapse of the iris occurred in about 36 hours after the operation, which was attributed to a strong sneezing. Reduction was attempted by means of exposure to a rapid intense light, aided by cold baths and the instillation of atropia (5 centigrams in 20 grains of distilled water.) At the end of eight days of this instillation, the patient rapidly lost color, the physiognomy becoming much changed, and shewing an expression of terror—shivering, pharyngeal stricture, salivation, delirium, extreme dilated pupils, even on the side on which the instillation was not made, took place.

The author (Tamberlini) decided on the alcohol treatment, and administered to the patient 20 centigrams of alcohol. Presently after this, the temperature rose from 36.1 to 37.6—6 (equal 99° to 99° Fahr.) and all the alarming symptoms disappeared.

COD LIVER OIL SUPERSEDED IN LUNG AFFECTIONS.—The new remedy, *Firweil*, is bidding to effectually supersede Cod Liver Oil in the treatment of Diseases of the Lungs, and is a pectorant, tonic and diaphoretic. It may be given in all cases where Cod Liver Oil would be suggested, or it may be associated with it, and form

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an agreeable and convenient vehicle for the administration of the oil, and is believed to largely promote its efficiency. We have had satisfactory results from its use in bronchitic cases, especially in the weak and aged, although in the latter class of cases, and asthmatic cases, we find the most satisfactory results from combination with the Sulphium Gimferum, or *Rosin Weed*. These remedies are sold in the form of Fluid Extracts and are pleasant and convenient for administration. A trial will convince the sceptical.

DR. O'REILLY has returned from his visit of inspection of the large Hospitals of the United States, with much valuable insight into their system of training of nurses, and of other matters of Hospital management, which, under his able superintendence, will, we doubt not, soon bear fruit in our model Hospital of Ontario.

LACTOPETINE.—Lactopetine is a most important preparation, lately introduced to the notice of the profession. It contains the active agents of digestion, and has been endorsed by the leading practitioners in the United States and Great Britain as a valuable remedy in those diseases of the stomach in which its use is indicated.

MEDICINES FOR THE SOUL.—This is about the best view of homœopathy which we have yet seen expressed by any of its votaries. It is taken from Skinner's *Diseases of Women*:

In allopathy the soul is nowhere; in homœopathy the state of the soul and mind is a *sine qua non*. Allopathy has no means of affecting the soul or mind, except those of a moral kind; whereas homœopathic medicines act upon the spirit or soul of many, and through it and by means of it, and with a certainty which is as remarkable as it is true. By way of illustrating the power of homœopathic medicines over the mind and its affections I shall give the following example. A favorite cat of my own had kittens, all drowned but two; then one was given away, and ultimately the remaining one was given to a friend. The mother of the kittens became inconsolable, and went all over the house mourning her loss in unmistakable tones of grief for four days and nights, making night hideous with her cries. One globule of Ignatia, cured her in half an hour, as she never cried again."

That cat had a great deal of imagination, almost as much as some men.—*British Medical Journal*, July 28th.

CAUSTIC APPLICATION TO THE CERVIX UTERI IN THE VOMITING OF PREGNANCY.—Dr. J. Marion Sims, considering the suggestions it contains of great importance, contributes to the *London Lancet* a paper written by Dr. M. O. Jones, of Chicago, on the experience of the latter with the application of caustic to the cervix uteri in the vomiting of pregnancy. He believes that this vomiting is a reflex phenomenon, which fact may account for the unsatisfactory treatment of it by the stomach. Within six years he has treated successfully five cases, his plan being to excite by means of caustic applications an irritation of superficial inflammation of the os and cervix uteri, the concentrating the reflex nervous phenomena at the point of irritation and thereby relieving the stomach.

EXTIRPATION OF UTERINE FIBROID, UTERUS, OVARIES AND APPENDAGES.—We have received a report from Drs. Stewart and Hurlburt, of Brucefield, Ont., of a very interesting case of Extirpation of a large Uterine Fibroid, together with the Uterus, Ovaries and appendages. Death on the fourth day from septic peritonitis. Owing to an accumulation of articles left over from last number, we have not been able to publish this very instructive case in the September number; we shall give it place in the October issue.

AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.—The next meeting of this Association will take place at Boston, Mass., Sept. 10th, 1878, in Union Hall. Many important papers are expected to be read.

WE would call attention to a notice in our advertising columns, of a young physician seeking a position as partner or assistant with a long established practitioner.

WE beg to acknowledge receipt from Dr. E. E. Kitchen, of St. George, Ont., of the issue for 31st July of *Norddeutsche Allgemeine Zeitung*.

HOSPITAL APPOINTMENT.—Dr. Temple, late one of the acting Hospital Attendants, has been added to the staff of Consulting Physicians.

ERRATUM.—I notice in the July number of the CANADA LANCET a typographical error in regard to the case of poisoning by carbolic acid. The proportion of acid to water should have read oz.  $1\frac{1}{2}$  to 2, instead of oz. ijs. to xii. Please correct.—J. H. R.

## Books and Pamphlets.

INSANITY IN ANCIENT AND MODERN LIFE, WITH CHAPTERS ON ITS PREVENTION. By Daniel H. Tuke, M.D., F.R.C.P. Toronto: Willing & Williamson.

To the reader who is versed in the history of modern psychiatry, the mere appearance of the patronyme Tuke can hardly fail to stand as an ample guarantee of the practical soundness of any work on Insanity, coming from the pen of any one bearing that venerated name. That the writer of the above named little treatise is a worthy descendant of the founder of the world-famed "Friends' Retreat" at York, England, every intelligent reader, who has any familiarity with the literature of insanity, will cheerfully admit. For our own part, we feel bound to say, that we have but rarely fallen upon a book which embodies in so few pages (226 octavo) so valuable an amount of condensed practical, and highly interesting matter.

Dr. Tuke's discussion of that most important, and certainly not least beclouded question,—*the causes of insanity*—is handled with discretion, and consequently is free from much of that bold assumption which too often characterizes preposessed or incautious writers. He has very properly considered this part of the work under two distinct heads, the first of which he designates "The prevalence of the causes of Insanity among the nations of antiquity," and the second, "Insanity in relation to modern life."

The first chapter of the former is bestowed upon that *terra incognita* of humanity which has been honored with the respectable title of "Prehistoric Times." How far this period should be carried back in our planet's revolutions, must, so long as "the missing link" remains unfound, continue to be a problem no less perplexing in the inquisition than profitless in the solution. To write or to read the history of the historiless, is an enterprise demanding too severe a tension of the imaginative faculty, to be congenial to the lovers of plain matter-of-fact. We cannot therefore but express our surprise, that our amiable Quaker-enlightener has devoted even the limited space of his first twenty pages, to an exposition of the probable prehistoric causes of insanity. It is however rather comforting, to all who sympathize largely with the

afflictions of remote ancestry, to have from the Egyptian p  
Take the following information as to the unpe Beyond cor  
turbid mentality of our cavernous progenitors. ties, long p  
"To religious perplexities, commercial specu and if it b  
tion, and political excitement, the man of the ladies were  
Drift period was certainly a stranger." We heard their atten  
concur in this belief; yet we are by no means p sibility of  
pared to think that the consociates of the ca Dr. Tuke  
hyæna, the wolf, and the grizzly bear, were n women in  
exposed to *perplexities* quite as trying on the gre though he  
nerve centres, as have been in our later days b means tee  
most angrily disputed problems of theology, wine to the  
most disastrous commercial crises, or the m Indeed t  
sanguinary political contests. At all events said to ha  
must, for our own part, say, that we much pre plain, tru  
living in the present age of steamships, railwa peachment  
ocean telegraphs, and rifled cannon, even w lantry of th  
their unavoidable adjuncts of collisions, sto "The n  
knaveries, and territorial robberies. If Dr. T waiting-roo  
could but assure us that none of the old D ladies who  
women were ever burned as witches, we sho nary, and  
have a clearer conception of the comparative p amount of  
valence of lunacy in the days of stone hatch respectable  
and chisels, and our appreciation of the m Shame, sha  
status of the peoples would certainly be m able Engli  
enhanced; but for the present, our faith in that the n  
regard is somewhat shaky.

After disposing of the cave factors of lunacy friends, an  
Dr. Tuke enters upon enquiries of later de had been h  
though hardly of more promising elucidat it not be th  
The annals of the Egyptians and the Jews affe lers? We  
but very meagre material for the guidance of tion of his  
writer on morbid mentality; but as in mod countrywo  
times, especially in England, the close relat their long  
between drunkenness and insanity has become We wish  
admitted, if not an established fact, and as to extend  
Bible tells us that Noah was a pretty deep indul entertainin  
it is no very disallowable inference that, am the excerpt  
both the *ante* and the *post* diluvians, madness m amples. I  
have been frequently encountered; but altho the same  
Noah built a very large asylum for the preserv they will h  
of numerous (both clean and unclean) animals to their co  
have not the smallest scrap of information a We mus  
the provision made by either his ancestors of expressing  
posterity for lunatics. If drunkenness was, in Dr. T  
must have been, one of the heinous sins w pointed al  
necessitated the destruction of all but eight of of one vic  
race, it would still appear that Noah had very country a  
broken his pledge. associated  
a score, of

Dr. Tuke treats us to a passage from a very

from the Egyptian papyrus, which appears to him to settle the unpe beyond controversy the existence of teetotal societies. It is, long perhaps before the days of the Pharaohs; and if it be true that in those times "even the ladies were carried home drunk from banquets by their attendants," one can scarcely doubt the desirability of such preventive organizations.

Dr. Tuke deals rather tenderly with the Greek women in relation to their vinous indulgences, for though he is satisfied that "they were not by any means teetotalers, they did not imbibe strong wine to the same extent as the women of England."

Indeed the Milesian (Irish of course) ladies are said to have drunk only water." This from a plain, truth-loving friend, is surely a harsh imputation; but just note the cruelty and ungalantry of the following clinching sentence:

"The number of wine flasks left daily in the waiting-rooms of English railway stations by the ladies who frequent them is something extraordinary, and forms one among other proofs of an amount of imbibition which would have shocked respectable women in Greece at any period."

Shame, shame! Dr. Tuke, you are a most unlovely Englishman. Could you not have supposed that the many "wine flasks daily left" were not empty and that they were intended for country friends, and that in the hurry of embarkation they had been forgotten and thus left behind; or might it not be that they belonged to continental travellers? We do heartily hope that, in the next edition of his work, Dr. Tuke will make to his fair countrywomen the *attende honorable*, and clear their long skirts of that unseemly wine stain.

We wish that our available space permitted us to extend our notice of the book, for it abounds in entertaining and very instructive matter, of which the excerpts here given are by no means fair examples. If all its readers derive from the perusal the same gratification which it has afforded to us, they will have no reason to regret having added it to their collection.

We must not, however, close this notice without expressing our disappointment, in not having met in Dr. Tuke's enumeration of causes, with any pointed allusion to the fearfully destructive effects of one vice, which beyond all doubt, both in this country and in Europe, stands more intimately associated with insanity than any one, or even half a score, of other moral or physical factors of men-

tal dethronement. Our professional readers hardly require that we should say the evil to which we here allude is masturbation. The writer of this article has had from the most reliable sources, assurances of the prevalence of this "enshrouded moral pestilence," to quite as large an extent in Great Britain as it is admitted to have attained in America; and yet, strange to say, not only almost all the latest English authors of treatises on insanity, but more culpable still, the writers of asylum reports seem to ignore the subject, and thus to leave unexposed to popular recognition, an evil which contributes more largely, if not to the production of insanity, certainly to its incurability, than alcohol, religion, politics, business misfortunes, and disappointed affections, all combined.

Just observe how delicately Dr. Tuke hints at this body and soul destroyer:—"Alarm should be felt when the young seek solitude and society is carefully shunned." Yes, verily, should alarm then be felt,—nay, but indeed, *then* is alarm too late. To take alarm then is to lock the door when the steed has been stolen. When a young man or a precocious girl becomes gloomy, fitfully sullen, enervate, over-studious (as it is called), and evinces indisposition to participation in the natural and invigorating pastimes of buoyant youth; just as sure as the experienced gardener infers the lurking canker-worm at the root of the untimely-wilting plant, may the physician conclude that he has to contend with a pestilent infection, which will bid defiance to all his *armamentarium medicinale*. Why should this calamity be eternalized? Why do not the guardians of the public weal speak out?

CONGENITAL OCCLUSION AND DILATATION OF LYMPH CHANNELS. By Samuel Busey, M.D., Professor of Theory and Practice of Medicine, University of Georgetown. New York: W. Wood & Co. Toronto: Willing & Williamson.

The writer of this most interesting work has not attempted any systematic classification in the large collection of cases contained, yet without doubt it is the most complete record in the English language; a large number of the reports are well illustrated, no less than fifty-six in the well printed volume. Among the subjects treated will be found—Elephantiasis congenita, Cystica E. Varicosa, Hypertrophy of integument of arm, hand and finger, of leg, foot and toes, Congenital lymphatic varix, Leptra Arabica, etc. According to the writ-

ings of many pathologists, the lymphatic system is the seat of almost all of those diseases usually referred to that state of the system connected with dyscrasia, and performs a very important part in the production of disease. In every case it is certain that the entire state of the lymphatic system is very considerably changed in scrofulous disease, the glands are broken up; the diameter of their vessels becomes increased, and the external lymphatic glands more especially swell, often pass into inflammation, suppuration and degeneration. The volume before us is principally taken up with congenital cases, the acquired only incidentally alluded to. We recommend the work strongly both to practitioners and students.

REMARKS ON OVARICTOMY, with an Appendix.  
By J. W. Rosebrugh, M.D., Hamilton, Ont.

This monograph on the Literature and Operative procedure in cases of Ovarian cyst will be found a good resumé of all that has been written in late years upon the subject.

BRAIN: A JOURNAL OF NEUROLOGY. Edited by Drs. Buckner, J. Crichton, Browne, Ferner and J. Hughlings Jackson. Part 1, to be published quarterly. Toronto. Wm. & W. Williams.

The names of the above editors will at once secure readers for this new venture in psychological journalism. Each article is prefixed with the name of the writer. In the preface to the first number the editor remarks: "The function and diseases of the nervous system will be discussed both in their physiological and psychological aspects, but mental phenomena will be treated only in correlation with their anatomical substrata, and mental disease will be investigated as far as possible by the methods applicable to nervous diseases in general."

This first part contains notes on the symptom, significance of different states of the pupil by Jonathan Hutchinson, F.R.C.S.; Motor Feelings and the muscular sense by George Henry Lewes.

On the rôle of the *Dura Mater* and its nerves in Cerebral Traumatism, by H. Duret Aide de L'anatomic de la Faculté de Médecine, Paris.

On some symptoms of Organic Brain Disease, by W. R. Gowers, M.D.

On Brain Forcing by T. Clefford Allbut, M.D. On the comparative structure of the Cortex Cerebri by Bevan Lewis, F.R.M.S. On skull mapping, by Crochley Clapham, L.R.C.P., London, besides notice of books and interesting clinical cases.

## NITRITE OF AMYL IN SEA SICKNESS.

To the Editor of the *London Lancet*.

SIR,—I was extremely pleased to read in your journal of July 27th, a paper by Dr. Lesson, giving his experience in the use of my remedy for sea sickness.

Since I published my own results in August, 1875, I have received many letters of thanks from grateful patients, who have found relief from the tortures of sea-sickness in the use of nitrite of amyl. But I have had no medical opinion on its value until the present time, with the exception of a note Dr. J. Crichton-Browne, stating that he had found it efficacious in some few cases which he met with when crossing to Sweden last year.

Though Dr. Lesson's success with the drug was not so marked as my own, his results, are, I think, sufficiently encouraging, and I hope that the fact of his recalling attention to the use of nitrite of amyl in the treatment of sea sickness will lead to a more extensive trial of its value by those having opportunities of testing it.

There is some difficulty of preserving nitrite of amyl when carried in a bottle, as, especially in hot weather, the stopper is liable to be blown out, and an escape established. I now always recommend patients to carry the drug in capsules, such as are manufactured by Allen and Hanbury, Plough Court, which may be broken and their contents dropped upon a handkerchief as required.

With regard to quantity, I think that almost any amount may be inhaled by a healthy person; but under no circumstances would I administer the drug to a person suffering from any interstitial disease. A great point in the administration is to exclude all atmospheric air other than that coming through the saturated portion of the handkerchief.

Yours faithfully,

CROCHLEY CLAPHAM.

Surbiton, July 29th, 1878.

## SALICYLATE OF SODA IN PERUSSIA.

To the Editor of the *London Lancet*.

SIR,—During a recent epidemic of pertussis I thought possibly the salicylate of soda might be of use, and the beneficial effects I had from its use were very marked. I gave it in doses of from three grains to five grains in water. After the first two or three doses the expectoration became most copious, and was much more easily got rid of, and in four or five days in most cases the spasmodic cough either ceased or became so slight as not to cause much inconvenience. The effect was not so marked as that of quinine, but it seemed to me much more certain. Hoping some of your readers will give it a more extended trial,

I am Sir, yours obediently,

W. M. JONES.